

SB 388 STAFF MEASURE SUMMARY

Senate Committee On Health Care

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Sub-Referral To: Joint Committee On Ways and Means

Meeting Dates: 2/6

WHAT THE MEASURE DOES:

Requires the Oregon Health Policy Board (OHPB) to produce a report on the Oregon Integrated and Coordinated Health Care Delivery System, also known as coordinated care or the “CCO model.”

DETAILED SUMMARY:

- Requires a report to the Legislative Assembly by December 31, 2026, with analysis of costs, health outcomes, and efforts to reform payment systems and to reduce health disparities.
- Specifies requirements for members of the OHPB to have expertise in the following areas: health care delivery and finance, behavioral health services, primary care practice, and public health.
- Directs the chair of OHPB to develop a biennial budget and to retain professional staff to support the functions of the board, including oversight of the Health Evidence Review Commission.

Fiscal impact: (info)

Revenue impact: (info)

ISSUES DISCUSSED:

EFFECT OF AMENDMENT:

No amendment.

BACKGROUND:

The Oregon Health Policy Board (OHPB) was established by the Legislative Assembly in 2009 ([House Bill 2009](#)). The nine-member board is nominated by the Governor and confirmed by the Senate, and each member serves a four-year term. The OHPB has statutory authority to function as the policymaking and oversight body for the Oregon Health Authority (OHA), responsible for policies for access, cost, and quality of the health care delivery system. The OHPB is also given statutory authority to develop state public health goals, strategies, programs, and performance standards.

In 2011, the Legislative Assembly established the Oregon Integrated and Coordinated Health Care Delivery System, in which coordinated care organizations (CCOs) are accountable for providing and managing care and reimbursed with global budgets ([House Bill 3650](#)). In this system, OHA is required to regularly report to the OHPB on progress toward payment and delivery system reform.