

Sec. #	General Subject	B version Page	Detailed Discussions
1	Board	4	Establishes the Board, details appointment process; -86 adjusts the name to the Oregon Health Policy Board and allows for reimbursement of per diem and travel per ORS 292-495
2	Board	4	Establishes staggered terms for Board Members
3	DELETED	5	Subsequent sections not renumbered
4	Board	5	Establishes qualification of Board Members
5	Board	5	Directs Governor to appoint Chair and Vice Chair, established quorum requirements and sets meeting schedule for Board
6	Board	5	Allows Board to adopt rules as necessary
7(1)	Board committees	5	Authorizes Board to establish committees including but not limited to outlined in subsections of Section 7 (see below)
7(2)	Board committees	6	A Public Employer Health Purchasers' committee to include members from PEBB, OEBC, counties and other local government entities
7(3)	Board committees	6	A Health Care Workforce Committee to find ways to increase the number of health care workers in the state
7(4)	Board committees	6	Committee members not entitled to compensation
7a	Workforce Fund	7	Sets up a Workforce Strategic Fund to consist of private and federal sources, or if state dollars appropriated to meet the goals established by the Healthcare Workforce committee
8	Board committees	7	Authorizes the creation by the Board of additional technical and advisory committees
9	Board	7,8,9	Establishes duties of the Board
10 (1)	Authority	9	Establishes the Oregon Health Authority; its duties and powers outlined in Section 10's subsections (see below)
10 (1) (a)	Authority	9	Carry out the policies of the Oregon Health Policy Board
10 (1) (b)	Authority	9	Develop a plan for the Oregon Health Insurance Exchange (see also Section 17)
10 (1) (c)	Authority	9	Administer the Oregon Prescription Drug Program (OPDP)
10 (1) (d)	Authority	9	Administer the Family Health Insurance Assistance Program
10 (1) (e)	Authority	9	Provide regular reports on contracted health services' performance, trends and enrollee satisfaction
10 (1) (f)	Authority	9	Guide and support, with the Board, community-centered health initiatives focused on chronic disease
10 (1) (g)	Authority	9	Be the state Medicaid State Agency
10 (1) (h)	Authority	9	With DCBS, rates, administrative expenses..

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10 (1) (i)	Authority	9	Structure reimbursement rates in Medicaid to reward care coordination, cost-effectiveness and quality outcomes for preventive, dental and primary care, including web-based or telephone communications
10 (1) (j)	Authority	9	Guide and support community multi-share community-centered health initiative for health insurance coverage which partner the individual, the employer, state or local government or other funders
10 (1) (k)	Authority	9	Develop one or more insurance products to provide affordable options for small group market in consultation with DCBS
10 (2) (a)	Authority	10	Set up an all-claims, all-payer database to provide comparative cost and quality information and to evaluate health reform
10 (2) (b)	Authority	10	Develop Uniform contracting standards for the purchasing of health care - including quality and performance standards, evidence-based effectiveness guidelines for select new technologies and medical equipment, statewide formulary for publicly funded health benefit plans
10 (2) ©	Authority	10	Allows Board or the Authority to submit proposed bills to LC and the legislature for introduction in the next legislative session, may be filed prior in accordance to rules of the House and Senate
11	Director of the Authority	10	Outlines the oversight, duties and authority of the Director of the Oregon Health Authority (presumed to be the Dir of DHS for '09-'11 biennium)
12	DELETED	10	Subsequent sections not renumbered
13	Director of the Authority	11	Director may appoint, and prescribe duties of employees of the OHA
14	Director of the Authority	11	Allows for the adoptions of rules necessary to carry out duties of the Authority
15	Director of the Authority	11	Allows Director to administer oaths, take deposition and issue subpoenas
16	Duties of Authority	11	Directs OHA to develop a health benefit package for the Exchange Business Plan
17a	DELETED	12	Deletes the Quality Care Institute creation (quality standard setting remains in other sections) in the -86 amendments
17b (now 17)	Duties of Authority	12	Directs the OHA in consultation with DCBS to develop a Business Plan for a health insurance exchange by end of 2010
18	Authority Fund	13	Creates the Health Authority Fund

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19	Transfer to Health Authority	13	Transfers certain duties, from DHS with respect to health to the Authority as outlined in subsections of Section 19 (see below)
19 (1) (a) (A) & 19 (1) (b)	Transfer to Health Authority	13	All medical assistance and premium assistance programs to OHA, EXCEPT long term care and community-based care for seniors
19 (1) (a) (B)	Transfer to Health Authority	13	Public Health Division is transferred under the OHA
19 (1) (a) (C))	Transfer to Health Authority	13	Division of Addictions and Mental Health is transferred under OHA
19 (1) (a) (D)	Transfer to Health Authority	13	Oregon Prescription Drug Program (OPDP) is transferred under OHA
19 (1) (a) (E)	Transfer to Health Authority	13	Office of Health Policy and Research is transferred under OHA
19 (1) (a) (F)	Transfer to Health Authority	From -86	OHA assumes the functions of the (abolished) Oregon Health Fund Board
19 (2)	Transfer to Health Authority	14	All duties and functions currently in DAS with respect to PEBB and OEBC transferred to OHA
19 (3)	Transfer to Health Authority	14	All duties and functions currently in DCBS with respect to Oregon Medical Insurance Pool Board (OMIP) transferred to OHA
19 (4)	Transfer to Health Authority	14	All duties and functions of the Office of Private Health Partnerships (OPHP), including the administration of the Family Health Insurance Program (FHIAP) are transferred to the OHA
19 (5)	Abolishes Commission	14	Abolishes the Oregon Health Policy Commission, functions transferred to the OHA

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19 (6) & (7)	Transfer to Health Authority	14	Directors of DHS, DAS, DCBS, and OPHP shall work out timeline to implement transfer of duties and functions in this section; Changes needed to be completed by June 30, 2011 and included in the '11-'13 Gov's recommended budget
20	Transfer to Health Authority	14	Allows for delegation of duties, functions, and powers between DHS and OHA as necessary up until January 1, 2012
21	Transfer to Health Authority	14	Relates to coordination of all records, property and other issues related to the transition of functions and powers to the OHA by June 30, 2011; Governor to resolve any disputes
22	Transfer to Health Authority	15	Protects any action currently being taken by DHS and/or DCBS when duties transferred to the Authority
23	Transfer to Health Authority	15	Allows for continuation of current rules of all entities involved in the transfer until the OHA can assume
24	Transfer to Health Authority	15	Liability, duties, obligations will continue in Authority
25	Transfer to Health Authority	15	Changes all uncodified, legislative actions, or rules from DHS and/or DCBS to the Authority
26	Restraint of Trade	16	Allows insurance companies to meet with and discuss with the Exchange specifics about the sale, purchase, delivery of health care insurance without fear of restraint of trade issues
27-30	Transfer to Health Authority	From -86	Premium Rate Filing process outlined (from SB 856, with consensus language) adjusting the insurance code statutes. Doesn't take effect until 4-12-10
31-54	Conforming Amendments	17	Deleted by prior amendments, subsequent sections were not renumbered
55-1163	Conforming Amendments	16-573	Updates statutes to reflect the Authority being created abolishing the Health Policy Commission and Oregon Health Fund Board to create the Oregon Health Policy Board; ensures shared services and statutory authority between OHA and DHS for the '09-'11 biennium; Amendment -86 cleans up many of these, including name changes

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1163 -1166	Policy	573-576	Patient-Centered Primary Care Home Program (From SB 456) Amendment -86 removes the grant dollars to communities until funds are available
1167-1173	Policy	576-578	Health Information Technology Oversight Council (SB 452) to replace current Health Information Infrastructure Advisory Council (HIIAC) to guide state planning for connecting electronic health records systems; vital for obtaining federal stimulus dollars for Oregon's healthcare providers
1174-1178	Policy	578-580	Healthcare Workforce Initiative - Data collection via licensing boards (SB 457) Amendment changes a "may" to a "shall" to allow boards to assess fees via licensing to fund this
1179-1180	Policy	580-581	Promote the use of Evidence-based Healthcare Guidelines building on the state's work under the Health Resources and Health Services Commissions (SB 455)
1181-1190	Policy	581-584	Physician's Orders for Life Sustaining Treatment (POLST) Statewide Registry (SB 451)
1191-1193	Policy	584	Uniform Standards for Health Insurers (streamline administrative processes for claims processing and payment) (from SB 454 - Transparency)
1194-1199	Policy	584-586	Data Reporting by Insurance Carriers to DCBS and Capital Project Reporting by health facilities (from SB 454 Transparency)
1200-1202	Policy	586-588	Health Care Data Reporting (SB 453)
1203	DELETED	588	Amendment -86 removes redundant language re penalty authority for DCBS
1204 & 1205	Statutes Notes	589	Repeals certain sections of statute relating to this Act, headings won't be included in ORS
1206	Effective Date for bill	589	Emergency is declared, and Act takes effect on its passage