

House Bill 2828 – Extension & Funding of HB 3260 the Health Care Study

Sponsors/cosponsors: Senate – Michael Dembrow, Alan Bates, Chris Edwards, Sara Gelser, Laurie Monnes Anderson, Elizabeth Steiner Hayward, Diane Rosenbaum.
House – Barbara Smith Warner, Alissa Keny-Guyer, Betty Komp, Rob Nosse, Jennifer Williamson,

This bill extends, for two years, the sunset of provisions requiring Oregon Health Authority to study and make recommendations to Legislative Assembly on the best option for financing health care in Oregon. This is an extension of HB 3260 of the 2013 session, which was codified in Chapter 712 of Oregon Laws 2013.

In more detail, the best system for the delivery and financing of health care in Oregon is a system that provides universal access to necessary, timely, equitable, comprehensive care, including dental, vision, mental health, and long term care, from birth to death, even when Oregonians are out of state; allows choice of provider; enhances primary care; provides for continuous improvement in quality and safety; focuses on prevention; is transparent, accountable, and affordable for families, businesses, and society; minimizes administrative costs and medical errors; has financing that is sufficient, fair and sustainable; ensures adequate compensation of providers; and incorporates community-based systems.

The bill empowers the Oregon Health Authority (OHA) to contract for a study that examines at least four options for financing privately delivered health care in Oregon, paying attention to the criteria above, including:

- (1) An option for a publicly financed single-payer model.
- (2) An option that allows a person to choose between a publicly funded plan, including a basic health program under 42 U.S.C. 18051, and private insurance coverage and allows for fair and robust competition among public plans and private insurance.
- (3) The current health care financing system in this state.
- (4) Another option with criteria detailed in HB 3260.

The bill provides an amount of funding that is to be determined.

Progress on the study will be reported to the 2016 legislature, with a final report to the interim committees on health care in the Senate and House, and to the full legislature in the 2017 session.