FIRST, DO NO HARM! 103 Health, Public Policy & Business Organizations Oppose HB 3309A

TO:

Human Services Subcommittee Ways & Means

Co-Chairs Sen. Alan Bates and Rep. Nancy Nathanson, Senators Winters and Steiner Hayward

Representatives Freeman and Gallegos

DATE:

June 10, 2013

SUBJECT:

103 health, policy, business organizations Oppose HB 3309A

Dear Committee Members:

We respectfully request that you *oppose* HB 3309A and choose to not advance it for a floor vote. We ask this as providers, advocates, Coordinated Care Organization participants (CCOs), community partners and consumers who are committed to transforming Oregon's health care system to a patient-centered and community-focused delivery paradigm.

HB 3309A does not just allow the removal of a CCO board member by two-thirds of fellow board members, but it also reduces the reimbursement rate to the entity represented by the removed board member to 58% of Medicare. The terminated entity would be barred from contracting with that CCO for five years. This proposed penalty has some current board members of CCO's reviewing the risks associated with board membership. If Board members drop off the CCO Boards and only continue their service contract with the CCO, it could limit the ability of the CCO board to fully represent the local community and put them in violation of ORS 414.625 (2)(o) which is required for certification of a CCO.

While the most current version of this legislation narrows the scope and duration of HB 3309, it does nothing to address its fundamental flaws. In fact, its language reveals intent to expand this detrimental policy statewide after one year. The following is a summary of our concerns with the bill.

- It undermines local control: The amended version is designed to target a single CCO which is experiencing governance challenges. Its passage would set a negative precedent of lawmakers inserting themselves into a local CCO conflict. The state's role should be to support CCOs in meeting the Triple Aim objectives of better quality, lower costs and better health for all -- not to act as arbiter in a parochial CCO governance dispute.
- The measure is duplicative: Oregon law already provides for State removal of directors of corporate boards (for-profit and non-profit), members of LLCs, and dissolution of partnerships in LLPs. CCO bylaws also have provisions to deal with problematic board members.
- **HB 3309 violates other CCO laws**: SB 568, which unanimously passed the House and Senate and was recently signed into law, extends for two years the CCO payment floor of 64% of Medicare for non-contracted providers. HB 3309 would reset that payment floor, lowering it by six points. SB 568 is a part of the overall Medicaid funding package that will bring in \$1.4 billion federal matching dollars to the 2013-15 biennium in order to balance the Medicaid budget.

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Collectively, we urge you to oppose HB 3309A

Central Oregon Health Council (COHC)

Columbia Pacific CCO

Columbia Gorge Health Council CCO

Eastern Oregon CCO

Health Share of Oregon CCO

Jackson Care Connect CCO

PacificSource Community Solutions CCO

AARP Oregon

Advantage Dental

Albertina Kerr

Asian Pacific American Network of Oregon

Associated Oregon Industries (AOI)

Care Oregon

Causa

Central City Concern

Commissioner Tammy Baney, Deschutes,

County, Chair COHC

GOBHI

Larry Mullins, Chairman, Intercommunity

Health Network CCO

Mid-Valley Health Care Advocates

MODA Health (ODS)

Oregon Alliance for Children's Programs

Oregon Association of Hospitals and Health

Systems

Oregon Business Association

Oregon Center for Public Policy

OSPIRG

Oregon Prevention Education and Recovery

Association

Oregon Primary Care Association

Oregon Law Center

Oregon Residential Providers Association

PacificSource Health Plans

Susan Ban, Executive Director, ShelterCare

Urban League of Portland

We Can Do Better

Willamette Dental

Adventist Health NW

Adventist Medical Center

Asante Rogue Regional Medical Center

Asante Three Rivers Medical Center

Ashland Community Hospital

Bay Area Hospital

Blue Mountain Hospital

Cedar Hills Hospital

Columbia Memorial Hospital

Coquille Valley Hospital

Curry General Hospital

Good Samaritan Regional Medical Center

Good Shepherd Medical Center

Grande Ronde Hospital

Harney District Hospital

Kaiser Permanente Northwest

Kaiser Sunnyside Medical Center

Kaiser Westside Medical Center

Lake District Hospital

Legacy Health

Legacy Emanuel Medical Center

Legacy Good Samaritan Medical Center

Legacy Meridian Park Medical Center

Legacy Mount Hood Medical Center

Lower Umpqua Hospital

McKenzie-Willamette Medical Center

Mid-Columbia Medical Center

PeaceHealth Oregon Region

PeaceHealth Cottage Grove Community

Hospital

PeaceHealth Peace Harbor Hospital

PeaceHealth Sacred Heart Medical Center

Riverbend

PeaceHealth Sacred Heart Medical Center

University

Pioneer Memorial Hospital - Heppner

Pioneer Memorial Hospital - Prineville

Providence Health & Services Oregon

Region

Providence Hood River Memorial Hospital

Providence Medford Medical Center

Providence Milwaukie Hospital

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Providence Newberg Medical Center

Providence Portland Medical Center

Providence Seaside Hospital

Providence St. Vincent Medical Center

Providence Willamette Falls Medical Center

Saint Alphonsus Medical Center - Baker City

Saint Alphonsus Medical Center - Ontario

Salem Health

Salem Hospital

Samaritan Health Services

Samaritan Albany General Hospital

Samaritan Lebanon Community Hospital

Samaritan North Lincoln Hospital

Samaritan Pacific Communities Hospital

Santiam Memorial Hospital

Shriners Hospital - Portland

Silverton Health

Sky Lakes Medical Center

Southern Coos Hospital & Health Center

St. Anthony Hospital

St. Charles Health System

St. Charles Madras

St. Charles Medical Center - Bend

St. Charles Medical Center - Redmond

Tillamook County General Hospital

Tuality Healthcare

Tuality Health Alliance

Vibra Specialty Hospital

Wallowa Memorial Hospital

West Valley Hospital

Willamette Valley Medical Center



Editorial: Don't poison state's health care reform

Published: June 08. 2013 4:00AM PST

Oregon's sweeping changes to Medicaid don't stand a chance of succeeding if the Legislature doesn't stop bad bills such as House Bill 3309. Poison pill politics and health care reform do not mix.

Gov. John Kitzhaber's Medicaid overhaul was designed to improve health and help hold down costs of Medicaid. It has hospitals, doctor groups and other providers working together to find solutions by forming what are called "coordinated care organizations," or CCOs.

The state gives a CCO a fixed amount of money to provide Medicaid care for a region of the state. CCOs figure out how to make it work to meet targets.

When setting up a new system, there are going to be problems nobody expected. There was a process to settle disputes when a needed regional provider didn't want to participate in a CCO. But there's been a dispute in Salem that has highlighted that there may not be a good enough system in place to resolve disputes once a CCO is formed.

Salem Health, the parent company of the Salem Hospital, is a participant in the CCO that operates in Marion and Polk counties. Salem Health sued over reimbursement rates. It has also been unhappy about the balance of power on the board of the CCO.

We don't know who is right or wrong in the dispute, but it could undermine the ability of the CCO to operate and provide care.

Rep. Brian Clem, D-Salem, proposed House Bill 3309. It would enable CCOs in Marion and Polk counties to petition the state to throw a member of a CCO out after a two-thirds vote of the CCO board. A removed provider would be forbidden from joining any CCO for five years and would only be able to receive severely lowered reimbursements — 58 percent of the Medicare reimbursement rate.

That would be bad for the provider and could be very bad for patients, too. The bill also contains language suggesting this same method of resolving disputes should be considered for statewide expansion.

It's poison pill politics — similar to the sequester on the federal level. We all know how well that worked.

There's a hearing for the bill on Monday. In its current form, it doesn't deserve to get out of committee.