Chapter 413

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Health Care Access, Financing and Delivery

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OREGON HEALTH POLICY BOARD

413.006 Establishment of Oregon Health Policy Board. (1) There is established the Oregon Health Policy Board, consisting of nine members appointed by the Governor.

(2) The term of office of each member is four years, but a member serves at the pleasure of the Governor. Before the expiration of the term of a member, the Governor shall appoint a successor whose term begins on January 1 next following. A member is eligible for reappointment. If there is a vacancy for any cause, the Governor shall make an appointment to become immediately effective for the unexpired term.

(3) The appointment of the board is subject to confirmation by the Senate in the manner prescribed in ORS 171.562 and 171.565.

(4) Members of the board are entitled to reimbursement of per diem and travel expenses for their attendance at board meetings and subcommittee meetings as provided in ORS 292.495. [2009 c.595 §1]

Note: Section 2, chapter 595, Oregon Laws 2009, provides:

Sec. 2. Notwithstanding the term of office specified by section 1 of this 2009 Act [413.006], of the members first appointed to the Oregon Health Policy Board:

(1) Two shall serve for terms ending December 31, 2011.

(2) Two shall serve for terms ending December 31, 2012.

(3) Two shall serve for terms ending December 31, 2013.

(4) Three shall serve for terms ending December 31, 2014. [2009 c.595 §2]

413.007 Composition of board. (1) The Oregon Health Policy Board consists of individuals who:

(a) Are United States citizens and residents of this state;

(b) Have demonstrated leadership skills in their professional and civic lives;

(c) To the greatest extent practicable, represent the various geographic, ethnic, gender, racial and economic diversity of this state; and

(d) Collectively offer expertise, knowledge and experience in consumer advocacy, management of a company that offers health insurance to its employees, public health, finance, organized labor, health care and the operation of a small business.

(2) No more than four members of the board may be individuals:

(a) Whose household incomes, during the individuals' tenure on the board or during the 12-month period prior to the individuals' appointment to the board, come from health care or from a health care related field; or

(b) Who receive health care benefits from a publicly funded state health benefit plan.

(3) No more than four members of the board may be, during the individuals' tenure on the board or during the 12-month period prior to the individuals' appointment to the board, employed in a health care or health care related field.

(4) At least one member of the board shall have an active license to provide health care in Oregon and shall be appointed to serve in addition to the members offering the expertise, knowledge and experience described in subsection (1)(d) of this section. [2009 c.595 §4]

413.008 Chairperson; quorum; meetings. (1) The Governor shall select from the membership of the Oregon Health Policy Board the chairperson and vice chairperson.

(2) A majority of the members of the board constitutes a quorum for the transaction of business.

(3) The board shall meet at least once every month and shall meet at least once every two years in each congressional district in this state, at a place, day and hour determined by the board. The board may also meet at other times and places specified by the call of the chairperson or a majority of the members of the board, or as specified in bylaws adopted by the board. [2009 c.595 §5]

413.009 [Formerly 413.020; 1965 c.556 §22; 1967 c.204 §2; 1969 c.468 §4; 1973 c.651 §8; repealed by 2005 c.381 §30]

413.010 [Amended by 1961 c.620 §9; renumbered 413.005]

413.011 Duties of board. (1) The duties of the Oregon Health Policy Board are to:

(a) Be the policy-making and oversight body for the Oregon Health Authority established in ORS 413.032 and all of the authority's departmental divisions, including the Oregon Health Insurance Exchange described in section 17, chapter 595, Oregon Laws 2009.

(b) Develop and submit a plan to the Legislative Assembly by December 31, 2010, to provide and fund access to affordable, quality health care for all Oregonians by 2015.

(c) Develop a program to provide health insurance premium assistance to all low and moderate income individuals who are legal residents of Oregon.

(d) Establish and continuously refine uniform, statewide health care quality standards for use by all purchasers of health

care, third-party payers and health care providers as quality performance benchmarks.

(e) Establish evidence-based clinical standards and practice guidelines that may be used by providers.

(f) Approve and monitor community-centered health initiatives described in ORS 413.032 (1)(g) that are consistent with public health goals, strategies, programs and performance standards adopted by the Oregon Health Policy Board to improve the health of all Oregonians, and shall regularly report to the Legislative Assembly on the accomplishments and needed changes to the initiatives.

(g) Establish cost containment mechanisms to reduce health care costs.

(h) Ensure that Oregon's health care workforce is sufficient in numbers and training to meet the demand that will be created by the expansion in health coverage, health care system transformations, an increasingly diverse population and an aging workforce.

(i) Work with the Oregon congressional delegation to advance the adoption of changes in federal law or policy to promote Oregon's comprehensive health reform plan.

(j) Establish a health benefit package in accordance with ORS 413.064 to be used as the baseline for all health benefit plans offered through the Oregon Health Insurance Exchange.

(k) Develop and submit a plan to the Legislative Assembly by December 31, 2010, with recommended policies and procedures for the Oregon Health Insurance Exchange developed in accordance with section 17, chapter 595, Oregon Laws 2009.

(L) Develop and submit a plan to the Legislative Assembly by December 31, 2010, with recommendations for the development of a publicly owned health benefit plan that operates in the exchange under the same rules and regulations as all health insurance plans offered through the exchange, including fully allocated fixed and variable operating and capital costs.

(m) By December 31, 2010, investigate and report to the Legislative Assembly, and annually thereafter, on the feasibility and advisability of future changes to the health insurance market in Oregon, including but not limited to the following:

(A) A requirement for every resident to have health insurance coverage.

(B) A payroll tax as a means to encourage employers to continue providing health insurance to their employees.

(C) Expansion of the exchange to include a program of premium assistance and to advance reforms of the insurance market.

(D) The implementation of a system of interoperable electronic health records utilized by all health care providers in this state.

(n) Meet cost-containment goals by structuring reimbursement rates to reward comprehensive management of diseases, quality outcomes and the efficient use of resources by promoting cost-effective procedures, services and programs including, without limitation, preventive health, dental and primary care services, web-based office visits, telephone consultations and telemedicine consultations.

(o) Oversee the expenditure of moneys from the Health Care Workforce Strategic Fund to support grants to primary care providers and rural health practitioners, to increase the number of primary care educators and to support efforts to create and develop career ladder opportunities.

(p) Work with the Public Health Benefit Purchasers Committee, administrators of the medical assistance program and the Department of Corrections to identify uniform contracting standards for health benefit plans that achieve maximum quality and cost outcomes and align the contracting standards for all state programs to the greatest extent practicable.

(2) The Oregon Health Policy Board is authorized to:

(a) Subject to the approval of the Governor, organize and reorganize the authority as the board considers necessary to properly conduct the work of the authority.

(b) Submit directly to the Legislative Counsel, no later than October 1 of each even-numbered year, requests for measures necessary to provide statutory authorization to carry out any of the board's duties or to implement any of the board's recommendations. The measures may be filed prior to the beginning of the legislative session in accordance with the rules of the House of Representatives and the Senate.

(3) If the board or the authority is unable to perform, in whole or in part, any of the duties described in ORS 413.006 to 413.064 without federal approval, the board is authorized to request waivers or other approval necessary to perform those duties. The board shall implement any portions of those duties not requiring legislative authority or federal approval, to the extent practicable.

(4) The enumeration of duties, functions and powers in this section is not intended to be exclusive nor to limit the duties, functions and powers imposed on the board by ORS 413.006 to 413.064 and by other statutes.

(5) The board shall consult with the Department of Consumer and Business Services in completing the tasks set forth in subsection (1)(j), (k) and (m)(A) and (C) of this section. [2009 c.595 §9]

413.014 Rules. In accordance with applicable provisions of ORS chapter 183, the Oregon Health Policy Board may adopt rules necessary for the administration of the laws that the board is charged with administering. [2009 c.595 §6]

413.015 [Formerly 413.030; repealed by 1969 c.69 §8]

413.016 Authority of board to establish advisory and technical committees. (1) The Oregon Health Policy Board may establish such advisory and technical committees as the board considers necessary to aid and advise the board in the performance of the board's functions. These committees may be continuing or temporary committees. The board shall determine the representation, membership, terms and organization of the committees and shall appoint the members of the committees.

(2) Members of the committees who are not members of the board are not entitled to compensation, but at the discretion of the board may be reimbursed from funds available to the board for actual and necessary travel and other expenses incurred by them in the performance of their official duties, in the manner and amount provided in ORS 292.495. [2009 c.595 §8]

413.017 Public Health Benefit Purchasers Committee and Health Care Workforce Committee. (1) The Oregon Health Policy Board shall establish the committees described in subsections (2) and (3) of this section.

(2)(a) The Public Health Benefit Purchasers Committee shall include individuals who purchase health care for the following:

(A) The Public Employees' Benefit Board.

(B) The Oregon Educators Benefit Board.

(C) Trustees of the Public Employees Retirement System.

(D) A city government.

(E) A county government.

(F) A special district.

(G) Any private nonprofit organization that receives the majority of its funding from the state and requests to participate on the committee.

(b) The Public Health Benefit Purchasers Committee shall:

(A) Identify and make specific recommendations to achieve uniformity across all public health benefit plan designs based on the best available clinical evidence, recognized best practices for health promotion and disease management, demonstrated cost-effectiveness and shared demographics among the enrollees within the pools covered by the benefit plans.

(B) Develop an action plan for ongoing collaboration to implement the benefit design alignment described in subparagraph (A) of this paragraph and shall leverage purchasing to achieve benefit uniformity if practicable.

(C) Continuously review and report to the Oregon Health Policy Board on the committee's progress in aligning benefits while minimizing the cost shift to individual purchasers of insurance without shifting costs to the private sector or the Oregon Health Insurance Exchange.

(c) The Oregon Health Policy Board shall work with the Public Health Benefit Purchasers Committee to identify uniform provisions for state and local public contracts for health benefit plans that achieve maximum quality and cost outcomes. The board shall collaborate with the committee to develop steps to implement joint contract provisions. The committee shall identify a schedule for the implementation of contract changes. The process for implementation of joint contract provisions must include a review process to protect against unintended cost shifts to enrollees or agencies.

(d) Proposals and plans developed in accordance with this subsection shall be completed by October 1, 2010, and shall be submitted to the Oregon Health Policy Board for its approval and possible referral to the Legislative Assembly no later than December 31, 2010.

(3)(a) The Health Care Workforce Committee shall include individuals who have the collective expertise, knowledge and experience in a broad range of health professions, health care education and health care workforce development initiatives.

(b) The Health Care Workforce Committee shall coordinate efforts to recruit and educate health care professionals and retain a quality workforce to meet the demand that will be created by the expansion in health care coverage, system transformations and an increasingly diverse population.

(c) The Health Care Workforce Committee shall conduct an inventory of all grants and other state resources available for addressing the need to expand the health care workforce to meet the needs of Oregonians for health care.

(4) Members of the committees described in subsections (2) and (3) of this section who are not members of the Oregon Health Policy Board are not entitled to compensation but shall be reimbursed from funds available to the board for actual and necessary travel and

other expenses incurred by them by their attendance at committee meetings, in the manner and amount provided in ORS 292.495. [2009 c.595 §7]

413.018 Health Care Workforce Strategic Fund. There is established in the State Treasury, separate and distinct from the General Fund, the Health Care Workforce Strategic Fund. The fund shall consist of moneys obtained from federal and private sources as well as any moneys appropriated to the fund by the Legislative Assembly. Moneys in the fund are continuously appropriated to the Oregon Health Authority to meet the goals established by the Health Care Workforce Committee established pursuant to ORS 413.017. [2009 c.595 §7a]

413.019 [Formerly 413.040; 1967 c.116 §2; repealed by 2005 c.381 §30]

413.020 [Renumbered 413.009]

413.025 [Formerly 413.150; 1969 c.69 §6; repealed by 1981 c.784 §38]

413.029 [Formerly 413.190; repealed by 2005 c.381 §30]

413.030 [Amended by 1961 c.620 §10; renumbered 413.015]

OREGON HEALTH AUTHORITY

413.031 Oregon Health Authority Fund. The Oregon Health Authority Fund is established in the State Treasury, separate and distinct from the General Fund. Interest earned by the Oregon Health Authority Fund shall be credited to the fund. Moneys in the fund are continuously appropriated to the Oregon Health Authority for carrying out the duties, functions and powers of the authority under ORS 413.032. [2009 c.595 §18]

413.032 Establishment of Oregon Health Authority. (1) The Oregon Health Authority is established. The authority shall:

(a) Carry out policies adopted by the Oregon Health Policy Board;

(b) Develop a plan for the Oregon Health Insurance Exchange in accordance with section 17, chapter 595, Oregon Laws 2009;

(c) Administer the Oregon Prescription Drug Program;

(d) Administer the Family Health Insurance Assistance Program;

(e) Provide regular reports to the board with respect to the performance of health services contractors serving recipients of medical assistance, including reports of trends in health services and enrollee satisfaction;

(f) Guide and support, with the authorization of the board, community-centered health initiatives designed to address critical risk factors, especially those that contribute to chronic disease;

(g) Be the state Medicaid agency for the administration of funds from Titles XIX and XXI of the Social Security Act and administer medical assistance under ORS chapter 414;

(h) In consultation with the Director of the Department of Consumer and Business Services, periodically review and recommend standards and methodologies to the Legislative Assembly for:

(A) Review of administrative expenses of health insurers;

(B) Approval of rates; and

(C) Enforcement of rating rules adopted by the Department of Consumer and Business Services;

(i) Structure reimbursement rates for providers that serve recipients of medical assistance to reward comprehensive management of diseases, quality outcomes and the efficient use of resources and to promote cost-effective procedures, services and programs including, without limitation, preventive health, dental and primary care services, web-based office visits, telephone consultations and telemedicine consultations;

(j) Guide and support community three-share agreements in which an employer, state or local government and an individual all contribute a portion of a premium for a community-centered health initiative or for insurance coverage; and

(k) Develop, in consultation with the Department of Consumer and Business Services and the Health Insurance Reform Advisory Committee, one or more products designed to provide more affordable options for the small group market.

(2) The Oregon Health Authority is authorized to:

(a) Create an all-claims, all-payer database to collect health care data and monitor and evaluate health care reform in Oregon and to provide comparative cost and quality information to consumers, providers and purchasers of health care about Oregon's health care systems and health plan networks in order to provide comparative information to consumers.

(b) Develop uniform contracting standards for the purchase of health care, including the following:

(A) Uniform quality standards and performance measures;

(B) Evidence-based guidelines for major chronic disease management and health care services with unexplained variations in frequency or cost;

(C) Evidence-based effectiveness guidelines for select new technologies and medical equipment; and

(D) A statewide drug formulary that may be used by publicly funded health benefit plans.

(c) Submit directly to the Legislative Counsel, no later than October 1 of each even-numbered year, requests for measures necessary to provide statutory authorization to carry out any of the authority's duties or to implement any of the board's recommendations. The measures may be filed prior to the beginning of the legislative session in accordance with the rules of the House of Representatives and the Senate.

(3) The enumeration of duties, functions and powers in this section is not intended to be exclusive nor to limit the duties, functions and powers imposed on or vested in the Oregon Health Authority by ORS 413.006 to 413.064 or by other statutes. [2009 c.595 §10]

413.033 Oregon Health Authority director. (1) The Oregon Health Authority is under the supervision and control of a director, who is responsible for the performance of the duties, functions and powers of the authority.

(2) The Governor shall appoint the Director of the Oregon Health Authority, who holds office at the pleasure of the Governor. The appointment of the director shall be subject to confirmation by the Senate in the manner provided by ORS 171.562 and 171.565.

(3) The director shall have the power to:

(a) Contract for and procure, on a fee or part-time basis, or both, such actuarial, technical or other professional services as may be required for the discharge of duties.

(b) Obtain such other services as the director considers necessary or desirable, including participation in organizations of state insurance supervisory officials and appointment of advisory committees. A member of an advisory committee so appointed shall receive no compensation for services as a member, but, subject to any other applicable law regulating travel and other expenses of state officers, shall receive actual and necessary travel and other expenses incurred in the performance of official duties.

(4) The director may apply for, receive and accept grants, gifts or other payments, including property or services from any governmental or other public or private person and may make arrangement for the use of the receipts, including the undertaking of special studies and other projects relating to the costs of health care, access to health care, public health and health care reform. [2009 c.595 §11]

413.034 Oregon Health Authority officers and employees. Subject to any applicable provisions of ORS chapter 240, the Director of the Oregon Health Authority shall appoint all subordinate officers and employees of the Oregon Health Authority, prescribe their duties and fix their compensation. [2009 c.595 §13]

413.035 [Formerly 413.211; repealed by 1973 c.651 §11]

413.037 Administering oaths; depositions; subpoenas. The Director of the Oregon Health Authority, each deputy director and authorized representatives of the director may administer oaths, take depositions and issue subpoenas to compel the attendance of witnesses and the production of documents or other written information necessary to carry out the provisions of ORS 413.006 to 413.064. If any person fails to comply with a subpoena issued under this section or refuses to testify on matters on which the person lawfully may be interrogated, the director, deputy director or authorized representative may follow the procedure set out in ORS 183.440 to compel obedience. [2009 c.595 §15]

413.039 [1961 c.620 §23; 1963 c.609 §4; 1965 c.556 §23; repealed by 1965 c.556 §28 and 1969 c.203 §13]

413.040 [Amended by 1961 c.620 §11; renumbered 413.019]

413.042 Rules. In accordance with applicable provisions of ORS chapter 183, the Director of the Oregon Health Authority may adopt rules necessary for the administration of the laws that the Oregon Health Authority is charged with administering. [2009 c.595 §14]

413.045 [1961 c.620 §22; 1963 c.609 §5; repealed by 1965 c.556 §28 and 1969 c.203 §13]

413.047 [1963 c.609 §2; repealed by 1965 c.556 §28 and 1969 c.203 §13]

413.049 [1961 c.620 §11b; repealed by 1963 c.609 §6]

413.050 [Amended by 1961 c.620 §12; renumbered 413.068]

413.052 [1963 c.609 §3; 1965 c.556 §24; repealed by 1965 c.556 §28; and 1969 c.203 §13]

413.055 [1961 c.620 §25; repealed by 1965 c.556 §28 and 1969 c.203 §13]

413.059 [1961 c.620 §§27,28; repealed by 1965 c.556 §28 and 1969 c.203 §13]

413.060 [Repealed by 1961 c.171 §4]

413.061 [1963 c.609 §9(4); repealed by 1969 c.203 §13]

413.063 [1963 c.609 §9(1), (2), (3); repealed by 1969 c.203 §13]

OREGON HEALTH INSURANCE EXCHANGE

Note: Section 17, chapter 595, Oregon Laws 2009, provides:

Sec. 17. Oregon Health Insurance Exchange. (1) The Oregon Health Authority, in consultation with the Director of the Department of Consumer and Business Services, shall develop a plan for the staffing, funding and administration of the Oregon Health Insurance Ex-

change within the Oregon Health Authority. The plan shall set forth the duties and responsibilities of the exchange, which:

(a) Shall include consideration of the following:

(A) The selection and pricing of benefit plans to be offered through the exchange, including the health benefit package developed under section 9 (1)(j) of this 2009 Act [413.011 (1)(j)]. The plans shall include a range of price, copayment and deductible options.

(B) The rating and underwriting standards applicable to the exchange, including whether to incorporate community rating and guaranteed issue.

(C) Determining the role of the Public Employees' Benefit Board, the Oregon Educators Benefit Board and other public purchasers, including state-funded private nonprofit organizations.

(D) The development of a transition period for the rollover of individual policies into the exchange.

(E) Enforcement of the rules governing the sale of insurance within the exchange.

(F) Identifying the role of insurance producers.

(G) Providing benefit plans through the exchange at little or no cost to low income individuals.

(H) Maximizing the participation of private insurance plans offered through the exchange.

(I) Determining how to ensure that employees of small employers, and part time and seasonal workers will have access to portability plans.

(b) May include the following:

(A) Establishing criteria for the selection of insurance carriers to participate in the exchange.

(B) Establishing a requirement that all residents of this state have health care coverage.

(C) Determining whether the exchange should be the exclusive market for individual and small group purchasers, or whether such purchasers will continue to have other options to obtain coverage.

(D) Determining whether and how to use health savings accounts.

(E) Determining whether and how to use high deductible plans.

(F) Determining the extent to which it is permissible under the Internal Revenue Code to pay premiums, deductibles and copayments on a pretax basis.

(G) Determining the need to develop and implement a reinsurance program.

(2) The Oregon Health Authority shall submit the plan developed under this section to the Oregon Health Policy Board for approval.

(3) No later than October 1, 2010, the board shall submit a request to Legislative Counsel pursuant to section 9 (2)(b) of this 2009 Act for a measure to implement the plan. [2009 c.595 §17]

413.064 Health benefit plans offered through Oregon Health Insurance Exchange. The Oregon Health Authority, in developing and offering the health benefit package required by ORS 413.011 (1)(j), may not establish policies or procedures that discourage insurers from offering more comprehensive health benefit plans that provide greater consumer choice at a higher cost. The health benefit package approved by the Oregon Health Policy Board shall:

(1) Promote the provision of services through an integrated health home model that reduces unnecessary hospitalizations and emergency department visits.

(2) Require little or no cost sharing for evidence-based preventive care and services, such as care and services that have been shown to prevent acute exacerbations of disease symptoms in individuals with chronic illnesses.

(3) Create incentives for individuals to actively participate in their own health care and to maintain or improve their health status.

(4) Require a greater contribution by an enrollee to the cost of elective or discretionary health services.

(5) Include a defined set of health care services that are affordable, financially sustainable and based upon the prioritized list of health services developed and updated by the Health Services Commission under ORS 414.720. [2009 c.595 §16]

413.065 [1961 c.620 §29; repealed by 1963 c.609 §6]

413.066 [1963 c.609 §8; repealed by 1969 c.203 §13]

413.068 [Formerly 413.050; 1969 c.203 §3; 1971 c.779 §38; repealed by 2005 c.381 §30]

413.070 [Amended by 1961 c.620 §13; 1969 c.203 §4; 1971 c.779 §39; 2003 c.14 §185; repealed by 2005 c.381 §30]

413.075 Application of antitrust laws. The activities of insurers working under the direction of the Oregon Health Authority and the Department of Consumer and Business Services pursuant to ORS 413.011 (1)(j) or participating in the Oregon Health Insurance Exchange created under section 17, chapter 595, Oregon Laws 2009, do not constitute a conspiracy or restraint of trade or an illegal monopoly, nor are they carried out for the purposes of lessening competition or fixing prices arbitrarily. [2009 c.595 §26]

413.080 [Repealed by 1969 c.597 §281]

413.090 [Amended by 1955 c.364 §7; 1961 c.620 §14; 1969 c.68 §7; 1971 c.779 §40; repealed by 2005 c.381 §30]

413.100 [Amended by 1971 c.734 §44; 1971 c.779 §41; repealed by 2005 c.381 §30]

413.110 [Amended by 1955 c.381 §1; 1971 c.779 §42; repealed by 2005 c.381 §30]

413.120 [Amended by 1955 c.381 §2; 1961 c.620 §15; 1965 c.43 §1; 1973 c.651 §9; 2005 c.22 §283; repealed by 2005 c.381 §30]

413.130 [Amended by 1961 c.620 §16; 1969 c.203 §6; repealed by 2005 c.381 §30]

413.140 [Amended by 1961 c.620 §17; 1969 c.203 §7; 2003 c.14 §186; repealed by 2005 c.381 §30]

413.150 [Renumbered 413.025]

413.160 [Amended by 1957 c.56 §3; 1971 c.779 §43; repealed by 2005 c.381 §30]

413.165 [1965 c.556 §26; 1971 c.779 §44; 1973 c.823 §130; 2001 c.900 §99a; repealed by 2005 c.381 §30]

413.170 [Amended by 1961 c.620 §18; 1969 c.203 §8; repealed by 2001 c.900 §261]

413.180 [Amended by 1961 c.620 §19; 1969 c.203 §9; 1971 c.779 §45; repealed by 2001 c.900 §261]

413.190 [Renumbered 413.029]

413.200 [Amended by 1955 c.444 §4; 1961 c.620 §20; subsection (2) enacted as 1961 c.620 §7; 1969 c.203 §10; 1971 c.455 §1; 1975 c.386 §3; 1985 c.522 §3; 1993 c.249 §4; 1995 c.664 §93; repealed by 2005 c.381 §30]

HEALTH CARE DELIVERY SYSTEM CAPACITY

413.201 Targeted outreach for Health Care for All Oregon Children program; grants to address health care access barriers. (1) The Oregon Health Authority is responsible for statewide outreach and marketing of the Health Care for All Oregon Children program established in ORS 414.231 and administered by the authority and the Office of Private Health Partnerships with the goal of enrolling in those programs all eligible children residing in this state.

(2) To maximize the enrollment and retention of eligible children in the Health Care for All Oregon Children program, the authority shall develop and administer a grant program to provide funding to organizations and community based groups to deliver culturally specific and targeted outreach and direct application assistance to:

(a) Members of racial, ethnic and language minority communities;

(b) Children living in geographic isolation; and

(c) Children and family members with additional barriers to accessing health care, such as cognitive, mental health or sensory disorders, physical disabilities or chemical dependency, and children experiencing homelessness. [2009 c.867 §34; 2009 c.828 §57]

413.210 [Repealed by 1953 c.500 §12]

413.211 [1957 c.705 §2; renumbered 413.035]

413.220 [Repealed by 2005 c.381 §30]

413.225 Grants to safety net providers; evaluation of implementation of Health Care for All Oregon Children program; rules. (1) As used in this section, "community health center or safety net clinic" means a nonprofit medical clinic or school-based health center that provides primary physical health, vision, dental or mental health services to low-income patients without charge or using a sliding scale based on the income of the patient.

(2) The Oregon Health Authority shall award grants to community health centers or safety net clinics to ensure the capacity of each grantee to provide health care services to underserved or vulnerable populations, within the limits of funds provided by the Legislative Assembly for this purpose.

(3) The authority shall provide outreach for the Health Care for All Oregon Children program, including development and administration of an application assistance program, and including grants to provide funding to organizations and local groups for outreach and enrollment activities for the program, within the limits of funds provided by the Legislative Assembly for this purpose.

(4) Notwithstanding subsections (2) and (3) of this section, the authority shall provide funds for expansion and continuation of school-based health centers.

(5) The authority shall by rule adopt criteria for awarding grants and providing funds under this section.

(6) The authority shall analyze and evaluate the implementation of the Health Care for All Oregon Children program. [2009 c.867 §33; 2009 c.828 §56]

413.230 [Amended by 1961 c.620 §31; 1991 c.67 §106; repealed by 2005 c.381 §30]

413.240 [1961 c.620 §30; 1969 c.203 §11; 2003 c.14 §187; repealed by 2005 c.381 §30]

HEALTH CARE PRACTICES

413.250 Statewide Health Improvement Program. (1) There is created in the Oregon Health Authority the Statewide Health Improvement Program to support evidence-based community efforts to prevent chronic disease and reduce the utilization of expensive and invasive acute treatments. The program is composed of activities described in subsection (2) of this section.

(2)(a) The authority may, subject to funding, award one or more grants to support community-based primary and secondary prevention activities focused on chronic diseases, and in line with the goals of the Statewide Health Improvement Program.

(b) To receive a grant under this subsection, an applicant must submit a proposal that:

(A) Includes outside funding of at least 10 percent of the total funding required;

(B) Is developed with community input, including the input of communities most affected by health disparities;

(C) Involves a range of community partners, including a range of multicultural community providers;

(D) Is evidence-based;

(E) Reduces health disparities among populations; and

(F) Contains performance criteria and measurable outcomes to demonstrate, including for communities most affected by health disparities as well as for individuals who are participating in the community-based primary and secondary activity proposal, improvements in population health status and health education and a reduction of chronic disease risk factors. [2009 c.595 §1166]

413.260 Patient centered primary care home health care delivery model. (1) The Oregon Health Authority, in collaboration with health insurers and purchasers of health plans including the Public Employees' Benefit Board, the Oregon Educators Benefit Board and other members of the patient centered primary care home learning collaborative and the patient centered primary care home program advisory committee, shall:

(a) Develop, test and evaluate strategies that reward enrollees in publicly funded health plans for:

(A) Receiving care through patient centered primary care homes that meet the core attributes established in ORS 442.210;

(B) Seeking preventative and wellness services;

(C) Practicing healthy behaviors; and

(D) Effectively managing chronic diseases.

(b) Develop, test and evaluate community-based strategies that utilize community health workers to enhance the culturally competent and linguistically appropriate health services provided by patient centered primary care homes in underserved communities.

(2) The authority shall focus on patients with chronic health conditions in developing strategies under this section.

(3) The authority, in collaboration with the Public Employees' Benefit Board and the Oregon Educators Benefit Board, shall establish uniform standards for contracts with health benefit plans providing coverage to public employees to promote the provision of patient centered primary care homes, especially for enrollees with chronic medical conditions, that are consistent with the uniform quality measures established by the Office for Oregon Health Policy and Research under ORS 442.210 (1)(c).

(4) The standards established under subsection (3) of this section may direct health benefit plans to provide incentives to primary care providers who serve vulnerable populations to partner with health-focused community-based organizations to provide culturally specific health promotion and disease management services. [2009 c.595 §1165]

HEALTH INFORMATION TECHNOLOGY

413.300 Definitions for ORS 413.300 to 413.308. As used in ORS 413.300 to 413.308:

(1) "Electronic health exchange" means the electronic movement of health-related information among health care providers according to nationally recognized interoperability standards.

(2) "Electronic health record" means an electronic record of an individual's health-related information that conforms to nationally recognized interoperability standards and that can be created, managed and consulted by authorized clinicians and staff across more than one health care provider.

(3) "Health care provider" or "provider" means a person who is licensed, certified or otherwise authorized by law in this state to administer health care in the ordinary course of business or in the practice of a health care profession.

(4) "Health information technology" means an information processing application using computer hardware and software for the storage, retrieval, sharing and use of health care information, data and knowledge for communication, decision-making, quality, safety and efficiency of a clinical practice. "Health information technology" includes, but is not limited to:

(a) An electronic health exchange.

(b) An electronic health record.

(c) A personal health record.

(d) An electronic order from a provider for diagnosis, treatment or prescription drugs.

(e) An electronic decision support system used to:

(A) Assist providers in making clinical decisions by providing electronic alerts or reminders;

(B) Improve compliance with best health care practices;

(C) Promote regular screenings and other preventive health practices; or

(D) Facilitate diagnoses and treatments.

(f) Tools for the collection, analysis and reporting of information or data on adverse events, the quality and efficiency of care, patient satisfaction and other health care related performance measures.

(5) "Interoperability" means the capacity of two or more information systems to exchange information or data in an accurate, effective, secure and consistent manner.

(6) "Personal health record" means an individual's electronic health record that conforms to nationally recognized interoperability standards and that can be drawn from multiple sources while being managed, shared and controlled by the individual. [2009 c.595 §1167]

413.301 Health Information Technology Oversight Council. (1) There is established a Health Information Technology Oversight Council within the Oregon Health Authority, consisting of 11 members appointed by the Governor.

(2) The term of office of each member is four years, but a member serves at the pleasure of the Governor. Before the expiration of the term of a member, the Governor shall appoint a successor whose term begins on January 1 next following. A member is eligible for reappointment. If there is a vacancy for any cause, the Governor shall make an appointment to become immediately effective for the unexpired term.

(3) The appointment of the Health Information Technology Oversight Council is subject to confirmation by the Senate in the manner prescribed in ORS 171.562 and 171.565.

(4) A member of the Health Information Technology Oversight Council is not entitled to compensation for services as a member, but is entitled to expenses as provided in ORS 292.495 (2). Claims for expenses incurred in performing the functions of the council shall be paid out of funds appropriated to the Oregon Health Authority for that purpose. [2009 c.595 §1168]

Note: Section 1169, chapter 595, Oregon Laws 2009, provides:

Sec. 1169. Notwithstanding the term of office specified by section 1168 of this 2009 Act [413.301], of the members first appointed to the Health Information Technology Oversight Council:

(1) Two shall serve for terms ending January 1, 2011.

(2) Three shall serve for terms ending January 1, 2012.

(3) Three shall serve for terms ending January 1, 2013.

(4) Three shall serve for terms ending January 1, 2014. [2009 c.595 §1169]

413.302 Council membership. The members of the Health Information Technology Oversight Council must be residents of this state from both the public and private sectors who are well informed in the areas of health information technology, health care delivery, health policy and health research. The membership must reflect the geographic diversity of Oregon and must include consumers and providers of health care and privacy and information technology experts. [2009 c.595 §1170]

413.303 Council chairperson; quorum; meetings. (1) The Governor shall appoint one of the members of the Health Information Technology Oversight Council as chairperson and another as vice chairperson, for such terms and with such duties and powers necessary for the performance of the functions of those offices as the Governor determines.

(2) A majority of the members of the council constitutes a quorum for the transaction of business.

(3) The council shall meet at least quarterly at a place, day and hour determined by the council. The council may also meet at other times and places specified by the call of the chairperson or of a majority of the members of the council. [2009 c.595 §1172]

413.306 Rules. In accordance with applicable provisions of ORS chapter 183, the Health Information Technology Oversight Council may adopt rules necessary for the administration of the laws that the council is charged with administering. [2009 c.595 §1173]

413.308 Duties of council. The duties of the Health Information Technology Oversight Council are to:

(1) Set specific health information technology goals and develop a strategic health information technology plan for this state.

(2) Monitor progress in achieving the goals established in subsection (1) of this section and provide oversight for the implementation of the strategic health information technology plan.

(3) Maximize the distribution of resources expended on health information technology across this state.

(4) Create and provide oversight for a public-private purchasing collaborative or alternative mechanism to help small health care practices, primary care providers, rural providers and providers whose practices include a large percentage of medical assistance recipients to obtain affordable rates for high-quality electronic health records hardware, software and technical support for planning, installation, use and maintenance of health information technology.

(5) Identify and select the industry standards for all health information technology promoted by the purchasing collaborative described in subsection (4) of this section, including standards for:

(a) Selecting, supporting and monitoring health information technology vendors, hardware, software and technical support services; and

(b) Ensuring that health information technology applications have appropriate privacy and security controls and that data cannot be used for purposes other than patient care or as otherwise allowed by law.

(6) Enlist and leverage community resources to advance the adoption of health information technology.

(7) Educate the public and health care providers on the benefits and risks of information technology infrastructure investment.

(8) Coordinate health care sector activities that move the adoption of health information technology forward and achieve

health information technology interoperability.

(9) Support and provide oversight for efforts by the Oregon Health Authority to implement a personal health records bank for medical assistance recipients and assess its potential to serve as a fundamental building block for a statewide health information exchange that:

(a) Ensures that patients' health information is available and accessible when and where they need it;

(b) Applies only to patients who choose to participate in the exchange; and

(c) Provides meaningful remedies if security or privacy policies are violated.

(10) Determine a fair, appropriate method to reimburse providers for their use of electronic health records to improve patient care, starting with providers whose practices consist of a large percentage of medical assistance recipients.

(11) Determine whether to establish a health information technology loan program and if so, to implement the program. [2009 c.595 §1171]

413.990 [Repealed by 1953 c.500 §12]

(Temporary provisions relating to transfer of duties, functions and powers to Oregon Health Authority)

Note: Sections 19 to 25, chapter 595, Oregon Laws 2009, provide:

Sec. 19. (1)(a) Except as provided in paragraph (b) of this subsection, all of the duties, functions and powers of the Department of Human Services with respect to health and health care are imposed upon, transferred to and vested in the Oregon Health Authority, including but not limited to:

(A) Developing the policies for and the provision of publicly funded medical care and medical assistance in this state.

(B) Ensuring the promotion and protection of public health and the licensing of health care facilities.

(C) Developing the policies for and the provision of mental health treatment and treatment for substance use disorders.

(D) The administration of the Oregon Prescription Drug Program.

(E) Responsibility for the Office for Oregon Health Policy and Research and all of the functions of the office.

(F) The responsibilities of the Oregon Health Fund Board established in section 5, chapter 697, Oregon Laws 2007 [statute repealed in 2009].

(b) The department shall retain all of its duties, functions and powers with respect to:

(A) Services provided in long term care facilities, home-based and community-based care settings and residential facilities to individuals who have physical disabilities or developmental disabilities or who receive residential facility care for seniors; and

(B) Nonmedical services provided to individuals by the department.

(2) All duties, functions and powers of the Oregon Department of Administrative Services with respect to the Public Employees' Benefit Board and the Oregon Educators Benefit Board are imposed upon, transferred to and vested in the Oregon Health Authority.

(3) All of the duties, functions and powers of the Department of Consumer and Business Services with respect to the Oregon Medical Insurance Pool Board and the operation of the Oregon Medical Insurance Pool are imposed upon, transferred to and vested in the Oregon Health Authority.

(4) All of the duties, functions and powers of the Office of Private Health Partnerships, including the administration of the Family Health Insurance Assistance Program, are imposed upon, transferred to and vested in the Oregon Health Authority.

(5) The Oregon Health Policy Commission is abolished. On the operative date of this section, the tenure of office of the members of the Oregon Health Policy Commission ceases. All the duties, functions and powers of the Oregon Health Policy Commission are imposed upon, transferred to and vested in the Oregon Health Authority.

(6) The directors of the Department of Human Services, the Oregon Department of Administrative Services and the Department of Consumer and Business Services and the Administrator of the Office of Private Health Partnerships shall work together to establish a timeline and to implement the transfer of duties, functions and powers pursuant to this section.

(7) All changes necessary to accomplish this section shall be completed by June 30, 2011. When developing the 2011-2013 biennial budget, the Governor's budget shall reflect the implementation of the provisions of this section. [2009 c.595 §19]

Sec. 20. On or before January 2, 2012, the Department of Human Services and the Oregon Health Authority may delegate to each other any duties, functions or powers transferred by section 19 of this 2009 Act that the department or the authority deem necessary for the efficient and effective operation of their respective functions. [2009 c.595 §20]

Sec. 21. (1) No later than June 30, 2011, the Department of Human Services, the Oregon Department of Administrative Services, the Department of Consumer and Business Services, the Office of Private Health Partnerships and the Oregon Health Policy Commission shall:

(a) Deliver to the Oregon Health Authority all records and property within the jurisdiction of the departments and the office that relate to the duties, functions and powers transferred by section 19 of this 2009 Act; and

(b) Transfer to the Oregon Health Authority those employees engaged primarily in the exercise of the duties, functions and powers transferred by section 19 of this 2009 Act.

(2) The Director of the Oregon Health Authority shall take possession of the records and property, and shall take charge of the employees and employ them in the exercise of the duties, functions and powers transferred by section 19 of this 2009 Act, without reduction of compensation but subject to change or termination of employment or compensation as provided by law. With respect to any employees transferred to the Oregon Health Authority under this section who are, on the effective date of this 2009 Act [June 26, 2009], represented by a labor organization or covered by a collective bargaining agreement, the authority shall recognize the labor organization as the collective bargaining representative for the employees and shall adopt and apply the terms of the collective bargaining agreement covering the employees.

(3) The Governor shall resolve any dispute between the Department of Human Services, the Department of

Consumer and Business Services, the Oregon Department of Administrative Services, the Office of Private Health Partnerships or the Oregon Health Policy Commission and the Oregon Health Authority relating to transfers of records, property and employees under this section, and the Governor's decision is final. [2009 c.595 §21]

Sec. 22. The transfer of duties, functions and powers to the Oregon Health Authority by section 19 of this 2009 Act does not affect any action, proceeding or prosecution involving or with respect to such duties, functions and powers begun before and pending at the time of the transfer, except that the Oregon Health Authority is substituted for the Department of Human Services, the Oregon Department of Administrative Services, the Department of Consumer and Business Services, the Office of Private Health Partnerships or the Oregon Health Policy Commission in the action, proceeding or prosecution. [2009 c.595 §22]

Sec. 23. Notwithstanding the transfer of duties, functions and powers by section 19 of this 2009 Act, the rules of the Department of Human Services, the Oregon Department of Administrative Services, the Department of Consumer and Business Services and the Office of Private Health Partnerships that relate to the duties, functions and powers transferred by section 19 of this 2009 Act continue in effect until superseded or repealed by the rules of the Oregon Health Authority. References in the rules of the Department of Human Services, the Oregon Department of Administrative Services, the Department of Consumer and Business Services and the Office of Private Health Partnerships or to an officer or employee of such entities are considered to be references to the Oregon Health Authority or employee of the Oregon Health Authority. [2009 c.595 §23]

Sec. 24. (1) Nothing in sections 19 to 22 of this 2009 Act relieves a person of a liability, duty or obligation accruing under or with respect to the duties, functions and powers transferred by section 19 of this 2009 Act. The Oregon Health Authority may undertake the collection or enforcement of any such liability, duty or obligation.

(2) The rights and obligations of the Department of Human Services, the Oregon Department of Administrative Services, the Department of Consumer and Business Services, the Office of Private Health Partnerships and the Oregon Health Policy Commission legally incurred under contracts, leases and business transactions executed, entered into or begun before the effective date of this 2009 Act [June 26, 2009] and with respect to the duties, functions and powers transferred by section 19 of this 2009 Act are transferred to the Oregon Health Authority. For the purpose of succession to these rights and obligations, the Oregon Health Authority is a continuation of the Department of Human Services, the Oregon Department of Administrative Services, the Department of Consumer and Business Services, the Office of Private Health Partnerships and the Oregon Health Policy Commission and not a new authority. [2009 c.595 §24]

Sec. 25. Whenever, in any uncodified law or resolution of the Legislative Assembly or in any rule, document, record or proceeding authorized by the Legislative Assembly, reference is made to the Department of Human Services, the Oregon Department of Administrative Services, the Department of Consumer and Business Services, the Office of Private Health Partnerships or the Oregon Health Policy Commission or an executive, officer or employee of the departments, office or commission, with respect to the duties, functions and powers transferred by section 19 of this 2009 Act, the reference is considered to be a reference to the Oregon Health Policy Board, the Oregon Health Authority or an executive, officer or employee of the Oregon Health Authority. [2009 c.595 §25]

Note: Sections 1 to 4, chapter 901, Oregon Laws 2009, provide:

Sec. 1. For the biennium beginning July 1, 2009, the Department of Human Services shall pay the costs of administration and enforcement of duties, functions and powers transferred from the department to the Oregon Health Authority or established in the Oregon Health Authority by section 19 (1), chapter 595, Oregon Laws 2009, amendments to statutes by chapter 595, Oregon Laws 2009, sections 1 to 16 [413.006, 413.007, 413.008, 413.011, 413.014, 413.016, 413.017, 413.018, 413.032, 413.033, 413.034, 413.037, 413.042 and 413.064 and section 2, chapter 595, Oregon Laws 2009] and 1163 to 1179 [413.250, 413.260, 413.300 to 413.308, 414.760, 442.210, 442.468, 442.589 and 676.410 and sections 1169, 1176, 1177 and 1178, chapter 595, Oregon Laws 2009] and 1181 to 1189 [127.663 to 127.684 and section 1187, chapter 595, Oregon Laws 2009], chapter 595, Oregon Laws 2009, and other laws, out of moneys appropriated or made available to the department for the duties, functions and powers transferred or established and subject to Acts authorizing or limiting expenditures by the department for the duties, functions and powers transferred or established. [2009 c.901 §1]

Sec. 2. For the biennium beginning July 1, 2009, the Oregon Department of Administrative Services shall pay the costs of administration and enforcement of duties, functions and powers transferred from the department to the Oregon Health Authority by section 19 (2), chapter 595, Oregon Laws 2009, amendments to statutes by chapter 595, Oregon Laws 2009, and other laws, out of moneys appropriated or made available to the department for the duties, functions and powers transferred and subject to Acts authorizing or limiting expenditures by the department for the duties, functions and powers transferred. [2009 c.901 §2]

Sec. 3. For the biennium beginning July 1, 2009, the Department of Consumer and Business Services shall pay the costs of administration and enforcement of duties, functions and powers transferred from the department to the Oregon Health Authority or established in the Oregon Health Authority by section 19 (3), chapter 595, Oregon Laws 2009, amendments to statutes by chapter 595, Oregon Laws 2009, section 17, chapter 595, Oregon Laws 2009, and other laws, out of moneys appropriated or made available to the department for the duties, functions and powers transferred or established and subject to Acts authorizing or limiting expenditures by the department for the duties, functions and powers transferred or established. [2009 c.901 §3]

Sec. 4. For the biennium beginning July 1, 2009, the Office of Private Health Partnerships shall pay the costs of administration and enforcement of duties, functions and powers transferred from the office to the Oregon Health Authority by section 19 (4), chapter 595, Oregon Laws 2009, amendments to statutes by chapter 595, Oregon Laws 2009, and other laws, out of moneys appropriated or made available to the office for the duties, functions and powers transferred and subject to Acts authorizing or limiting expenditures by the office for the duties, functions and powers transferred. [2009 c.901 §4]