

9/4/2024

From: Bruce Thomson, MS,MD (member HCMO RAC)

To : HCMO

RE: Public Comment

Comment 1: Regarding payment of fees by business entities involved in business consolidations in healthcare

A. In the interest of transparency, the costs of HCMO/OHA to process requests for approval of mergers and acquisitions of business entities who will profit from the acquisition, should be made public.

B. As the numbers of business mergers in healthcare are rapidly increasing, HCMO would benefit from increased staff, paid for by increased fees.

C. Oregon Taxpayers should not be paying the administrative costs of HCMO for business entities wanting to purchase healthcare services in a state where our Constitution states that it is the responsibility of the legislature to assure that all people in Oregon have affordable access to high quality healthcare and have a right to Health Equity.

Comment 2: Racial Equity Impact Statement for OAR 409-070-xxxx changes

A. How will the proposed (yet to be constructed) Racial Impact Statement changes align with the established OHPB definition of Health Equity, particularly **regarding rectifying historical and contemporary factors contributing to a lack of health equities or access to services;**

Reference Definitions

(14) In accordance with ORS 415.500(2), "essential services" means:

(a) Services that are funded on the prioritized list of health services described in ORS 414.690, as in effect at the time of notice submission; and

(b) Services that are essential to achieve health equity.

(18) "Health equity" means a health system having and offering infrastructure, facilities, services, geographic coverage, affordability and all other relevant features, conditions and capabilities that will provide all people with the opportunity and reasonable expectation that they can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or their socially determined circumstances.

This is a very different definition than the OHA/OHPB Definition of Health Equity---at that time and now.

Here is current definition current from the OHA website.

“Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

- **The equitable distribution or redistribution of resources and power; and**
- **Recognizing, reconciling and rectifying historical and contemporary injustices.”**

The bolded language has disappeared in the HCMO rule, essentially removing the 2 most important statements in the definition of Health Equity--equitable distribution or redistribution and rectifying historical injustice.

Comment 3 – It appears that OHPB is bound by statute to be involved with Rulemaking, Bill Kramer stated otherwise at the RAC meeting on September 4.

“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.