

Agenda/Notes

Office of Governor Tina Kotek
RJC Health Equity and Human Services Committee
December 17, 2025 – Zoom
3:00 – 4:30 pm
Moderator – Javier Cervantes

MEMBERS

X	Annie Valtierra-Sanchez	X	Jackie Leung		Matt Newell-Ching
X	Bahaa Wanly	X	Jeremiah Rigsby		Melinda Del Rio
X	Coi Vu	E	Josie Silverman-Mendez		Tae-Sun Kim
X	Dolores Martinez	X	Leslie Gregory		
X	Elizur Bello	X	Marin Arreola		

OTHER ATTENDEES

	Andre Bealer	X	Yasmin Solorio	X	Javier Cervantes
X	Kristina Narayan	X	April Rohman	X	Rachel Currans-Henry

Topic/Lead	Notes/Main Points	Decisions/Action Items
Brief Welcome	<i>Marin starts meeting at 3:05pm. Committee does a round of introductions.</i>	
Medicaid Table High-Level Review (Kristina)	<p><i>Kristina shares slides re: HHS subcommittee</i></p> <p>Kristina: Governor's advisory group on Medicaid Sustainability. Want to talk about values and principles guiding the work, what's not in the scope, our process for recommendation, and what happens next.</p> <p>In October, Agency recommended budget conversations have started. Values and principles being highlighted in this work is Oregonians maintaining access to critical health care and services. OHA strategic plan has allottable goal of eliminating health inequities by 2030, which is hard in a reduction environment.</p> <p>Medicaid program is important. Recognizing it plays an integral role, we don't want to further destabilize our health care system.</p> <p>Phase 1 is more background information and even playing field on everyone's understanding.</p> <p>Phase 2 is investigating topic-specific strategies and needs (i.e. pharmaceutical costs), developing options.</p> <p>Phase 3 is raking and prioritize strategies in alignment with principles by June 2026.</p> <p>Recommendation Consideration: Governor doesn't</p>	

have an obligation to accept or enact any recommendation. Pursuable policies will require public process for further refinement and input.

We are working on a funding target for the work. For '27-29, our job in HR1 implementation planning (rules, new requirements, etc.) as simple as possible to implement. We do expect coverage loss. We are losing real money in the system going to providers. We can't cut our way to sustainability. Bruce on Gov Office team is working full time of this work.

Marin: How can we inform that work?

Kristina: Unsure at the moment. Trying to figure out what getting additional feedback looks like.

Leslie: Maybe its time to look at other funding sources. We already have a provider shortage and tremendous disparities.

Kristina: We'd like to bring periodic updates to this group. Would like to make room for that in future agenda if there's time.

Jeremiah: Theirs budget pressures to talk about ahead of recommendations coming out, I predict there will be other policy ramifications that come into existence before recommendations come out. This process is not a catch all for everything happening in the world for those we are trying to serve. We may have something that comes up in short session that isn't handled by the state. With Care Oregon, we made a lot of changes to provider networks and rates we are paying. That's all happening now. We are trying to run ahead to make these programs sustainable. The state will need to make tough decisions. Will be important to balance things in real time as a lot is happening.

Elizur: In the Gorge, where provider rates are talking about reduction rates for providers.

SNAP Update (Rachel)

Rachel: With HR1 changes that went into effect in July the SNAP impacts are hitting first and now. Many of those provisions were slated to go into effect in July but states pushed back. State of Oregon began implementation fully of SNAP changes on October 1st. The big policy changes we realized in analyzing the bill is there are additional cost share requirements the federal government is putting on the state. Oregon had to put more money on the state side, and additional

	<p>benefit cost-share requirements in two years if the error rate is not addressed. We've been consulting with other states with on error rates.</p> <p>We need to look and identify investments are for the actual purpose to keep operations running and prevent future benefit cost in the future. We have to improve how we manage our teams, additional needs for administrative checks, etc. The state will be navigating how to ask for more money to continue operations as is, as the state has to pay more for the services to make up for the loss of federal funds.</p> <p>We need to look at long term resilience plan. We've talked about thinking of schools and ensure school meals are still supported, food banks additional investments needed given pressures, and immigrants and refugees who have lost benefits due to HR1. We don't have a backfill for those individuals who no longer have those benefits. Those are conversations the legislature will need to have with our immigrant populations.</p> <p>https://apps.oregon.gov/oregon-newsroom/OR/ODHS/Posts/Post/snap-food-benefit-work-rules-now-apply-statewide</p> <p>We are trying to ramp up communications from ODHS. Focusing on partnerships from Oregon Employment Department as well. What we can do differently is where community partners can be a big part of it. ODHS has a webpage with updated information and materials.</p> <p>https://www.oregon.gov/odhs/news/Pages/federal-updates.aspx</p> <p>Jackie: Do see languages offered. Is there ability to share information in Asian languages such as Chukeese or others, how can we get this communication to other members in our community?</p> <p>Rachel: Will take that back to our community engagement team.</p> <p>Marin: Saw somewhere that the lawsuits the State of Oregon and others are doing are impacting the federal level. On December 10th the federal government rolled back on some of their push.</p>	
5% Reduction Impacts (Rachel, Kristina, and April focus on topical areas of focus/impact)	<p>Kristina: Governor asked agencies to create a 5% reduction list. This is a quick working draft list to get an idea. Areas to discuss are position eliminations, program pauses, Healthier Oregon Program Fee-for-</p>	<p>Kristina to share letter on 5% reduction list.</p>

Service, Public health modernization reduction, and several provider-minded reductions (DSH 3, QIP).

Coi: Healthier Oregon came through funds via legislative process. Wouldn't jeopardize correct?

Kristina: Issued on Sept 30th CMS letter – we can send it out. What the CMS letter says is the process of capitation payments based on prospective use is unallowed. Doesn't change that they're eligible for actual and rendered services.

Coi: QHC's are under the same scrutiny in serving undocumented community members. We are having conversations about protecting people. When you eliminate a program it's hard to bring it back. Hope we can talk about how we improve economic development and workforce. Hopefully we don't look at deficient model going forward.

Kristina: Governor has issued an economic roadmap.

Marin: State of Oregon is subsidizing insurance cost of companies that are paying very minimal wages. It's a cycle. State is subsidizing cost of the business in the state. Roadmap governor outlined will help to develop more incentives to stimulate economy and job opportunities for all. Will be involved in that space with EOC.

April: Her direction and behavioral health being a big priority for her of the options put up. Behavioral health was held harmless essentially. State hospital was held harmless in reduction services.

Rachel: The specific areas for DHS when we look at 5% reduction – none of these are ideal and they will have real impacts on people. The approach we took was preserving essential services for people of Oregon as much as possible. We took into account the HR1 changes. We tried to take a balanced approach looking at staff reductions, hiring delays and maintain services as much as possible. DHS runs a lean budget and that does mean the proposals they had were provider rate cuts. There are caseload and eligibility reductions.

Leslie: When we talk about workforce and economic development, let's focus on equity. Jobs that offer insurance and ensure they have ladders up.

Annie: What are, across the state, other sources of

	<p>revenue apart of the medical system? There was a lot I heard and its all pretty scary to think of all these things being in limbo as a state to try to catch up.</p>	
Level set on approach to advocacy short session (All)	<p><i>Javier shares framework doc</i></p> <p>Leslie: Listening to impacted communities is important.</p> <p>Marin: Spoke to big employer and they are realizing they need to do something to protect their workers in order to keep revenues running. A lot come.</p> <p>Annie: I think communicating, along with listening, to impacted communities. We want to get information to them as well.</p> <p><i>Meeting adjourned at 4:33pm.</i></p>	

Meeting Materials	 121725_RJC Deck HS Sub.pdf https://olis.oregonlegislature.gov/liz/2025I1/Downloads/CommitteeMeetingDocument/310570
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Zoom Chat

15:04:57 From Javier Cervantes, Gov. Office (El, He, Him, His) to Hosts and panelists:

HEHS Committee (12-17, 3 PM)

Agenda:

Brief Welcome

Medicaid Table High-Level Review (Kristina) 20 Minutes

SNAP Update (Rachel) 20 minutes

5% Reduction Impacts (Rachel, Kristina, and April focus on topical areas of focus/impact) 30 Minutes

Level set on approach to advocacy short session (All) 15 Minutes

15:30:20 From Javier Cervantes, Gov. Office (El, He, Him, His) to Hosts and panelists:

For folks that arrived a little later, here is the agenda.

15:30:22 From Javier Cervantes, Gov. Office (El, He, Him, His) to Hosts and panelists:

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15:30:35 From Elizur to Hosts and panelists:

yes, our CCO is also reducing our provider rates as well

15:30:58 From Elizur to Hosts and panelists:

and that had no public input

15:32:25 From Elizur to Hosts and panelists:

more reason to advocate for universal care as Leslie mentioned

15:33:32 From Leslie Gregory to Hosts and panelists:

I'm so sorry to have to respond to a patient. Thanks for all your work and I'm honored to be a part of this

15:37:51 From Jeremiah Rigsby to Hosts and panelists:

will join by phone, but need to jump at 4pm unfortunately

15:38:06 From Leslie Gregory to Hosts and panelists:

there should be more access for patients/citizens to provide that feedback - not public input is a failure on our part ,not the public. We didn't get that word out sufficientl0

15:39:20 From Leslie Gregory to Hosts and panelists:

way too much admin cost - investment in admin vs providing service. "operations/admin" costs are usually disproportionate and out of control.!

15:40:28 From Leslie Gregory to Hosts and panelists:

we need to push back on gov overreach re: oversight. if you don't want a program you can make it prohibitively cumbersome

15:41:24 From Leslie Gregory to Hosts and panelists:

gotta step away for amin

15:47:37 From Rachel Currans-Henry, she/her, Oregon to Hosts and panelists:

<https://apps.oregon.gov/oregon-newsroom/OR/ODHS/Posts/Post/snap-food-benefit-work-rules-now-apply-statewide>

15:48:27 From Jackie L to Hosts and panelists:

I appreciate this information. Thank you for sharing these resources.

15:52:19 From Jackie L to Hosts and panelists:

There is so much community scare and burnout. I hope the. communication continues and is offered in multiple languages w/o asking orgs to do the work of translations.

15:52:26 From Rachel Currans-Henry, she/her, Oregon to Hosts and panelists:

<https://www.oregon.gov/odhs/news/Pages/federal-updates.aspx>

15:54:17 From Jackie L to Hosts and panelists:

I do have to step off early today. Thanks all.

15:54:28 From kristina narayan* OR Gov to Hosts and panelists:

Bye Jackie!

16:04:48 From Leslie Gregory to Hosts and panelists:

gotta hop off - so sorry

16:10:30 From Elizur to Hosts and panelists:

thank you all for the information and your work. unfortunately, I also need to hop off. take care, everyone!

16:12:58 From kristina narayan* OR Gov to Hosts and panelists:

Heres a better way of saying what i tried to: OHA pays capitation to CCOs for HOP coverage, including the upcoming CY26 contract period. The capitation is separated into a Medicaid component (under the CCOs' Medicaid contract) and a non-Medicaid component under a separate contract. Capitation because it's PROSPECTIVE is of question, versus paying after services are used.

16:24:50 From kristina narayan* OR Gov to Hosts and panelists:

Hi Dolores! We are looking at pharmaceutical costs for sure... a lot of folks contribute to the total cost of care, from outrageous prices, to how rebates between price and cost paid are used, getting the best bang for our buck, leveraging our state's purchasing power, etc.

16:25:00 From April Rohman (they/them), Governor's Office to Hosts and panelists:

Oh, I forgot to mention anticipated reductions to 'other funds'. Some critical community based services are funded through BHRNs (M110), for example. The Governor's Office is working with OHA and ADPC to align funding strategies regarding some other funding sources, such as Opioid Settlement Funds and BHRNs, in addition to Federal grants.

16:27:47 From Dolores Martinez to Hosts and panelists:

I agree with Leslie!

16:28:00 From April Rohman (they/them), Governor's Office to Hosts and panelists:

Behavioral Health Workforce has also been a top priority for the Governor. The Governor's Behavioral Health Talent Council chaired by the First Lady is working to move forward action plans with recommendations to specifically increase recruitment, retention, and streamlining career mobility from THW Peers to physicians.

16:31:00 From kristina narayan* OR Gov to Hosts and panelists:

I need to jet, but look forward to hearing more marin!



Office of Governor
TINA KOTEK

HHS Subcommittee

December 17, 2025





Governor's Advisory Group on Medicaid Sustainability

Purpose and Charge

Governor Kotek is convening this advisory group to develop recommendations to achieve sustainability in the Medicaid program due to current pressures and significant funding reductions in the 27-29 biennium and future due to passage of H.R.1, the federal reconciliation bill.



Values, Principles (highlights)

- Committed to assuring that Oregonians who rely on the Oregon Health Plan maintain access to critical services.
- Protect health care coverage to the greatest extent possible.
- Review recommendations with an equity lens, avoid deepening inequities and prioritize consumer affordability.
- Use data-driven insights to leverage the demonstrable strengths of the CCM, avoid anecdote.



Out of Scope

- Budgets outside of the Oregon Health Authority
- Recommendations that affect collective bargaining agreements
- Programs within the Oregon Health Authority or Department of Consumer and Business Services that are outside of Medicaid, Marketplace or the Reinsurance Program



Process

- Phase 1: Background on enrollment, financing, costs, Benefits, review of HR 1 budget impact
- Phase 2: Investigate topic-specific strategies and needs (i.e., pharmaceutical costs), develop options.
- Phase 3: Rank and prioritize strategies in alignment with principles by June 2026.

■ Recommendation Consideration:

- Governor has no obligation to accept or enact any recommendation. Pursuable policies will require public process for further refinement and input.



Legislature Requested 5% Reduction List

Purpose and Charge

The JWM Co-Chairs via the Legislative Fiscal Office requested agencies to meet specific reduction targets. Agencies were responsive to that request.



Target

- 5% of OHA's 25-27 Adopted Budget
- Approximately \$914 million
- \$312 million general fund
- \$601 million other funds
 - (\$1 million lottery funds, we won't talk about it here)

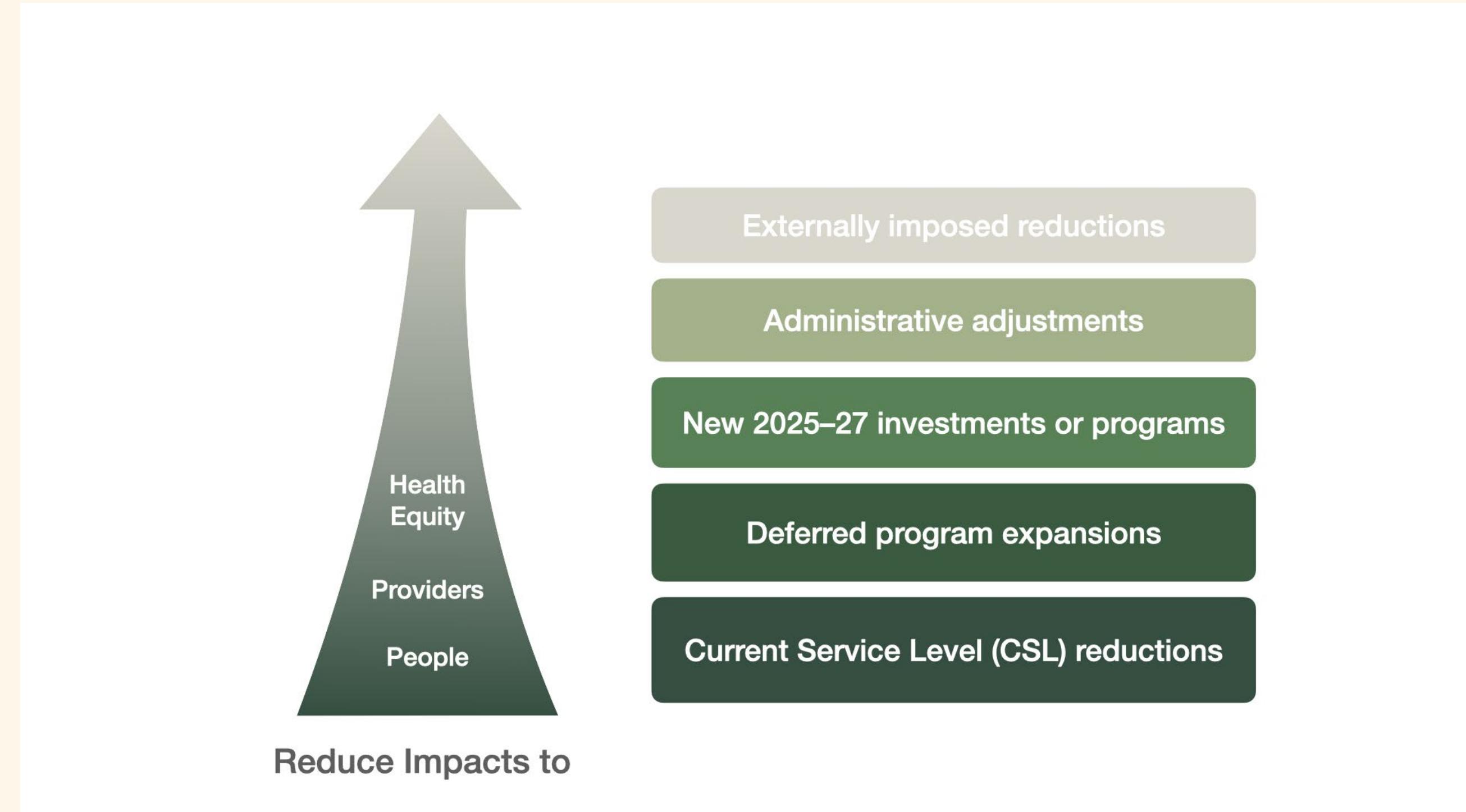


OHA approach





OHA approach





Areas to Discuss

- Position eliminations, program pauses
- Healthier Oregon Program Fee-for-Service
- Public health modernization reduction
- Several provider-minded reductions (DSH 3, QIP)