

HB 2447 STAFF MEASURE SUMMARY

Senate Committee On Health Care

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Meeting Dates: 4/29, 5/13

WHAT THE MEASURE DOES:

Requires Director of the Oregon Health Authority (OHA) to provide a forum for individuals representing all of the vertically integrated, nonprofit health care systems in Oregon to collaborate on the future of health care. Declares legislative intent to provide the collaborative immunity from federal antitrust law through the state action doctrine. Establishes five principles the collaborative must abide by.

REVENUE: No revenue impact

FISCAL: Has minimal fiscal impact

ISSUES DISCUSSED:

- History of health system transformation in Oregon
- Barrier obstructing sharing of best practices by antitrust laws
- DCBS safe harbor for health insurance carrier discussions
- Potential application to continued coordinated care organization (CCO) development
- Exclusion of for-profit organizations

EFFECT OF AMENDMENT:

No amendment.

BACKGROUND:

States are participants in contributing to, and leading, health care reform efforts. Oregon is no exception, having been at the forefront of health care reform efforts for more than three decades, particularly in Medicaid. Oregon's Medicaid program, the Oregon Health Plan (OHP), is seen as a national leader and continues to lead through innovation and health care reform initiatives. Community involvement in state health policy is a defining feature in Oregon, dating back to the early 1980s with Oregon Health Decisions, a nonprofit organization that was focused on utilizing citizen engagement to inform both health care related issues and the Oregon Medicaid Prioritization Project.

Over the past 25 years, Oregon has worked to improve the state's health delivery system, expand coverage through both its public and private health insurance markets, reduce cost growth, and promote public participation and engagement in the health policy decision-making process. For example, in 2012, Oregon executed a five-year extension and amendment to its section 1115 Medicaid waiver with the federal Centers for Medicare and Medicaid Services. Under the 2012-2017 waiver, Oregon committed to innovation, reducing spending growth, and increasing health care access and quality by transforming health care delivery and payment for Medicaid members. Oregon worked to achieve these goals by enrolling Medicaid members in coordinated care organizations (CCOs)—a new type of managed care—allowing CCOs to experiment with new delivery and financing models.

Oregon's efforts in health reform continue today with the state's most recent health reform effort to transition to CCO 2.0, the "future of coordinated care" for OHP. House Bill 2447 establishes a collaborative led by the Oregon

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Health Authority to envision an alternative future of Oregon's health care system.

HHC Vote: 7-3

House Floor Vote: 41-17