

Updated October 12, 2021 – Application deadline extended to Oct 22nd

Sustainable Health Care Cost Growth Target Advisory Committee *Call for Applications*

The Oregon Health Authority and Oregon Health Policy Board are seeking members for the Cost Growth Target Advisory Committee, the new governance committee for the Sustainable Health Care Cost Growth Target Program beginning in 2022.

Health Care Cost Growth in Oregon

Health care costs in Oregon are high and continue to grow, outpacing the growth in wages, income, and other economic indicators. In 2019, almost 16 percent of Oregonians reported they delayed health care because of costs (including 1 in 3 of the uninsured). Among those with commercial insurance, deductibles have increased faster than wage growth in the last 10 years. Health care costs also have a disproportionate impact on communities of color; for example, in 2019, one in four Native Hawaiian or Pacific Islander Oregonians and those reporting other race reported delaying health care because of costs.

To ensure affordable, universal coverage for all people living in Oregon, we must take action to slow health care cost growth and ensure that people can afford to access needed care. Slowing health care cost growth will also ensure that state funds are available for investing in other priority areas and services. Oregon’s health care cost growth target sets a goal for statewide health care spending, as well as spending by insurance plans and large provider organizations and asks plans and providers to take steps to ensure their cost growth remains below the target.

Advisory Committee Purpose

The Cost Growth Target Advisory Committee will build upon work done by the Cost Growth Target Implementation Committee (2019-2021) to advise and support the Oregon Health Policy Board, Oregon Health Authority, and Oregon Department of Consumer and Business Services on transformative health care cost efforts and policy.

The Committee will use the sustainable health care cost growth target as a tool to examine statewide healthcare spending and understand health care cost trends, frame cost conversations, and recommend strategies and opportunities for mitigating cost growth and improving health equity.

In keeping with OHA’s strategic goal to eliminate health inequities by 2030, the Committee will work to ensure that the Cost Growth Target Program helps contain costs for consumers without jeopardizing access or quality; help improve equity by making health care more affordable and accessible to all Oregonians; and inform future policy conversations about how to eliminate health inequities caused by costs.

Health Equity Definition
Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

- The equitable distribution or redistributing of resources and power; and
- Recognizing, reconciling, and rectifying historical and contemporary injustices.

Advisory Committee Charge

The Advisory Committee is charged with the following:

- Monitoring and informing ongoing cost growth target program implementation
- Revisiting the cost growth target value for 2026-2030 (and beyond)
- Reviewing and understanding cost growth trends and cost drivers and advising OHA, DCBS and OHPB on the impact of cost
- Monitoring for negative impacts of the cost growth target
- Exploring opportunities to improve equity
- Reviewing and understanding progress toward value-based payment (VBP) goals
- Identifying and recommending opportunities to reduce cost growth
- Informing public hearings

Advisory Committee members will serve two-year terms, although terms may be extended to ensure continuity. The Advisory Committee will meet bi-monthly for approximately 3 hours. All meetings are currently held remotely; in-person meetings may be held in the future when it is safe to do so. All Advisory Committee meetings are public. For more information about the Advisory Committee responsibilities, please see the [draft charter](#).¹

Membership

OHA and OHPB are seeking members representing the following sectors and expertise, recognizing that potential members may wear multiple hats. There is not yet a determined number of seats on the Advisory Committee.

Sectors	Expertise
<ul style="list-style-type: none">• Health care payers (public and private)• Large hospitals / health systems• Smaller / independent providers• Employers (large and small)• Consumer advocates²	<ul style="list-style-type: none">• Ensuring equity in policymaking• Employer health benefits / costs• Health care administration• Health care affordability / consumer costs• Health economics• Health care financing³

Advisory Committee members will draw on their lived experiences with various types of health insurance (Medicare, Medicaid, commercial) and health care affordability, as well as their experiences interacting with and accessing various parts of the health system.

The Committee will also include health care industry and non-industry at-large members, as well as the OHA Director, DCBS Director, and State Economist or their designees.

¹ <https://www.oregon.gov/oha/OHPB/MtgDocs/3.0%20Advisory%20Committee%20Draft%20Charter.pdf>

² The Advisory Committee is seeking individuals that have an affiliation with and/or active participation in consumer or community-based organizations. The role of the consumer representative is to represent the consumer perspective on issues and actions before the Advisory Committee and facilitate dialogue on issues that affect consumers. The consumer representative(s) may bring expertise with specific communities or groups, including, but not limited to, race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among these communities or identities. Health care industry professionals, including, but not limited to clinicians and administrators, are not considered consumer representatives for the purposes of the Advisory Committee.

³ Health care financing expertise of interest may include, but is not limited to, actuarial expertise, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer / provider contracting.

To Apply for the Cost Growth Target Advisory Committee

Please complete the Cost Growth Target Advisory Committee Interest Form and Demographic Form, available on the Cost Growth Target website, and submit both to HealthCare.CostTarget@dhsoha.state.or.us.

Applications will be accepted through Friday, October 22, 2021. Advisory Committee members will be appointed by the Oregon Health Policy Board before the end of the calendar year.

For More Information

[Oregon CGT website](#)⁴: program information for stakeholder groups, data submission, reports

[VBP Compact Group website](#)⁵: statewide VBP work group jointly managed by OHLC and OHA

Health Care Cost Growth Target Program email: HealthCare.CostTarget@dhsoha.state.or.us

Sarah Bartelmann, Cost Growth Target Program manager: Sarah.E.Bartelmann@dhsoha.state.or.us

Website: <https://www.oregon.gov/oha/HPA/HP/Pages/Sustainable-Health-Care-Cost-Growth-Target.aspx>

If you are not interested in applying for the Advisory Committee, but would like to stay informed about OHA's health care cost growth target work, please visit our website and/or [subscribe](#)⁶ for email updates.

⁴ <https://www.oregon.gov/oha/HPA/HP/Pages/Sustainable-Health-Care-Cost-Growth-Target.aspx>

⁵ <http://orhealthleadershipcouncil.org/oregon-value-based-payment-compact/>

⁶ https://public.govdelivery.com/accounts/ORDHS/subscriber/new?topic_id=ORDHS_782