

# Committees of the Board

## Committee Digest

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July - September

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## Summary

The Committee Digest (Digest) serves as a progress update for the Committees of the Oregon Health Policy Board (OHPB). The Digest summarizes key work accomplished by Committees and recognizes decisions and activities planned for the upcoming year. Committee information included in the Digest is provided by Oregon Health Authority (OHA) lead Committee staff and will be distributed to OHPB members following each quarter.

For additional information or questions, contact [Tara Chetock](#), OHPB Project Manager.

# 2025 OHPB and Committees Meeting Schedule\*

## JANUARY

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## NOVEMBER

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## DECEMBER

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|  |   |  |   |
|--|---|--|---|
|  | Affordability Committee                           |  | Health Insurance Marketplace Advisory Committee |
|  | Behavioral Health Committee                       |  | Metrics and Scoring Committee                   |
|  | Health Care Workforce Committee                   |  | Medicaid Advisory Committee                     |
|  | Health Equity Committee                           |  | Primary Care Payment Reform Committee           |
|  | Health Information Technology Oversight Committee |  | Public Health Advisory Board                    |
|  | Oregon Health Policy Board                        |  |   |

(\*) Meeting dates are subject to change

See Committee websites for meeting logistics.

# Committee Work Addressing the OHA Strategic Plan

Below are some ways in which the work of the OHPB Committees intersects with [OHA's strategic plan](#) to eliminate health inequities.

## Goal pillar 1. Transforming behavioral health

### Health Information Technology Oversight Council (HITOC):

- Electronic Health Records (EHRs), CIE, and other health IT solutions can make data collection and reporting easier. HITOC supports greater adoption of health IT for behavioral health providers, which have lower rates of use than other provider types. Health IT for behavioral health is a priority area for HITOC and was the focus of their June 5, 2025 retreat. HITOC is currently in the process of prioritizing health IT-related actions that would be impactful for behavioral health providers. (Strategy 1)
- HITOC supports the adoption and use of Community Information Exchange (CIE), a technology for social needs screening and referrals, which can be used by behavioral health organizations to connect people to services to address their social needs. (Strategy 3)

### Medicaid Advisory Committee (MAC):

- Workplace aspects of network adequacy is a MAC priority and highlighted in Pillar 1. (Strategies 1 & 5)
- Affordability: To the degree that protecting OHP eligibility makes health care affordable to people living in Oregon, the MAC's work is related to affordability.
- Metrics: The MAC's work regarding measuring the 1115 Waiver implementation includes advising the agency about appropriate metrics for the changes in the 1115 Waiver.

### Primary Care Payment Reform Collaborative:

- Integrating behavioral health into primary care increases accessibility to behavioral health services, enables earlier identification of behavioral health issues, improves overall health outcomes, reduces stigma, allows better coordination of care, and can save costs, particularly for patients in low-income

or rural areas who might only access behavioral health through their primary care provider. PCPRC supports increased behavioral health integration in primary care. (Strategies 2,3,4)

## **Goal Pillar 2. Strengthening access to affordable care for all**

### **Committee on Health Care Affordability**

- Develops and recommends 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. (Strategy 5)

### **Health Insurance Marketplace Advisory Committee (HIMAC):**

- Provides advice to the Oregon Health Insurance Marketplace in their work to help eligible Oregonians access federal subsidies and enroll in quality, affordable private health insurance plans. (Strategy 1)
- Supports the Oregon Health Insurance Marketplace's outreach and enrollment programs, which includes a Marketplace Community Partner Program and a Marketplace Partner Agent Program. (Strategy 1)
- Serves as one of the State-based Marketplace (SBM) Project's key shareholders and is consulted on a regular basis. (Strategy 1)

### **Health Information Technology Oversight Council (HITOC):**

- CIE adoption is one of HITOC's core priorities. HITOC recommends that partners across Oregon support, accelerate, and improve statewide CIE efforts. (Strategy 3)
- Reducing administrative burden related to health IT is included as part of HITOC's Strategic Plan for Health IT 2024-2028. HITOC outlined various approaches that can reduce burden and will pursue supports as appropriate. For example, HITOC recommends that partners support policy and regulatory initiatives to improve the usability of EHRs and reduce provider burden. (Strategy 3)

### Medicaid Advisory Committee (MAC):

- The MAC has Eligibility and Network Adequacy as two of their current priorities. (Strategy 1 & 2)
- Non-Emergency Medical Transportation (NEMT) is a perennial MAC concern but not yet a specific priority. (Strategy 3)
- Health-related social needs (HRSN) implementation is a MAC priority and 1115 Waiver oversight a required role. (Strategy 4)

### Primary Care Payment Reform Collaborative:

- One of the three charges of the PCPRC is to increase primary care spend. Increasing primary care spend can result in health issues being addressed earlier and with fewer costly emergency room visits and hospital admissions, saving money for employers, health plans and members.
- Traditional Health Workers (THWs) are trusted individuals from their local communities who may also share socioeconomic ties and lived life experiences with health plan members. THWs have historically provided person and community-centered care by bridging communities and the health systems that serve them, increasing the appropriate use of care by connecting people with health systems, advocating for health plan members, supporting adherence to care and treatment, and empowering individuals to be agents in improving their own health. PCPRC supports the integration of THWs into primary care. (Strategy 2)
- Inherent in value-based payment models is data collection and reporting resulting in administrative burden. PCPRC supports efforts to align payment models across payers which can reduce administrative burden. (Strategy 3)

## Goal pillar 3. Fostering healthy families and environments

### Health Information Technology Oversight Council (HITOC):

- Accessibility of health information is a priority for HITOC, related to clinical information available through health IT (such as patient portals attached to their provider's EHR). HITOC recommends that partners across Oregon strengthen accessibility of health IT by ensuring content is culturally relevant, available in

plain language, multiple languages, and modes that are accessible for people with disabilities (e.g., braille, screen readers. HITOC will support this priority as appropriate. (Strategy 1)

- As part of HITOC's CIE strategy, HITOC recommends that OHA use policy levers, such as the 1115 Medicaid Waiver's HRSN services, to support/improve statewide CIE efforts. CIE adoption by local partners and contractors can make this work more efficient and aligned across efforts. CIE supports screening and referrals for climate needs and other social needs. (Strategy 2)
- HITOC recommends activities to support, accelerate, and improve statewide CIE efforts in their Health IT Strategic Plan, which can be used to help connect children, parents, and families to social services and resources. (Strategy 5)

#### Health Insurance Marketplace Advisory Committee (HIMAC):

- Gives guidance to the Oregon Health Insurance Marketplace's outreach and enrollment efforts, including marketing and communications strategies. (Strategy 1)

#### Medicaid Advisory Committee (MAC):

- MAC has required duties concerning CCO marketing tools. (Strategy 1)
- Health-related social needs (HRSN) implementation and 1115 Waiver oversight is a MAC priority and role. (Strategy 2)
- Network adequacy is a MAC priority. (Strategy 3)
- Health-related social needs (HRSN) implementation and 1115 Waiver oversight is a MAC priority and role. (Strategy 5)

#### Public Health Advisory Board

- PHAB is responsible for monitoring progress of the governmental public health system toward improving health outcomes through accountability metrics. PHAB's current metrics align with activities and metrics for Pillar 3, including increasing immunization rates, reducing syphilis rates, and building community resilience for climate effects on health.

## Goal pillar 5. Building OHAs internal capacity and commitment to health inequities

### Health Equity Committee (HEC):

- HEC is supporting the Community Engagement Framework and Health Equity Impact Assessment. (Strategy 5)

### Medicaid Advisory Committee (MAC):

- These actions relate to shared staff/volunteer/contractor work setting up the MAC-related Beneficiary Advisory Committee. (Strategy 5)



## Affordability Committee (AC)

| Lead Staff                        | Chairs  | OHPB Liaison                | Membership (#) | Vacant Seats |
|-----------------------------------|---|-----------------------------|----------------|--------------|
| Sarah Bartelmann<br>Danielle Ross | Chair: Jennifer Mensik Kennedy<br>Vice Chair: TBD Oct | Tony Germann<br>Bill Kramer | 9              | 0            |

[Committee AC website](#)

[Email AC](#)

## Subcommittee: Industry Advisory Committee (IAC)

| Lead Staff                        | Chairs | OHPB Liaison | Membership (#) | Vacant Seats |
|-----------------------------------|--------|--------------|----------------|--------------|
| Sarah Bartelmann<br>Danielle Ross | TBD    |              | 15             | Up to 5      |

[Committee IAC website](#)

[Email AC](#)

### Quarter 3 2025 Committee Update:

Members of the Affordability Committee and the Industry Advisory Committee participated in orientation sessions prior to the Committee kickoff meetings to learn more about their responsibilities as committee members and the work ahead.

The Affordability Committee held its [kickoff meeting on September 15<sup>th</sup>](#). Committee members selected a Chair and established group agreements and decision-making processes. The Committee oriented to affordability challenges in Oregon, their charge to develop initial recommendations to submit to OHBP by June 2026, and how they will conduct their work.

### Upcoming Committee Work and Decisions:

#### Affordability:

The Affordability Committee will meet twice more in 2025: October 28 and November 25. The Committee plans to establish a definition for affordability to guide its conversations in October, as well as identify potential affordability policy areas for discussion and potential recommendation. A revised Committee workplan will be discussed in October.

The Industry Advisory Committee will hold its kickoff meeting on October 6<sup>th</sup>.

### **Upcoming recruitment needs:**

Additional members representing missing perspectives should still be recruited and appointed for the Industry Advisory Committee; OHPB did not initially appoint any members representing behavioral health, oral health, or traditional health worker perspectives. Since initial appointment in June, one appointed member has resigned. Staff may launch a recruitment before the end of the year to address these vacancies.

### **Upcoming 2025 meeting dates:**

Affordability Committee: October 28, November 25

Industry Advisory Committee: October 6

## Behavioral Health Committee (BHC)

| Lead Staff                        | Chairs                        | OHPB Liaison                            | Membership (#)                | Vacant Seats                 |
|-----------------------------------|-------------------------------|---|-------------------------------|------------------------------|
| Maritza Herrera<br>Andrea Boachie | Ana Day<br>Nick Chaiyachakorn | Dr. Rosemarie Hemmings<br>Peter Starkey | 10 (voting)<br>5 (non-voting) | 4 (voting)<br>0 (non-voting) |

[Committee website](#)

[Email BHC](#)

### Quarter 3 2025 Committee Update:

#### Jun 16, 2025, Meeting

##### Outcomes:

- Members reflected on the Charter's Goals, Values, and Principles.
- Members gained better understanding of the Behavioral Health Resource Networks (BHRNs) and the role of Health Policy Analytics (HPA) plays in managing the data.
- Members were provided a schedule of possible opportunities to refine BHRN metrics for Grant Cycle 2, focusing on equity and advancing behavioral health system transformation.

##### Summary:

Committee members engaged in small group discussions to reflect on the Charter's Goals, Values, and Principles. Aunée Tarango, Operations and Policy Analyst, provided a brief overview of the Behavioral Health Resource Network (BHRN) program and explained the role of Health Policy Analytics (HPA) in managing BHRN data. Aunée added that grant cycle (GC)1 is wrapping up and grant cycle (GC) 2 will start on July 1, 2025. HPA maintains a dashboard displaying GC1 data, and it is updated quarterly by participating organizations. With the launch of GC2, the Committee's insights will help refine and adjust metrics to better support the transformation of the behavioral health system, with a strong focus on equity. Members were prompted to provide feedback via an EasyRetro board and direct feedback to staff.

#### Jul 21, 2025, Meeting

##### Outcomes:

- Members learned details about the Quality Incentive Program (QIP) prioritization process.
- Members spent time processing the outcomes and the fact that none of the Committee's priority measures were selected due to lack of quorum in previous BHC meetings leading to delayed delivery of recommendations to the Metrics & Scoring Committee, while the recommendation for the continuation metrics were approved.

- Members received a comprehensive overview of House Bill 2086 and context on the behavioral health ecosystem.

## Summary:

Tessa Jaqua, Behavioral Health Quality Metrics Policy Lead, summarized the July 2025 Metrics & Scoring Committee (M&SC) meeting, where 13 measures (selected at the June M&SC meeting) were reviewed for inclusion into the Quality Incentive Program (QIP), 2026 measure year. Included in the 13 measures reviewed were four measures from the QIP 2025 measure set recommended for continuation by the Behavioral Health Committee. All four of these measures were approved for inclusion into the 2026 QIP measure set.

BHC recommended measures approved for continuation:

- Initiation and Engagement of Substance Use Disorder Treatment (Ages 18+),
- Screening for Depression and Follow-Up Plan,
- Social Determinants of Health (SDoH): Social Needs Screening and Referral, and
- Young Children Receiving Social-Emotional Issue-Focused Intervention/Treatment Services.

One of the two newly recommended core set measures identified as priorities for inclusion by BHC was added into the draft QIP 2026 measure set (FUA-CH &AD), however this measure did not pass an approval vote. M&SC members cited numerous factors for this vote, including the BHC's delay in providing measure recommendations and M&SC members hesitancy to approve too many new measures to the 2026 measure set. The BHC members spent time processing this outcome and seeking to understand the implications.

- BHC recommended priority measures. Follow-Up After Emergency Department Visit for Mental Health ages 6-17 (FUM-CH) and 18-plus (FUM-AD)
- Follow-Up After Emergency Department Visit for Substance Use ages 13-17 (FUA-CH) and 18-plus (FUA-AD).

Committee members received a comprehensive overview of House Bill 2086 and the behavioral health ecosystem. Tessa reinforced the Committee's alignment with the five legislative priorities and introduced three strategic areas for metric development: QIP measures, contract-based measures, and future homegrown metrics. The session concluded with active discussion and feedback from members.

## Aug 18, 2025, Meeting

### Outcomes:

- Members revisited the County Financial Assistance Agreements (CFAAs) framework from the July 2024 presentation.
- Health Policy Analytics emphasized the importance of metrics in tracking staffing, costs, and services to ensure accountability and guide funding decisions.
- Members learned about the CFAAs updates including a shift to a 6-year contract term starting in 2026 with biannual funding, expanded core service areas, and streamlined reporting through ROADS.

## Summary:

Mireya Williams, Behavioral Health Metrics and Committee Manager, provided an overview of the County Financial Assistance Agreements (CFAAs), revisiting the July 2024 presentation by Christa Jones, Behavioral Health Service Delivery Deputy Director, and John Collins, Behavioral Health Operation and Strategy Deputy Director, on the development of CFAA outcomes highlighting two current contract challenges, inflexible funding and inconsistent service delivery. They asked Committee members to reimagine the CFAA framework. Members' recommendations aligned with equity goals, including enhanced collaboration between counties and coordinated care organizations, real-time care access, and culturally responsive services.

Tessa Jaqua, Behavioral Health Quality Metrics Policy Lead, emphasized the role of Health Policy Analytics in tracking CFAA's staffing, costs, and service delivery through formal agreements with OHA. Jon Collins and Marisha Elkins, CFAA Administrator, shared updates on the CFAAs, emphasizing its role in funding non-Medicaid-eligible services. Starting January 1, 2026, the CFAAs will shift to a 6-year contract term with biennial funding, introducing broader core service areas, and integrate the Local Plan and Budget process to give counties more flexibility. Reporting will be streamlined through ROADS, and a new CFAA Administrator role will centralize communication.

## Upcoming Committee Work and Decisions:

### Metrics:

#### **The Behavioral Health Committee is charged with establishing:**

- Quality metrics for behavioral health services provided by Coordinated Care Organizations, health care providers, counties, and other government entities; and
- Incentives to improve the quality of behavioral health services

### Behavioral Health:

The quality metrics and incentives determined by the BHC will address and expand on the following areas of priority:

- Improve timely access to behavioral health care,
- Reduce hospitalizations,
- Reduce overdoses,
- Improve the integration of physical and behavioral health care, and
- Ensure individuals are supported in the least restrictive environment that meets their behavioral health needs.

### CCO Procurement:

The quality metrics and incentives determined by the Behavioral Health Committee will have an impact on coordinated care organization procurement in addition to other contracts.

## Upcoming recruitment needs:

To fill the following vacant representations:

- Community Mental Health Program Representative
- System of Care Representative
- Tribal Government Representative
- Health Plan Quality Metrics Committee (HPQMC) Chairperson: Unable to fill this seat, HPQMC is not currently meeting.

## Upcoming 2025 meeting dates:

- Oct 20, 2025
- Nov 17, 2025
- Dec 15, 2025

Zoom meeting link:

<https://www.zoomgov.com/j/1605275690?pwd=aFg2NWpva3MyNGV1a1hlQVhldTREZz09>

One tap mobile:+16692545252,,1605275690# US (San Jose),  
+16468287666,,1605275690# US (New York); Passcode: 532404

## Health Care Workforce Committee (HCWF)

| Lead Staff    | Chairs             | OHPB Liaisons | Membership (#) | Vacant Seats |
|---------------|--------------------|---------------|----------------|--------------|
| Deepti Shinde | Ian Strauss, Chair | Melina Moran  | 22             | 0            |

[Committee website](#)

[Email HCWF](#)

### Quarter 3 2025 Committee Update:

The Health Care Workforce Committee (HCWF) activity in this quarter included:

- Held July 9 HCWF Committee Meeting. Topics and speakers included an update on the new dental clinic in Brookings by OHA staff; an overview of the Temporary Health Care Staff Rate Setting Program by OHA staff, an overview of the Oregon Partnership State Loan Repayment Program by the Office of Rural Health and OHA staff; a presentation on the Qualified Mental Health Associate (QMHA) Pilot Program by OHA staff, Mental Health & Addiction Certification Board of Oregon and United We Heal; and finally a presentation taking an In-Depth Look at Oregon's Licensed Behavioral Health Workforce, 2018-2024 by OHA staff.
- Held August 13 HCWF Committee Special Meeting. Members heard a presentation about the Health Care Provider Incentive Program (HCPPI) Budget Allocation Proposal for 2025-27 Biennium from OHA staff. The committee voted to approve the budget allocation.
- Held September 10 HCWF Committee Meeting. Topics and speakers included a presentation on Supporting and Stabilizing the Nursing Workforce in Oregon by the Oregon Center for Nursing and the Oregon Nursing Association, a presentation on the 2025 Legislative Session from the OHA Government Relation Team, and a discussion on Planning for the 2027 Health Care Workforce Needs Assessment led by OHA staff.
- Two members left the committee during this quarter. Aaron Hines left the committee as his schedule no longer accommodated this work and having been

appointed to OHPB. Gabriela Carrillo was removed from the committee after leaving her position and staff was not able to reestablish contact.

### **Upcoming Committee Work and Decisions:**

Major work and decisions anticipated in 2025: Further development and work around committee's Strategic Framework priority areas:

- Workforce wellness
- Workforce diversity
- Workforce development and retention

Continue to convene committee educational webinars on priority areas and other topics of interest.

- HCWF Committee Educational Webinar on October 8 on the Oregon Maternal Health Workforce.

### **Support or guidance needs:**

In Q4 2025, OHA will present cost modeling on the proposed Health Care Provider Incentive Program (HCPIP) administrative budget for the 2025-27 biennium. OHPB is legislatively required to approve the HCPIP biennial budget allocated by the legislature, which was approved by the HCWF Committee in August 2025.

In addition, the HCWF Committee will bring a slate of proposed candidates to join the committee for OHPB approval at its December meeting. The committee has three members whose terms end in 2025 and are not eligible to remain on the committee. Several other members have either left the committee or decided not to remain in 2026 for their second term. The committee plans to add at least six voting members to the committee in 2026 and one additional non-voting student member.

### **Upcoming 2025 HCWF meeting dates:**

- 10/8/2025 - HCWF Committee Educational Webinar on Oregon's Maternal Health Workforce
- 11/5/2025 - HCWF Committee Meeting



## Health Equity Committee (HEC)

| Lead Staff                          | Chairs                 | OHPB Liaisons          | Members (#) | Vacant Seats (#) |
|-------------------------------------|------------------------|------------------------|-------------|------------------|
| Maria Elena Castro<br>Alex Freedman | Beck Fox<br>Andi Walsh | Dr. Rosemarie Hemmings | 15          | 1                |

[Committee website](#)

[Email HEC](#)

### Quarter 3 2025 Committee Update:

HEC members continued work on their [2025 strategic priorities](#):

| <b>Strategic Goal</b>                                       | <b>Details</b>  |
|---|---|
| <b>Policy Goal 1: Culturally specific health inequities</b> | <b>Addressing population / culturally specific health inequities through community-based policy advocacy &amp; action</b>   |
| <b>Feedback Goal 1: Health Equity Toolkit</b>               | <b>Provide feedback and support to agency efforts to create a health equity toolkit, including Health Equity Impact Assessment and Community Engagement Framework</b>                       |
| <b>Collaboration Goal 1: Tribal Relationship building</b>   | <b>Build relationship with individual Tribes to better understand the unique challenges, strengths, and needs of people affiliated with the Nine Federally Recognized Tribes of Oregon.</b> |

Two new HEC members were approved by HEC in July, confirmed by OHPB at their August meeting, and welcomed to their first official HEC meeting in August. Half of the July meeting was reserved for closed HEC member relational and reflection time, which proved to be a fruitful space for dialogue and mutual support in this challenging moment for health equity practitioners and the communities they serve.

In August, the Government Relations team provided HEC with a robust recap of the 2025 Legislative session in August, and discussion is ongoing on HEC's involvement in policy development, equity analysis, and advocacy. HEC staff provided information on recent policy changes that affect network adequacy, including [Kaiser Permanente's reduction of gender-affirming services offered](#), CareOregon's changes to [behavioral health outpatient contractor policy](#), and other current and anticipated federal and state policy changes. HEC co-chairs will follow up with Oregon Health Policy Board and other OHPB subcommittee co-chairs to discuss requests for network adequacy impact analysis and further follow-up from OHA.

In September, HEC voted to approve a **6-month pilot of an alternate meeting cadence**. This proposal will introduce a monthly alternating schedule between two meeting formats: an unchanged formal public meeting format in November, January, and March, and an informal relational meeting in October, December, and February. Ad-hoc decision-making meetings can still be convened in months without a formal public meeting.

HEC will be hosting its annual retreat on October 25-26 at the Confederated Tribes of Warm Springs reservation. The retreat will focus on relationship building amongst HEC members and with the CTWS tribe, as well as learning about tribal health equity.

### **Upcoming Committee Work and Decisions:**

**Goal 1: Tribal Relationship Building:** The Health Equity Committee is planning to host their in-person retreat at Warm Springs Reservation, at the invitation of HEC Tribal Representative TJ Foltz, to build relationships with the Confederated Tribes of Warm Springs and build awareness of health equity issues effecting tribal populations.

**Gender Affirming Care:** The Health Equity Committee remains engaged with OHA's team working on Gender Affirming Care and will be involved in future community engagement efforts and continue to provide support in advancing the recommendations brought to both HEC and OHPB. See "support or guidance needs" for suggested work.

### **Support or guidance needs:**

Based on recent and anticipated developments in the Gender Affirming Care and CCO provider networks, HEC co-chairs plan to follow up with Oregon Health Policy Board and other OHPB subcommittee co-chairs to discuss requests for network adequacy impact analysis and further follow-up from OHA. Network adequacy analysis is one of the

responsibilities of OHA in their CCO contracts and was explicitly mentioned in the OHA Director's Office written response to OHPB's letter on Gender Affirming Care equity issues in August 2024.

### **Upcoming 2025 HEC meeting dates:**

- October 25 -26 2025 – In-Person Retreat @ Warm Springs Reservation
- Thursday, November 13, 2025
- Thursday, December 11, 2025 – Informal meeting

## Health Information Technology Oversight Council (HITOC)

| Lead Staff    | Chairs   | OHPB Liaison | Membership (#)            | Vacant Seats (#) |
|---------------|--|--------------|---------------------------|------------------|
| Laurel Moffat | David Dorr, Chair<br>Amy Henninger, Vice-Chair<br>Jennifer Chi, Vice-Chair elect | Vacant       | 13 members + 1 ex officio | 2                |

[Committee website](#)

[Email HITOC](#)

### Quarter 3 2025 Committee Update:

HITOC held one meeting this quarter on August 7. Members elected Jennifer Chi, Director of Digital Experience for CareOregon, as Vice-Chair. Jennifer will shadow the current Vice-Chair through the end of the year before assuming the role in January 2026.

During the August meeting, HITOC continued to discuss health IT in behavioral health, building upon information gathered and shared in their June 5 retreat. Major thematic areas included administrative burden experienced by behavioral health providers and the complexities and concerns around the federal rule 42 CFR Part 2, which creates added data sharing protections for health information related to substance-use disorders. Members met in small groups to identify actions to support health IT for behavioral health providers. Members will choose which actions to prioritize for 2026 during their upcoming October 9 meeting.

Members also discussed the importance of focusing on patients and consumers and health IT, which aligns with the first strategy of HITOC's [Strategic Plan](#), to “strengthen engagement, access, and rights of patients and consumers”. The presentation included state and federal efforts to support patients and consumers with health IT and the health IT implications for patients’ emerging privacy concerns around health data related to reproductive health, gender-affirming care, and immigration status. Members shared practices their organizations use to support patients with health IT and identified potential areas for further exploration.

## Upcoming Committee Work and Decisions:

**Behavioral Health:** Health IT for behavioral health providers was the focus of HITOC's June 2025 retreat. Members had the opportunity to learn about the unique challenges and opportunities in this space and reflect on what they heard in discussion throughout the day. Members continued these discussions in their August meeting, working toward actions to support behavioral health providers. Health IT in behavioral health will continue to be a priority area for HITOC.

**CCO Procurement:** HITOC will continue to discuss CCOs' progress in health IT and highlight strategies that CCOs use to support providers and communities in their service areas with health IT.

## Upcoming recruitment needs:

HITOC currently has two membership vacancies: one for an oral health representative and one reserved for a Tribal representative. Recruitment for this seat is managed through OHA Tribal Affairs and is at the discretion of the Tribes. Recruitment for new members is expected in 2026.

## Support or guidance needs:

HITOC welcomes an OHPB liaison. The position has been vacant since John Santa ended his second OHPB term in December 2023. HITOC would benefit from the oversight of an OHPB liaison as they implement their 2025 work plan and develop their 2026 work plan and seek alignment with OHPB's priorities.

## Links to webinars or educational opportunities:

[Oregon's Strategic Plan for Health Information Technology 2024-2028](#)

## Upcoming 2025 meeting dates:

- October 9
- December 11

# Health Insurance Marketplace Advisory Committee (HIMAC)

| Lead Staff                 | Chairs   | OHPB Liaison | Membership (#) | Vacant Seats (#) |
|----------------------------|--|--------------|----------------|------------------|
| Victor Garcia<br>Dawn Shaw | Chair - Lindsey Hopper<br><br>Vice chair –<br>Nashoba Temperly | Bill Kramer  | 14             | 1                |

**Committee** [website](#)

**Email** [HI-MAC](#)

## Quarter 3 2025 Committee Update:

- Updated the committee on the approved vendor contract status for the State-based Marketplace.
- Welcomed our newest member, Joann ZumBrunnen.

## Upcoming Committee Work and Decisions:

- Ongoing work for our transition into a State-based Marketplace by Nov. 1, 2026.
- Preparation for the 2026 Open Enrollment Period.
- Monitoring updated federal regulations that affect the Marketplace

### Affordability:

- Approval of 2026 plans with change in federal regulations.

## Upcoming recruitment needs:

- We are working on getting our seat for a tribal representative filled.
- Our community partner seat will be filled by Marin Arreola and confirmed in the September round of Senate confirmations.

## Links to webinars or educational opportunities:

### SBM Project Listening Sessions:

- **For assisters at community partner organizations:**  
Last Weds. of Jan., April, July, and Oct. through Jan. 2027  
2-3:30 p.m.  
Register at [orhim.info/SBMLS-Assisters](https://orhim.info/SBMLS-Assisters)
- **For insurance agents/brokers:**

Last Thurs. of Jan., April, July, and Oct. through Jan. 2027

2-3:30 p.m.

Register at [orhim.info/SBMLS-Agents](https://orhim.info/SBMLS-Agents)

- **For insurance carriers:**

Last Thursday of Jan., April, July, and Oct. through Jan. 2027

3:30-4:30 p.m.

Register at [orhim.info/SBMLS-Carriers](https://orhim.info/SBMLS-Carriers)

### **Upcoming 2025 meeting dates:**

- October 16
- December 4

# Health Plan Quality Metrics Committee (HPQMC)

| Lead Staff   | Chairs  | OHPB Liaison | Membership (#) | Vacant Seats (#) |
|--------------|---|--------------|----------------|------------------|
| Katie Howard | Shaun Parkman, chair<br>Maggie Bennington-Davis, vice-chair | Vacant       | 11             | 4                |

[Committee website](#)

[Email HPQMC](#)

## Quarter 3 2025 Committee Update:

Due to the changes to the committee responsibilities under Senate Bill 966 (2023), OHA will keep the HPQMC on hiatus while the study of the CCO Quality Incentive Program is conducted. The enrolled bill automatically adds any measures from the Centers for Medicare & Medicaid Services (CMS) Adult and Child Core Sets and allows for measures to be added by the Metrics and Scoring Committee.



## Medicaid Advisory Committee (MAC)

| Lead Staff      | Chairs                                       | OHPB Liaisons                           | Membership (#)                            | Vacant Seats (#) |
|-----------------|--|---|---|------------------|
| Sarah Wetherson | Heather Jefferis,<br>Caroline Barrett,<br>MD | Peter Starkey<br>Antonio Germann,<br>MD | 13 (+1 awaiting Governor's office action) | 1                |

[Committee website](#)

[Email MAC](#)

### Quarter 3 2025 Committee Update:

MAC member Lisa Pierson is resigning from her position, and the MAC welcomed new member Lydia Dennehy, who is a caregiver to two family members on the Oregon Health Plan (OHP). Ms. Dennehy also a member of the new Beneficiary Advisory Council (BAC), which works in tandem with the MAC to elevate consumer voice in advising OHA and the state about Medicaid policy and operations. By July 2025, a quarter of the MAC's membership must come from the BAC.

### Upcoming Committee Work and Decisions:

MAC members will review the 2025-2027 MAC Meetings and Workplan at the September 17 MAC meeting. The MAC currently has three priority areas:

- 1) Measuring 1115 waiver implementation
- 2) Protecting Oregon Health Plan (OHP) eligibility
- 3) Workforce aspects of network adequacy

A subcommittee of the MAC focused on Health-Related Social Needs (HRSN) implementation has also been meeting this quarter, and shared [recommendations](#) with committee members at the September 17 MAC Meeting. The committee voted to accept those recommendations and focus its December agenda on HRSN implementation.

**Affordability:** To the degree that protecting OHP eligibility makes health care affordable to people living in Oregon, the MAC's work is related to affordability.

**Metrics:** The MAC's work regarding measuring the 1115 Waiver implementation includes advising the agency about appropriate metrics for the changes in the 1115 Waiver.

### **Upcoming recruitment needs:**

The MAC will be recruiting an oral health representative as well as an OHP member.

### **Support or guidance needs:**

The new BAC may approach OHPB about becoming a committee of the board. That is a decision OHA will work with BAC members to make, likely this winter.

### **Links to webinars or educational opportunities:**

#### **Medicaid's Place in Oregon's Health System.**

11/12, 9:05 - 9:55 a.m. An educational session organized by the MAC, and presented by OHA Medicaid Director Emma Sandoe.

[Join ZoomGov meeting](#). Meeting ID: 161 376 2941. Passcode: MAC. Join by phone: 669-254-5252. Participant code: 1613762941#.

### **Upcoming 2025 meeting dates:**

- October 29
- November 12 – special educational session
- December 3

## Metrics and Scoring Committee (M&SC)

| Lead Staff                    | Chairs   | OHPB Liaison  | Membership (#) | Vacant Seats (#) |
|-------------------------------|--|---------------|----------------|------------------|
| Allison Proud<br>Derek Reinke | Dr. Jorge Ramirez Garcia<br>Vice-Chair is vacant | Peter Starkey | 9              | 0                |

[Committee website](#)

[Email M&SC](#)

### Quarter 3 2025 Committee Update:

In July, the Committee finalized the 2026 incentive measure set. The set is as follows:

- Child and Adolescent Well-Care Visits (Ages 3-6)
- Childhood Immunization Status (Combo 3)
- Immunizations for Adolescents (Combo 2)
- Initiation and Engagement of Substance Use Disorder Treatment (Ages 18+)
- Screening for Depression and Follow-Up Plan
- Postpartum Care
- Glycemic Status Assessment for Patients with Diabetes: Glycemic Status >9.0%
- Assessments for Children in ODHS Custody
- Meaningful Language Access (Health Equity)
- Preventive Dental or Oral Health Services (Ages 1-5 and 6-14)
- Social Determinants of Health: Social Needs Screening and Referral
- Young Children Receiving Social-Emotional Issue-Focused Intervention/Treatment Services

In August and September, the Committee selected draft benchmarks and improvement targets for the 2026 incentive measures.

## Upcoming Committee Work and Decisions:

### Metrics:

The Committee will finalize the 2026 benchmarks and improvement targets for the 2026 incentive measures at their October meeting.

Additionally, there are a few key initiatives that will guide the Committee in the process of selecting 2026 incentive measures and benchmarks:

### OHA Quality Incentive Program Study Findings

Senate Bill 966 (2023) directed OHA to examine the CCO Quality Incentive Program and develop recommendations for programmatic or structural changes to address health inequities. OHA contracted with the Regional Research Institute at Portland State University to study and make recommendations for the potential of the QIP to further progress toward OHA's goal of eliminating health inequities by 2030. The final report was released in September, and an OHPB Educational Webinar was held on September 17. The Committee heard a presentation in November 2024 on the study findings and will continue to consider the study results and recommendations in their decisions.

### Continue to explore equity-centered benchmarking and measure selection

During 2024, the Metrics and Scoring Committee continued to explore and build upon earlier efforts to identify 1) a framework for selecting measures (equity measures in particular) and 2) a methodology for choosing equity-centered benchmarks. Important progress toward these goals was made in March with the release of the [Equity-Centered Benchmarking Data Feasibility Analysis](#). Updates to the analysis were published in December 2024.

OHA anticipates continuing to build on this work. This includes convening a limited-term workgroup (which will include representatives from the Metrics and Scoring Committee, among others) and additional contracted support.

## Upcoming recruitment needs:

There are no current vacancies on the Committee. Staff are in the early planning stages of active recruitment for anticipated vacancies in early 2026.

## Support or guidance needs:

Senate Bill 966 directs OHA and OHPB to regularly evaluate the measures selected by the Committee. Inclusion of OHPB is new. In addition, the OHPB has selected metrics as a priority area. The Committee looks forward to working with OHPB on what this review and collaboration might look like moving forward.

**Links to webinars or educational opportunities:**

OHPB Educational Webinar: [Senate Bill 966 Study Findings – 9/17/2024](#)

**Upcoming 2025 meeting dates:**

Third Friday of each month, 9 am – 12 pm.

## Primary Care Payment Reform Collaborative (PCPRC)

| Lead Staff      | Chairs         | OHPB Liaison | Membership (#) | Vacant Seats (#) |
|-----------------|----------------|--------------|----------------|------------------|
| Summer Boslaugh | Not applicable | Melina Moran | 30             |                  |

[Committee website](#)

[Email PCPRC](#)

### Quarter 3 2025 Committee Update:

The PCPRC Steering Committee met in June and July to develop and administer a Primary Care Challenges Survey to PCPRC members to gather insights to better understand the challenges facing Oregon providers, payers and consumers, and identify key areas for improvement. Common themes were identified when at least one payer/insurer and one clinician/provider (includes practice administrators or managers) responded to a question with aligned responses. The common themes will be the basis for a document to inform work across Oregon to support primary care, guide future work of the PCPRC, and inform conversations at OHA and OHPB. Themes from the survey were presented to the PCPRC at the September 3 meeting for discussion to achieve consensus on common themes to be included in the document. Consensus was reached on the following challenges:

- High costs of running a practice, including staffing and technology
- Administrative complexity, including tracking and reporting on numerous unaligned quality measures
- Not enough providers limiting patient access and resulting in unsustainable patient care loads leading to provider burnout

An additional theme of insufficient payment was identified, and consensus was not reached. A small group of PCPRC members will convene on September 26 to discuss the theme and reach consensus on wording related to payment to present at the October 29 PCPRC meeting for discussion.

The Steering Committee met twice in September and will meet twice in October to draft the challenges document, including data supporting the themes, for discussion and to reach consensus at the October 29 PCPRC meeting.

## **Upcoming Committee Work and Decisions:**

At the October 29 meeting, members will:

- Discuss the draft primary care challenges document and achieve consensus.
- Receive a presentation of the 2025 Primary Care Spending in Oregon Report.

### **Affordability:**

The survey themes of high costs of running a practice and payment impact affordability.

### **Metrics:**

Lack of alignment on quality metrics used by payers results in high reporting burden for providers. An aligned set of quality metrics would allow providers to focus on fewer metrics reducing administrative complexity and promoting focused quality improvement.

## **Support or guidance needs:**

The PCPRC and OHA staff look forward to coordinating with OHPB on strategies to address the challenges facing primary care.

## **Upcoming 2025 meeting dates:**

October 29, 2025, 2:00 – 4:00pm

## Public Health Advisory Board (PHAB)

| Lead Staff  | Chairs   | OHPB Liaison   | Membership (#)         | Vacant Seats |
|---|--|----------------|------------------------|--------------|
| Sara Beaudrault<br>Steven Fiala<br>Veronica Herrera | Sarah Present, Chair<br>Veronica Irvin, Past Chair<br>Jackie Leung, Incoming Chair | Brenda Johnson | 21 (18 voting members) | 0            |

### Quarter 3 2025 Committee Update:

- PHAB completed the update on the bylaws and charter in September 2025.
- PHAB will use information from the 2024 Public Health Modernization Capacity and Cost Assessment, the 2023-25 Public Health Modernization Evaluation and other sources to advise OHA on strategies to continue to advance a modernization public health system in the coming biennia.
- PHAB is working on public health modernization priority setting. Prioritization will focus on 2025-2027, the near-term need, recommending funding decisions in current context and preparing for next funding requests. These recommendations will help OHA understand how increasingly limited resources for public health modernization should be allocated across the public health system, especially as we continue to respond to changes in federal funding.

### Upcoming Committee Work and Decisions:

#### Metrics:

PHAB's Accountability Metrics subcommittee led work in 2022-2023 to establish an updated set of public health accountability metrics to demonstrate the governmental public health system is making progress toward population health priorities. This year, the subcommittee will develop methodology for equity benchmarking and will begin work to develop policy-related metrics. The subcommittee will work with OHA to publish two metrics reports in 2025. PHAB is interested in meeting with OHPB and the CCO Metrics and Scoring Committee to discuss opportunities to increase metrics alignment.

#### CCO Procurement:

See [PHAB Recommendations to OHPB for CCO Procurement](#)



PHAB is interested in having discussions for recommendations related to:

- Enhance care coordination and case management between CCOs and local public health authorities (LPHAs)
- Explore successful or innovative payment models for public health services that are being implemented locally and elevate these models as best practices at a statewide level.
- Where possible, align CCO and public health metrics. Ensure that the CCO quality metrics program recognizes the contributions of public health prevention and direct services to achieving metrics.
- Streamline and simplify the process to change health plans when more than one option is available, including the role of community partners.
- Consider the organization types that are eligible to serve as CCOs in Oregon and update governing board membership requirements.

### **Upcoming recruitment needs:**

Local Public Health Administrator, Tribal Health Representative

### **Support or guidance needs:**

- Share the charter and bylaws for approval and to provide an overview on needs to alignment across all PHAB priorities
- Connect with the CCO Metrics and Scoring Committee

### **Upcoming 2025 meeting dates**

Second Thursdays of each month from 3:00-5:30.

Full day retreat: November 2025

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[Oregon Health Policy Board](#)

