

## Side-by-side of Major Features in SB 329-22 and SB 27-3

SB 329-22	SB 27-3
<b>Major Structural Features</b>	
<ul style="list-style-type: none"> <li>• Creates the Oregon Health Trust Board in DHS appointed by Governor/Senate confirmed</li> <li>• Executive Director appointed by Governor</li> <li>• Creates Oregon Health Trust Fund</li> <li>• Explicitly builds on current health advisory bodies and Oregon Health Policy and Research (OHPR) staffing</li> <li>• Submit proposed plan to the Governor and legislature by October 1, 2008 for consideration by 2009 legislative session</li> </ul>	<ul style="list-style-type: none"> <li>• Creates the temporary Oregon Better Health Design Board in DHS appointed by Governor/Senate confirmed. Makes recommendations for permanent Board</li> <li>• Executive Director appointed by Board</li> <li>• Creates Oregon Better Health Trust Fund</li> <li>• Explicitly builds on the Health Services Commission; no mention of other health advisory bodies or OHPR staffing</li> <li>• Submit proposed plan for state reform to Governor and the next legislature; shall include both a state reform plan and a blueprint for national health reform</li> <li>• Board to develop a transition plan to the new system</li> </ul>
<b>Subcommittee Responsibilities</b> Comparison of common areas of responsibility between SB 329 & SB 27 subcommittees Note: SB 27 makes very specific reference to membership on each subcommittee where as SB 329 does not	
<b>Federal Laws Subcommittee</b>	<b>Public Tax Subsidy Subcommittee &amp; other Federal laws</b>
<ul style="list-style-type: none"> <li>• Reviewing federal laws               <ul style="list-style-type: none"> <li>○ Medicaid waivers</li> <li>○ Federal tax code</li> <li>○ EMTALA Waivers</li> <li>○ Medicare policies</li> </ul> </li> <li>• Report to Federal delegation by July 31, 2008</li> </ul>	<ul style="list-style-type: none"> <li>• Subcommittee to develop options to create a collection method to transfer the value of the public tax subsidy of employer-sponsored coverage to the Trust Fund</li> <li>• While not a subcommittee, Board is to create a state model for national health reform which includes:               <ul style="list-style-type: none"> <li>○ Federal delegation support for plan</li> <li>○ Authority for Medicare pilot projects and Medicaid waivers</li> </ul> </li> </ul>
<b>Financing Subcommittee</b>	<b>Medical Liability Subcommittee</b>
<ul style="list-style-type: none"> <li>• Health Insurance Exchange (full implementation plan due Feb. 2008)</li> <li>• Provider rate setting models</li> <li>• Collection of employer/individual contributions</li> <li>• Health savings accounts</li> <li>• Medical liability</li> <li>• Maximizing federal funds</li> <li>• Other statutory &amp; regulatory barriers (transparency, Certificate of Need,</li> </ul>	<ul style="list-style-type: none"> <li>• Subcommittee to make recommendations on medical liability reforms, including medical review panel, patient's compensation fund, liability protection for providers/organizations that follow best practice standards, and transparency and accountability in patient safety and medical errors</li> </ul>

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<ul style="list-style-type: none"> <li>credentialed)</li> <li>• Directs the Health Policy Commission to develop recommendations for subcommittee.</li> </ul>	
<b>Health Service Delivery Subcommittee</b>	<b>Delivery System, Health Information Technology, and Healthy Behaviors Subcommittees</b>
<ul style="list-style-type: none"> <li>• Efficient and effective delivery system model</li> <li>• Information technology</li> <li>• Consumer education and financial incentives</li> <li>• Program design (AHP coverage, affordability standard)</li> <li>• Advance directive directory</li> <li>• System for regional health delivery</li> <li>• Streamlining current state health agencies/functions</li> <li>• Directs the OHPR Administrator to develop recommendations for subcommittee</li> </ul>	<ul style="list-style-type: none"> <li>• Subcommittee developing the most efficient and effective delivery system models producing quality outcomes.</li> <li>• Subcommittee developing options to finance health information technology services and infrastructure for a new system</li> <li>• Subcommittee on healthy behaviors and environmental influences, including consumer education, incentives and creating supportive environments</li> <li>• Other SB 329 Service Delivery subcommittee topics not specifically addressed under SB 27 subcommittees</li> </ul>
<b>Defined Set of Benefits Subcommittee</b>	<b>Defined Set of Benefits</b>
<ul style="list-style-type: none"> <li>• Directs Health Services Commission (HSC) to develop recommendations</li> <li>• Can use HSC methodology for prioritizing services (could use current list)</li> </ul>	<ul style="list-style-type: none"> <li>• Directs HSC to create prioritized list of health services</li> <li>• Separate HSC list than SB 329 to fit specific SB 27 criteria</li> </ul>
<b>Eligibility &amp; Enrollment Subcommittee</b>	<b>Eligibility &amp; Enrollment</b>
<ul style="list-style-type: none"> <li>• Public subsidies</li> <li>• Streamlined enrollment procedures</li> <li>• Grievance and appeal processes</li> <li>• Disenrollment/changing enrollment</li> <li>• Outreach plan</li> <li>• Directs Medicaid Advisory Committee to make recommendations to subcommittee</li> </ul>	<p>Specific aspects of eligibility and enrollment not mentioned in SB 27; all individuals should be eligible for essential set of health services</p>
<b>Long Term Care Integration</b>	<b>Long Term Care Integration Subcommittee</b>
<p>Long term care integration not included in SB 329</p>	<ul style="list-style-type: none"> <li>• Subcommittee on integration of health services with community long term care services</li> </ul>
<b>Other Features</b>	
<ul style="list-style-type: none"> <li>• Create a model for Quality Institute</li> <li>• Develop evaluation plan</li> <li>• Public input and testimony required</li> </ul>	<ul style="list-style-type: none"> <li>• Quality highlighted under Delivery System and Liability Subcommittees</li> <li>• Evaluation plan not specifically mentioned</li> <li>• Public input and testimony required</li> </ul>