

My name is John Santa. I am a retired primary care doctor and health care administrator. I have no organizational affiliation. I was on the Oregon Health Policy Board from 2017-2023 including the time during which the OHA decisions I am concerned about were made.

I have reviewed the proposed rule changes. While I have concerns about some of the proposed changes, my major concern is about the failure of OHA/HCMO to change the current definition of Health Equity to be consistent with statute and OHPB's definition.

The current definition of health equity in the HCMO rule has not been "prescribed" by the Oregon Health Policy Board (OHPB). To the contrary, OHPB has consistently used a different definition of health equity as developed and recommended by the Health Equity Subcommittee of OHPB for several years including years in which House Bill 2362 was drafted and passed by the Legislature. The statute is clear that HCMO must use a definition of health equity as prescribed by the Oregon Health Policy Board.

In 2019 OHPB reviewed and commented on the first concepts that became HB2362. OHPB urged that the Health Equity definition be included in the eventual bill. HB 2362 clearly does so. In the fall of 2021 over the course of three meetings OHPB reviewed and approved a "broad global framework" related to HCMO. While the presentations and documents in those meetings mention and emphasize health equity, they do not mention any substantive change in the health equity definition. By this time that definition had become the highest OHPB priority. Members of OHPB and its subcommittee were reminded of the definition at every meeting through at least 2023 when my term ended.

In the fall of 2021 OHA began the rules making process. The first draft of the rules made public in the fall of 2021 had a completely different definition of health equity than OHPB had prescribed and repeatedly used. It is not clear that this was appreciated by the rules committee at that time. No change was made to the draft definition. Health Equity is a critical issue for both OHPB and HCMO. They should be in sync when it comes to the definition of health equity.

Ironically, HCMO refers to the OHPB definition in its current Guidance FAQs. When health equity is mentioned on the first page of this document it is linked to the Health Equity Division home page. In the first paragraph of that page the Division refers to the definition of health equity and links to a page that has the OHPB definition on it. It appears OHA would like to have 2 definitions of health equity---one that OHPB and the public use and one that HCMO uses. What is the rationale for this approach?

I urge that the current rules committee resolve this non compliance at a second public meeting following the September 4 meeting. The current definition used by OHPB should be used in the HCMO rule. If OHA feels HCMO should have a different definition, OHA should take that definition to OHPB for discussion, review and a vote.

I believe the best approach is to change the current rules definition of health equity to the definition prescribed by OHPB as directed in statute and supported by OHPB for the last 5 years..

I attach a worksheet that provides more documentation related to this issue.