

March 24, 2025

Testimony to House Committee on Behavioral Health and Health Care regarding HB 2205

Chair Nosse, Vice-Chairs Javadi and Nelson, members of the committee,

As chair and vice-chair of the Oregon Health Policy Board (OHPB), we write to you today to share information regarding the importance of CCO contracts and value of the procurement process, in hopes that it will assist in your deliberations regarding HB 2205.

The contract between the Oregon Health Authority (OHA) and Coordinated Care Organizations (CCO) is significant; significant in the number of Oregonians that receive care from CCOs (1.4 million) and significant in the total contract cost (\$20 billion). Due to this large impact on Oregonians through the CCO contracts, we believe that any proposed changes should be held to a significant standard of review and must include the people who will be most impacted by the changes.

At the request of Governor Kotek, the Oregon Health Policy Board (OHPB) and its eleven subcommittees solicited feedback from Oregon Health Plan (OHP) members, providers, and community-based organizations on their experiences with CCOs. OHPB's focused solicitation effort (October 2024 through February 2025) collected verbal and written feedback through town halls, public meetings, listening session, and online survey. OHPB received over 1,000 unique points of feedback from over 140 participants.ⁱ We also solicited feedback from CCOs directly. Key findings and recommendations from OHPB will be shared with Governor Kotek and finalized in April 2025 ([preliminary findings](#) were shared at OHPB's March 2025 meeting).

OHPB welcomed key audiences to share all experiences and emphasized the desire to hear from individuals with experiences related to children's health, behavioral health, and social determinants of health. During the solicitation process, OHPB did not request feedback on the CCO contract length and feedback findings will not identify contract length as a key theme.

We did hear significant feedback highlighting the need to streamline health care administrative tasks to improve care, including the need to improve patient access to services and care coordination, variations between CCO processes and coverage making it difficult to provide and navigate services from both the provider and patient perspectives, and variations between CCO processes contributing to undue administrative burdens.

OHPB received an update on OHA's [2027 procurement timeline](#) at its March 2025 meeting. OHA's procurement project phases and objectives remain on-time; OHA is near completion of the operational snapshot and landscape scan (due March 2025) and launched the procurement request for information (RFI) in February 2025 as planned. Should the Committee make changes to the current procurement timeline, it would be advantageous to communicate these changes to OHA to ensure their time is used in the most advantageous manner to serve Oregonians. Instead of merely kicking the can down the road, any additional delay must be used with the express intent to improve CCO contracts and care for the 1.4 million people who receive care under such contracts.

We believe the procurement process allows for a critical opportunity for reflection, the collection of feedback like those above, and an obligation to make adjustments. Such built-in moments help hold all parties accountable and foster improvement.

If OHA determines that there are underperforming CCO's, with no clear contractual way to enforce improvement – OHP members suffer the consequence of any delay to procurement.

While we recognize the federal uncertainty and threats to Medicaid have a direct impact on OHP members, CCO's, and the healthcare system as a whole, we must move forward and strengthen Oregon's CCO system to mitigate the threats that impact all Oregonians. Now more than ever.

Thank you for the opportunity to comment on this issue.

Kirsten Isaacson
Chair, OHPB

Antonio Germann, MD
Vice-Chair, OHPB

¹ Feedback findings are not representative of the entire population. They are based on feedback from 145 respondents, most of which identified themselves as OHP members or caregivers of OHP members, providers, community partners, and members of Oregon Health Policy Board and its Committees.