



Agenda/Notes

Office of Governor Tina Kotek — RJC Health Equity and Human Services

September 13, 2024 – Zoom

11:00am

Moderator – Javier Cervantes

MEMBERS

X	Marin Arreola		Rachel Currans-Henry	X	Kristina Narayan
	Elizur Bello	X	Jackie Leung	X	Dolores Martinez
	Jeremiah Rigsby	X	Josie Silverman-Mendez		Jayln Suppah
X	Annie Valtierra-Sanchez		Coi Vu		Bahaa Wanly
	Dixie Leigh Small	X	Tae-Sun Kim		

OTHER ATTENDEES

X	Patrick Heath				

Topic/Lead	Notes/Main Points	Decisions/Action Items
Welcome / Kristina Narayan	Kristina – introduced agenda and purpose of the meeting; intent to schedule a second workgroup meeting to help inform the GRB and follow up on feedback today.	
CFO Presentation / Patrick Heath	<i>*power point*</i> <ul style="list-style-type: none">• Update on Sept revenue forecast that DAS produces<ul style="list-style-type: none">○ Revenues went up for this biennium; next is essentially flat○ There is a little revenue growth, it's just not as dramatic as it looks due to the kicker; spending never went down. Projecting another kicker.○ Generally, costs exceed revenue even with kicker; one time and ongoing costs exceed what we're bringing in○ 2025-27 budget picture:<ul style="list-style-type: none">▪ Resources for 2025-27 are growing 7% from current	

budgeted resources

- **Big picture of where the state's budget is coming into focus (where there's pressures, etc)**
 - Statewide expenditure pressures:
 - Increased caseloads across current programs
 - Phase out of one time funding
 - Education funding discussions
 - Wildfire funding (most expensive wildfire season ever)
 - Transportation funding
 - Expiration of federal funding
 - Costs in 23-25 are higher than expected; 25-27 will be impacted
- **A look at OHA's Medicaid case load**
 - The pandemic led to many more people being eligible for coverage; big spike in coverage
 - Hard to determine costs, etc and predict how many people would be eligible for coverage
 - A dip down in coverage when federal rules around eligibility changed (2023)
 - More people are eligible than forecasted
 - State needs to redetermine eligibility standards
 - Happy to have more people with coverage, but fewer resources to pay for this amount of coverage
 - **Medicaid Q&A & Discussion**
 - Concerning the general fund forecast changes, missing from the revenue and kicker pay out slide, a cost trend is not provided. Costs exceed revenue trend pre and post kicker pay out.
 - Takeaways: there is growth, it's just not as dramatic as implied by the pre-kicker

forecast. Costs exceed growth.

- What insights are you able to share with this particular graphic (Medicaid) by historically underserved racial groups?
 - OHA has done some work; Patrick will follow up with more info
 - OHP Bridge offered additional coverage for families (expansion of coverage beyond Medicaid)
- High case load, but are people using the services?
 - Lower cost per person during pandemic; OHA working on determining whether or not that was due to pandemic factors (closed facilities, etc) or if more people are covered but generally aren't costing that much
- Issue with providers not taking Medicaid; how are providers incentivized to serve all populations?
- **Marin question** – Would like to better know what the costs mean to the budget process? What's the trend against trend?
- **Patrick reply** – working with the legislature to produce this information now regarding costs.
- Takeaway: Statewide expenditure pressures takeaway is that out of balance reconciliation needed for the 23-25 biennium is significant and will affect the 25-27 budget (what is available).
- Takeaway: Medicaid and HOP caseload is far higher than anticipated for the legislatively approved budget and the

	<p>Spring forecast. This will have significant cost pressures across the enterprise and specifically for the OHA budget. These reflect hundreds of millions of new costs.</p> <ul style="list-style-type: none"> ○ Tae Sun question – Would like race/ethnicity break down of caseload forecast and why growth for populations (i.e., change in job and income, barriers to applying relaxed, etc.). ○ Phil Schmidt (OHA) reply – Will break this down. ○ Annie question – Big investment to get folks covered, don't have enough data over time to see if that investment results in some system savings due to access to new services. The downside being observed is we don't have the network to support increased enrollment. Access is a serious concern. ○ Tae Sun question – Would like to know who is making up the uninsured? What do we know about their social/economic situation (employment, self insured, etc.). ○ Kristina – we will get this. 	
OHA POPs presentation: 2025 OHA Legislative Requests / OHA	<p>Kristina – Shared that we will not be able to afford the full agency request budget due to the need to balance all budgets based on the forecast and other factors. Looking for specific feedback from the group to take back to a second conversation as harder choices need to be made.</p> <p>OHA walked through slides, comments and questions captured below.</p> <p><u>OHA POPs presentation: 2025 OHA Legislative Requests</u></p> <ul style="list-style-type: none"> • Budget highlights <ul style="list-style-type: none"> ○ Total request: \$39B: current service level is \$36.2B, POPs \$2.9B ○ Healthier Oregon is fully funded in Current Service Level ○ Healthier Oregon will be really challenging to continue funding through 	

	<p>the CSL; pressure to figure out how to protect Healthier Oregon coverage</p> <ul style="list-style-type: none"> • Transforming Behavioral Health: LCs and POPs • Access to Affordable Care for All: LCs and POPs <ul style="list-style-type: none"> ○ POP 417, healthier Oregon: reinvesting OHP bridge savings for health-related social needs: \$56,343,648 (new services to healthier Oregon) • Fostering Healthy Families and Environments: LCs + POPs <ul style="list-style-type: none"> ○ Move away from just Gov agencies and instead move toward working with community groups and culturally specific service groups ○ Working toward more mental health services in schools for youth • Achieving Healthy Tribal Communities: LCs and POPs • Capacity to Eliminate Health Inequities: LCs and POPs <ul style="list-style-type: none"> ○ OHA pushing forward in a collaborative way for expansion 	
Q&A Conversation / All	<ul style="list-style-type: none"> ○ Josie – Is CPOP funding in CSL? ○ Annie question – Pop 417, is this new benefits to HOP? ○ Kristina reply – These are savings from legally permanent residents who hit the five year bar projected to enroll in the basic health program (Bridge program) resulting in savings as they transition from the general fund (mostly) HOP program. The reality of the budget is that these savings may need to be reinvested in sustaining current enrollment rather than expansion, and these are some of the choices we hope to bring to the RJC for a recommendation to assist the Governor in balancing the budget. ○ Marin – is there a formula for POP design 	<p>Kristina will work with Javier offline: let committee members sit with this info for a few days. Need within next 5 days from committee members: gut check on these items—what's missing?</p> <p>Need feedback by no later than first week of October (Kristina's hard deadline: 10/15)</p>

to look at long term impact/savings in the system or how is that value identified?

- **Phil response –**
- **Marin follow up –** THW workforce is missing from this list.
- **Annie –** THW not included in workforce packages?
- **Annie –** Some of the investments that are specific to communities (like native services) are proportionately not as large, why? Overall budget presentation requires piecing out and extracting race/ethnicity/community impacts. Better way to display?
- **Tae Sun question –** What's our assignment and how can we get more information about effectiveness to support racially harmed communities with these investments? What has demonstrated efficacy in moving the dial for the charge (reduction of harm, access barriers).
- How are POPs determined; long or short term perspective? Cost perspective?
 - There are POPs that are short-term (like IT investments) and there are long-term investments that demonstrate long-term impact aligned with strategic planning
- What's the conversation regarding preventive healthcare workers (investing in the workforce)
 - Doula program
- Some of the packages have a direct impact on communities of colors and are not direct asks/much lower asks
- Committee needs more information about the effectiveness of these programs/funds; need to see net positive in reduction of harm or access barriers

- Need outcome data from successful pilots, etc

- What's missing? Kristina will work with Javier offline: let committee members sit with this info for a few days. Need within next 5 days from committee members: gut check on these items—what's missing?

- There is a lot of analysis around these POPs that can be shared
- Once the GO team has a better idea of anchor points, they'll share with appropriate info

- Need feedback by no later than first week of October (Kristina's hard deadline: 10/15)