



COALITION FOR A HEALTHY OREGON

Oregon's Voice for Community Based Health

Coalition for a Healthy Oregon
PO Box 12518
Salem, OR 97309

September 11, 2024

Zachary Goldman
Oregon Health Authority
500 Summer Street, NE, E-20
Salem, OR 97301-1097
(Via email)

Re: Chapter 409 Division 70 Health Care Market Oversight Program Rules

Dear Mr. Goldman,

We write to you with concern about one of the proposed changes to OAR 409-070-0062. Coalition for a Healthy Oregon (COHO) is an association of seven of Oregon's coordinated care organizations (CCOs) whose members serve more than 350,000 Oregon Health Plan members.

Thank you for the opportunity to participate in the Rules Advisory Committee (RAC) on September 4. Our concern relates to the following section of Chapter 409 found on page 23 of the redline document:

~~(3) A community review board shall~~must consist of members of the affected community, including persons who represent populations that experience health disparities, consumer advocates and health care experts. Not more than one-third of the members of the community review board may be representatives of corporate providers. The Authority may not appoint to a community review board an individual who is employed by an entity that is a party to the transaction that is under review or is employed by a competitor that is of a similar size to an entity that is a party to the transaction. ~~As part of the community review board appointment process, the Authority will notify coordinated care organization community advisory councils, as defined in ORS 414.575, representing the affected community.~~

We oppose the deletion of the final sentence pertaining to CCO Community Advisory Councils (CACs). As identified in OAR 409-070-0000 and pursuant to ORS 415.501(1), the purpose of these rules is to promote the public interest and to advance the goals of the Authority and the Oregon Integrated and Coordinated Care Delivery System described in ORS 414.018 and ORS 414.570.

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CCO CACs are an important part of the Oregon Integrated and Coordinated Care Delivery System. They were envisioned as local voices on all manner of health issues affecting local communities. CCO CACs must be comprised of at least 50 percent Oregon Health Plan members, and these members have a particular interest in the types of health care business transactions regulated by HCMO.

The purpose of Oregon's Health Care Market Oversight Program (HCMO) as we understand it is to ensure health care transactions benefit consumers, advance health equity, and do not reduce access to essential services. To that end, Oregon should honor the existing structure for consumer input by preserving the notification requirement. We ask that the stricken language in the last sentence of OAR-409-070-0062(3) be retained.

Sincerely,



Henry T. O'Keeffe
Lobbyist for Coalition for a Healthy Oregon