

Committee on Health Care Affordability

Charter

I. Purpose

The Committee on Health Care Affordability is established to develop and recommend cost reduction and cost growth reduction policies and initiatives that address the primary drivers of health care costs, and amplify the voice of patients, consumers, and purchasers in health care policy decisions. The Committee aims to challenge the status quo and promote innovative solutions for more affordable health care.

The Committee will be a major component of the Oregon Health Policy Board's Affordability initiative.

II. Objectives

1. Review and understand cost growth trends and cost drivers to advise the Oregon Health Authority (OHA), Department of Consumer and Business Services (DCBS) and the Oregon Health Policy Board (OHPB) on the impact of health care costs.
2. Develop and recommend to OHA, DCBS, and OHPB evidence-based cost and cost growth reduction initiatives leading to real world changes for patients and consumers to access the care they need, and ensure that access, quality, and equity are not compromised.
3. Ensure that the voice of those who pay for health care – patients, consumers, and purchasers – play an influential role in health policy related to affordability.
4. Challenge existing health care paradigms to promote affordability and value.
5. Foster collaboration among diverse stakeholders to achieve meaningful health care reform.

The Oregon Health Policy Board, OHA and DCBS may charge the Committee with other related responsibilities over time.

III. Composition

1. The Committee shall consist of 9 members appointed by the Oregon Health Policy Board. The 9 members shall provide the perspective of patient advocates, health care consumers, health care purchasers, health economics expertise, and health policy expertise.
2. To the greatest extent practicable, Committee members shall represent the geographic, ethnic, gender, racial, and economic diversity of Oregon.
3. Ex officio members representing the Oregon Health Authority and the Department of Consumer and Business Services are non-voting members of the Committee.

IV. Appointment and Terms

1. **Recruitment:** Committee members are appointed by the Oregon Health Policy Board through an open recruitment process; OHPB will appoint members to fill any vacancies as needed.
2. **Term Lengths:** Initial term lengths for Committee members will be staggered to ensure continuity, with members serving initial two-, three-, and four-year terms. Subsequent terms shall be two-years in length; unless otherwise determined by OHPB to ensure continuity. No Committee member shall serve more than two consecutive terms.
3. **Removal:** Committee members may be removed at the discretion of OHPB for failure to fulfil responsibilities as outlined in this charter.
4. **Role Changes:** Members of the Committee who no longer provide the perspective of the organization or role for which they were selected will be expected to step down from the Committee; they may continue to serve on the Committee, however, at OHPB's discretion.
5. **Compensation:** Qualified Committee members may receive a per diem compensation related to performing official committee duties, as defined in ORS 292.495(4). Per diem compensation is equal to the per diem paid to members of the Legislative Assembly for each full or partial day that a Committee member performs official duties. All Committee members may also receive

reimbursement for necessary travel and other expenses incurred in the performance of official duties. Committee members receive reimbursement in the manner and amount provided in ORS 292.495. Committee members may decline to accept compensation or reimbursement of expenses.

V. Responsibilities of the Committee

1. Review research on health care cost drivers and existing health care policies regarding affordability.
2. Develop and propose cost and cost growth reduction strategies and policy recommendations.
3. Produce an annual report to OHPB on findings and recommendations in June of each year. The first report shall be due to OHPB in June 2026.
4. Hold two public hearings each year on health care affordability.
5. Inform and advise policymakers on health care affordability issues. The Committee's annual recommendations report may include recommendations for OHPB, state agencies, the governor, the legislature, and others as appropriate.

VI. Advisory Committee Member Agreements & Responsibilities

Advisory Committee members agree to the following:

1. Members agree to participate in good faith and to act in the best interests of the Advisory Committee and its charge.
2. Members accept the responsibility to collaborate in developing potential recommendations that are fair and constructive for the State. Members are expected to consider a range of issues and options to address them, discuss the pros and cons of the issues/options presented and where possible, come to a conclusion or consensus that reflects the "sense of the group."
3. Members acknowledge that their role is to frame policy choices and provide recommendations; final decisions, if any, rest with the OHA, DCBS, and/or OHPB.

4. Members agree to fulfill their responsibilities by attending and participating in Committee meetings; reviewing materials in advance to understand issues to be addressed in meetings; working collaboratively with one another to explore issues and solutions; participating in the development of recommendations and documents as requested; and considering and integrating public comment into Committee recommendations as appropriate.
5. Committee members agree to act in good faith in all aspects of the Committee's process. This includes being honest and refraining from undertaking any actions that will undermine or threaten the deliberative process. It also includes behavior outside of meetings.

Expectations include:

- Members should try to attend all meetings. If members cannot attend a meeting, they should notify OHA staff. After missing a meeting, the member should contact OHA staff for a briefing, and review materials and the meeting summary and/or recording.
- Members agree to be respectful at all times of other Committee members, staff, and audience members. They will listen to each other to seek to understand the other's perspectives, even if they disagree.
- Members agree to make every effort to bring all aspects of their concerns about these issues into this process to be addressed.
- Members agree to refrain from personal attacks, intentionally undermining the process, and publicly criticizing or mis-stating the positions taken by any other participants during the process.
- Any written communications, including emails, blogs and/or other social networking media, will be mindful of these procedural ground rules and will maintain a respectful tone even if highlighting different perspectives.
- Members are advised that email, blogs, and/or other social networking media may be considered public documents. Emails and social networking messages meant for the entire group will be distributed via OHA staff.
- Requests for information made outside of meetings will be directed to OHA staff. Responses to such requests will be limited to items that can be provided within a reasonable amount of time.

VII. Role of Advisory Committee Chair and Vice Chair

1. The Advisory Committee will elect a Chair and Vice Chair.
2. The Chair and Vice Chair will encourage full and safe participation by Committee members in all aspects of the process, assist in the process of building consensus if possible, and ensure all members abide by the expectations for the decision-making process and behavior defined herein.
3. The Chair and Vice-Chair will work with OHA and the OHPB-designated liaison to develop meeting agendas, provide meeting facilitation, and otherwise ensure an efficient decision-making process. The Chair and Vice Chair will assist with the voting process if consensus cannot be reached.
4. The Chair and Vice Chair will serve, with OHA and the designated OHPB liaison, as key spokespeople for the Committee to the Oregon Health Policy Board, the Legislature, and other key stakeholders.

VIII. Meetings and Operations

1. The Committee shall meet at times and places proposed by OHA staff, the Chair and Vice-Chair, or by a majority of members. The Committee shall meet at least once per quarter.
2. Committee meetings are open to the public and will be conducted under the provisions of Oregon Public Meetings Law (ORS 192.610-690).
3. Work groups, sub-committees, and other advisory processes may be formed by approval of a majority of Committee members to address specific issues or projects. Meetings of these groups will be conducted in accordance with this charter.
4. A majority of voting members constitutes a quorum for the transaction of Committee business.
5. Decisions shall be made by a consensus process. If consensus is unable to be reached, the Committee shall use majority vote. Any minority perspectives shall also be documented.

6. All meetings of the Committee shall be recorded and written summaries prepared. The records shall be posted to the Committee's website.
7. Committee records, including formal documents, discussion drafts, meeting summaries and exhibits, are public records.

IX. Conflict of Interest and Ethics

1. Committee members are considered public officials under Oregon law; Committee members are required to follow Oregon Government Ethics law, including its guidance on conflicts of interest and potential conflicts of interest.
2. All members must disclose any potential conflicts of interest annually and before participating in specific discussions or votes.
3. Members with conflicts of interest or significant financial ties to healthcare industries must recuse themselves from relevant decisions.

X. Public Engagement

1. The Committee shall hold at least two public hearings annually to gather input on draft Recommendations and Committee work products from patients, consumers, and other stakeholders.
2. The Committee shall have an ongoing process to engage with the Industry Advisory Committee regarding recommendations to improve health care affordability.
3. The Committee shall have an ongoing process to gather input from patients, consumers, and purchasers regarding recommendations to improve health care affordability.
4. The Committee shall maintain a public-facing website to share information and gather feedback.

XI. Reporting and Accountability

1. The Committee shall submit an annual report to OHPB providing clear policy recommendations for legislative or state agency action.

XII. Resources and Support

The Oregon Health Authority shall assist the Committee by furnishing information, advising members, and staffing meetings.

1. OHA will support the Committee as needed, along with the Chair and Vice-Chair, by setting meeting agendas, facilitating meetings, and preparing content for consideration in such a way that will allow the Committee members to make informed recommendations.
2. OHA staff supporting the Committee will provide the Committee with well-informed policy options for their review and discussion.
3. OHA will not preclude members from introducing alternative policy options related to the topic at hand.
4. OHA will document any recommendations made by the Committee and seek Committee approval on meeting summaries and other work products.
5. OHA will help make connections between Committee discussions and work related to cost growth and cost containment strategies occurring in other venues.
6. The Committee may consult with external experts and organizations as needed.