

Health Resources Commission - Statutes

442.575 Definitions for ORS 442.575 to 442.584. As used in ORS 442.575 to 442.584:

(1) “Commission” means the Health Resources Commission established pursuant to ORS 442.580.

(2) “Established medical technology” means a medical technology that is in widespread use and considered by practitioners as accepted or standard practice for addressing a specific clinical condition.

(3) “Medical technology” means drugs, medical equipment and devices, and medical or surgical procedures and techniques used by health care providers in delivering medical care to individuals, and the organizational or supportive systems within which such care is delivered.

(4) “Medical technology assessment” means evaluation of indicators for use, clinical effectiveness and cost of a technology in comparison with its alternatives.

(5) “New and emerging medical technology” means a medical technology that is not in widespread use or does not constitute standard practice for a particular clinical condition. [1993 c.754 §3]

442.580 Health Resources Commission; membership; terms. (1) There is created the Health Resources Commission, consisting of eleven members appointed by the Governor.

(2) The commission shall include:

(a) Four physicians, one of whom engages in family practice, and each of whom shall be licensed to practice in this state and experienced in health research and the evaluation of medical technologies and clinical outcomes;

(b) One representative of hospitals;

(c) One insurance industry representative;

(d) One business representative;

(e) One representative of labor organizations;

(f) One consumer representative; and

(g) Two pharmacists engaged in the practice of pharmacy, one of whom engages in the practice of pharmacy at a retail drug outlet. For the purposes of this paragraph:

(A) “Pharmacist” has the meaning given that term in ORS 689.005;

(B) “Practice of pharmacy” has the meaning given that term in ORS 689.015; and

(C) “Retail drug outlet” has the meaning given that term in ORS 689.005.

(3) The term of office of each member of the commission is three years. Each member serves at the pleasure of the Governor. Before the expiration of the term of a member, the Governor shall appoint a successor whose term begins on July 1 next following. A member is eligible for reappointment. If there is a vacancy for any cause, the Governor shall make an appointment to become immediately effective for the unexpired term.

(4) The consumer representative on the commission shall be entitled to compensation and expenses as provided in ORS 292.495. The other members shall not be entitled to compensation or expenses. [1991 c.470 §2; 2001 c.238 §1]

442.581 Officers; quorum; meetings; staffing. (1) The Health Resources Commission shall select one of its members as chairperson and another as vice chairperson, for such terms and with duties and powers as the commission determines necessary for the performance of the functions of such offices.

(2) A majority of the members of the commission constitutes a quorum for the transaction of business.

(3) The commission shall meet at least once every two months at a place, day and hour determined by the chairperson. The commission also shall meet at other times and places specified by the call of the chairperson or of a majority of the members of the commission.

(4) The commission may use advisory committees or subcommittees, the members to be appointed by the chairperson of the commission subject to approval by a majority of the members of the commission.

(5) The Office for Oregon Health Policy and Research shall provide the commission such staff and support services as it requires. [1991 c.470 §4; 1995 c.727 §37; 1997 c.683 §31]

442.582 [1991 c.470 §5; repealed by 1993 c.754 §4 (442.583 enacted in lieu of 442.582)]

442.583 Medical technology assessment program; content; advisory committee.

(1)(a) The Health Resources Commission shall develop a medical technology assessment program that addresses the introduction, diffusion and utilization of medical technologies and their associated services and shall make recommendations regarding the program's implementation.

(b) The assessment program developed pursuant to paragraph (a) of this subsection shall include the results of at least two medical technology assessments to be selected by the commission. The commission shall select one new and emerging medical technology and one established medical technology to be assessed.

(c) The program shall include criteria for selection of the medical technologies to be assessed.

(d) The commission shall appoint and work with an advisory committee whose members shall have the appropriate expertise to develop a medical technology assessment program. The advisory committee shall present its recommendations to the commission at a public hearing. The commission shall conduct public hearings to solicit testimony and information from health care consumers prior to making the report described in subsection (2) of this section. The commission shall give strong consideration to the recommendations of the advisory committee and public testimony in developing its report.

(2)(a) The commission shall present its findings and recommendations in a report to the Governor and the appropriate interim legislative committees on or before April 1, 1994. The report shall include, in addition to at least two medical technology assessments, a determination of the supply and distribution of medical technology and associated services that are required to meet the need for medical technology in the five years following the completion of the assessment.

(b) The report also shall identify strategies and contain recommendations:

(A) Regarding the program's implementation, including which agency should implement the program;

(B) To promote compliance with the program regarding the introduction, diffusion and utilization of those medical technologies assessed;

(C) Regarding whether the state should have a regulatory function and, if so, which agency should carry out that function; and

(D) Regarding the collection, storage and dissemination of data required for a technology assessment program.

(3) To insure that confidentiality is maintained, no identification of a patient or a person licensed to provide health services shall be included with the data submitted under this section, and the commission shall release such data only in aggregate statistical form. All findings and conclusions, interviews, reports, studies, communications and statements procured by or furnished to the commission in connection with obtaining the data necessary to perform its functions shall be confidential pursuant to ORS 192.501 to 192.505.

(4) All data and information collected, analyzed and summarized by professional and trade associations conducting quality assurance and improvement programs shall be considered confidential and shall not be admissible in any legal proceeding or used to create a legal standard of care. However, such data and information may be submitted to the commission on request and shall remain confidential and inadmissible. [1993 c.754 §5 (enacted in lieu of 442.582)]

442.584 Application for certificate of need. (1) All applicants for a certificate of need for any of the technologies or services under study by the Health Resources Commission shall provide the information specified in paragraphs (a) to (f) of this subsection. This information may be utilized by the commission in performing its functions under ORS 442.583. The information shall include:

(a) The estimated number of patients needing the service or procedure who are not currently being served and who cannot be served by existing programs in the service area.

(b) The anticipated number of procedures to be performed per year for a five-year period commencing on the date the service is started or the technology is acquired.

(c) The anticipated number of patients to be served by the applicant, based on the incidence in the population to be served or the conditions for which the technology or service will be used.

(d) Clinical indications for ordering use of the technology or service, with appropriate references to relevant literature.

(e) An estimate of the treatment decisions likely to result from use of the technology or service.

(f) A proposed method for collecting data on the patients served, costs engendered directly or indirectly and the health outcomes resulting from use of the technology or service.

(2) An application shall be decided in accordance with the statutes and rules in effect at the time of filing of a completed letter of intent for that application. [1991 c.470 §§7,22]

442.586 [1991 c.470 §8; repealed by 1995 c.727 §48]

442.588 Employees. Nothing in ORS 414.720, 431.120, 442.120, 442.575, 442.583 and 442.588 is intended to limit the authority of the Health Resources Commission and Health Services Commission to appoint their own employees. [1993 c.754 §10; 1995 c.727 §47]

Note: 442.588 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 442 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

Excerpted from: <http://www.leg.state.or.us/ors/442.html>