OHA 2021 Legislative End-of-Session Report

Centering Health Equity

The Oregon Health Authority (OHA) seeks to eliminate health inequities in Oregon by 2030. The vision of health equity that OHA and the Oregon Health Policy Board are working to achieve is:

> *Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances. Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments, to address the equitable distribution or redistribution of resources and power; and recognizing, reconciling and rectifying historical and contemporary injustices.*

The past year has been profoundly challenging due to the COVID-19 pandemic, wildfires, and ice storms. While every person in Oregon has been affected, it is overwhelmingly clear that some individuals and communities – those that had already been economically or socially marginalized, or who had already suffered greater health difficulties – experienced worse health impacts from these events. For example, Pacific Islander, American Indian/Alaska Native, African American and Black, and Latino/Latina/Latinx and Hispanic populations in Oregon each had more than twice the rate of COVID-19 cases per capita as white non-Hispanic populations.

This reality overlapped with the long overdue racial reckoning, sparked by George Floyd's murder and other cases of violence against Black people, as well as attacks upon democracy at both the state capital and national capital.

The Governor convened the first ever Racial Justice Council (RJC) to change how we listen to, engage with, respond to, and support Black, Indigenous and People of Color (BIPOC) and Tribal Communities in Oregon. Many of the health equity investments and initiatives listing in this report reflect RJC priorities. Through them, the legislature provided OHA and its partners new opportunities to center health equity and work to eliminate health inequities. Together, the bills and budget investments discussed below reflect a deeper commitment to health equity by OHA and in the legislature.

As OHA implements these commitments and investments, its work will be guided by collaboration with community partners, especially those individuals and communities most harmed by health inequities stemming from contemporary and historical racism, oppression, discrimination, bigotry and bias.

Overview of an Historic and Transformative Budget

The top-line numbers for OHA's 2021-2023 budget, including the main budget bill plus several standalone bills, are:

- $30.2 billion in total funds, up from $25.6 billion last biennium.
- $3.5 billion in state general funds, up from $2.4 billion.
- 4,763 positions, up from 4,440.

A legislative report describing OHA's budget in more detail can be found here.

HB 5024 – the main budget bill – fully funds OHA's current service levels. That means, for the coming biennium, OHA generally will provide the same services it provided last biennium to Oregonians who need them. In particular, the Oregon Health Plan (OHP) is fully funded with no service cuts, even though membership has increased greatly due to COVID-19. Fully funding OHP is a critical element of working towards eliminating health inequities by 2030.

In addition, the budget makes other major investments in health equity, behavioral health, and public health. Through these investments, the legislatively approved budget for OHA will allow for important transformations in how the agency delivers services, thereby enabling OHA to better serve and meet the needs of Oregonians. (Dollar amounts are from the state general fund unless noted. Also, many of the bills discussed below have their own funding separate from HB 5024.)

Health Equity

- $6.8 million ($5.5 million state general fund, $0.5 million other state funds, $0.9 million federal) to build and sustain health equity infrastructure.
- $400,000 ($288,000 state general fund, $24,000 other state funds, $47,000 federal) to create a Tribal Traditional Health Worker category.
- $15 million ($1.4 million state general fund, $13.5 million federal) to operate Indian Managed Care Entities.

Behavioral Health

- $130 million ($65 million state general fund, $65 million federal) to increase residential treatment, services and housing for people with behavioral health needs.
- $121 million ($24.5 million state general fund, $96.5 million federal) for certified community behavioral health clinics (CCBHCs).
- $50 million for transformation and system alignment in the behavioral health system.
- $31 million to open two, 24-bed patient units at Oregon State Hospital.
- $21.5 million ($19.2 million state general fund, $2.3 million federal) for community services for "Aid & Assist" patients.
- $20 million set aside for Oregon State Hospital staffing.
- $302 million (other funds) for addiction and recovery services called for in Ballot Measure 110, and backfills the $70 million that Ballot Measure 110 had redirected from other critical behavioral health services.

Public Health

- $45 million for public health modernization.
- $7.8 million ($4.6 million state general fund, $3.2 million federal) for universally offered home visiting for newborns.

- $2.2 million for initial implementation of psilocybin services established by Ballot Measure 109.
- $1.2 million to restore funding to the Oregon WIC Program and Oregon Farm Direct Nutrition Program, which serves low-income seniors and WIC families.

Improving Access and Quality of Behavioral Health Services and Decreasing Behavioral Health Inequities

Behavioral health received critical attention in the legislature this year, in several wide-ranging bills. Furthermore, the new OHA budget includes the legislature's largest ever investment focused on behavioral health. Taken together, several initiatives aim to provide needed behavioral health services, while also transforming the entire behavioral health system to one that is simple, responsive, and meaningful for the people it serves. OHA will do this with active involvement of the people and communities who have faced behavioral health challenges and inequities.

1. **Increase Accountability and Quality of Behavioral Health Services** (HB 2086)

Beginning with the recommendations of Governor Brown's Behavioral Health Advisory Council, over the course of the legislative session HB 2086 became an even more comprehensive behavioral health bill. The bill calls for: enhanced support for culturally-specific peer led services, including support for tribal-based practices; integrated treatment for co-occurring disorders (substance addiction and mental health disorders together); reduction of administrative burdens in behavioral health clinical documentation and reporting; an analysis of pay and equity disparities affecting the behavioral health workforce; high quality and rapid access to alcohol and drug treatment as guided by the Alcohol & Drug Policy Commission; specialized housing navigation assistance; expansion and enhancement of the child, family and adolescent behavioral health system specific to access of services at all levels of care that is driven by real-time data; and more. All of these enhancements are intended to be linked to a new accountability program that takes up the Governor's Behavioral Health Advisory Council's system transformation recommendations and creates new requirements, structures and incentives for OHA, payors, and providers to engage with people they serve and work together to make the behavioral health system function better as a whole. The accountability program is designed to apply directly to both payors and providers with stronger oversight by OHA and the Oregon Health Policy Board (OHPB). It provides greater transparency and accountability not only for new investments but also for OHA's existing behavioral health infrastructure. The program is directly linked to OHA's 2021-2023 budget, HB 5024. The metrics and outcomes defined by the HB 2086 process will be integrated into contracts and grants provided by the regional development and innovation fund established in HB 5024. Furthermore, the rules and contracts involved in this effort will be written and negotiated with input from people with lived experience, communities, and providers.

2. **Fund Behavioral Health Housing** (HB 5024-OHA Budget)

OHA's budget includes $130 million ($65 million general fund and $65 million from the federal American Rescue Plan Act) for capital, start-up, and operational costs related to increasing statewide capacity of licensed residential facilities and housing for people with behavioral health needs. A budget note establishes a planning grant process and criteria related to these funds.

3. **Fund Certified Community Behavioral Health Clinics** (HB 5024-OHA Budget)

OHA's budget includes $121 million ($24.5 million state general fund, $96.5 million federal) for certified community behavioral health clinics (CCBHCs). These funds will enable existing CCBHCs to provide services through the 2021-23 biennium. Also, OHA will evaluate the CCBHC model in Oregon and report findings to the legislature.

4. **Strengthen the Crisis Care System** (HB 2417)

HB 2417 aims to build upon and improve Oregon's statewide coordinated crisis system. It outlines the expectations for local mobile crisis intervention teams, crisis stabilization centers, and other behavioral supports. This includes a 9-8-8 phone line (like 9-1-1 but focused on behavioral health) to provide behavioral health crisis intervention services and crisis care coordination anywhere in the state 24 hours per day, seven days per week, 365 days per year.

5. **Support Drug Addiction and Recovery Services** (HB 5024-OHA Budget, SB 755)

In November 2020, Oregon voters approved Ballot Measure 110, which aims to establish a more health-based, equitable, and effective approach to treating substance use disorders by shifting the response to drug possession from criminalization to treatment and recovery. The legislature funded the $302 million for addiction and recovery services called for in the measure, and also backfilled the $70 million that Ballot Measure 110 had redirected from other needed behavioral health services. In addition, SB 755, which was developed cooperatively with advocates of the measure, clarified several aspects of the new law so that it can be implemented more effectively.

6. **Strengthen the Behavioral Health Workforce** (HB 2949)

Oregon needs a behavioral health workforce that is stronger, more diverse, more culturally responsive, and better supported. HB 2949 provides incentives to increase the recruitment, retention, and diversification of the behavioral health workforce in addition to using incentives to increase Oregonians' access to culturally responsive services. The types of incentives specified in the bill include pipeline development, scholarships for undergraduates and stipends for graduate students, loan repayments, and retention activities. It provides $60 million to increase training for diverse behavioral health professionals, both licensed and non-licensed, and $20 million for a grant program to licensed behavioral health professionals to provide supervised clinical experience to associates or other individuals who have the necessary education but need supervised clinical experience to obtain a license to practice. The bill also requires OHA to coordinate with the Higher Education Coordinating Commission in considering investments in the behavioral health workforce.

7. **Promote Peer Respite Services** (HB 2980)

HB 2980 provides $6 million for peer-run organizations in the Portland metropolitan area, southern Oregon region, Oregon coast, and eastern and central Oregon region to operate peer respite centers. These peer respite services aid individuals with behavioral health challenges or trauma response symptoms who experience acute distress, anxiety, or emotional pain that may lead to need for higher level of care. At least one of the peer respite centers must participate in a pilot project designed specifically to provide culturally responsive services to historically underrepresented communities.

8. **Ensure Mental Health Parity** (HB 3046)

HB 3046 aims to ensure that treatment and services for mental health and substance use disorders are provided in a broadly similar manner to comparable physical health services, including provider reimbursement. The bill requires CCOs to provide information to OHA on treatment limitations and denials of behavioral health services, and requires OHA to annually report on CCO compliance with federal parity law, adequacy of provider networks, and coverage of behavioral health services.

9. **Maintain the Prescription Drugs Monitoring Program** (HB 2074)

The Prescription Drug Monitoring Program (PDMP) allows prescribers to be fully informed of the prescription history of their patients when prescribing controlled substances. Since it was created in statute in 2019, the PDMP has expanded substantially in both function and size. Various enhancements brought the PDMP in line with legislative mandates and with emerging best practices, including interstate data sharing, health information technology (HIT) integration, improved user interface, and collection of additional drugs and fields for clinical use and research purposes. However, this growth increased the cost of operation so that it is no longer covered by the $25 annual fee paid by Oregon healthcare licensees. HB 2074 increases that fee to $35, to maintain sufficient capacity for program operations and database functions.

10. **Funding Aid and Assist Community Services** (HB 5024-OHA Budget)

OHA's budget includes $21.5 million for community restoration and clinical services, rental assistance and wraparound support, and OHA operations for supporting individuals who have been ordered by a court to receive services enabling them to "aid and assist" in their own criminal defense. The goal is to allow these patients to be served in their communities, when medically appropriate, in order to serve better them, avoid having them staying in local hospitals or jails, and free up space at the Oregon State Hospital for patients who need to be served there.

11. **Oregon State Hospital Funding** (HB 5024-OHA Budget)

OHA's budget includes $31 million general fund and 110 positions to open two 24-bed patient units at the Oregon State Hospital Junction City campus. These units will enable the Salem campus to make available more bed space to admit additional "aid and assist" patients. Separately, it establishes a $20 million appropriation to the Emergency Board to be available for supporting state hospital staffing levels contingent on OHA working with staff and other stakeholders to establish a sustainable plan. In addition, the capital budget includes funds for several deferred maintenance projects at the state hospital.

12. **Oregon State Hospital Technical Corrections** (SB 72)

SB 72 provides two statutory changes to ensure appropriate and efficient procedures at Oregon State Hospital (OSH). 1) A technical fix to ORS 127.720 to include ORS 426.701 to the list of types of commitments cited in the statute. ORS 426.701 took effect after ORS 127.720 was last amended and therefore was inadvertently excluded. 2) Allowing OSH to include outpatient services in the cost of care to a patient while at the state hospital. While OSH has a medical and dental clinic, patients at OSH come to the hospital with a variety of medical needs, some of which require sending patients to receive care at a facility outside OSH.

Reducing Barriers to Health and Addressing Health Inequities in our Communities

Health inequities are created by a variety of issues, most notably systemic injustices that lead to inequitable outcomes due to societal barriers related to race, ethnicity, tribal affiliation, gender, gender identity, sexual orientation and disabilities. The local circumstances in which each of us lives – including local public health services, environmental conditions, and availability of healthy housing, food, and recreation opportunities – can affect our health even more than access to healthcare services, but access to healthy communities is not equitable in Oregon. Critical needs include improved equity in communicable disease and emergency preparedness, more community voice in public health decision making, and climate mitigation strategies that center equity. Building healthier communities in large and small ways, together, especially in those places where people experience worse health outcomes and inequities, will help Oregonians be healthier and better advance health equity.

13. Modernize Public Health (HB 5024-OHA Budget)
For the past two biennia, the legislature has invested in modernizing state, local, and Tribal public health to more nimbly respond to emerging health issues. This biennium, the legislature added $45 million general fund to continue this work. Coupled with the $15 million general fund appropriated in the last biennium which is now part of the base budget, there will be a total of over $60 million available for public health modernization. The funding will largely support local public health authorities, community-based organizations, and Tribes to improve health outcomes through communicable disease control, emergency preparedness and response, health equity initiatives, and environmental health.

14. Build Health Equity Infrastructure (HB 5024-OHA Budget)
OHA's budget devotes $6.8 million to build and sustain health equity infrastructure within OHA and throughout Oregon. The addition of 17 new positions in the Division of Equity and Inclusion ensures that OHA has the programmatic, resource, operational, and staffing capacity that is critical to the goal of eliminating health inequities in Oregon by 2030. Among other things, this additional staff capacity buys increased expertise and capacity for community engagement and outreach. Investing in continuous and meaningful community engagement is essential to build trust and relationships with communities that experience the greatest health inequities due to structural and institutionalized oppression and racism. These include communities of color, people with disabilities, LGBTQ communities, immigrants, refugees, people with limited English proficiency, Tribes, and communities at the intersection of these identities. It is critical that OHA shift away from models where interactions with communities are transactional and largely occur only when the agency needs input or feedback for its own initiatives. The difference, from the perspective of those communities, lies in the opportunity to share in setting the agenda and making the decisions on policies and distribution of resources. Building on past work, this new investment will enable OHA to understand better the social determinants of health and health inequities, invest in continuous and meaningful community engagement, identify and prioritize community needs, and ultimately – with partners – develop innovative and sustainable solutions to achieve health equity. (Also, this funding is separate from a recent $33.9 million federal grant to advance health equity, which will establish 17 positions in the Public Health Division and provide resources to community-based organizations and Tribes. The budget bill formally incorporates that grant into OHA's budget.)

15. Expand Regional Health Equity Coalitions (SB 70)
SB 70 expands the statewide Regional Health Equity Coalition (RHEC) program, and also defines RHECs and the RHEC model in statute to ensure that they meet the same standards in serving their regions. The RHECs have the expertise based in lived experience to identify the most critical and regionally specific health equity issues, while crafting policy, system, and environmental solutions. Meaningfully impacting these issues and health inequities requires sustained, long-term efforts with dedicated funding. Specific benefits of sustained and expanded funding include: increased opportunities for coordinated care organizations (CCOs) to partner with RHECs and to offer technical assistance and training to build CCO capacity around health equity and the social determinants of health; providing coalitions the level of autonomy needed to improve health equity in meaningful and appropriate ways that ensures anti-racist priorities are not compromised; growing the necessary capacity of Oregon to address health equity in culturally specific and effective ways; and creating additional opportunities to sustainably address policy and system barriers.

16. Expand and Sustain Tribal Traditional Health Workers (HB 2088)
HB 2088 creates a sixth traditional health worker (THW) category specifically for and at the request of Tribes. Tribes are already providing critical health services to Tribal members, but many of these providers and practices do not fit within the five existing THW categories. Creating a sixth, separate THW category for Tribes would allow the Tribes and urban Indian health program to receive reimbursement using Tribal based practices and curricula developed by the Tribes themselves.

17. Recognize Racism as a Public Health Crisis (HR 6)
Some communities in Oregon, notably African American and Black, Native American and Alaska Native, Asian and Pacific Islander, and Latino/Latina/Latinx and Hispanic communities, experience consistently poorer health outcomes as measured in higher prevalence of chronic diseases, higher rates of infant and maternal mortality, shorter lifespans, and more. These health inequities fundamentally result from a history of systemic and contemporary racism in our society, and from current policies that perpetuate racist systems. HR 6 is the legislature's first explicit recognition of racism as a public health crisis.

18. Create Tobacco Retail Licensure (SB 587)
Even as tobacco use remains the top preventable cause of death and disability in Oregon, no state license has been required to sell tobacco products or inhalant delivery systems (IDS). In 2019, 16% of Oregon tobacco retailers illegally sold a tobacco product to a person under the age of 21. Without a state license, there is limited capacity to effectively enforce tobacco sales laws such as the minimum legal sales age. Through SB 587, tobacco retailer licensure will ensure retail store owners are following other state and local tobacco regulations and are held accountable for illegally selling tobacco to underage persons. Tobacco retail licensing fees allow for sustainable administration and enforcement of the program, including regular inspection. Enforcement action is taken on the retailers, not on the underage buyer. Other states with tobacco retail licenses show that it can reduce youth access to tobacco products.

19. Prohibit Remote Sales of Inhalant Delivery Systems (HB 2261)
Another important way to reduce the impact of tobacco products is to prohibit online and telephonic sale of inhalant delivery systems (IDS, also known as vaping products or e-cigarettes). From 2017-2019, use of inhalant delivery systems by Oregon 11th graders increased 80%. HB 2261 will reduce access and availability of IDS by removing online and retail sales mechanisms for purchasers in Oregon. It also means the rules for IDS sales will be the same as for cigarettes.

20. Improve Home Health Care Oversight (HB 2072)
Home health agencies provide skilled nursing services and other therapeutic services to patients in their homes. OHA is responsible for ensuring the quality of client care, conducting complaint investigations, and undertaking triennial surveys. Current fee levels do not support the cost of the regular surveys and complaint investigations. HB 2072 raises fees to support the necessary regulation of home health licensees and in doing so to protect Oregonians receiving their services.

21. Establish Healthy Homes Program (HB 2842)
HB 2842 establishes a Healthy Homes Program to provide financial assistance for repair, rehabilitation, and health and safety upgrades to residential housing occupied by members of low income and environmental justice communities. It provides a $10 million Healthy Homes Repair Fund and directs OHA to award grants to local governments, non-profit organizations, Oregon's nine federally-recognized Tribes, and nonprofit housing assistance programs, who in turn can provide financial assistance to low income households to repair and rehabilitate dwellings.

22. Sustain Radiation Protection Services (HB 2075)
Radiation Protection Services (RPS) is the state radiation control program protecting Oregonians from unnecessary or harmful exposure from radiation, and promoting beneficial uses of radiation. The program regulates over 4,200 registrants and licensees who provide services to patients and the public using 14,000 radiation devices and sources for medical, industrial, academic and research applications. Without additional funding to meet increasing demand, RPS will not be able to complete facility inspections of all registrants to ensure radiation devices/sources are being used safely and within manufacturer specifications. HB 2075 raises several fees paid by registrants and licensees, which will also better align Oregon's fee structure with the Washington and California tube-based fee models, and ensure that registrants are paying a fee based on the cost of inspection.

23. Remediate Lead-Based Paint Hazards (HB 2077)
Lead-based paint continues to be a critical environmental health risk that impacts brain development particularly for young children. Despite having delegated authority to enforce federal regulations on lead-based paint, OHA does not have the authority to require property owners, schools, or child care centers to properly assess and decontaminate a residence or facility. OHA can issue a citation if work was performed by uncertified firms or if lead-safe work practices were not followed, but it cannot mandate cleanup or issue stop-work orders in case of ongoing unsafe work. HB 2077 adds statutory authority for OHA to compel cleanup of a lead-contaminated site when OHA has determined that a property owner has violated lead-based paint requirements, and to issue a stop-work order if necessary.

24. Fund Universally Offered Home Visiting (HB 5024-OHA Budget)
OHA's budget includes $7.8 million (including $4.6 million general fund) to continue the phased roll-out of universally offered home visiting program approved in 2019.

25. Technical Fixes for Public Health (SB 64)
SB 64 contains several minor fixes to ease implementation of public health laws, including: bringing state law into alignment with federal regulations on lead-based paint remediation; clarifying the definitions of "health officer" and "local public health administrator"; and allowing School Health Services Planning Grant Sites to pursue either a School-Based Health Center (SBHC) or an alternative model (school nursing) as best fits their community needs.

Reducing Health Inequities in the Healthcare System and Realizing Better Care, Better Health, and Lower Costs

Oregon's overall health care system can be a powerful tool to reduce health inequities, improve care, and help Oregonians be healthier, all at a lower cost. This year, the legislature took several initiatives aimed at ensuring that the entire system – including public and private payors – works better for the people of Oregon.

26. Maintain Current OHA Services (HB 5024-OHA Budget)
HB 5024, OHA's budget bill fully funds OHA's current service levels. For the coming biennium, OHA generally will provide the same services it provided last biennium to Oregonians who need them. Most notably, the Oregon Health Plan (OHP) is fully funded, with no service cuts, even though membership has increased greatly due to COVID-19. (Under emergency public health

rules members have automatically been kept enrolled, whereas normally some would leave OHP every month.) The bulk of OHA's overall budget increase is tied to this caseload increase, as well as to inflation in OHP and other programs.

27. Cover All People (HB 3352)

HB 3352 expands the existing Cover All Kids program into the Cover All People program to provide affordable healthcare access to Oregonians who would be eligible for the Oregon Health Plan but for immigration status. The COVID-19 pandemic demonstrated again the importance of access to healthcare coverage, as people without access for testing and treatment suffered worse health outcomes. This was especially true among undocumented Oregonians, who are the largest remaining group in the state without access to coverage. The Cover All People concept was a priority recommendation of the Racial Justice Commission. The bill provides $100 million to fund the program for the next two years and directs OHA to develop an implementation plan that centers input from impacted communities. Legislators expressed an intent to review the program to determine appropriate funding levels for future biennia.

28. Collect Complete and Diverse Data (HB 3159)

Better, more complete data are critical to understanding health inequities and directing resources to eliminate them. Granularity in data collection assures that populations most affected by inequities are recognized, resourced, and supported in shaping policies and programs to address the inequities. Again, the COVID-19 pandemic highlighted the need for better data, especially relating to African American and Black, Native American and Alaska Native, Asian and Pacific Islander, and Latino/Latina/Latinx and Hispanic communities; whenever the data allowed for distinguishing smaller populations distinct from the overall population, it exposed the differential impacts on some populations and thus the need for greater and different responses required to serve those populations. HB 3159, known as the Data Justice Act, ensures that all surveys, data bases, and programs of OHA and the Oregon Department of Human Services collect complete data on race, ethnicity, language, and disability (REALD) and sexual orientation and gender identity (SOGI). It also requires health care providers, insurers, and CCOs to submit REALD and SOGI data to a registry developed by OHA. With the passage of this bill, Oregon leads the nation in data collection in areas of disability, sexual orientation, and gender identity, and goes above and beyond minimum federal standards for collecting race and ethnicity data.

29. Expand Telehealth Services (HB 2508)

During the pandemic, providing health services via telehealth became necessary. When done appropriately, telehealth can be highly effective and also cost-effective. HB 2508 expands coverage of, and reimbursement for, telehealth services in Oregon. Among other things, it requires the Oregon Health Plan and commercial insurance carriers to cover and reimburse telehealth services at the same rates as in-person services, requires health plans to ensure meaningful access to telehealth, and ensures that interpreters are reimbursed at the same rates as in-person.

30. Improve Language Access and Health Care Interpreters (HB 2359)

Quality language access services can improve health outcomes for patients who speak languages other than English or people who use sign language. HB 2359 requires OHA to train and certify or qualify health care interpreters and to maintain a central registry of certified or qualified health care interpreters. Health care providers are required to work with health care interpreters from that registry. This needed step further professionalizes Oregon's health care interpreter

workforce and ensures that a stable supply of quality trained interpreters is available across the state, especially in rural communities experiencing growth in populations who speak languages other than English.

31. Declare Access to Health Care a Right (SJR 12)
SJR 12 places a constitutional amendment on the 2022 general election ballot for consideration by voters. If approved, it would require the state to ensure that every resident of Oregon has access to cost-effective, clinically appropriate, and affordable health care as a fundamental right. This obligation must be balanced against the public interest in funding public schools and other essential public services.

32. Plan a Public Option (HB 2010)
HB 2010 directs OHA, in collaboration with the Department of Consumer and Business Services (DCBS), to develop a plan for implementing a public option health care plan to be offered to consumers on the individual market, and potentially in the small group market, for enrollment in 2024. OHA and DCBS are to report to the legislature on the implementation plan by January 1, 2022.

33. Provide Managed Care for Tribal Members (HB 5024-OHA Budget)
OHA's budget includes $15 million ($1.4 million state general fund, $13.5 million federal) to operate Indian Managed Care Entities. These entities will provide care coordination similar to how CCOs work for members of Oregon's nine federally recognized Tribes and Alaska Natives on the Oregon Health Plan, but specific to the needs of Tribal members.

34. Enforce Cost Growth of Health Care (HB 2081)
HB 2081 provides OHA with authority to implement mechanisms to hold insures and providers accountable for containing health care costs and meeting the annual 3.4% cost growth target established by SB 889 in 2019 and adopted by the Oregon Health Policy Board. SB 889 directed the OHA to work with stakeholders and consumers to set a Sustainable Health Care Cost Growth Target that would apply to insurance companies, hospitals and healthcare providers, so that healthcare costs do not outpace wages or the state's economy. HB 2081 adds Performance Improvement Plans as the first accountability mechanism for payers and provider organizations that exceed the cost growth target, and provides for financial penalties.

35. Expand Dental Therapy Licensure (HB 2528)
HB 2528 expands dental therapist licensing, under the supervision of a dentist, to provide for services to underserved populations and patients in dental care health professional shortage areas. This expansion of services ensures broader and more timely access in communities where dental care services are lacking.

36. Leverage the Purchasing Power of the Marketplace (SB 65)
Currently, the Department of Consumer and Business Services (DCBS) administers the Health Insurance Exchange (the Marketplace) for purchasing health plan coverage under the Affordable Care Act (ACA). SB 65 moves responsibility for running the Marketplace to OHA. This will allow OHA to coordinate improving quality and reducing cost in health care coverage across Medicaid, public employee plans, and ACA plans sold through the Marketplace. It will significantly enhance OHA's ability to align new payment methodologies and expand on models for better coordinating patient care and health equity.

37. Review Health Care Mergers and Acquisitions for Access and Equity (HB 2362)
In order to ensure Oregon's private market health care system transformation aligns with the state's core priority health care principles of better care, better health, and lower costs – and the health equity strategic goal – HB 2362 provides enhanced regulatory authority over certain proposed mergers and acquisitions involving major health systems in Oregon. The process will guarantee transparency and provide an opportunity for public input on whether a proposed merger and acquisition is warranted, to protect against loss of access to health care services and increased costs.

38. Support Ground Emergency Medical Transport Services (HB 2910)
HB 2910 allows OHA to seek approval from the federal Centers for Medicare and Medicaid Services (CMS) for a supplemental payment program for privately operated ambulance service agencies. If approved, OHA will annually assess a quality assurance fee on each emergency medical transport provided by a private ambulance service. Ambulance service agencies will be reimbursed for an emergency medical service transport by a formula prescribed in the bill. A portion of the reimbursement funds must be used to increase wages and benefits of employees. Additionally, the bill raises ambulance service and ambulance vehicle licensing fees to support regulatory oversight of the agencies and vehicles.

39. Technical Fixes for Health Policy and Analytics (HB 2078)
HB 2078 makes minor technical corrections to implement existing statutes as intended. The changes include: repealing the Common Credentialing program; eliminating the requirement for the Pain Management Commission to perform curriculum reviews; revising requirements for licensed professionals to periodically complete a pain management education program; and amending PEBB's statute so it aligns with the Affordable Care Act regarding the coverage of temporary employees.

The profound challenges of the past year affected everyone in Oregon, with the greatest health impacts typically on individuals and communities who already experience health inequities. These events contributed to a desire for transformative changes in how OHA and our health systems help Oregonians live healthier lives. The health equity investments and initiatives passed by the legislature this year provide OHA and its partners new opportunities to center health equity and work to eliminate health inequities.

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Everyone has a right to know about and use Oregon Health Authority (OHA) programs and services. OHA provides free help. Some examples of the free help OHA can provide are:

- Sign language and spoken language interpreters
- Written materials in other languages
- Braille
- Large print
- Audio and other formats

If you need help or have questions, please contact Matthew Green at 503-983-8257, 711 TTY, matthew.green@dhsoha.state.or.us.