SB 966 -3 STAFF MEASURE SUMMARY

Senate Committee On Health Care

Prepared By:Maya Green, LPRO AnalystMeeting Dates:3/15, 4/3

WHAT THE MEASURE DOES:

Directs the Oregon Health Authority (OHA) to prescribe standards by rule to include sexual orientation and gender identity (SOGI) among data collected for the All Payer All Claims (APAC) database. Specifies that OHA may share APAC data with researchers and allows OHA to charge for the service of providing data to researchers, insurers, employers, and providers. Modifies membership of the Health Insurance Exchange Advisory Committee. Repeals the COFA premium assistance program.

REVENUE: No revenue impact

FISCAL: Fiscal impact issued

ISSUES DISCUSSED:

EFFECT OF AMENDMENT:

-3 Prohibits disclosure of All Payer All Claims (APAC) data reported voluntarily by self-funded, employer-sponsored health insurance plans. Eliminates the Health Plan Quality Metrics Committee and establishes the Metrics and Scoring Committee under the Oregon Health Policy Board. Directs the committee to select quality measures developed by the Centers for Medicaid and Medicare Services for application to services provided by a coordinated care organization (CCO). Directs the Oregon Health Authority to study the CCO quality incentive program, to develop recommendations for programmatic changes focusing on addressing health inequities, and to make a report to interim committees of the Legislative Assembly no later than September 15, 2024. Allows OHA, in addition to using global budgets, to employ other payment mechanisms to reimburse CCOs for specified health services for limited periods of time so long as global budgets remain the predominant means of reimbursement, the other payment methods are consistent with the CCO model, and the payment mechanisms support the health care services that were approved in Oregon's 1115 demonstration project. Declares emergency, effective on passage.

BACKGROUND:

The Oregon All Payer All Claims Reporting Program (APAC) was established in 2009. It contains health care data on topics such as insurance coverage, health service cost, and utilization for Oregon's insured populations. APAC receives medical claims, dental claims, pharmacy claims, payment amounts, member demographics, billed premiums, and provider information. Data are received from insurance companies, third party administrators, and pharmacy benefits managers. APAC data may be shared with insurers, employers, and providers, but there is no specific statutory provision to share data with researchers, nor is OHA directed in statute to charge for the costs associated with sharing data.

Beginning in 2021, states must cover COFA migrants in Medicaid as "qualified non-citizens," without a 5-year waiting period, if otherwise eligible under the Medicaid state plan or section 1115 demonstration. COFA migrants in Oregon are eligible for the Oregon Health Plan (<u>link</u> to OHA COFA Premium Assistance Program website).

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On September 28, 2022, the Centers for Medicare & Medicaid Services (CMS) approved Oregon's request to renew its waiver of certain federal requirements (known as the <u>1115 Demonstration</u>). Oregon's 2022-2027 demonstration seeks to address health inequities and to improve community conditions that determine health outcomes (<u>link</u> to OHA 1115 demonstration overview).

Senate bill 966 adds sexual orientation and gender identity to the types of data collected for the All Payer All Claims (APAC) database, allows OHA to share APAC data with researchers, allows OHA to charge for any (APAC) data shared, and repeals the COFA premium assistance program.