## HB 4018 - Statement of Support

I am here to speak in favor of HB 4018. I am Bruce Thomson a family physician trained at OHSU for 7 years who was in private practice with 4 other family physicians in my community for 20 years. Doctoring was my second career as it followed a 14 yr scientific research career at Oregon State University. I should also add that for the past 18 years I have served as a county health officer through our Public Health system. Addressing social determinants of health and Health Equality are a key part of our public health department work. As an example, our community was the second in the Nation to ban smoking in all work places including bars and taverns. More recently our public health department has a major role in developing our CCOs community health improvement plan. I am here on my own time and not in any official capacity.

Several years ago I attended community listening and work sessions to envision what a community based health care system might look like. As the Affordable Care Act began, Oregon stepped forward with a plan that allowed the State to receive billions of Federal dollars to provide health care coverage to our most vulnerable population. In the busy, hurried process of setting up the contracts for CCOs, decisions were made about governance. The CCOs became the default fiduciary agent based on having certain contractual rights over financial matters. Essentially the CCO became a private insurance company with proprietary rights over financial management of public money. This is a very closed form of governance.

In the time since the CCOs were first stood up, much has been learned about their functioning, their successes and their shortcomings. I have had the opportunity to study audits from the early days of the CCOs and was surprised to learn that each CCO audit was formatted differently. It was hard to draw comparisons between and among the CCOs regarding financial statements. In addition it was evident that each CCO had differing emphasis on the extent to which specific services were funded. Funding for addressing health disparities and social determinants of health was not clearly apparent. HB 4018 will address this problematic area by requiring compliance with the CCOs community health improvement plan.

After four years of operation it is clear that CCOs across the state vary widely in their acceptance of community input. I personally know of two members of our Citizens Advisory Council who resigned after several years of service due to the lack of cooperation they were seeing from our CCO in addressing issues raised by the CAC. Clearly these members were engaged in the process but it was impossible to understand how that engagement was handled by the CCO. HB 4108 will address this problem by requiring that Oregon's public meeting laws (ORS 192.610-192.692) be followed at all meetings of the governing body of the CCO.

I support HB 4018.

Bruce Thomson, MD

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