

Primary Care Strategy Committee Charter

Establishing Entity: Oregon Health Policy Board (OHPB)

Supporting Agency: Oregon Health Authority (OHA)

Primary Staff Support: OHA Health Policy and Analytics Division (HPA)

I. Vision

Oregon envisions a sustainable and fully supported primary care system where every person has access to whole-person care that fosters well-being, strengthens communities, uplifts care teams, advances equity, and keeps health care affordable.

II. Purpose

The Primary Care Strategy Committee will lead a coordinated effort to stabilize, strengthen, and align Oregon's primary care system with the goal of strengthening access to equitable, affordable, high-quality patient care. The Committee will develop and drive actionable strategies that unify policy, funding, and performance goals across payers, providers, consumers, purchasers, and state programs—ensuring a coherent, equitable, and sustainable system that delivers responsive, community-centered care statewide. The Committee will promote innovative solutions for a strong primary care system focusing on payment and affordability, workforce, and the delivery system.



IV. Responsibilities and Committee Charge

The Primary Care Strategy Committee will advise the Oregon Health Policy Board (OHPB) on strategies to stabilize, strengthen, and align Oregon’s primary care system. Its responsibilities include:

1. Advise and Recommend

Develop and recommend evidence-based legislative, regulatory, and programmatic strategies to strengthen primary care policy, investment, and sustainability. Provide ongoing advice to OHPB, the Oregon Health Authority (OHA), the Department of Consumer and Business Services (DCBS) and the Legislature on primary care payment and affordability, workforce, and the delivery system.

2. Establish and Monitor Statewide Goals

Define statewide primary care goals for payment and affordability, workforce, and the delivery system, including integrating behavioral and oral health. Monitor and publicly report progress toward these goals, including workforce and investment indicators.

3. Coordinate Across Initiatives

Align and coordinate efforts across initiatives and committees, including but not limited to the Primary Care Payment Reform Collaborative (PCPRC), Patient-Centered Primary Care Home (PCPCH) Program, Committee on Health Care Affordability, Health Care Workforce Committee, Health Equity Committee, Behavioral Health Committee, Health Information Technology Oversight Council, CCO policies, and OHA workforce investments and incentives.

4. Integrate Data, Policy, and System Design

Oversee development of a statewide definition of “primary care,” including provider types and core services. Identify and elevate gaps in data, policy alignment, and resource distribution that weaken primary care resiliency and system coherence.

5. Engage Partners and Communities

Ensure the voices of those who provide, pay for, and access primary care—especially from rural communities, communities of color, and frontline providers—inform Committee deliberations and recommendations. Serve as a point of integration for public testimony and research received by OHPB related to primary care.

6. Address Workforce Wellbeing and Systemic Burden

Recommend strategies to improve provider wellness and resilience by addressing structural drivers of burnout, administrative burden, and misaligned incentives across payer systems.

7. Monitor Federal and State Policy Impacts

Work with OHA to track the effects of federal policy changes on Oregon’s primary care infrastructure and recommend timely state-level responses.

8. Inform Policymakers

Regularly report findings, progress, and recommendations to the OHPB. Make recommendations to OHA, DCBS, the Governor, the Legislature, and other partners as appropriate.

V. Composition

Through an open application process, OHPB will appoint at least 9 and no more than 18 members to the Committee, including:

Area of expertise	Maximum # of seats per area of expertise
Primary care providers	3
Consumer / patients / health equity advocates*	3
Health care payers	3
Health care purchasers / employer	2
Primary care workforce expert	1
Specialty care provider	1
Health system / hospital representative	1
Health center administration	1
Professional associations representing primary care providers	2
Legislator/legislative aide or expertise in policy making	2
Tribal health provider	1
Primary care team member	1

* Consumer/ patient seats should not overlap with any other categories

1. Committee members shall represent the geographic, ethnic, gender, racial, and economic diversity of Oregon.
2. Ex officio members representing OHA and DCBS are non-voting members of the Committee.

VI. Appointment and Terms

1. **Recruitment:** Committee members are appointed by the OHPB as detailed in OAR 413.016 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. Committee members may be removed at the discretion of OHPB for failure to fulfill responsibilities as outlined in this charter.

3. **Role Changes:** Members of the Committee who no longer hold the position or role from which they were appointed will generally no longer serve on the Committee. However, if a member leaves their position during the course of their term, the OHPB may, at its discretion, request that the member continue serving for the remainder of their term to maintain continuity and stability in the Committee's work.
4. **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.

VII. Committee Member Expectations

Committee members are expected to be active, empowered participants who bring expertise, leadership, and lived experience to advance Oregon's primary care system. Each member holds a vital form of authority—whether representing lived experience and community voice, serving as a practicing provider directly impacted by system pressures, or representing an organization with decision-making responsibility—and all perspectives are equally essential to shaping meaningful, durable strategy. Members should bring forward their expertise, share insights grounded in real-world experience, engage constructively across diverse viewpoints, and remain action-focused even in the face of disagreement.

Specific member expectations include:

1. Active Participation

Members commit to attend at least 75% of all meetings. If unable to attend, members should notify OHA staff in advance, review meeting materials, and request a briefing to remain informed and engaged.

2. Perspective and System-Focused Engagement

Members are expected to bring forward insights grounded in their organizational, professional, or lived experience. Members share a collective responsibility to advance strategies that strengthen Oregon's primary care system as an integrated, equitable, and sustainable whole—balancing individual perspectives with the broader goals of stability, alignment, and equity. To ensure decisions are informed by diverse perspectives, members are also expected to seek input from their constituencies or

partner networks and share relevant feedback, challenges, and ideas with the Committee to inform its deliberations and recommendations.

3. Respectful and Collegial Conduct

Members will treat all participants—including other Committee members, OHA staff, and the public—with respect. They will listen actively, seek to understand differing perspectives, and maintain trust and collegiality, even when consensus cannot be reached.

4. Commitment to Integrity and Constructive Dialogue

Members agree to refrain from actions that undermine the process, or publicly misrepresent or diminish the positions or comments of others. Disagreements will be addressed constructively within the Committee, with unresolved conflicts elevated to OHPB leadership as appropriate. Conflict will not impede Committee progress or fulfillment of its charge.

5. Communication and Transparency

All written communications, including emails or social media posts, will reflect the respectful tone and professionalism expected of the Committee. Members are reminded that such communications may be considered public records. Group-wide communication should occur through OHA staff.

6. Requests for Information

Committee members should use committee meetings to request additional information to support decision-making and should refrain from one-on-one requests outside of meeting time. Responses will be provided within a reasonable timeframe and shared broadly when relevant to the Committee's work.

7. Conflict of Interest and Ethics

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

VIII. Role of Committee Chair and Vice Chair

1. The Committee will elect a Chair and Vice Chair.
2. The Chair and Vice Chair will encourage full, respectful and engaged participation by Committee members in all aspects of the process, assist in the process of building consensus whenever 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.

4. The Chair and Vice Chair will serve, with OHA and the designated OHPB liaison, as key spokespeople for the Committee to the OHPB, the Legislature, and other key partners.

IX. Meetings and Operations

1. The Committee shall meet at times and locations proposed by OHA staff, the Chair and Vice-Chair, or by a majority of members. Meetings will occur at least once per month. Members are expected to independently review all materials in advance and come prepared to actively participate in discussions.
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 at the request of the Chair, Vice-Chair, and OHPB liaison 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.

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 partners.
2. The Committee shall have an ongoing process to gather input from patients, consumers, and purchasers regarding recommendations to improve health care affordability.
3. The Committee shall maintain a public-facing website to share information and gather feedback.

XI. Resources and Support

The OHA shall assist the Committee by furnishing information, advising members, and staffing meetings.

1. OHA Health Policy and Analytics (HPA) Division staff will serve as primary support to 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. HPA Division staff will serve as internal integrators with OHA programs.
3. OHA staff supporting the Committee will provide the Committee with well-informed policy options for their review and discussion.
4. OHA will not preclude members from introducing alternative policy options related to the topic at hand.
5. OHA will document any recommendations made by the Committee and seek Committee approval on meeting summaries and other work products.
6. OHA will help make connections between Committee discussions and relevant work related to primary care occurring in other venues.
7. The Committee may consult with external experts and organizations as needed.