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Two health programs merge into Oregon Health Authority

(Salem) — The Oregon Health Authority today announced the next steps in moving towards a healthier Oregon and transforming the state's health system to make coverage affordable and accessible for all in Oregon.

Two state programs that focus on expanding access to health insurance have merged into the Health Authority — the Oregon Medical Insurance Pool (OMIP) and the Office of Private Health Partnerships, administering the Family Health Insurance Assistance Program (FHIAP).

“OMIP and FHIAP have been working to make health insurance accessible and affordable for Oregonians for many years,” said Dr. Bruce Goldberg, director of the Oregon Department of Human Services and director-designee of the Oregon Health Authority. “We welcome the employees and clients of both organizations to the Health Authority and look forward to working together toward our shared goal of providing every Oregonian with better health and quality health care coverage. Our combined efforts will keep Oregon at the forefront of national health reform.”

The Oregon Health Authority is a new state agency created on June 26, 2009 when House Bill 2009 was signed by Governor Ted Kulongoski. During a two-year transition period, the operations, functions and duties of the nine state organizations and programs moving to the Health Authority will be integrated.

The Oregon Medical Insurance Pool is the state's high-risk insurance pool. It provides health insurance to Oregonians who have been turned down for individual health coverage because of medical conditions or who have exhausted their COBRA benefits. The Family Health Insurance Assistance Program provides low-income individuals and families with subsidies to help pay for health insurance.

The Department of Consumer and Business Services also announced today that Rocky King, the administrator of OMIP and FHIAP, will join the DCBS director's office as senior policy advisor on health reform, effective Oct. 1. He will work closely with Director Cory Streisinger and Insurance Division Administrator Teresa Miller and will lead DCBS's work with the Health Authority on issues such as the health insurance exchange, reinsurance options, benefit and plan design, and other market reforms. The position was newly created during the 2009 legislature to facilitate DCBS participation in health reform efforts.

“We are fortunate to have Rocky in this key position for the agency,” said Cory Streisinger, director of the Department of Consumer and Business Services. “With his extensive background and expertise in expanding access to health care, he will provide valuable insight and direction for DCBS as we engage in Oregon's health reform efforts.”

King also will continue to administer the department's Senior Health Insurance Benefits Assistance Program, or SHIBA, which provides counseling to Oregon seniors and their families on Medicare.

“Through Rocky King's desire to find creative solutions for the uninsured and through his stewardship of the Oregon Medical Insurance Pool (OMIP) and the Family Health Insurance Assistance Program (FHIAP) over the

years, thousands of Oregonians today have health coverage and are no longer going without quality care. We are pleased Rocky will continue to be an important partner in health reform in his new role,” said Dr. Goldberg.

OMIP and FHIAP are among those joining the Health Authority; other state programs responsible for buying health care services such as the Oregon Health Plan, the Public Employees Benefit Board (PEBB) and the Oregon Educators Benefit Board (OEBB), will join OMIP and FHIAP in the Health Authority. Working under the Health Authority umbrella, these state programs can unify and coordinate their purchasing power to get better value and outcomes for the health care dollar.

The transition will be complete by July 2011. Although the state is in the planning stages for organizing the new agency, Health Authority members already are working together to change the health care system.

While OMIP and FHIAP are now linked to the Health Authority, no immediate changes are planned for either program. Staff will be working closely with Health Authority leadership to make the transition without disrupting client services.

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