Committees of the Board

Committee Digest

Volume: 2025 - Quarter 2

April – June
Submitted July 2025

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Summary

The Committee Digest (Digest) serves as a progress update for the Committees of the Oregon Health Policy Board (OHPB). The Digest summarizes key work accomplished by Committees and recognizes decisions and activities planned for the upcoming year. Committee information included in the Digest is provided by Oregon Health Authority (OHA) lead Committee staff and will be distributed to OHPB members following each quarter.

For additional information or questions, contact Tara Chetock, OHPB Project Manager.

2025 OHPB and Committees Meeting Schedule*

JANUARY

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DECEMBER

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Legend

Color	Committee	Color	Committee
	Affordability Committee		Health Insurance Marketplace Advisory Committee
	Behavioral Health Committee		Metrics and Scoring Committee
	Health Care Workforce Committee		Medicaid Advisory Committee
	Health Equity Committee		Primary Care Payment Reform Committee
	Health Information Technology Oversight Committee		Public Health Advisory Board
	Oregon Health Policy Board		

(*) Meeting dates are subject to change

See Committee websites for meeting logistics.

Committee Work Addressing the OHA Strategic Plan

Below are some ways in which the work of the OHPB Committees intersects with OHA's strategic plan to eliminate health inequities.

Goal pillar 1. Transforming behavioral health

Health Information Technology Oversight Council (HITOC):

- HITOC supports the adoption and use of Community Information Exchange (CIE), a technology for social needs screening and referrals, which can be used by behavioral health organizations to connect people to services to address their social needs. (Strategy 3)

- Electronic Health Records (EHRs), CIE, and other health IT solutions can make data collection and reporting easier. HITOC supports greater adoption of health IT for behavioral health providers, which have lower rates of EHR use than other provider types. Health IT for behavioral health is a priority area for HITOC in 2025 and will be the focus of their June 5, 2025, retreat. (Strategy 4)

Medicaid Advisory Committee (MAC):

- Network adequacy is a MAC priority and highlighted in Pillar 1. (Strategies 1 & 5)

- CCO Procurement, as it pertains to developing and utilizing an equitable funding distribution model that supports primary prevention and treatment service needs in a geographic and culturally responsive way and network adequacy, is a MAC priority. (Strategy 3)

Primary Care Payment Reform Collaborative:

- Integrating behavioral health into primary care increases accessibility to behavioral health services, enables earlier identification of behavioral health issues, improves overall health outcomes, reduces stigma, allows better coordination of care, and can save costs, particularly for patients in low-income or rural areas who might only access behavioral health through their primary care provider. PCPRC supports increased behavioral health integration in primary care. (Strategies 2,3,4)

Goal Pillar 2. Strengthening access to affordable care for all

Health Insurance Marketplace Advisory Committee (HIMAC):

- Provides advice to the Oregon Health Insurance Marketplace in their work to help eligible Oregonians access federal subsidies and enroll in quality, affordable private health insurance plans. (Strategy 1)

- Supports the Oregon Health Insurance Marketplace's outreach and enrollment programs, which includes a Marketplace Community Partner Program and a Marketplace Partner Agent Program. (Strategy 1)

- Serves as one of the State-based Marketplace (SBM) Project's key shareholders and is consulted on a regular basis. (Strategy 1)

Health Information Technology Oversight Council (HITOC):

- CIE adoption is one of HITOC's core priorities. HITOC recommends that partners across Oregon support, accelerate, and improve statewide CIE efforts. (Strategy 3)

- Reducing administrative burden related to health IT is included as part of HITOC's Strategic Plan for Health IT 2024-2028. HITOC outlined various approaches that can reduce burden and will pursue supports as appropriate. For example, HITOC recommends that partners support policy and regulatory initiatives to improve the usability of EHRs and reduce provider burden. (Strategy 3)

Medicaid Advisory Committee (MAC):

- The MAC has Eligibility and Network Adequacy as two of their current priorities. (Strategy 1 & 2)

- Non-Emergency Medical Transportation (NEMT) is a perennial MAC concern but not yet a specific priority. (Strategy 3)

- Health-related social needs (HRSN) implementation is a MAC priority and 1115 Waiver oversight a required role. (Strategy 4)

- One of the three charges of the PCPRC is to increase primary care spend. Increasing primary care spend can result in health issues being addressed earlier and with fewer costly emergency room visits and hospital admissions, saving money for employers, health plans and members.

- Traditional Health Workers (THWs) are trusted individuals from their local communities who may also share socioeconomic ties and life experiences with health plan members. THWs have historically provided person and community-centered care by bridging communities and the health systems that serve them, increasing the appropriate use of care by connecting people with health systems, advocating for health plan members, supporting adherence to care and treatment, and empowering individuals to be agents in improving their own health. PCPRC supports the integration of THWs into primary care. (Strategy 2)

- Inherent in value-based payment models is data collection and reporting resulting in administrative burden. PCPRC supports efforts to align payment models across payers which can reduce administrative burden. (Strategy 3)

Goal pillar 3. Fostering healthy families and environments

Health Information Technology Oversight Council (HITOC):

- Accessibility of health information is a priority for HITOC, related to clinical information available through health IT (such as patient portals attached to their provider's EHR). HITOC recommends that partners across Oregon strengthen accessibility of health IT by ensuring content is culturally relevant, available in plain language, multiple languages, and modes that are accessible for people with disabilities (e.g., braille, screen readers. HITOC will support this priority as appropriate. (Strategy 1)

- As part of HITOC's CIE strategy, HITOC recommends that OHA use policy levers, such as the 1115 Medicaid Waiver's HRSN services, to support/improve statewide CIE efforts. CIE adoption by local partners and contractors can make this work more efficient and aligned across efforts. CIE supports screening and referrals for climate needs and other social needs. (Strategy 2)

- HITOC recommends activities to support, accelerate, and improve statewide CIE efforts in their Health IT Strategic Plan, which can be used to help connect children, parents, and families to social services and resources. (Strategy 5)

Health Insurance Marketplace Advisory Committee (HIMAC):

- Gives guidance to the Oregon Health Insurance Marketplace's outreach and enrollment efforts, including marketing and communications strategies. (Strategy 1)

Medicaid Advisory Committee (MAC):

- MAC has required duties concerning CCO marketing tools. (Strategy 1)

- Health-related social needs (HRSN) implementation and 1115 Waiver oversight is a MAC priority and role. (Strategy 2)

- Network adequacy is a MAC priority. (Strategy 3)

- Health-related social needs (HRSN) implementation and 1115 Waiver oversight is a MAC priority and role. (Strategy 5)

Public Health Advisory Board

- PHAB is responsible for monitoring progress of the governmental public health system toward improving health outcomes through accountability metrics. PHAB's current metrics align with activities and metrics for Pillar 3, including increasing immunization rates, reducing syphilis rates, and building community resilience for climate effects on health.

Goal pillar 5. Building OHAs internal capacity and commitment to health inequities

Health Equity Committee (HEC):

- HEC is supporting the Community Engagement Framework. (Strategy 5)

Medicaid Advisory Committee (MAC):

- These actions relate to shared staff/volunteer/contractor work setting up the MAC-related Beneficiary Advisory Committee. (Strategy 5)

Affordability Committee (AC)

Lead Staff	Chairs	OHPB Liaison	Membership (#)	Vacant Seats
Sarah Bartelmann Danielle Ross	--	Bill Kramer	9	0

Committee AC website	Email AC

Subcommittee: Industry Advisory Committee (IAC)

Lead Staff	Chairs	OHPB Liaison	Membership (#)	Vacant Seats
Sarah Bartelmann Danielle Ross			16	Up to 4

Committee IAC website	Email AC

Quarter 2 2025 Committee Update:

The Oregon Health Policy Board appointed members for the Committee on Health Care Affordability and the Industry Advisory Committee at their June 10th meeting. Rosters and charters for both committees are available online.

Upcoming Committee Work and Decisions:

Affordability:

Now that Affordability Committee and Industry Advisory Committee members have been appointed, staff will hold orientation sessions and begin scheduling the initial committee meetings.

Upcoming recruitment needs:

Additional perspectives are still needed for the Industry Advisory Committee; staff will conduct additional outreach this summer to address gaps.

Upcoming 2025 meeting dates:

Committee meetings are not yet scheduled.

Behavioral Health Committee (BHC)

Lead Staff	Chairs	OHPB Liaison	Membership (#)	Vacant Seats
Maritza Herrera Andrea Boachie	Ana Day Nick Chaiyachakorn	Dr. Rosemarie Hemmings Peter Starkey	11 (voting) 5 (non-voting)	3 (voting) 0 (non-voting)

Committee website   Email BHC

Quarter 2 2025 Committee Update:

April 21, 2025, Meeting

Outcomes*:*

- Decide on a voting method.

- Review the ranked measures.

- Vote on the measure commendations.

- Due to lack of quorum, members were in favor of calling a Special Meeting.

Summary:

Mireya Williams, Behavioral Health Metrics and Committee Manager, reviewed the two voting options, Fist to Five and Thumbs Up/Down and Sideways. Members had to make a voting decision to officially adopt one voting method. After a straw poll discussion, Ana Day, Chair, put forth a motion to do a roll call vote to accept the Thumbs Up/Down and Sideways as the official decision-making process. Sabrina Garcia, member, second the motion. Motion passed with 8 votes. Mireya reviewed the members top five ranked measures from the March 17 discussion meeting, listed above. After an in-depth discussion, members concluded to incentivize each age group for the Follow-Up After Emergency Department Visit for Mental Illness for Ages 6 to 17 (FUM-CH) and Ages 18 and Older (FUM-AD), instead of combining it into one incentive and report metric. Ana reiterated that coordinated care organizations (CCOs) already track these measures. However, these are not currently a part of the Quality Incentive Program (QIP). Also, Mireya reminded folks that the Centers for Medicaid

and Medicare Behavioral Health Core Set were cross walked with the Committee's five legislative goals:

- Improve timely access to behavioral health care,

- Improve the integration of physical and behavioral health care,

- Ensure individuals are supported in the least restrictive environment that meets their behavioral health needs,

- Reduce hospitalizations, and

- Reduce overdoses.

At the time Ana did a roll call to recommend the following four measures into the QIP, the Committee no longer met quorum:

- Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17 (FUM-CH) and Age 18 and Older (FUM-AD)

- Follow-Up After Emergency Department Visit for Substance Use: Ages 13 to 17 (FUA-CH) and Age 18 and Older (FUA-AD)

- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)

- Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)

Due to lack of quorum, the committee members were in favor of holding a Special Meeting to finalize recommendations on measures for consideration to the QIP.

May 2, 2025, Special Meeting Summary:

A Special Meeting was scheduled so Committee members can vote on the inclusion of behavioral health measures in the coordinated care organization's Quality Incentive Program. However, the vote could not be finalized due to a lack of quorum, as only five voting members were present, while a minimum of eight members is required to establish quorum.

May 19, 2025, Meeting

Outcomes:

- Vote on behavioral health measures for consideration in the coordinated care organization's Quality Incentive Program (QIP) 2026 measure year.

- Prioritize the behavioral health measures set based on their alignment with the Behavioral Health Committee (BHC) five legislative priorities.

- Vote to support the continuation of the current behavioral health measures being incentivized in the QIP 2025 measure year.

- Learn about the Behavioral Health Resource Networks (BHRNs) and Measure 110, including potential collaborative efforts.

Summary:

Jorge Ramirez (member) shared that that Metrics and Scoring Committee (M&SC) began drafting the 2026 Quality Incentive Program (QIP) measure set ant that this is an ideal time to propose additional measures for consideration.

Behavioral Health Committee (BHC) members met quorum and Ana Day (Chair) motioned to vote on the following four measures for the QIP consideration; Frieda Bikele (member) seconded the motion. The vote passed with 9 in favor.

- Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17 (FUM-CH) and Age 18 and Older (FUM-AD)

- Follow-Up After Emergency Department Visit for Substance Use: Ages 13 to 17 (FUA-CH) and Age 18 and Older (FUA-AD)

- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (AAP-CH)

- Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)

Derek Reinke, Quality Metrics, Surveys and Reporting Manager, noted that it is unlikely that M&SC will be able to prioritize all four measures. This led to further discussion on what members wanted to further prioritize. Ana Day motioned to

prioritize the two measures below, which aligned with three of the five legislative priorities; Sabrina Garcia (member) seconded the motion. The following two measures move forward as priority measures for the QIP:

- Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17 (FUM-CH) and Age 18 and Older (FUM-AD)

- Follow-Up After Emergency Department Visit for Substance Use: Ages 13 to 17 (FUA-CH) and Age 18 and Older (FUA-AD)

Furthermore, Ana Day motioned to recommend and support the continuation of the three measures below; Frieda Bikele seconded the motion. The vote passed with 8 in favor.

- Initiation and Engagement of Substance Use Disorder Treatment (IED-AD)

- Screening for Depression and Follow-Up Plan for Individuals (CDF-AD)

- Young Children Receiving Social-Emotional Issue-Focused Intervention/Treatment Services (SEM)

A letter of recommendation was summited to M&CS

Measure 110 and BHRN Update, Presented by Abbey Stamp:

Abbey Stamp, Executive Director of Measure 110, provided an update on the Behavioral Health Resource Networks (BHRNs) and Measure 110 developments. Members learned that BHRNs were established by Senate Bill 722 and clarified by HB 2513 and that the program is funded through the cannabis tax revenue and are required to provide six core services across Oregon.

While $138 million per year was allocated for the 2022–2025 grant cycle, funding is expected to drop to $98 million in the 2025–2029 cycle, despite over $1.1 billion in funding requests. Abbey also discussed the structure and role of the Oversight and Accountability Council (OAC) and emphasized the value of collaboration with the Behavioral Health Committee, especially in improving data, rules, service definitions, and funding processes.

Upcoming Committee Work and Decisions:

Metrics:

The Behavioral Health Committee is charged with establishing:

• Quality metrics for behavioral health services provided by Coordinated Care Organizations, health care providers, counties, and other government entities; and

• Incentives to improve the quality of behavioral health services

Behavioral Health:

The quality metrics and incentives determined by the BHC will address and expand on the following areas of priority:

  • Improve timely access to behavioral health care,

  • Reduce hospitalizations,

  • Reduce overdoses,

  • Improve the integration of physical and behavioral health care, and

  • Ensure individuals are supported in the least restrictive environment that meets their behavioral health needs.

CCO Procurement:

The quality metrics and incentives determined by the Behavioral Health Committee will have an impact on coordinated care organization procurement in addition to other contracts.

Upcoming recruitment needs:

To fill the following vacant representations:

- System of Care Representative

- Tribal Government Representative

- Health Plan Quality Metrics Committee (HPQMC) Chairperson: Unable to fill this seat, HPQMC is not currently meeting.

Upcoming 2025 meeting dates:

- Jul 21, 2025

- Aug 18, 2025

- Sep 15, 2025

- Oct 20, 2025

- Nov 17, 2025

- Dec 15, 2025

Zoom meeting link:

https://www.zoomgov.com/j/1605275690?pwd=aFg2NWpva3MyNGV1a1hlQVhIdTRE Zz09

One tap mobile:+16692545252,,1605275690# US (San Jose), +16468287666,,1605275690# US (New York); Passcode: 532404

Health Care Workforce Committee (HCWF)

Lead Staff	Chairs	OHPB Liaisons	Membership (#)	Vacant Seats
Deepti Shinde	Ian Strauss, Chair	Melina Moran	23	0

Committee website   Email HCWF

Quarter 2 2025 Committee Update:

The Health Care Workforce Committee (HCWF) activity in this quarter included:

- Held April 9 HCWF Committee Educational Webinar on Graduate Medical Education. Presenters from the Oregon Residency Collaborative Alliance for Family Medicine (ORCA-FM) provided an overview of graduate medical education in Oregon and discussion around expansion barriers and opportunities for growth.

- Held the final meeting of the HCWF Committee's Gender-Affirming Care (GAC) Provider Workgroup on April 15. The workgroup discussed their accomplishments including a report providing preliminary recommendations around recruitment, retention and hiring of GAC providers that was approved by the committee, presented to OHPB, and submitted to OHA Director Dr. Sejal Hathi during Q2 2025. The workgroup also finalized and approved materials to accompany the report including: 1) A Spanish language version; 2) A plain language version; 3) A plain language summary; and 4) An infographic that summarizes the recommendations.

- Held May 14 HCWF Committee Meeting. Topics and speakers included HOWTO Grant Program's Round 6 Awards Summary by Melissa Yates, HOWTO Coordinator; update on the GAC Provider Workgroup from Ian Strauss and Deepti Shinde; review and approval of the 2025 Evaluation of Effectiveness of Health Care Provider Incentive Programs in Oregon report presented by Jill Boyd, Health Care Provider Incentives Program Coordinator; and a presentation about RISE Partnership by Molly Reynolds and Molly Malone, RISE Partnership.

- Presented the 2025 Evaluation of Effectiveness of Health Care Provider Incentive Programs report in Oregon at the May 13 OHPB Educational Webinar and June 10 OHPB meeting. OHPB approved the report for transmittal to the legislature as required by House Bill 3261 (2017). Final report is available [here](#).

- Held June 11 HCWF Committee Educational Webinar on Workforce Wellness. Presenters from the Northeast Oregon Network (NEON) provided an overview of the Surgeon General's Framework for Workplace Mental Health and Well-Being. The framework includes an everyday decision-making tool that can aid leaders in health and social service organizations in understanding how everyday decisions can drive wellness and reduce burnout, as well as address key elements of staff retention and patient safety and quality. The presenters also spoke about their experiences using the tool with different organizations in the state.

- One member, Laura McKeane (Immediate Past Chair), left the committee during this quarter; Laura left AllCare Health and joined OHA.

Upcoming Committee Work and Decisions:

Major work and decisions anticipated in 2025:

Further development and work around committee's Strategic Framework priority areas:

- Workforce wellness

- Workforce diversity

- Workforce development and retention

- Continue to convene committee educational webinars on priority areas and other topics of interest.

Support or guidance needs:

In Q4 2025, the HCWF Committee will bring a slate of proposed candidates to join the committee for OHPB approval. The committee has three members whose second terms end in 2025 and are not eligible to remain on the committee. Staff will be checking with committee members eligible for reappointment to determine if they would like to serve a second term.

Upcoming 2025 HCWF meeting dates:

- 7/9/2025 - HCWF Committee Meeting

- 9/10/2025 - HCWF Committee Meeting

- 11/5/2025 - HCWF Committee Meeting

Health Equity Committee (HEC)

Lead Staff	Chairs	OHPB Liaisons	Members (#)	Vacant Seats (#)
Maria Elena Castro Alex Freedman	Beck Fox Andi Walsh	Dr. Rosemarie Hemmings	14	2

Committee website | Email HEC

Quarter 2 2025 Committee Update:

HEC members continued work on their 2025 strategic priorities:

Strategic Goal	Details
Policy Goal 1: Culturally specific health inequities	Addressing population / culturally specific health inequities through community-based policy advocacy & action
Feedback Goal 1: Health Equity Toolkit	Provide feedback and support to agency efforts to create a health equity toolkit, including Health Equity Impact Assessment and Community Engagement Framework
Collaboration Goal 1: Tribal Relationship building	Build relationship with individual Tribes to better understand the unique challenges, strengths, and needs of people affiliated with the Nine Federally Recognized Tribes of Oregon.

In April and throughout the quarter, HEC members heard follow up on OHA gender-affirming care workforce recommendations and next steps. OHA GAC staff and contractors presented updates on OHA's gender-affirming care progress and strategy on the formation of a GAC Advisory Committee, regional community listening sessions, and the development of a proposed legislative concept. HEC members gave their feedback and input on OHA's strategy in their June meeting.

In May, HEC members presented the summary of the preliminary health equity impact assessment of proposed change to associate provider Medicaid billing rule. This was a follow-up and update from previous recommendations for OHA to provide additional information and data regarding health equity impacts of the policy. HEC members voted to approve a recommendation that given the findings of their Preliminary Health Equity Impact Assessment, HEC strongly opposes the change to this billing rule. The Health Equity Committee of the Oregon Health Policy Board calls on OHA to pursue equitable, community-driven, and evidence-based solutions to behavioral health workforce shortages in Oregon, including those developed by the HB 2235 Workgroup.

In June, HEC received a presentation from OHA's Federal Response Planning Team, highlighting OHA's efforts to monitor and respond to federal changes that impact Oregon. OHA is closely monitoring both Fiscal Year 2026 budget and reconciliation proposals through our respective federal response structures.

Upcoming Committee Work and Decisions:

Goal 1: Tribal Relationship Building: The Health Equity Committee is planning to host their in-person retreat at Warm Springs Reservation, at the invitation of HEC Tribal Representative TJ Foltz, to build relationships with the Confederated Tribes of Warm Springs and build awareness of health equity issues effecting tribal populations.

Gender Affirming Care: The Health Equity Committee remains engaged with OHA's team working on Gender Affirming Care and will be involved in future community engagement efforts and continue to provide support in advancing the recommendations brought to both HEC and OHPB.

Upcoming recruitment needs:

HEC has closed recruitment for two vacant seats The two new committee members have been selected, but not yet approved by the HEC. Slate presentation will be made to OHPB in August 2025.

Support or guidance needs:

Ongoing support on HEC's strategic priorities, including following up on implementation of the GAC provider recommendation workgroup's report and tracking next steps in HEC's advocacy on behavioral health workforce concerns.

Upcoming 2025 HEC meeting dates:

- Thursday, July 10, 2025 – Retrospective meeting (Hybrid)

- Thursday, August 14, 2025

- Thursday, September 11, 2025 – In-Person Retreat

- Thursday, October 9, 2025

- Friday, November 13, 2025

- Thursday, December 11, 2025

Health Information Technology Oversight Council (HITOC)

Lead Staff	Chairs	OHPB Liaison	Membership (#)	Vacant Seats (#)
Laurel Moffat	David Dorr, Chair Amy Henninger, Vice-Chair	Vacant	13 members + 1 ex officio	2

Committee website   Email HITOC

Quarter 2 2025 Committee Update:

HITOC held two meetings this quarter on April 3 and June 5. In the April meeting, members reviewed a summary of their conversation on artificial intelligence (AI) from the February meeting, which included current benefits and potential future benefits of AI in health IT, health equity concerns, and member thoughts on what HITOC's scope should be for AI in health IT. Members acknowledged that AI in health IT is likely to continue unfolding rapidly, and suggested HITOC should wait for further developments before discussing the topic again. HITOC's June 5 meeting was their retreat, which focused on health IT in behavioral health. Members joined in person and virtually to learn about successes and continued challenges in supporting greater use of health IT in behavioral health. Speakers included CCO representatives, staff from the OHA behavioral health division and the Compass/ROADS team, and behavioral health provider organizations. Members also learned about approaches that other states have taken to advance the adoption of health IT in behavioral health. HITOC will continue to strategize on health IT for behavioral health providers in their future meetings.

Upcoming Committee Work and Decisions:

Behavioral Health: Health IT for behavioral health providers was the focus of HITOC's June 2025 retreat. Members had the opportunity to learn about the unique challenges and opportunities in this space and reflect on what they heard in discussion throughout the day. Health IT in behavioral health will continue to be a priority area for HITOC.

CCO Procurement: HITOC will continue to discuss CCOs' progress in health IT and highlight strategies that CCOs use to support providers and communities in their service areas with health IT.

Upcoming recruitment needs:

HITOC currently has two membership vacancies: one for an oral health representative and one reserved for a Tribal representative. Recruitment for this seat is managed through OHA Tribal Affairs and is at the discretion of the Tribes. Recruitment for new members is expected in 2026.

Support or guidance needs:

HITOC welcomes an OHPB liaison. The position has been vacant since John Santa ended his second OHPB term in December 2023. HITOC would benefit from the oversight of an OHPB liaison as they implement their 2025 work plan and seek alignment with OHPB's priorities.

Links to webinars or educational opportunities:

Oregon's Strategic Plan for Health Information Technology 2024-2028

Upcoming 2025 meeting dates:

- August 7 (focus on patients & consumers use of health IT)
- October 9 (focus on social determinants of health and health IT)
- December 11

Health Insurance Marketplace Advisory Committee (HIMAC)

Lead Staff	Chairs	OHPB Liaison	Membership (#)	Vacant Seats (#)
Victor Garcia Dawn Shaw	Chair - Lindsey Hopper Vice chair – Nashoba Temperly	Bill Kramer	13	2

Committee website   Email HI-MAC

Quarter 2 2025 Committee Update:

We did not have any meetings Q2 2025

Upcoming Committee Work and Decisions:

- Ongoing work for our transition into a State-based Marketplace by Nov. 1, 2026.

- Preparation for the 2026 Open Enrollment Period.

- Approval of the 2026 Marketplace Assessment Rate.

Affordability:

- Review of 2025 Marketplace plans and approval of 2026 plans.

Upcoming recruitment needs:

We have two open membership seats with one candidate on queue for Governor appointment and Senate confirmation in the November 2025 round. Our second slot is reserved for a Tribal representative and the Marketplace is working with OHA Tribal Relations to determine next steps.

Our DCBS ex-officio is going to work at the Oregon Employment Department. We are awaiting the announcement of his replacement.

Links to webinars or educational opportunities:

SBM Project Listening Sessions:

- **For assisters at community partner organizations:**
  Last Weds. of Jan., April, July, and Oct. through Jan. 2027

  2-3:30 p.m.

  Register at orhim.info/SBMLS-Assisters

- **For insurance agents/brokers:**
  Last Thurs. of Jan., April, July, and Oct. through Jan. 2027

  2-3:30 p.m.

  Register at orhim.info/SBMLS-Agents

- **For insurance carriers:**
  Last Thursday of Jan., April, July, and Oct. through Jan. 2027

  3:30-4:30 p.m.

  Register at orhim.info/SBMLS-Carriers

Upcoming 2025 meeting dates:

- June 20 - Assessment Rate Rule hearing
- July 17
- October 16
- December 4

Health Plan Quality Metrics Committee (HPQMC)

Lead Staff	Chairs	OHPB Liaison	Membership (#)	Vacant Seats (#)
Katie Howard	Shaun Parkman, chair Maggie Bennington-Davis, vice-chair	Vacant	11	4

Committee website   Email HPQMC

Quarter 2 2025 Committee Update:

Due to the changes to the committee responsibilities under Senate Bill 966 (2023), OHA will keep the HPQMC on hiatus while the study of the CCO Quality Incentive Program is conducted. The enrolled bill automatically adds any measures from the Centers for Medicare & Medicaid Services (CMS) Adult and Child Core Sets and allows for measures to be added by the Metrics and Scoring Committee.

Medicaid Advisory Committee (MAC)

Lead Staff	Chairs	OHPB Liaisons	Membership (#)	Vacant Seats (#)
Sarah Wetherson	Heather Jefferis, Caroline Barrett, MD	Peter Starkey Antonio Germann, MD	12 (+2 awaiting Governor's office action)	1

Committee website   Email MAC

Quarter 2 2025 Committee Update:

The committee hosted meetings on April 30 and a retreat on May 28. It will have held a meeting on June 25, but hasn't yet as of this writing.

Topics at the April MAC meeting included:

- A closeout report on the Public Health Emergency Unwinding

- Form A presentation regarding Legacy Health Foundation and PacificSource

- Health Related Social Needs data update

- Health Related Social Needs external review update

- Ombuds quarterly report

- Public testimony regarding CareOregon's reserves, the Form A filed by Legacy Health Foundation and PacificSource, and difficulties with receiving health related social needs housing benefits in the Portland-metro area (from 10 speakers).

At the MAC's April meeting, members voted to create a subcommittee to look into the challenges with the implementation of the housing portion of the health related social needs benefit.

At its May retreat, the MAC began drafting a work plan and had initial discussions around developing committee SMARTIE goals for the next biennium. A subcommittee met to finalize SMARTIE goals for the committee, focusing on the following three policy priority areas:

- Eligibility/eligibility protection

- Workforce aspects of network adequacy

- 1115 waiver measurement

In addition, the MAC is prioritizing building partnerships to increase MAC impact.

The goals adopted at the June meeting include:

The MAC also accepted changes to its charter and bylaws to align the MAC with the Access rule that the Centers for Medicare and Medicaid Services finalized in 2024 at its June meeting.

Upcoming Committee Work and Decisions:

The MAC will refine the steps it can take toward its goals and begin working in a more formal way with its sister committee, the Beneficiary Advisory Council.

Upcoming recruitment needs:

The MAC currently has an open position for an oral health representative.

Support or guidance needs:

There are two related pieces of support or guidance the MAC may need by September 30, 2025

- Introduction of the Beneficiary Advisory Council (BAC), the MAC's new sister committee to OHPB.

- Whether to make the BAC a Committee of the Board.

Upcoming 2025 meeting dates:

- September 17
- October 29
- December 3

Metrics and Scoring Committee (M&SC)

Lead Staff	Chairs	OHPB Liaison	Membership (#)	Vacant Seats (#)
Milena Malone Allison Proud	Dr. Jorge Ramirez Garcia Vice-Chair is vacant	Peter Starkey	8	1

Committee website	Email [M&SC](M&SC)

Quarter 2 2025 Committee Update:

The Metrics & Scoring Committee (M&SC) is tasked with selecting healthcare quality measures for inclusion in the CCO Quality Incentive Program. Through this program, CCOs can earn hundreds of millions of dollars in bonus funds for improving care for OHP members.

In April, the Committee reviewed changes to the Health Assessments for Children in ODHS Custody measure specifications for 2026. The measure has three parts, requiring timely physical, dental, and mental health assessments. The current version of the measure requires all assessments to be done on 60-day timeline. In 2026, physical and dental health assessments will shift to a 30-day timeline, and mental health assessments will remain on the 60-day timeline. The Committee also heard OHA's recommendations for the 2026 incentive measure set and reviewed the process for Challenge Pool selection.

In May, the Committee began drafting the 2026 incentive measure set. The Committee voted to keep the following measures on the incentive set for 2026:

- Child and Adolescent Well-Care Visits (Ages 3-6)

- Childhood Immunization Status (Combo 3)

- Immunizations for Adolescents (Combo 2)

- Initiation and Engagement of Substance Use Disorder Treatment

- Screening for Depression and Follow-Up Plan

- Postpartum Care

- Assessments for Children in ODHS Custody

- Meaningful Language Access (Health Equity)

- Preventive Dental or Oral Health Services (Ages 1-5 & 6-14)

- SDOH: Social Needs Screening and Referral

- Young Children Receiving Social-Emotional Issue-Focused Intervention/Treatment Services

The Committee also voted to add Glycemic Status Assessment for Patients with Diabetes (Hybrid) to the draft 2026 incentive set. This is a very similar measure to the previous incentive measure Diabetes: HbA1c Poor Control, which is no longer on the CMS Core Set and therefore is not eligible for the incentive set.

Metrics:

The Committee will continue drafting the 2026 incentive measure set and will select the draft 2026 Challenge Pool at their June 20th meeting. The 2026 incentive measure set and Challenge Pool will be finalize in July. The Committee's August, September, and October meetings will be dedicated to selecting benchmarks and improvement targets for the 2026 incentive measures.

Additionally, there are a few key initiatives that will guide the Committee in the process of selecting 2026 incentive measures and benchmarks:

OHA Quality Incentive Program Study Findings

Senate Bill 966 (2023) directed OHA to examine the CCO Quality Incentive Program and develop recommendations for programmatic or structural changes to address health inequities. OHA contracted with the Regional Research Institute at Portland State University to study and make recommendations for the potential of the QIP to further progress toward OHA's goal of eliminating health inequities by 2030. The final report was released in September, and an OHPB Educational Webinar was held on September 17. The Committee heard a presentation in November 2024 on the study findings and will continue to consider the study results and recommendations in their decisions.

Continue to explore equity-centered benchmarking and measure selection

During 2024, the Metrics and Scoring Committee continued to explore and build upon earlier efforts to identify 1) a framework for selecting measures (equity measures in particular) and 2) a methodology for choosing equity-centered benchmarks. Important progress toward these goals was made in March with the release of the [Equity-Centered Benchmarking Data Feasibility Analysis.](#)

OHA anticipates continuing to build on this work. This includes convening a limited-term workgroup (which will include representatives from the Metrics and Scoring Committee, among others) and additional contracted support.

Upcoming recruitment needs:

Active recruitment is in progress for the vacant member-at-large seat and for an upcoming measurement expert seat vacancy (current member will finish final term in June 2025).

Support or guidance needs:

Senate Bill 966 directs OHA and OHPB to regularly evaluate the measures selected by the Committee. Inclusion of OHPB is new. In addition, the OHPB has selected metrics as a priority area. The Committee looks forward to working with OHPB on what this review and collaboration might look like moving forward.

Links to webinars or educational opportunities:

OHPB Educational Webinar: [Senate Bill 966 Study Findings – 9/17/2024](#)

Upcoming 2025 meeting dates:

Third Friday of each month, 9 am – 12 pm.

Primary Care Payment Reform Collaborative (PCPRC)

Lead Staff	Chairs	OHPB Liaison	Membership (#)	Vacant Seats (#)
Summer Boslaugh	Not applicable	Melina Moran	30	

Committee website   Email PCPRC

Quarter 2 2025 Committee Update:

The PCPRC Steering Committee met in April and twice in May to plan for the April 22 PCPRC meeting, the May 6 OHPB meeting focused on primary care and the May 27 Oregon House Committee on Behavioral Health and Health Care. The April 22 meeting focused on: learning about primary care policy work in Massachusetts followed by an update on state legislation relevant to the PCPRC; use of the policy document developed by some members of the PCPRC; and the May 6 OHPB meeting on primary care. The discussion with Dr. Wayne Altman, founder of Primary Care 4 You Massachusetts, focused on the concept of a primary care stabilization fund to support practices that opt into a primary care medical home model. The fund would be administered by the Massachusetts Health Policy Commission, an independent state agency that commercial payers would pay into and would pay providers through a prospective payment model. Members are interested in following the work in Massachusetts and continuing the discussion about applicability in Oregon.

Eight members of the PCPRC Steering Committee participated as presenters and panelists in the May 6 OHPB meeting focused on primary care. Although they did not represent the PCPRC, they shared topics that have been discussed at the PCPRC. The presentation included content from the legislative document describing primary care challenges related to workforce, payment and administrative burden.

Five members of the PCPRC presented on the troubled state of primary care in a public hearing on May 27 to the Oregon House Committee on Behavioral Health and Health Care. The presentation was very similar to that given at the May 5 OHPB meeting with the purpose of educating the representatives, many of whom are new to the legislature. The presentation was well received, and Chair Representative Rob Nosse requested the presenters return in the future with concrete asks from the legislature.

Upcoming Committee Work and Decisions:

At the July 14 meeting, members will:
- Discuss creation of a document from the PCPRC on the primary care crisis. The *Troubled State of Primary Care* document created by some members of the PCPRC will inform this document.
- Receive a presentation of the 2025 Primary Care Spend Report.

Affordability:

Excerpts from the document to inform legislators of the top challenges facing primary care related to affordability and the May 6 presentation to the OHPB:

- Primary care payment does not recognize or pay for added services in the PCPCH model of care
- Payment to primary care falls short of actual costs incurred (inflation, labor costs, supply costs)
- Rate increases to primary care have been stagnant and do not honor increased RVU values for services provided in primary care
- Value-based contracts are complex and unpredictable, adding significant administrative burden and costs
  - Clinical staff have additional reporting and administrative tasks detracting time from clinical care and adding costs
  - Incentive payments are not typically received until Q3/Q4, challenging cash flows and investment in the care team

Support or guidance needs:

The PCPRC and OHA staff look forward to following up with the OHPB on topics identified during and after the May 6 meeting.

Upcoming 2025 meeting dates:

- July 14, 2025, 12:00-2:00pm

Public Health Advisory Board (PHAB)

Lead Staff	Chairs	OHPB Liaison	Membership (#)	Vacant Seats
Sara Beaudrault Steven Fiala Veronica Herrera	Sarah Present, Chair Veronica Irvin, Past Chair Jackie Leung, Incoming Chair	Brenda Johnson	21 (18 voting members)	0

Quarter 2 2025 Committee Update:

- PHAB is completing the annual update on the charter and bylaws.

- PHAB will use information from the 2024 Public Health Modernization Capacity and Cost Assessment, the 2023-25 Public Health Modernization Evaluation and other sources to advise OHA on strategies to continue to advance a modernization public health system in the coming biennia.

- PHAB is on track to complete two deliverables by June 2025: a Public Health System Workforce Plan and a Public Health Equity Framework. These deliverables were identified as essential to continuing to advance a modern public health system during the 2023 legislative session and were developed through PHAB workgroups.

- Public Health System Workforce Plan: The workgroup met monthly from January – December 2024 to review existing data on workforce needs, gaps, recommendations, and feedback from engagement sessions conducted in June-September 2024 with workers in the public health system. OHA staff then took this information to develop a public health system workforce plan. PHAB will use this plan to inform future planning to develop public health system priorities and funding requests.

- Public Health Equity Framework: This document is a guide for community-based organizations (CBO), Oregon Health Authority (OHA), and local public health authorities (LPHA) to collaborate on roles related to health equity and cultural responsiveness. These roles were developed collaboratively by a workgroup with members representing CBOs, Tribal Health, OHA, LPHAs, and a member of the OHPB Health Equity Committee, using the Public Health Modernization Manual as a guide. PHAB will use the Framework to inform future planning for public health system priorities and funding requests.

Upcoming Committee Work and Decisions:

Metrics:

PHAB's Accountability Metrics subcommittee led work in 2022-2023 to establish an updated set of public health accountability metrics to demonstrate the governmental public health system is making progress toward population health priorities. This year, the subcommittee will develop methodology for equity benchmarking and will begin work to develop policy-related metrics. The subcommittee will work with OHA to publish two metrics reports in 2025. PHAB is interested in meeting with OHPB and the CCO Metrics and Scoring Committee to discuss opportunities to increase metrics alignment.

Upcoming recruitment needs:

Local Public Health Administrator

Tribal Health Representative

Support or guidance needs:

Summer 2025- PHAB requests time to meet with OHPB to discuss opportunities for metrics alignment and follow up on the recommendations for CCO procurement.

Late Fall 2025- PHAB requests time to bring the updated charter to OHPB for approval once complete.

Upcoming 2025 meeting dates

Second Thursdays of each month from 3:00-5:30.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Tara Chetock at tara.a.chetock@oha.oregon.gov or 971-304-9917. We accept all relay calls.

Oregon Health Policy Board

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