



# Oregon Health Policy Commission

Overview of Commission Structure  
House Bill 3653

# House Bill 3653

---

## # **Abolished Oregon Health Council**

### # Commission - 10 voting members

- At least 1 member from each congressional district.
- Broad representation
- Majority of non-providers
- At least 1 physician

### # **4 nonvoting legislative members**

- **From each respective caucus**
-

# House Bill 3653 (cont.)

---

- # Commission's tasks:
  - # **1) Develop a plan for and monitor the implementation of the state's health policy.**
  - # 2) Act as policy-making body for a statewide data clearinghouse
  - # 3) Review OHPR reports
-

# House Bill 3653 (cont.)

---

- # 4) Provide a forum for discussion of health policy and health care issues.
  
  - # 5) Identify and analyze significant health policy and health care issues affecting the state and make recommendations to the Governor.
  
  - # 6) Prepare and submit to the Governor and Legislative Assembly resolutions relating to health policy and health care reform.
-

# House Bill 3653 (cont.)

---

- # 7) Review State Medicaid Plan amendments, modifications in Medicaid operational protocols, waiver applications, and administrative rules.**
  - # 8) Act as primary advisory committee to OHP, the Governor and the Legislature.**
-

# House Bill 3653 (cont.)

---

## # Office for Health Policy and Research

- .. **“administrator shall consult with and be advised by the Oregon Health Policy Commission.”**



# Oregon Health Policy Commission

Overview of Vision, Goals and  
Workplan

# Where do we go from here?

---

- # Utilize work that has already been done.
  - # Utilize expertise from within the state.
  - # Identify specific phases of work.
-



# Oregon Health Policy Commission

## Strategies

**Health Resources Commission**  
11 members  
1991

**Health Services Commission**  
11 members  
1989

**Patient Safety Commission**  
17 members  
2003

**Mental Health Task Force**  
21 members  
2003

**Children's Task Force\***  
(\*denotes possible task force)

**Access Task Force\***

**Cost Task Force\***

**Long Term Care Task Force\***

**Medicaid Advisory Committee**  
15 members  
1995

**Public Health Advisory Board**  
15 members  
1983

**Insurance Pool Governing Board**  
7 members  
1987

**Uninsured/Underinsured Task Force\***

**Rural Health Task Force\***

**Oral Health Task Force\***

**End of Life Task Force\***

## Measurable Objectives / Performance Indicators

### **Cost**

Public / Private

### **Quality**

Public / Private

### **Access**

Public / Private

### **Health Status**

### Short-Term Objectives – (next 2 years)

- 1) Increase health care access for all children.
- 2) Establish what constitutes a “basic level of health care”.
- 3) Identify immediate and viable cost- stabilizing/controlling actions.

### Long-Term Goals – (by 2010)

- 1) Every Oregonian should have access to a basic level of affordable health care.
- 2) Oregon's health care system should produce quality outcomes and information to improve the health of its citizens.
- 3) Oregon's health care system should be cost-effective and sustainable.

### Mission/Vision:

To improve the health of Oregonians by developing policies that increase quality outcomes and access to affordable healthcare services through an integrated, cost-effective and statewide delivery system.

# PHASE I

---

## # January – April 2004

- Organize
  - Identify necessary background materials
  - Adopt Vision and Key Goals
    - Short-Term and Long-Term
  - Adopt Performance Measures
-

# PHASE II

---

# **May 2004 – December 2006**

# **Develop Timeframes for Short-Term and Long-Term Goals**

- '05 Legislative Session
- '07 Legislative Session

# **Identify and Implement Strategies for Short-Term Goals**

- *May – November '04*
-

# PHASE III

---

**# January 2007 – December 2010**

**# Identify and Implement Strategies for Long-Term Goals**

- '09 Legislative Session
  - '11 Legislative Session
-