

February 4, 2020

To: Senator Laurie Monnes Anderson and members of the Senate Committee on Health Care.

From: Roberta Hall, Professor Emeritus, Oregon State University (medical anthropologist); member of Mid-Valley Health Care Advocates Legislative Committee (email address: rhall@oregonstate.edu)

Concerning: HB 1551, requiring Oregon Health Authority to provide biannual reports to committees of the Legislative Assembly related to health on issues related to financial requirements and financial reporting requirements imposed on coordinated care organizations.

Coordinated Care Organizations have the opportunity and responsibility to provide health care, through the Oregon Health Plan, for approximately one-quarter of Oregon's population. These patients are among the most vulnerable of our citizens in respect to medical needs. To carry out these tasks, the public provides funds through both federal and state taxes. The public considers this work a sacred duty and I believe that, for the most part, health care providers working with and for Coordinated Care Organizations do as well.

We, Mid-Valley Health Care advocates, believe that we have a duty to provide some oversight and interaction with these organizations. We as members of the public believe that it is our duty to insure that all receiving care through the CCOs receive the best care possible. To do this, they need to know how decisions are made. CCOs in almost all parts of the state have monopolies on services offered to Oregon Health Plan members and in many ways differ from competitive businesses. We view CCOs as public servants and want to offer our encouragement and our ideas.

Therefore, we expect that exceptions to allowing public access to board meetings be restricted to sensitive personnel matters – and not be extended to “trade secrets” or other categorical terms that too readily allow for mis-use.

This is an important time for health care workers and for health care as an industry. We know that our country is one of the very few remaining where medical care, by and large, is offered as a private benefit rather than a public good. Times are changing, however, and it is very unlikely that this unusual structure will continue to exist for much longer. If Coordinated Care Organizations expect to play a significant role in a future in which publicly supported health care is the rule, rather than the exception, they will have to share responsibilities and opportunities with the public that they serve.

Thank you for your attention and your consideration!