

**OREGON HEALTH FUND BOARD**

**Memorandum**

**Date:** October 25, 2007  
**To:** Board Members  
**From:** Barney Speight  
**Subject:** Committee Appointments and Transfers

---

Attached are rosters for the six (6) committees of the Oregon Health Fund Board. Each roster indicates those committee members appointed by the Board at the October 2 meeting. In addition, the names in italics are recommendations from staff for appointment to the respective committees. To summarize the recommended new appointments:

**Benefits Committee:** 1) Hugh Sowers, McMinnville; 2) Kevin Wilson, ND, Hillsboro.

**Delivery System Committee:** 1) Carolyn Kohn, Grants Pass; 2) William Humbert, Gresham; 3) Stefan Ostrach, Eugene; 4) Charlie Tragesser, Lake Oswego.

**Eligibility & Enrollment Committee:** 1) Jane Baumgarten, Coos Bay.

**Finance Committee:** 1) Aelea Christofferson, Sun River; 2) Laura Etherton, Portland; Scott Sadler, Salem.

**Health Equities Committee:** 1) Michelle Berlin, Portland; 2) Ed Blackburn, Portland; 3) Bruce Bliatout, Portland; 4) Ella Booth, Portland; 5) John Duke, Portland; 6) Scott Ekblad, Portland; 7) Honora Englader, Portland; 8) Yves LeFranc, Portland; 9) Jackie Mercer, Portland; 10) Maria Michalczyk, Portland; 11) Tricia Tillman, Portland; 12) Noel Wiggins, Portland.

Staff also recommends the following re-assignment of citizens appointed on October 2:

**Steve Sharp, Hillsboro:** From Delivery System to Finance  
**Mike Shirtcliff, DMD, Redmond:** From Eligibility & Enrollment to Delivery System  
**Ella Booth, PhD, Portland:** From Eligibility & Enrollment to Health Equities  
**Tom Eversole, Corvallis:** From Eligibility & Enrollment to Benefits

**OREGON HEALTH FUND BOARD**  
**\_\_\_\_\_ COMMITTEE**

**Draft By-Laws**  
**Adopted by OHFB \_\_\_\_\_**

**ARTICLE I**

**The Committee and its Members**

- The \_\_\_\_\_ Committee (“Committee”) is created by the Oregon Health Fund Board (“Board”). The Committee’s function is to study, review, discuss, take public comment on and develop policy options and recommendations to the Board, consistent with the Committee’s scope of work as determined by the Board.
- The Executive Director of the Board and staff employed or arranged for by the Executive Director shall serve as staff to the Committee. The Office for Oregon Health Policy and Research (OHPR) and other state agencies will support the work of the Committee in a manner mutually agreed upon by the Executive Director and the respective entity(ies).
- The Members of the Committee will be appointed by, and serve at the pleasure of, the Board. The Committee shall cease to exist upon a majority vote of the Board to disband the Committee.
- Members of the Committee are not entitled to compensation for services or reimbursement of expenses for serving on the Committee.

**ARTICLE II**

**Committee Officers and Duties**

- The Committee shall select a Chair and up to two Vice Chairs from among its Members. The Officers will serve for 24-months from the date of their election or until the Board disbands the Committee, whichever occurs first.
- Duties of the Chair are:
  - Serve as a non-voting Member of the Board. The Chair will sit with the Board and participate in all Board discussions, but shall not be permitted to make, second or vote on motions, resolutions or other formal actions of the Board.
  - Preside at all meetings of the Committee.

- Coordinate meeting agendas after consultation with Committee staff.
  - Review all draft Committee meeting minutes prior to the meeting at which they are to be approved.
  - Be advised of all presentations or appearances of the Executive Director or staff before Legislative or Executive committees or agencies that relate to the work of the Committee.
  - The Chair may designate, in the absence of the Vice-Chair or when expedient to Committee business, other Committee Members to perform duties related to Committee business such as, but not limited to, attending other agency or public meetings, meetings of the Board, training programs, and approval and review of documents that require action of the Chair.
- Duties of the Vice Chair are:
    - Perform all of the Chair's duties in his/her absence or inability to perform;
    - Accompany the Chair to meetings of the Board at which final recommendations of the Committee are presented; and
    - Perform any other duties assigned by the Chair.

#### ARTICLE IV Committee Meetings

- The Committee shall meet at the call of the Chair in consultation with the Committee Members and staff.
- The Committee shall conduct all business meetings in public and in conformity with Oregon Public Meetings Laws. The Committee will provide opportunity for public comment at every meeting in accordance with policies and procedures adopted by the Board.
- The preliminary agenda will be available from the Committee staff and posted on the Board website [[healthfundboard.oregon.gov](http://healthfundboard.oregon.gov)] at least two working days prior to the meeting. The final agenda will be established by Committee members at the beginning of each Committee meeting.
- A majority of Committee Members shall constitute a quorum for the transaction of business.

- All actions of the Committee shall be expressed by motion or resolution. Official action by the Committee requires the approval of a majority of a quorum of Members.
- On motions, resolutions, or other matters, a voice vote may be used. At the discretion of the Chair, or upon the request of a Committee Member, a roll call vote may be conducted. Proxy votes are not permitted.
- If a Committee Member is unable to attend a meeting in person, the Member may participate by conference telephone or internet conferencing provided that the absent Committee Member can be identified when speaking, all participants can hear each other and members of the public attending the meeting can hear any Member of the Committee who speaks during the meeting. A Committee Member participating by such electronic means shall be considered in constituting a quorum.
- Committee Members shall inform the Chair or Committee staff with as much notice as possible if unable to attend a scheduled Committee meeting. Committee staff preparing the minutes shall record the attendance of Committee Members at the meeting for the minutes.
- The Committee will conduct its business through discussion, consensus building and informal meeting procedures. The Chair may, from time to time, establish procedural processes to assure the orderly, timely and fair conduct of business.

## **ARTICLE V**

### **Amendments to the By-Laws and Rules of Construction**

- These By-laws may be amended upon the affirmative vote of five (5) Members of the Board.

BENEFITS COMMITTEE					
	Name	Affiliation	City	Gender	Confirmed?
1	Susan King, Chair	Oregon Nurses Association	Portland	F	Y
2	Gary Allen, DMD	Willamette Dental	Portland	M	Y
3	Lisa Dodson, MD	OHSU, Health Svc Comm.	Portland	F	Y
4	Tom Eversole	Benton Co. Health Dept.	Corvallis	M	Y (from E & E)
5	Leda Garside, RN, BSN	Tuality Healthcare, HSC	Hillsboro	F	Y
6	Betty Johnson	Retired, Archimedes	Corvallis	F	Y
7	Bob Joondeph	OR Advocacy Center, MH&DD	Portland	M	Y
8	Jim Lussier	Retired, Health Policy Comm.	Bend	M	Y
9	Susan Pozdena	Kaiser Permanente	Portland	F	Y
10	Somnath Saha, MD	PDX VA, Health Svc Comm.	Portland	M	Y
11	Nina Stratton	Insurance Agent	Portland	F	Y
12	Kathryn Weit	OR Council Dev. Disabilities	Salem	F	Y
13	<i>Hugh Sowers</i>	<i>Ret. (AARP)</i>	<i>McMinnville</i>	<i>M</i>	<i>N</i>
14	<i>Kevin Wilson, ND</i>	<i>Naturopathic Physician</i>	<i>Hillsboro</i>	<i>M</i>	<i>N</i>

**Notes:**

1. Susan King elected Chair. Committee decided to defer election of Vice Chair(s) for at least one meeting. Nina Stratton has expressed an interest in serving as one of two Vice Chairs.
2. Tom Eversole was confirmed as a member of the Eligibility & Enrollment Committee. His background in local public health programs fits better with the work of the Benefits Committee.
3. Proposing two (2) additional members:
  - a. Hugh Sowers is a retired armed forces health care administrator. He is active in, and was one of four nominees submitted by, Oregon AARP.
  - b. Kevin Wilson is a naturopathic physician. He was one of four nominees submitted by his professional association. Former member of state licensing board for naturopathic physicians.
4. Staff has requested the appointment of another physician (specialist) to round out clinical diversity (dentistry, nursing, mental health and developmental disabilities, naturopathy and primary care)

DELIVERY SYSTEM COMMITTEE					
	Name	Affiliation	City	Gender	Confirmed?
1	Dick Stenson, Chair	Tuality Healthcare	Hillsboro	M	Y
2	Maribeth Healey, V Chr	Advocate	Clackamas	F	Y
3	Doug Walta, MD, V Chr	Physician	Portland	M	Y
4	Vanetta Abdellatif	Mult. Co., Health Policy Comm.	Portland	F	Y
5	Mitch Anderson	Benton Co. Mental Health	Corvallis	M	Y
6	Tina Castenares, MD	Physician, Safety Net Clinic	Hood River	F	Y
7	David Ford	CEO, CareOregon	Portland	M	Y
8	Vickie Gates	Consultant, Health Policy Comm.	Lake Oswego	F	Y
9	Diane Lovell	AFSCME, PEBB Chair	Canby	F	Y
10	Bart McMullan, MD	President, Regence OR	Portland	M	Y
11	Dale Johnson	VP, Blount International, Inc	Portland	M	Y
12	Ken Provencher	CEO, PacificSource	Eugene	M	Y
x	Steve Sharp	Chrm, TriQuint Semiconductor	Hillsboro	M	Y (to Finance)
13	Lillian Shirley, RN	Mult. Co. Health Dept.	Portland	F	Y
14	Rick Wopat, MD	Samaritan Health Svcs, HPC	Corvallis	M	Y
15	Charlie Tragesser	Small Business Owner	Lake Oswego	M	N
16	Stefan Ostrach	Teamsters, Local 206	Eugene	M	N
17	Carolyn Kohn	Community Advocate	Grants Pass	F	N
18	William Humbert	Retired	Gresham	M	N
19	Mike Shirtcliff, DMD	Advantage Dental Plan	Redmond	M	Y (from Eligibility)

**Notes:**

1. Dick Stenson, Tuality Hospital System, elected Chair. Maribeth Healey, Director, Oregonians for Health Security, elected Vice Chair. Doug Walta, MD, Physician, elected Vice Chair.

2. Proposing four (4) additional members:

- a. Charlie Tragesser has owned Polar Systems, Inc in Portland for 14 years.
- b. Stefan Ostrach (Eugene) has 26 years experience in negotiating benefits. Previous service on advisory groups.
- c. Carolyn Kohn, Grants Pass, has been a community advocate for 30 years.
- b. William Humbert, retired firefighter from Gresham.

3. Steve Sharp requests moving from this committee to Finance based on interest and professional experience. Dr. Shirtcliff moves from Eligibility & Enrollment to this committee to add the perspective of dentistry.

ELIGIBILITY & ENROLLMENT COMMITTEE					
	Name	Affiliation	City	Gender	Confirmed?
1	Ellen Lowe, Chair	Advocate	Portland	F	Y
2	Jim Russell, V Chr	MidValley Behavioral Care	Salem	M	Y
3	Robert Bach	Medicaid Adv Comm.	Portland	M	Y
x	<del>Ella Booth, PhD</del>	<del>Ethicist, OHSU</del>	<del>Portland</del>	<del>F</del>	<del>Y</del> (to Equities)
x	<del>Tom Eversole</del>	<del>Benton Co. Health Dept.</del>	<del>Corvallis</del>	<del>M</del>	<del>Y</del> (to Benefits)
4	Dean Kortge	Insurance Agent	Eugene	M	Y
5	CJ McLeod	SVP, ODS Companies	Portland	M	Y
6	Bill Murray	CEO, DOCS	Coos Bay	M	Y
7	Ellen Pinney	Advocate	Corbett/Salem	F	Y
8	Carole Romm	Central City Concern, MAC	Portland	F	Y
x	<del>Mike Shirtcliff, DMD</del>	<del>Advantage Dental Plan</del>	<del>Redmond</del>	<del>M</del>	<del>Y</del> (to Delivery)
9	Ann Turner, MD	Virginia Garcia Health Center	Cornelius	F	Y
10	Jane Baumgarten	Retired, AARP	Coos Bay	F	N
11					
12					

**Notes:**

1. Ellen Lowe, Advocate, elected Chair. Jim Russell, MidValley Behavioral Care elected Vice Chair.

2. Ella Booth was confirmed as a member of this committee, but after discussions with staff she would prefer to serve on the Health Equities Committee (to be formed). See Notes @ Benefits Committee concerning Tom Eversole. Mike Shirtcliff, DMD moves to Delivery Committee.

3. Proposing one (1) additional member:

- a. Jane Baumgarten is one of 4 nominees submitted by Oregon AARP. She has been a volunteer advocate for 20+ years.

FINANCE COMMITTEE					
	Name	Affiliation	City	Gender	Confirmed?
1	Kerry Barnett, Chair	EVP, The Regence Group	Portland	M	Y
2	John Worcester, V Chr	Evraz Oregon Steel Mills	Portland	M	Y
3	Andy Anderson	CFO, Cascade Corp.	Portland	M	Y
4	Peter Bernardo, MD	Physician	Salem	M	Y
5	Terry Coplin	CEO, LIPA	Eugene	M	Y
6	Lynn-Marie Crider	SEIU	Portland	F	Y
7	Jim Diegel	CEO, Cascade Healthcare	Bend	M	Y
8	Steve Doty	Insurance Agent	Portland	M	Y
9	Cherry Harris	Labor Representative	Portland	F	Y
10	Denise Honzel	Health Policy Commission	Portland	F	Y
11	David Hooff	Northwest Health Foundation	Portland	M	Y
12	John Lee	Consultant	Portland	M	Y
13	Scott Sadler	Small Business Owner	Salem	M	N
14	Aelea Christofferson	Small Business Owner	Sun River	F	N
15	Laura Etherton	Advocate	Portland	F	N
16	Steve Sharp	Chrm, TriQuint Semiconductor	Hillsboro	M	Y (from Delivery)

**Notes:**

1. Kerry Barnett elected Chair. John Worcester elected Vice Chair.

2. Proposing three (3) additional members:

- a. Scott Sadler is a small business owner in Salem (Arbor Café). Endorsed by Salem Chamber CEO; member Oregon Restaurant Association.
- b. Aelea Christofferson, owner of small business (<10 employees) in Bend.
- c. Laura Etherton is an advocate for OSPIRG. She is respected in the advocacy community and is interested in the insurance exchange work that the Finance Committee will be undertaking.

<b>FEDERAL LAWS COMMITTEE</b>					
	<b>Name</b>	<b>Affiliation</b>	<b>City</b>	<b>Gender</b>	<b>Confirmed?</b>
<b>1</b>	<b>Frank Baumeister, MD</b>	<b>Physician</b>	<b>Portland</b>	<b>M</b>	<b>Y</b>
<b>2</b>	<b>Mike Bonetto</b>	<b>Health Insurance</b>	<b>Bend</b>	<b>M</b>	<b>Y</b>
<b>3</b>	<b>Chris Bouneff</b>	<b>DePaul Treatment Centers</b>	<b>Portland</b>	<b>M</b>	<b>Y</b>
<b>4</b>	<b>Ellen Gradison</b>	<b>Oregon Law Center</b>	<b>Corvallis</b>	<b>F</b>	<b>Y</b>
<b>5</b>	<b>Michael Huntington, MD</b>	<b>Retired, Archimedes</b>	<b>Corvallis</b>	<b>M</b>	<b>Y</b>
<b>6</b>	<b>Julia James</b>	<b>Consultant</b>	<b>Bend</b>	<b>F</b>	<b>Y</b>
<b>7</b>	<b>Mallen Kear, RN</b>	<b>Retired, Archimedes</b>	<b>Portland</b>	<b>F</b>	<b>Y</b>
<b>8</b>	<b>Sharon Morris</b>	<b>Health Care Admin. (ret)</b>	<b>Grants Pass</b>	<b>F</b>	<b>Y</b>
<b>9</b>	<b>Larry Mullins</b>	<b>CEO, Samaritan Health</b>	<b>Corvallis</b>	<b>M</b>	<b>Y</b>
<b>10</b>	<b>Nicola Pinson</b>	<b>OR Primary Care Assn.</b>	<b>Portland</b>	<b>F</b>	<b>Y</b>
<b>11</b>	<b>Tom Reardon, MD</b>	<b>Retired</b>	<b>Portland</b>	<b>M</b>	<b>Y</b>

**Notes:**

- 1. This committee has not met.**
- 2. No additional members proposed at this time.**

<b>HEALTH EQUITIES COMMITTEE</b>					
	<b>Name</b>	<b>Affiliation</b>	<b>City</b>	<b>Gender</b>	<b>Confirmed?</b>
<b>1</b>	<i>Michelle Berlin, MD</i>	<i>OHSU, Women's Health</i>	<i>Portland</i>	<i>F</i>	<i>N</i>
<b>2</b>	<i>Ed Blackburn</i>	<i>Central City Concern, homeless + MH</i>	<i>Portland</i>	<i>M</i>	<i>N</i>
<b>3</b>	<i>Bruce Bliatout, PhD</i>	<i>Mult Co. Asian Community</i>	<i>Portland</i>	<i>M</i>	<i>N</i>
<b>4</b>	<i>Ella Booth, PhD</i>	<i>OHSU, African-American Community</i>	<i>Portland</i>	<i>F</i>	<i>N</i>
<b>5</b>	<i>John Duke</i>	<i>Outside-In, homeless youth</i>	<i>Portland</i>	<i>M</i>	<i>N</i>
<b>6</b>	<i>Scott Ekblad</i>	<i>OHSU, Office of Rural Health</i>	<i>Portland</i>	<i>M</i>	<i>N</i>
<b>7</b>	<i>Honora Englander, MD</i>	<i>OHSU, International Health</i>	<i>Portland</i>	<i>F</i>	<i>N</i>
<b>8</b>	<i>Yves LeFranc, MD</i>	<i>Legacy Clinics, Latino focus</i>	<i>Portland</i>	<i>M</i>	<i>N</i>
<b>9</b>	<i>Jackie Mercer</i>	<i>NARA, American Indian</i>	<i>Portland</i>	<i>F</i>	<i>N</i>
<b>10</b>	<i>Maria Michalczyk, RN</i>	<i>PCC Interpreter Training</i>	<i>Portland</i>	<i>F</i>	<i>N</i>
<b>11</b>	<i>Tricia Tillman</i>	<i>Mult Co, African-American Community</i>	<i>Portland</i>	<i>F</i>	<i>N</i>
<b>12</b>	<i>Noel Wiggins</i>	<i>Mult Co, Community Health Workers</i>	<i>Portland</i>	<i>F</i>	<i>N</i>
<b>13</b>					
<b>14</b>					
<b>15</b>					

**Notes:**

**1. The names above have expressed an interest in serving on the Health Equities Committee. There are 3 or 4 additional citizens with expertise and experience who staff is contacting.**

**OREGON HEALTH FUND BOARD**  
**BENEFITS COMMITTEE DRAFT CHARTER**  
**Approved by OHFB \_\_\_\_\_**

Objective

The Benefits Committee is chartered to develop recommendations to the Board for defining a set(s) of essential health services that should be available to all Oregonians under a comprehensive reform plan. The work should be guided by the Board's "Design Principles & Assumptions". (See attached)

The work of the Benefits Committee may be accomplished through workgroups and/or ad hoc task forces as needed.

Scope

In developing recommendations for the defined set(s) of essential health services, the committee shall consider:

- Mechanisms for setting priorities that optimize the health of Oregonians;
- The demographic characteristics of the uninsured (e.g., age, gender, family status, income) in examining what services would best meet their needs in an affordable manner;
- The applicability of the HSC Prioritized List of Health Services;
- Methods for collecting and incorporating public values of those who will potentially benefit from and potentially contribute towards the cost of the defined set(s) of health services, their advocates, and those playing a role in their care;
- The identification of sources and incorporation of unbiased, objective evidence in measuring the effectiveness of specific health interventions in achieving their desired health outcomes;
- An emphasis on preventive care and chronic disease management;
- Approaches that promote integrated systems of care centered on a primary care home;
- Benefit and cost-sharing designs used by other states for subsidized programs (e.g., Washington Basic Health Plan);
- The needs of vulnerable populations in order to reduce health disparities;
- The definition and inclusion of services for dignified end-of-life care;
- Education activities that further health and wellness promotion;
- Standards of affordability based upon a calculation of how much individuals and families, particularly those with low incomes, can be expected to spend for health insurance;
- Ways to incorporate cost-sharing that creates incentives that support the goal of optimizing the health of Oregonians.

The Board and OHPR will contract with one or more actuaries to work with the Benefits Committee in modeling affordable benefit package options for consideration.

Staff Resources

Darren Coffman	Lead staff	(503) 373-1616	Darren.D.Coffman@state.or.us
Ariel Smits, MD	Clinical staff	(503) 373-1647	Ariel.Smits@state.or.us
Brandon Repp	Research staff	(503) 373-2193	Brandon.Repp@state.or.us
Nate Hierlmaier	Research staff	(503) 373-1632	Nathan.Hierlmaier@state.or.us
Dorothy Allen	Administrative staff	(503) 373-1985	Dorothy.E.Allen@state.or.us
Barney Speight	Director, OHFB	(503) 373-1817	Barney.Speight@state.or.us

Timing

The Committee will deliver its recommendation(s) to the Board no later than April 30, 2008.

**OREGON HEALTH FUND BOARD  
ELIGIBILITY AND ENROLLMENT COMMITTEE  
Approved by OHFB on \_\_\_\_\_**

**Objective**

The Eligibility and Enrollment Committee is chartered to develop recommendations for the eligibility requirements and enrollment procedures for the Oregon Health Fund program to the Oregon Health Fund Board.

**Scope**

The Eligibility and Enrollment Committee will focus its study of strategies to Eligibility requirements, including:

- 1) Affordability: public subsidies of premiums and other costs associated with the program that ensure program affordability at all incomes for individuals and sustainability for the state;
- 2) Enrollment Procedures: streamlined procedures, including: a standardized application process, application assistance, requirements to demonstrate Oregon residency, retroactive eligibility, waiting periods, preexisting condition limitations, other administrative requirements for enrollment;
- 3) Disenrollment: standards for disenrollment and changing enrollment in Accountable Health Plan;
- 4) Outreach: an outreach plan to educate the general public, particularly uninsured and underinsured persons, about the program and program's eligibility requirements and enrollment procedures; and,
- 5) ESI: process for allowing employers to offer health insurance coverage by insurers of the employer's choice or to contract for coverage of benefits beyond the defined set of essential health services.

**Committee Membership**

<b>Name</b>	<b>Affiliation</b>	<b>City</b>
Ellen Lowe, Chair	Advocate and Public Policy Consultant	Portland
Jim Russell, Vice-Chair	MidValley Behavioral Care	Salem
Robert Bach	Medicaid Advisory Committee (MAC)	Portland
Dean Kortge	Pacific Benefits Consultants	Eugene
CJ McLeod	The ODS Companies	Portland
Bill Murray	Doctors of Oregon Coast South	Coos Bay
Ellen Pinney	Oregon Health Action Campaign	Corbett/Salem
Carole Romm	Central City Concern, MAC	Portland
Ann Turner, MD	Virginia Garcia Health Center	Cornelius

**Staff Resources**

- Tina Edlund, Deputy Administrator, Office for Oregon Health Policy and Research (OHPR) - [Tina.D.Edlund@state.or.us](mailto:Tina.D.Edlund@state.or.us); 503-373-1848 (Lead Staff)
- Heidi Allen, OHREC Director, Medicaid Advisory Committee, OHPR - [Heidi.Allen@state.or.us](mailto:Heidi.Allen@state.or.us); 503-373-1608
- Nate Hierlmaier, Policy Analyst, OHPR - [Nate.Hierlmaier@state.or.us](mailto:Nate.Hierlmaier@state.or.us); 503-373-1608
- Tami Breitenstein, Executive Assistant, Oregon Health Fund Board - [Tami.Breitenstein@state.or.us](mailto:Tami.Breitenstein@state.or.us); 503-373-1538

**Timing**

The Committee will provide its recommendation(s) to the Benefits Committee on public subsidies and affordability no later than January 15, 2008 and all other recommendation(s) to the Board for review and public comment no later than April 30, 2008.

**OREGON HEALTH FUND BOARD  
FEDERAL LAWS COMMITTEE CHARTER  
Approved by OHFB on \_\_\_\_\_**

**Objective**

The Federal Laws Committee is chartered to provide findings to the Board regarding the impact of federal law requirements on achieving the goals of the Health Fund Board, focusing particularly on barriers to reducing the number of uninsured Oregonians. The work should be guided by the Board’s “Design Principles & Assumptions.”

**Scope**

The Committee shall develop findings on the impact of federal laws on the goals of the Health Fund Board including, but not limited to, the following federal requirements:

- 1) Medicaid requirements such as eligibility categories and household income limits and Medicaid waivers;
- 2) Federal tax code policies regarding the impact on accessing health insurance or self-insurance and the affect on the portability of health insurance;
- 3) Emergency Medical Treatment and Active Labor Act (EMTALA) regulations that make the delivery of health care more costly and less efficient, and EMTALA waivers; and
- 4) Medicare policies that result in Oregon’s health care providers receiving significantly less than the national average Medicare reimbursement rate.
  - o The Committee shall survey providers and determine how this and other Medicare policies and procedures affect costs, quality and access.
  - o The Committee shall assess how an increase in Medicare reimbursement rates to Oregon providers would benefit Oregon in health care costs, quality and access to services, including improved access for persons with disabilities and improved access to long term care.

**Committee Membership**

Name	Affiliation	City
Frank Baumeister, MD	Physician	Portland
Mike Bonetto	Clear Choice Health Plans	Bend
Chris Bouneff	DePaul Treatment Centers	Portland
Ellen Gradison	Oregon Law Center	Corvallis
Michael Huntington, MD	Retired Physician, Archimedes	Corvallis
Julia James	Consultant	Bend
Mallen Kear, RN	Retired Nurse, Archimedes	Portland
Sharon Morris	Health Care Administrator (retired)	Grants Pass

Larry Mullins	Samaritan Health Services	Corvallis
Nicola Pinson	OR Primary Care Association	Portland
Tom Reardon, MD	Retired Physician	Portland

**Staff Resources**

- Susan Otter, Policy Analyst, Office for Oregon Health Policy and Research - [Susan.Otter@state.or.us](mailto:Susan.Otter@state.or.us); 503-373-0859
- TBD, Policy Analyst
- Tami Breitenstein, Executive Assistant, Oregon Health Fund Board - [Tami.Breitenstein@state.or.us](mailto:Tami.Breitenstein@state.or.us); 503.373.1538

**Timing**

The final report of the Committee shall be delivered to the Board on or before April 30, 2008. After approval from the Health Fund Board and a period of public comment, the Committee will report its findings to the Oregon congressional delegation no later than July 31, 2008. The Committee shall request that the Oregon congressional delegation participate in at least one hearing in each congressional district on the impacts of federal policies on health care services and request congressional hearings in Washington, DC.

**Oregon Health Fund Board Meeting**  
**October 30, 2007**  
**Speaker Biographies**

**Peggy Fowler**

Peggy Fowler, CEO and president of Portland General Electric (PGE), has more than 33 years of experience in the utility business and, in that time, has managed almost every major area of the company. Fowler began her tenure at PGE in 1974 as a chemist in the company's analytical laboratory where she performed extensive environmental testing. She later managed that department and eventually worked her way up through the ranks to hold senior officer posts as head of PGE's Customer Service and Delivery areas; Power Production; Hydroelectric and Substation Operations; and one of PGE's largest divisions, the Gresham Division. She also has served as PGE's chief operating officer of distribution operations.

Fowler earned a bachelor's degree in chemistry and mathematics from George Fox University in Newberg, Ore. She also has completed the specialized training offered in public utility executive programs at the University of Michigan and the University of Idaho. Fowler resides in Tigard, Ore., with her husband, Bob. Together, they have raised two sons. She enjoys outdoor activities, including golf and skiing. Fowler serves in several volunteer capacities that contribute to the future of the community, including the boards of Oregon Business Council, the Regence Group, Regence BlueCross BlueShield of Oregon, SOLV Founders' Circle, Greenlight Greater Portland, and the Oregon Independent College Foundation. Since 2004, she has been an ambassador for the American Heart Association's "Go Red for Women" campaign.

**Anne K. Gauthier**

Anne K. Gauthier is senior policy director of the Fund's Commission on a High Performance Health System, based at AcademyHealth in Washington, D.C. The Commission aims to move the U.S. toward a health care system that achieves better access, improved quality, and greater efficiency, with particular focus on the most vulnerable due to income, race/ethnicity, health, or age. She is responsible for overseeing all Commission activities, including Commission meetings and site visits, a series of health policy briefings with the Alliance for Health Reform, an annual Congressional Staff Retreat and an annual Bipartisan Congressional Health Policy Conference; leading Commission members in identifying policy changes and recommending concrete steps that would facilitate movement towards a high-performance system in the U.S.; preparing a series of issue briefs and other publications on key strategies for achieving a high-performance health system; and presenting Commission-related work to appropriate public and private officials and the media.

Prior to joining the Fund, she was vice president of AcademyHealth where she served as: program director for the Robert Wood Johnson Foundation's Changes in Health Care Financing and Organization initiative, a program that bridges the health policy and health services research communities through funding research, policy analysis and convening activities; as senior advisor for the Foundation's State Coverage Initiative, which works with states to plan, execute and maintain insurance expansions; as co-project director for a Fund project on administrative simplification in health care; and oversaw the research synthesis and information services functions. Before joining AcademyHealth in 1989, she was senior researcher for the National Leadership Commission on Health Care, a private commission charged with developing a system-wide public/private strategy to control rising costs, improve the quality, appropriateness, and efficiency of care, and ensure universal access to a basic level of services. She held a position in the congressional Office of Technology Assessment from 1980 to 1986. Ms. Gauthier holds an A.B. in molecular biology from Princeton University and an M.S. in health administration from the University of Massachusetts School of Public Health.

### **Denise Honzel**

Denise Honzel has been a leader in the health care industry in Oregon for over 25 years. Between January 2005 and October 2007, she served as the first Director of the Oregon Center for Health Professions at the Oregon Institute of Technology. In this role she provided leadership in program expansion, partnership development, fund-raising and strategic planning for expansion of the university's health professions programs. The first wing of the new Center located in Klamath Falls opened in September 2007 and will help address the healthcare workforce shortage in Oregon.

Honzel held a number of positions with Kaiser Permanente's Northwest Region between 1979 and 2004. In 1991 she was appointed Vice President and Health Plan Manager. In that role, she was responsible for the overall leadership for health plan operations in the Portland/Salem and Southwest Washington areas at a time the organization experienced significant growth. From 1996 through 1998, Honzel also served as Vice President of Kaiser/Group Health, an affiliation between Kaiser and Group Health Cooperative headquartered in Seattle. In that role she was responsible for leading the integration and operations of the sales, marketing and insurance operations functions for Kaiser Permanente Northwest, Group Health Cooperative (Seattle) and Group Health Northwest (Spokane). Denise is involved in a variety of statewide and local initiatives including serving as a consultant to the Oregon Business Council on their statewide health care initiative. In July 2006, she was appointed to the Oregon Health Policy Commission. Recently she was a member of the Governor's Healthcare Workforce Advisory Committee, and Co-Chair of the Health Committee for the

Clackamas County Economic Development Commission. She also served on the Oregon Medical Insurance Pool Board from 1990 until 2004, acting as chair of the Board from 1998 until 2004. Honzel received her bachelor's degree in business administration from Oregon State University and a master's degree in business administration from the University of Portland.

### **Duncan Wyse**

Duncan Wyse is the President of the Oregon Business Council, a position he has held since June 1995. The Oregon Business Council is a private non-profit, non-partisan organization consisting of 47 chief executives from some of Oregon's largest businesses. OBC's function is to focus the knowledge and resources of its members on key, long-range public policy issues facing Oregon. Two major initiatives of the OBC are the Oregon Business Plan (a statewide strategy for economic prosperity) and E3: Employers for Education Excellence (an initiative to support improvement of K-12 education). The Oregon Business Council is the winner of the 2003 Governor's Gold Award in the category of outstanding public organization.

Prior to this position, Wyse was Executive Director of the Oregon Progress Board, where he developed *Oregon Shines*, Oregon's long-range strategy for economic growth, and *Oregon Benchmarks*, indicators measuring how Oregon is doing as a people, place and economy. Under his leadership, the Oregon Progress Board won the Innovations in Government Award from the Ford Foundation and Harvard's Kennedy School. Previously, he spent eight years at the California Public Utilities Commission, serving as advisor to the President and Director for Policy and Planning.

He currently serves on the Oregon State Board of Education; the Quality Education Commission, the E3: Employers for Education Excellence Board of Directors, Multnomah County Leaders Roundtable (chair), Portland-Multnomah Progress Board, the Willamette Partnership, the Institute for Natural Resources Advisory Board, the Giving in Oregon Council, and the Oregon Innovation Council. Wyse holds a Bachelor's degree from Pomona College and a Master's in Business Administration from Stanford University. He grew up in Portland, and is married with three children.

**OREGON HEALTH FUND BOARD  
FINANCE COMMITTEE CHARTER**  
Approved by OHFB on \_\_\_\_\_

**Objective**

The Finance Committee is chartered to develop recommendations to the Board for:

1. Strategies to finance a proposed comprehensive plan to expand access to uninsured Oregonians; and
2. Modifying the operation of Oregon's non-group (individual) market to provide access to affordable coverage for individuals complying with an individual mandate for coverage.

Both tasks should be guided by the Board's "Design Principles & Assumptions".

**Scope**

**1. Financing a Comprehensive Plan**

Expanded coverage through the Oregon Health Plan (Medicaid) and subsidized premiums in the non-group market will require new revenue. The Committee will evaluate revenue-generating options, including a payroll tax and a provider tax. Time permitting, the Committee may investigate additional options.

The final recommendations of the Committee should be equitable for those paying the tax, sustainable over the long-run, sufficient to meet projected costs, and optimize, where appropriate, the use of federal matching funds.

A. Payroll Tax

Starting from the recommendations of the Oregon Health Policy Commission's "Roadmap for Health Care Reform," the Committee will evaluate approaches to an employer "Pay or Play" system which (a) recognizes the financial contribution of employers that provide group coverage, and (b) requires employers not offering coverage to pay something toward the cost of health care for all Oregonians. In addition, the Committee should assume that all employers are required to establish Section 125 plans for employees to use pre-tax payroll deductions for their premium contributions.

The Committee will be supported by national and local experts with econometric modeling capabilities to provide detailed analysis of various payroll tax scenarios, including but not limited to:

- Projections of aggregate annual revenue generated at different tax rates;
- Projections over a 5-year term of the growth in revenue based on conservative estimates of the increases in taxable payrolls;

- Projections of the sustainability of this revenue source using annual increases in costs of n% over a 5-year term;
- Determining the extent to which federal matching could be used for premium assistance subsidies for Oregonians in defined income ranges;
- Evaluating the macro-economic impact of “Pay or Play” scenarios on Oregon’s overall economic vitality.

#### B. Provider Tax

The Committee will evaluate various provider tax strategies (e.g., the State of Minnesota) to fund coverage expansions and provider reimbursement adjustments. The evaluation may include issues such as:

- Health providers (or health transactions) subject to a tax;
- Aggregate annual revenue generated under various tax scenarios;
- Projections over a 5-year term of the growth in revenue based on conservative estimates of the increases in the tax base; and
- Determining the extent to which federal matching funds could be used with this revenue source.

Pending draft recommendations from other OHFB committees, the Finance Committee will use reasonable proxy assumptions in its modeling and evaluation of both tax strategies.

#### C. Recovery of the Cost Shift

One of the objectives of expanding health insurance coverage to the uninsured is reduction of the “cost shift” that occurs when health care providers provide care to those without financial sponsorship or by “under-reimbursement” of public programs such as Medicaid. In theory, “near universal coverage” would substantially reduce the shifting of unreimbursed costs through moderation of price increases by health care providers and a consequent moderation in annual premium increases charged by health insurers in the group and non-group markets.

The Committee’s work will include a review of and recommendations on how to monitor the potential diminution of the “cost shift” and its positive impact on provider prices and insurer premiums.

#### **Committee Membership**

The Finance Committee appointed by the Board will work as a committee-of-the-whole on “Financing a Comprehensive Plan.” The Chair of the Committee may invite others with content expertise to participate with the Committee in its work. Members of the committee include:

<b>Name</b>	<b>Affiliation</b>	<b>City</b>
Kerry Barnett, Chair	The Regence Group	Portland
John Worcester, Vice-Chair	Evraz Oregon Steel Mills	Portland
Andy Anderson	Cascade Corporation	Portland
Peter Bernardo, MD	Physician	Salem
Terry Coplin	Lane Individual Practice Association, Inc.	Eugene
Lynn-Marie Crider	SEIU	Portland
Jim Diegel	Cascade Healthcare	Bend
Steve Doty	Northwest Employee Benefits	Portland
Cherry Harris	International Union of Operating Engineers	Portland
Denise Honzel	Health Policy Commission	Portland
David Hooff	Northwest Health Foundation	Portland
John Lee	Consultant	Portland

### **Timing**

The final recommendations of the Committee on “Financing a Comprehensive Plan” shall be delivered to the Board on or before April 30, 2008.

### **2. Adapting the Insurance Market under a Comprehensive Plan**

The Board’s “Design Principles & Assumptions” portend significant changes in Oregon’s non-group (individual) market. While over 200,000 Oregonians obtain coverage in the non-group market, tens of thousands of uninsured individuals will be required to seek coverage under an individual mandate. Some will be eligible for premium assistance subsidies.

The Committee (through a work group described below) is tasked to evaluate options and develop recommendations on how the private, non-group market should be organized and regulated within a Comprehensive Plan for reform. The work will include an evaluation of and recommendations on the role an “insurance exchange” would play in such an environment, including individual choice of carrier and plan and efficient administration of subsidies to eligible Oregonians.

### **Issues**

The evaluation and recommendations will address issues including but not limited to:

#### **Non-Group Market**

- Guaranteed issue and renewability
- Standardization of benefits, product offerings
- Ensuring consistency of benefits between Exchange and external non-group market
- Implications for small group market of changes to non-group market

### **The Structure of an Exchange**

- Organization of Exchange
- Governance structure
- Funding
- Ensuring sufficient enrollment/participation
- Role of brokers

### **Interaction between Subsidy and Exchange**

- Who is offered subsidy
- Mandate use of Exchange for subsidy users?
- Products offered to those with and without subsidies
- Subsidy funding
- Coordination with the Family Health Insurance Assistance Program

### **Risk Adjustment**

- Risk adjustment mechanisms
- Continue high risk pool?

### **Individual Participation**

- Mandatory and voluntary participants
- Minimum enrollment period requirement? Enforcement mechanism
- Portability across employers and from Medicaid to employer coverage
- Use of pre-tax dollars to purchase premiums
- Supporting consumer choice via decision support tools & cost, quality, service information

### **Employer Participation**

- Open or limited employer participation
- Employer incentives for participation
- Encouraging/maintaining employer sponsored coverage
- Premium aggregation for employees with multiple employers
- Minimum financial participation by employer for participation?

### **Health Plan Participation**

- Inclusion of all affordable health plan options
- Allow all willing plan or limit to select group of plans
- Integrating incentives for provider compensation, transparency, medical home, EHR
- Minimum coverage requirements?
- Development of packages that manage care, quality and cost
- Appropriate use of 125 plans

### **Work Group Membership**

A Work Group on Insurance Market Changes will be comprised of select members of the Finance Committee with expertise and interest in this topic. The Chair of the Committee may appoint additional members to the Work Group.

### **Timing**

The recommendations of the Work Group on Insurance Market Changes shall be delivered to the Finance Committee on or before March 15, 2008. The Finance Committee shall consider the recommendations of the Work Group and forward final recommendations to the Board on or before April 30, 2008.

### **Staff Resources**

The work outlined above will be supported by:

- Nora Leibowitz, Acting Director, Oregon Health Policy Commission, Office for Oregon Health Policy and Research - [Nora.Leibowitz@state.or.us](mailto:Nora.Leibowitz@state.or.us); 503-385-5561
- Susan Otter, Policy Analyst, Office for Oregon Health Policy and Research - [Susan.Otter@state.or.us](mailto:Susan.Otter@state.or.us); 503-373-0859
- Alyssa Holmgren, Policy Analyst, Office for Oregon Health Policy and Research - [Alyssa.Holmgren@state.or.us](mailto:Alyssa.Holmgren@state.or.us); 503-302-0070
- Zarie Haverkate, Communications Coordinator, Oregon Health Policy Commission, Office for Oregon Health Policy and Research - [Zarie.Haverkate@state.or.us](mailto:Zarie.Haverkate@state.or.us); 503-373-1574
- Local and national consultants retained by the Board or Oregon Health Policy and Research

## 2007 Federal Poverty Levels

		Average Hourly Income*									
Yearly Income	Family Size	100%	125%	133%	150%	170%	185%	200%	250%	300%	350%
\$ 10,210	1	\$ 4.91	\$ 6.14	\$ 6.53	\$ 7.37	\$ 8.35	\$ 9.09	\$ 9.82	\$ 12.28	\$ 14.73	\$ 17.18
\$ 13,690	2	\$ 6.58	\$ 8.23	\$ 8.76	\$ 9.88	\$ 11.19	\$ 12.18	\$ 13.17	\$ 16.46	\$ 19.75	\$ 23.04
\$ 17,170	3	\$ 8.26	\$ 10.32	\$ 10.98	\$ 12.39	\$ 14.04	\$ 15.28	\$ 16.51	\$ 20.64	\$ 24.77	\$ 28.89
\$ 20,650	4	\$ 9.93	\$ 12.42	\$ 13.21	\$ 14.90	\$ 16.88	\$ 18.37	\$ 19.86	\$ 24.83	\$ 29.79	\$ 34.75
\$ 24,130	5	\$ 11.60	\$ 14.50	\$ 15.43	\$ 17.41	\$ 19.73	\$ 21.47	\$ 23.20	\$ 29.01	\$ 34.81	\$ 40.60
\$ 27,610	6	\$ 13.28	\$ 16.60	\$ 17.66	\$ 19.92	\$ 22.57	\$ 24.56	\$ 26.55	\$ 33.19	\$ 39.83	\$ 46.46
\$ 31,090	7	\$ 14.95	\$ 18.69	\$ 19.88	\$ 22.43	\$ 25.41	\$ 27.66	\$ 29.90	\$ 37.37	\$ 44.85	\$ 52.32
\$ 34,570	8	\$ 16.62	\$ 20.78	\$ 22.11	\$ 24.94	\$ 28.26	\$ 30.75	\$ 33.24	\$ 41.56	\$ 49.86	\$ 58.17
\$ 38,050	9	\$ 18.29	\$ 22.87	\$ 24.34	\$ 27.44	\$ 31.10	\$ 33.85	\$ 36.59	\$ 45.74	\$ 54.88	\$ 64.03
\$ 41,530	10	\$ 19.97	\$ 24.96	\$ 26.56	\$ 29.95	\$ 33.95	\$ 36.94	\$ 39.94	\$ 49.92	\$ 59.90	\$ 69.88
\$ 3,480	<i>each add'l person</i>	\$ 1.67	\$ 2.09	\$ 2.23	\$ 2.51	\$ 2.84	\$ 3.10	\$ 3.35	\$ 4.18	\$ 5.02	\$ 5.86

		Average Monthly Income**									
Yearly Income	Family Size	100%	125%	133%	150%	170%	185%	200%	250%	300%	350%
\$ 10,210	1	\$ 851	\$ 1,064	\$ 1,132	\$ 1,277	\$ 1,447	\$ 1,575	\$ 1,702	\$ 2,128	\$ 2,553	\$ 2,978
\$ 13,690	2	\$ 1,141	\$ 1,427	\$ 1,518	\$ 1,712	\$ 1,940	\$ 2,111	\$ 2,282	\$ 2,853	\$ 3,423	\$ 3,993
\$ 17,170	3	\$ 1,431	\$ 1,789	\$ 1,904	\$ 2,147	\$ 2,433	\$ 2,648	\$ 2,862	\$ 3,578	\$ 4,293	\$ 5,008
\$ 20,650	4	\$ 1,721	\$ 2,152	\$ 2,289	\$ 2,582	\$ 2,926	\$ 3,184	\$ 3,442	\$ 4,303	\$ 5,163	\$ 6,023
\$ 24,130	5	\$ 2,011	\$ 2,514	\$ 2,675	\$ 3,017	\$ 3,419	\$ 3,721	\$ 4,022	\$ 5,028	\$ 6,033	\$ 7,038
\$ 27,610	6	\$ 2,301	\$ 2,877	\$ 3,061	\$ 3,452	\$ 3,912	\$ 4,257	\$ 4,602	\$ 5,753	\$ 6,903	\$ 8,053
\$ 31,090	7	\$ 2,591	\$ 3,239	\$ 3,446	\$ 3,887	\$ 4,405	\$ 4,794	\$ 5,182	\$ 6,478	\$ 7,773	\$ 9,068
\$ 34,570	8	\$ 2,881	\$ 3,602	\$ 3,832	\$ 4,322	\$ 4,898	\$ 5,330	\$ 5,762	\$ 7,203	\$ 8,643	\$ 10,083
\$ 38,050	9	\$ 3,171	\$ 3,964	\$ 4,218	\$ 4,757	\$ 5,391	\$ 5,867	\$ 6,342	\$ 7,928	\$ 9,513	\$ 11,098
\$ 41,530	10	\$ 3,461	\$ 4,327	\$ 4,603	\$ 5,192	\$ 5,884	\$ 6,403	\$ 6,922	\$ 8,653	\$ 10,383	\$ 12,113
\$ 3,480	<i>each add'l person</i>	\$ 290	\$ 363	\$ 386	\$ 435	\$ 493	\$ 537	\$ 580	\$ 725	\$ 870	\$ 1,015

		Average Yearly Income***									
Yearly Income	Family Size	100%	125%	133%	150%	170%	185%	200%	250%	300%	350%
\$ 10,210	1	\$ 10,210	\$ 12,763	\$ 13,579	\$ 15,315	\$ 17,357	\$ 18,889	\$ 20,420	\$ 25,525	\$ 30,630	\$ 35,735
\$ 13,690	2	\$ 13,690	\$ 17,113	\$ 18,208	\$ 20,535	\$ 23,273	\$ 25,327	\$ 27,380	\$ 34,225	\$ 41,070	\$ 47,915
\$ 17,170	3	\$ 17,170	\$ 21,463	\$ 22,836	\$ 25,755	\$ 29,189	\$ 31,765	\$ 34,340	\$ 42,925	\$ 51,510	\$ 60,095
\$ 20,650	4	\$ 20,650	\$ 25,813	\$ 27,465	\$ 30,975	\$ 35,105	\$ 38,203	\$ 41,300	\$ 51,625	\$ 61,950	\$ 72,275
\$ 24,130	5	\$ 24,130	\$ 30,163	\$ 32,093	\$ 36,195	\$ 41,021	\$ 44,641	\$ 48,260	\$ 60,325	\$ 72,390	\$ 84,455
\$ 27,610	6	\$ 27,610	\$ 34,513	\$ 36,721	\$ 41,415	\$ 46,937	\$ 51,079	\$ 55,220	\$ 69,025	\$ 82,830	\$ 96,635
\$ 31,090	7	\$ 31,090	\$ 38,863	\$ 41,350	\$ 46,635	\$ 52,853	\$ 57,517	\$ 62,180	\$ 77,725	\$ 93,270	\$ 108,815
\$ 34,570	8	\$ 34,570	\$ 43,213	\$ 45,978	\$ 51,855	\$ 58,769	\$ 63,955	\$ 69,140	\$ 86,425	\$ 103,710	\$ 120,995
\$ 38,050	9	\$ 38,050	\$ 47,563	\$ 50,607	\$ 57,075	\$ 64,685	\$ 70,393	\$ 76,100	\$ 95,125	\$ 114,150	\$ 133,175
\$ 41,530	10	\$ 41,530	\$ 51,913	\$ 55,235	\$ 62,295	\$ 70,601	\$ 76,831	\$ 83,060	\$ 103,825	\$ 124,590	\$ 145,355
\$ 3,480	<i>each add'l person</i>	\$ 3,480	\$ 4,350	\$ 4,628	\$ 5,220	\$ 5,916	\$ 6,438	\$ 6,960	\$ 8,700	\$ 10,440	\$ 12,180

\* Computed using Monthly Family Income divided by 173.33 (average monthly work hours for a full time employee) and rounded using normal rounding conventions (0-49 down and 50-100 up). Note: Minimum wage in Oregon is \$7

\*\* Computed using HHS Yearly Income multiplied by FPL percent, divided by 12 (months) and then rounding the product up to the nearest dollar.

\*\*\* Computed using HHS Yearly Income multiplied by FPL percent and rounded using normal rounding conventions (0-49 down and 50-100 up)

# Oregon Health Fund Board Health Equities Committee

## Member Bios

### 1. **Yves LeFranc**, MD, Legacy Health Systems, Member of the MAC, Male, Portland

Yves Lefranc grew up in the Mexican state of Tabasco and went to medical school in Mexico City, specializing in surgery. When he married an American and moved to the States, he had to repeat his training. The second time around he chose family medicine, which he says is more of a natural fit for him.

Lefranc was a recipient of the "Padrino de Salud" ("Godfather of Health") Award by SMG Foundation, an organization that promotes wellness within Oregon's Latino community. He received the Mission Medal from Providence Hospital, given for his outstanding performance in mission work. Dr. LeFranc currently serves on the Governor's Medicaid Advisory Committee and is employed in the Legacy Health System.

### 2. **Ella Booth**, Ph.D., Oregon Health Sciences University (OHSU), Female, Portland

Ella Booth's is currently an Associate Dean in the Oregon Health Sciences University Dean's office. She directs the administrative affairs of the School of Medicine, such as those relating to faculty appointments and personnel issues. She is the School of Medicine's principal business officer to the Association of American Medical Colleges (AAMC) and is the representative to the AAMC Group on Student Affairs/Minority Affairs. She also evaluates and interviews prospective students.

Dr. Booth is working to improve recruitment techniques in ways that will increase faculty, student and staff diversity at OHSU. In addition to her role in the Dean's office, she is an Associate Director in the Center for Ethics in Health Care and her faculty appointment is in the Department of Public Health and Preventive Medicine.

Dr. Booth recently completed a doctoral program in business administration. She is a member of the Portland Community College Foundation Board and finance committee, a member of the African American Health Coalition Board and was appointed in January by Governor Ted Kulongoski to the Governor's Medicaid Advisory Committee.

### 3. **Honora Englader**, MD, OHSU Division of Hospital Medicine, Female, Portland,

Honora Englader is currently on the teaching faculty within the Division of Hospital Medicine at OHSU. She has varied international experiences in Latin America as well as Africa dealing with clinical issues. This past spring she served as a visiting faculty member at Moi Teaching and Referral Hospital in Eldoret, Kenya. While there, she witnessed the AIDS epidemic first hand. She has also given various lectures and authored reports about the Oregon Health Plan, how the current system rations care, and the push for a more equitable system.

### 4. **Scott Ekblad**, Office of Rural Health, OHSU, Male, Portland

# Oregon Health Fund Board Health Equities Committee

## Member Bios

Scott Ekblad is the director of the State of Oregon Office of Rural Health (ORH) housed in Oregon Health Sciences University. Mr. Ekblad is responsible for managing staff, overseeing general department operations and public affairs for the ORH on rural health policies in Oregon.

5. **Maria Michalczyk**, RN, MA, Healthcare Interpreter Training program, Portland Community College, Female, Portland

Maria Michalczyk has worked in healthcare for over 37 years in a variety of settings. Her experiences led her to a masters degree in Anthropology as well as developing one of the nation's foremost Healthcare Interpreting Services at OHSU. She is keenly interested in linguistic and cultural differences in health care.

In 2001, she worked with Senator Gordly to create SB 790, a law signed into law by then Governor Kitzhaber to create qualification and certification processes and standards for healthcare interpreting, which to date is the most comprehensive state policy in the nation. She also chairs the Governor appointed Oregon Council on Health Care Interpreting, wherein, the council provided all of the guidance for the administrative rules and now is awaiting the implementation of the rules by the Office of Multicultural Health in the Oregon Department of Human Services.

6. **Michelle Berlin**, MD, MPH, Center of Excellence in Women's Health, OHSU, Female, Portland

Dr. Berlin received her medical degree from the University of Cincinnati. She is trained in Ob/Gyn and in preventive medicine and public health. Her research interests focus on prevention and screening in women's health and associated national and state policies. She directs the OHSU Center of Excellence in Women's Health, and is the program director of the OHSU Center for Women's Health Policy Advisory Towards Health (PATH for women), focusing on health policy issues within women's health.

7. **Tricia Tillman**, MPH, Multnomah County Health Department, Former Chairwoman of the African-American Alliance legislative action committee, Female, Portland

Tricia Tillman manages the Health Equities project at the Multnomah County Health Department. She served as chairwoman of the African American Alliance legislative action committee during the 2007 session.

8. **Noel Wiggins**, Multnomah County Health Department, Poder el Salud (Power for Health) program, Female, Portland

Noel Wiggins has over twenty years of community health experience with diverse communities and is currently the project director for Poder es Salud/Power for Health, which is a collaborative research project between the Community Capacitation Center of the Multnomah County Health Department, the Sankofaa Institute of Cultural Learning, the Latino Network, the School of Community Health at Portland State

# Oregon Health Fund Board Health Equities Committee

## Member Bios

University, and the Oregon Health and Sciences University. The goal of the project is to increase the capacity of members of the African-American and Latino communities to identify health issues and address health promotion and disease and injury prevention. The project is carried out by Community Health Workers using popular education, an approach that engages the community in defining the problem and crafting the solutions.

### 9. **John Duke**, MBA, Outside-In Homeless Youth Clinic, Male, Portland

John Duke is the director of clinic and health services at Outside In, a social service agency dedicated to serving low-income adults and homeless youth. The clinic is a Federally Qualified homeless clinic, providing health services and outreach health programs. John is responsible for the program planning, operations, staffing, budgeting, purchasing and contract negotiations. Previously, he was a mental health coordinator and case manager at Outside In.

### 10. **Jackie Mercer**, NARA, Female, Portland

Jackie Mercer is the executive director for Native American Rehabilitation Association of the Northwest (NARA) in Portland Oregon, an Indian owned/operated program with a full array of ambulatory medical care, mental health, substance abuse treatment, family wellness services for American Indians and Alaska Natives.

### 11. **Ed Blackburn**, Central City Concern, Male, Portland

Ed Blackburn is Deputy Director of Central City Concern, an agency that has been working with homeless adults and families in the Portland metro area for almost 30 years. Prior to Mr. Blackburn's work at Central City Concern, he served as the Neighborhood Crime Prevention Manager for the City of Portland. In this, he initiated and assisted in the adoption of Community Policing by the Police Bureau, resulting in significant decrease in street prostitution and drug houses in this community

### 12. **Bruce Bliatout**, Ph.D., Multnomah County Health Department, former member of MAC, former member of Governor's Racial and Ethnic Health Task Force, Male, Portland

More than 30 years ago Dr. Bliatout came to the U.S. as a refugee from Laos. As a former refugee coordinator for the City of Portland and Multnomah County, he has worked with Southeast Asian refugees for over twenty years. Dr. Bliatout currently works as a program manager with the Multnomah County Health Department, and is also active in the Hmong community. He has also served on the Governor's Medicaid Advisory Committee as well as.

### 13. **Laurie Powers**, Ph.D., Portland State University, Regional Research Institute, Female, Portland

# Oregon Health Fund Board Health Equities Committee

## Member Bios

Laurie Powers is a professor of Social Work and Social Research at Portland State University, and interim associate dean for research and director of the Regional Research Institute. Dr. Powers has been a principal investigator of numerous community-based, collaborative research, demonstration and training projects. She has extensive expertise in the intersections among self-determination, health and wellness, interpersonal, consumer-directed service models, and independent living issues for people of all ages with diverse abilities.

### 14. **Melinda Muller**, MD, FACP, Legacy Health Systems, Female, Portland

Dr. Muller is a General Internal Medicine Fellow at Legacy Health Systems. She is the Founder/Presenter/Facilitator of the Principles of Clinical Medicine course, "Sexual Orientation issues in Health Care", at OHSU. Dr. Muller is a founding member and the former chair and co-chair of the Gay, Lesbian and Bisexual Physicians' of Oregon (GLBPO) and a former member of the Board of Directors of the national Gay and Lesbian Medical Association (GLMA).

### 15. **Joe Finkbonner**, Northwest Portland Indian Health Board, Male, Portland

Prior to his current position as the Executive Director of Northwest Portland Area Indian Health Board, Joe was the Director of the Northwest Tribal Epidemiology Center (The EpiCenter) at the Northwest Portland Area Indian Health Board. The EpiCenter is one of 11 epidemiology centers nationally that focuses specifically on American Indian/Alaska Native health status. Joe began his work in Indian health for the Lummi Tribe as the Health Director/CEO and was very active at State and Federal levels in his efforts to heighten the awareness of disparities of the AI/AN population and to assist with focusing action toward improving the health status through policy development. Mr. Finkbonner's efforts were through his membership on the Washington State Board of Health, participation in the Washington Public Health Improvement Plan, and miscellaneous workgroups for the Indian Health Service. Joe began his work in health care delivery as a pharmacist at Providence Medical Center in Seattle and Overlake Medical Center in Bellevue. Joe holds a Masters of Health Administration and a Bachelor of Science in Pharmacy both from University of Washington. Joe is a member of Lummi Nation.

# Oregon Health Care Reform Proposals

	<b>Oregon Health Policy Commission</b>	<b>Oregon Business Council</b>
<i>Brief Summary</i>	Builds on employer-based system, with strong emphasis on use of Value-based Purchasing, market forces and provider payment mechanisms to improve the cost effectiveness and quality of the delivery system. Includes requirement for individuals to have health coverage, subsidies for low-income individuals, expansion of Medicaid and mechanisms to reduce the cost shift to privately-insured patients.	Builds on improvements in existing system structures, programs and efforts. Encourages use of value-based purchasing to improve quality and cost effectiveness. Includes requirement for individuals to have health coverage, subsidies for low-income individuals, and expansion of Medicaid.
<i>Individual Mandate</i>	Yes	Yes
<i>Purchasing Pool/ Exchange</i>	Health Insurance Exchange. Health plans set their own rates within the Exchange. Voluntary for employers and most individuals. Required for individuals purchasing insurance using premium subsidies.	Health Insurance Exchange. Health plans set their own rates within the Exchange. Required for employees of small employers and individuals.
<i>Subsidies for Low-income</i>	Up to 300% FPL	Levels currently unspecified
<i>Public Program Expansion</i>	Yes. Also supports coverage of all children as an initial step.	Yes. Also supports coverage of all children as an initial step.
<i>Employer Requirements</i>	Employers encouraged to provide insurance to employees and may purchase worker insurance through the Exchange (see below). Financing should encourage broad-based employer contribution. Employers are integral partners in private-public initiatives to maximize use of value-based purchasing.	Strong leadership through use of value-based Purchasing. Small employers required to use Exchange.

# Oregon Health Care Reform Proposals

	Oregon Health Policy Commission	Oregon Business Council
<i>Employer mandate/ play or pay requirement?</i>	No	No
<i>Includes actions to improve cost effectiveness and quality as well as access?</i>	Yes – focus on use of Value-based Purchasing, market forces and provider payment mechanisms to improve the cost effectiveness and quality of the delivery system.	Yes – through a public-private initiative to promote the use of Value-based Purchasing
<i>Increase in payments to providers for Medicaid patients?</i>	Payment reform will be an area of focus for the Commission in the future.	Yes
<i>Mechanism to reduce cost shift to privately-insured</i>	Expanded access to health insurance will reduce uncompensated care and thus reduce the cost-shift to privately insured.	Cost shift is reduced by providers and insurers committing to reduced rates for privately-insured patients.
<i>Requirements for insurers</i>	No changes to insurance regulation are proposed.	Within the exchange, insurers must offer guaranteed coverage.
<i>Definition of “core benefit”</i>	Publicly-financed coverage will be comprehensive and emphasize preventive services and care for chronic conditions, using the Prioritized List of Health Services	Coverage should include: <ul style="list-style-type: none"> <li>• Preventive services</li> <li>• Management of chronic conditions</li> <li>• Protection from catastrophic costs</li> <li>• Incentives for wellness</li> </ul>

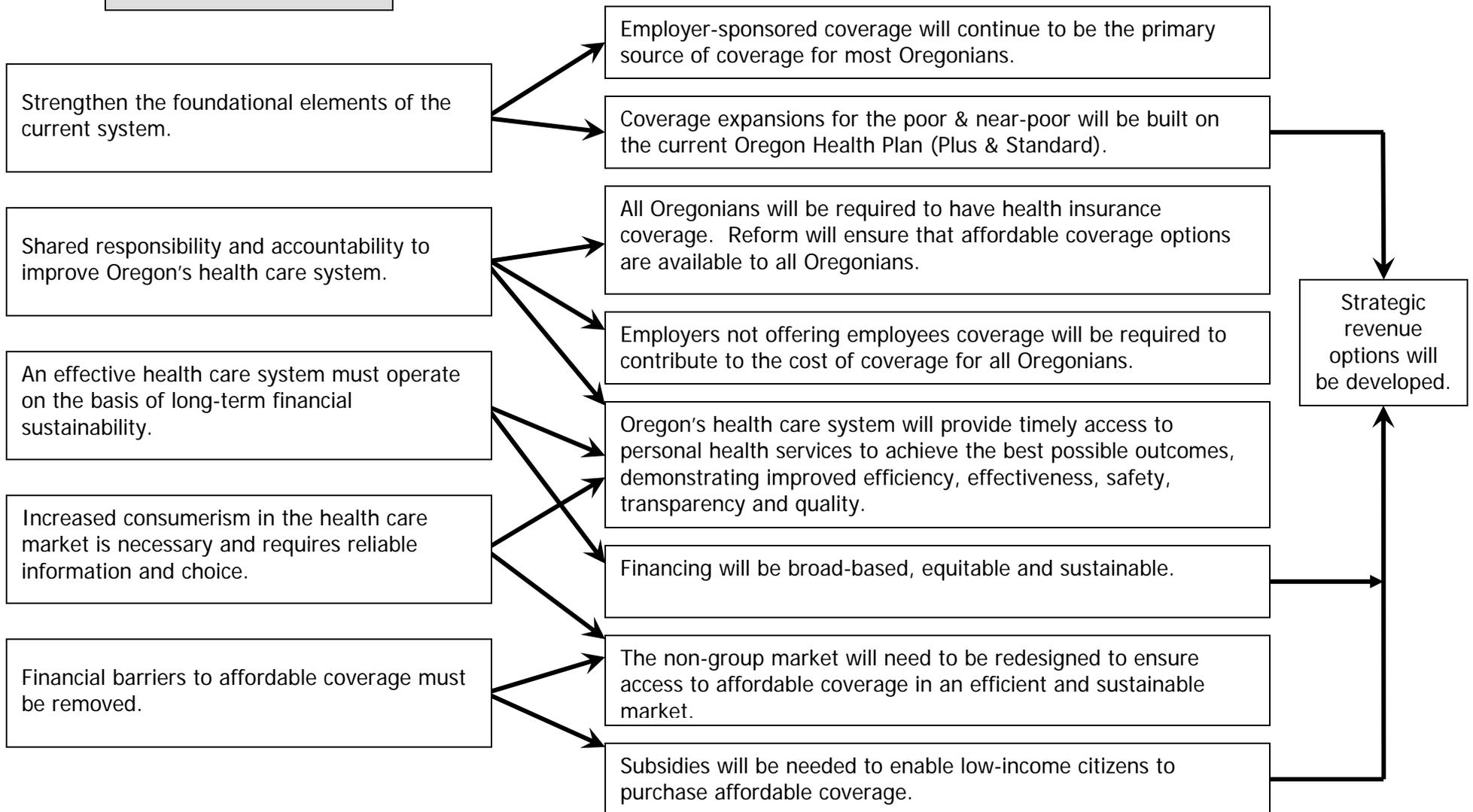
# Oregon Health Care Reform Proposals

	<b>Oregon Health Policy Commission</b>	<b>Oregon Business Council</b>
<i>Cost-Containment Mechanism(s)</i>	Cost-containment through public-private initiatives to promote the use of Value-based Purchasing to increase quality, reduce costs, and, improve system transparency. Private insurance cost shift is reduced through universal coverage, reimbursement reform, and other delivery system improvements.	Focus on use of Value-based Purchasing, market forces and provider payment mechanisms to improve the cost effectiveness and quality of the delivery system. Cost shift is reduced by providers and insurers committing to reduced rates for privately-insured patients.
<i>Other</i>	Encourages use of electronic health records, improved health care safety, promotion of the “medical home” concept, community-based innovations and workforce development.  Includes recommended federal policy changes to support health reform in Oregon.	Encourages development of healthcare information infrastructure: <ul style="list-style-type: none"> <li>• Electronic health records</li> <li>• Secure data exchange between providers</li> <li>• Transparent reporting of costs and quality</li> <li>• Standardized measures of quality</li> </ul>
<i>Financing</i>	Sustainable financing system will raise additional state revenue for Medicaid expansion and low-income subsidies including a broad-based employer contribution.	Additional state revenue (source not specified) is needed for Medicaid expansion and low-income subsidies.
<i>Costs</i>	TBD	TBD

**OREGON HEALTH FUND BOARD**  
**A Comprehensive Plan for Reform: Design Principles and Assumptions**  
**Approved by OHFB \_\_\_\_\_**

**DESIGN PRINCIPLES**

**DESIGN ASSUMPTIONS**



**OREGON HEALTH FUND BOARD  
Preliminary Board and Committee Timeline**

	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08
<b>Board</b>	Health Care Cost Drivers	Primary Care	Approve Exchange report by end Jan.	Exchange report to Leg. Feb 1, Progress Report Feb. 29	Board begins to receive recommendations from committees		Board develops "Straw Person" Plan by mid-June	Statewide Public Hearings on Plan		Board receives revised draft of plan from staff by 8/31	Board meets to review revised plan by mid Sept.	Board presents plan to Leg.
<b>Finance Committee</b>	Strategic Revenue Options	Review Modeling	Finalize initial Exchange report and send to Board mid-Jan	Review Modeling	Refine exchange and strategic financing recommendations by 4/30							
<b>Exchange Work Group</b>	Exchange Options		Initial report to full committee by beg. Jan	Finalize work group recommendations								
<b>Delivery Committee</b>	Strategies to create High Performance Delivery System				Refine Institute and High Performance Delivery recommendations by 4/30							
<b>Health care quality insitute work group</b>	Developing a health care quality institute for Oregon		Finalize work group recommendations									
<b>Eligibility &amp; Enrollment Committee</b>	Affordability Across Market Segments		Barriers to eligibility/outreach strategy/portability		Refine E&E recommendations by 4/30							
<b>Benefits Committee</b>	Defined set of essential health services and cost sharing				Refine Benefits recommendations by 4/30							
<b>Health Equities Committee</b>	Multicultural outreach/ Strategies to reduce health disparities through delivery reform and benefit design			Refine Committee recommendations by 4/30								
<b>Federal Policy Committee</b>	Effects of Federal Policies on Oregon's Health Care System						Public Hearings on Federal Policy Report	Final Federal Policy Report to Leg.				
<b>Evaluation Plan</b>									Evaluation plan developed			Eval plan incorporated into comp. plan