



## Oregon Health Insurance Marketplace Advisory Committee Meeting

December 9, 2021  
 9 a.m. – noon  
 Phone: 503-446-4951  
 Access code: 809 855 30#

Link to join: [Click here to join the meeting](#)  
 or go to [bit.ly/HIMAC\\_Dec21\\_Agenda](https://bit.ly/HIMAC_Dec21_Agenda)  
 (you can choose to have the meeting call you)

*Please note that this public meeting will be recorded.*

### A G E N D A

| Time               | Topic   | Presenter(s)   |
|--------------------|---|--|
| 9 – 9:10 a.m.      | Welcome and approval of meeting minutes   | Shanon Saldivar<br>Committee Vice Chair  |
| 9:10 – 9:15 a.m.   | Introduction of new members   | Shanon Saldivar<br>Committee Vice Chair  |
| 9:15 – 9:30 a.m.   | Federal health policy updates   | Stephanie Kennan<br>McGuireWoods Consulting  |
| 9:30 – 9:50 a.m.   | End of the COVID-19 public health emergency and role of the Marketplace updates | Misty Rayas<br>Marketplace Outreach and Education Manager<br><br>Cable Hogue<br>Marketplace Implementation Analyst and Federal Liaison |
| 9:50 – 9:55 a.m.   | Public comment  | Shanon Saldivar<br>Committee Vice Chair  |
| 9:55 – 10:40 a.m.  | Oregon State Option report  | Timothy Sweeney<br>Policy Analyst, Health Policy and Analytics Division, OHA   |
| 10:40 – 10:55 a.m. | Governor Kate Brown's health policy priorities for 2022                         | Tony Lapiz<br>Health Policy Advisor<br>Office of Governor Kate Brown   |

|                    |  |  |
|--------------------|--|--|
| 10:55 – 11:05 a.m. | House Bill 2992 (2021) and how it affects the committee          | Victor Garcia<br>Marketplace Operations<br>Development Specialist  |
| 11:05 – 11:25 a.m. | Oregon Health Policy Board Committee Membership Workgroup update | Susan Otter<br>Director, Office of Health<br>Information Technology,<br>Health Policy and Analytics<br>Division, OHA |
| 11:25 – 11:40 a.m. | Upcoming committee seat vacancies                                | Chiqui Flowers<br>Marketplace Administrator  |
| 11:40 – 11:45 a.m. | Public comment   | Dan Field<br>Committee Chair   |
| 11:45 – 11:55 a.m. | Wrap up and closing  | Dan Field<br>Committee Chair   |

**Marketplace Advisory Committee Meeting Minutes**  
**Thursday, Oct. 14, 2021 - 9 a.m. to noon**  
**Virtual meeting via Microsoft Teams**

**Committee members:** Kraig Anderson, Shonna Butler, Dan Field (chairperson), Jim Houser, Kathleen Jonathan, Sean McNulty, Ken Provencher, Shanon Saldivar (vice-chairperson), Sandy Sampson, Linzay Shirahama, and Andrew Stolfi (ex-officio)

**Members not present:** none

**Other presenters:** Stephanie Kennan, Timothy Sweeny, Jeremy Vandehey, and Tony Lapiz

**Marketplace staff:** Chiqui Flowers, administrator; Katie Button, plan management analyst; Amy Coven, communications strategist; Victor Garcia, operations development specialist; Cable Hogue, implementation analyst and federal liaison; Misty Rayas, outreach and education section manager; and Dawn Shaw, office support coordinator

| <b>Agenda item and time stamp*</b>                     | <b>Discussion</b>   |
|--|---|
| <b>Welcome and committee housekeeping</b><br>00:00:00* | Minutes from July 22, 2021, meeting approved. <i>See Pages 3-6 of handout package for a copy of the minutes.</i>  |
| <b>Federal health policy movement</b><br>00:09:41      | Stephanie Kennan from McGuire Woods Consulting called in from Washington, D.C., to present information about current legislation and cases that involve the Affordable Care Act (ACA). <ul style="list-style-type: none"><li>• Government is funded through Dec. 3. Debt ceiling is good through until sometime in December.</li><li>• The House put together a reconciliation package and it fell apart in the Senate.</li><li>• Bipartisan infrastructure bill is still sitting out there.</li><li>• Senate hasn't done many appropriations bills. On Monday, Democrats should drop their version. The Labor HHS bill is the last one due and we should see the language on the bill Monday.</li><li>• Hopefully all goes through to avoid a continuing resolution on Dec. 3. Likely if there is a continuation, it will only be for any remaining portions not funded. Think we are past a government shutdown this year.</li><li>• Democrats and Republicans are having a difference in opinion on how to resolve the debt ceiling issue. May have to attach to the reconciliation. If not resolved, borrowing authority stops, Social Security and Medicare checks stop, and the troops do not get paid.</li><li>• The House has a \$3.5 trillion package. Debating the need to pare down the bill do to more for less or less for more. Pelosi's focus is on any funding to help children. It is likely Medicare expansion, especially dental, will be dropped to focus on the ACA or fixing the Medicaid expansion for states that have not done so. Democrats have a goal to have the reconciliation done by end of October.</li><li>• It looks like most are on board for extending ARP (American Rescue Plan) tax credits. May have to pare down the credits to make it more permanent.</li></ul> |

- Current administration is for the ACA, an example is the extension of open enrollment. Trying to undo some of Trump’s administrative rules. Will release guidance to roll back short-term plans. Trying to strengthen ACA guidance and regulations.
- The third part of the Notice of Benefit Payment Parameters (NBPP) was issued recently. There will be an increase in user rates for carriers

**Ending of the COVID-19 Public Health Emergency and the Marketplace**  
00:21:38

Misty Rayas and Cable Hogue discussed the pending end of the public health emergency (PHE) for COVID-19.

*See Pages 7-12 of handout package for a copy of the presentation.*

- Acronym definitions, asked for in the chat:
  - QHP – qualified health plan
  - FFM – federally facilitated marketplace
  - SBM-FP – state based marketplace-federal platform
  - CMS – Centers for Medicare and Medicaid Services
  - CCO – coordinated care organizations
  - MMIS – Medicaid management information system
  - FPL – federal poverty level
- There is a possibility the PHE will be extended.
- We will have a full year to do redeterminations.
- Per Sean, regarding the end of freeze schedule:
  - [oregon.gov/dhs/BUSINESS-SERVICES/OFRA/ofradocuments/Spring%202021%20Statewide%20Forecast.pdf](https://www.oregon.gov/dhs/BUSINESS-SERVICES/OFRA/ofradocuments/Spring%202021%20Statewide%20Forecast.pdf)
  - Page 45 of this document refers to January 2022 end of emergency declaration, May 2022 completion of system changes, and July 31, 2022, as the day first new exits will occur.
- Shanon wants to make sure that consumers are not confused and realize that coverage can be affordable and not getting misinformation. There are areas, like eastern Oregon that have narrow networks.
- Sean would like to review notices to ensure they are in plain language and will be understandable to consumers.
- Make sure a PHE update is on the agenda for the next meeting.

**Public comments**  
00:46:57

No public comments given.

**What’s new for 2021 health insurance plans & WST**  
00:47:39

Katie Button reviewed the 2021 health insurance plans and open enrollment 2022 updates for the Window Shopping Tool (WST).

*See Pages 13-16 of the handout package for handouts.*

- Starting 00:49:20 for the start of the demo for the WST.
- Was hoping to launch the WST. Due to some new functionalities that were added last minute, now targeting a Wednesday, Oct. 20, release date.
- Will be sending out a press release.

**Oregon State Option report**  
01:00:35

Timothy Sweeney and Jeremy Vandehey presented about updates in developing the public health option.

*See Pages 17-22 of handout package for a copy of the presentation.*

- Slide 5, Initial Report Examined Three Delivery Models, is not an all inclusive list. Dan wondered if this work will also be a part of the growth protection work, Jeremy indicated it would.

- Kraig wondered if the Considerations for Provider Payments would be targeted towards specific populations. Cover All People has helped and increased the subsidies and broadened the focus.
- Public option could be a way to facilitate Oregon transition to an SBM. It really depends on the affordability between an SBM and HealthCare.gov.
- One of the key policy goals is that affordability is the cost to the consumer and not an aggregate premium total.
- Jeremy and Timothy are using the information in the discussion section as feedback for legislature.
- Dan wanted to make sure we also look at what not to change and to not disrupt the success on what is working well with our current SBM-FFP.
- Ken thinks we need to build on the CCO model.
- There is a risk in building something that no one wants to participate in.
- Would like flexibility on social determinants of health funding to include benefits outside the essential health benefits list.
- There is a concern to make sure that the information is easily attainable, relevant, and understandable.
- Some have a confusion on what CCO they have, there is some concern about adding more confusion with more options.
- CCOs don't necessarily convert to plans available on the Marketplace.
- Want to keep the committee engaged on this topic and would like this to be an agenda item on the Dec. 9 meeting.

**Open Enrollment Marketing**

02:02:54

Amy Coven presented the communication plans for the 2022 open enrollment. *See Pages 23-32 of handout package for a copy of the presentation*

- Used PUMA (public use microdata areas) to identify target areas.
- Broadened the target audience from last year.
- Check out our website, trying to make it more of a hub of information and not redirecting to other sites.
- Will be embedding the long-form video in to our website.
- The direct mail campaign will go out to Oregonians that are age 26.
- The text messaging campaign will be sending out one text per week, so not to overwhelm consumers.
- KOINs three segments will be: community partners, partner agents, and Marketplace staff.

**Open Enrollment outreach and education**

02:25:26

Misty Rayas went over the outreach and education plans for the 2022 open enrollment. *See Pages 33-44 of the handout package for a copy of the presentation and handout.*

- Marketplace trainings are virtual only, no in-person due to COVID restrictions. There are live and on demand options.
- The trainings will help when PHE ends.

**Gov. Kate Brown's health policy priorities for 2022**

02:34:22

Tony Lapiz introduced himself and went over Gov. Kate Brown's health policy priorities.

- Tony is new to the governor's office as the Health Policy Advisor.
- Background:
  - Born and raised in southern California, Santa Maria. Spent six to seven years in Alaska.

- Went to Humboldt University in northern California as an undergrad. Initial focus was kinesiology. Became involved in debate around the start of the ACA. Led to changing focus to a more socio-ecological, community-based health focus model. Mother was diagnosed with MS and he wanted to play a role with closing the gaps in the health system policy.
- Went to Oregon State University to get his master's in Public Health. After graduation, decided to stay in Oregon.
- Worked with the homeless which introduced him to Representative Dan Rayfield who was a volunteer. Started as an intern and worked his way up to legislative director.
- Spent a year with SEIU 503 as a lobbyist.
- Joined Secretary of State Fagan in 2021, but wanted to get back to his Public Health roots and now is at the governor's office.
- Has been working the hospital crisis due to the COVID-19 Delta variant.
- Using the pandemic to spotlight health care inequities. There is a need for access to quality healthcare for every Oregonian.
- Looking at cost control and the work Jeremy's team is doing.
- 1115 waiver, social determinants of health, hope to drive down inequities and getting people on OHP and looking at local needs.
- The governor is very passionate about public option.

**Marketplace  
Advisory  
Committee  
business**

02:51:32

Dan Field and Chiqui Flowers discussed advisory committee business  
*See Pages 45-50 of the handout package for a copy of the updated bylaws.*

- Our acronym is now HI-MAC, Health Insurance Marketplace Advisory Committee, there was already a MAC (Medicaid Advisory Committee) in OHPB (Oregon Health Policy Board).
  - Dan and Shanon joined Chiqui at the Oct. 6 OHPB meeting where we were officially formalized as a subcommittee.
  - At the Oct. 6 meeting, some minor edits to the bylaws were identified. We have pre-approval of the bylaws and will send out an updated version.
- Chiqui is working on the 2022 meeting schedule and will be sending out calendar invites as a placeholder. DCBS is transitioning their emails from oregon.gov to dcbs.oregon.gov. The Marketplace will have another email change when moved to OHA. May get multiple invites depending on how well the calendar transitions go.
- Identified three items for the next meeting:
  - Medicaid migration due to PHE
  - Updates on public health option
  - Inviting Tony back for any updates
- A handful of members will be terming February 2022, will be reaching out to see if there are any ideas for replacements.

**Public comment,  
wrap up, and  
closing**

02:58:31

No public comments made.

Next meeting is scheduled to be virtual on Thursday, Dec. 9, 2021, from 9 a.m. to noon

\*These minutes include timestamps from the meeting audio in an hour: minutes: seconds format. Meeting materials and audio are found on the Oregon Health Insurance Marketplace Advisory Committee [website](#) under 2021 Meetings, Oct. 14,

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## **New Health Insurance Marketplace Advisory Committee Members**

### **Maribeth Guarino**

Maribeth Guarino is the health care advocate with the Oregon State Public Interest Research Group (OSPIRG), where she lobbies and organizes grassroots support for health care policies in the public interest. Most recently, she advocated in support of a bipartisan bill to create an implementation plan for a public health insurance option in Oregon (House Bill 2010), as well as several bills to lower prescription drug costs and increase industry transparency (Senate Bills 763 and 844). Maribeth is a member of the Implementation Committee for Oregon's Sustainable Health Care Cost Growth Target to help lower health care spending in the state. She moved to Oregon in the middle of the COVID-19 pandemic in 2020 after graduating summa cum laude from the Catholic University of America Columbus School of Law with her JD and certification in Law and Public Policy. There, she was an active member of the Students for Public Interest Law, dedicated to pro bono work and community service. She also has her B.A. in Law, Language, Politics from Susquehanna University, summa cum laude.

### **Ron Gallinat**

Ron Gallinat has been in the insurance field since late 1984 when he graduated from Portland State University. Ron started worked as an underwriter with Standard Insurance Company, Regence BlueCross BlueShield of Oregon, and LifeWise. While working with Lumbermens Insurance & Financial Services, Ron became a licensed consultant and agent serving and obtaining new clients for employer sponsored plans. Starting in 2000, Ron became a principal, managing partner with Central Oregon Employee Benefits, LLC, working with employers benefit programs.

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## **Marketplace Advisory Committee Roster, Affiliation, and City of Residence**

- Kraig Anderson, Chief Actuary, Moda Health, Portland  
Cell: 503-819-3268, email: [kraig.anderson@modahealth.com](mailto:kraig.anderson@modahealth.com)
- Shonna Butler, life and health insurance broker, Tomlin Benefit Planning, Inc., Eugene  
Cell: 541-870-0815, email: [shonna@tbplan.com](mailto:shonna@tbplan.com)
- Chair – Dan Field, Executive Director of Community Benefit and External Affairs, Kaiser Permanente Northwest, Portland  
Cell: 503-332-2174, email: [daniel.i.field@kp.org](mailto:daniel.i.field@kp.org)
- Ron Gallinat, insurance agent and consultant, Central Oregon Employee Benefits, LLC, Bend  
Cell: 541-410-3121, email: [roncoeb@gmail.com](mailto:roncoeb@gmail.com)
- Maribeth Guarino, health care advocate, Oregon State Public Interest Research Group, Portland  
Cell: 732-439-3330, email: [mguarino@ospirg.org](mailto:mguarino@ospirg.org)
- Jim Houser, co-chair, Main Street Alliance of Oregon, Portland  
Cell: 503-313-3577, email: [jim@hawthorneauto.com](mailto:jim@hawthorneauto.com)
- Kathleen Jonathan, community school outreach coordinator, Salem-Keizer School District, Keizer  
Cell: 503-851-8494, email [kjonathan614@gmail.com](mailto:kjonathan614@gmail.com)
- Sean McAnulty, enrollment program coordinator, Mosaic Medical, Bend  
Cell: 503-757-4450, email: [sean.mcanulty@mosaicmedical.org](mailto:sean.mcanulty@mosaicmedical.org)
- Ken Provencher, CEO, PacificSource Health Plans, Springfield  
Cell: 541-912-0667, email: [ken.provencher@pacificsource.com](mailto:ken.provencher@pacificsource.com)
- Vice Chair – Shanon Saldivar, insurance agent, Saldivar Agency, The Dalles  
Cell: 541-993-1205, email: [shanon@saldivar-insurance.com](mailto:shanon@saldivar-insurance.com)
- Sandy Sampson, treasurer, Board of Trustees, Confederated Tribes of the Umatilla Indian Reservation  
Cell: 541-969-8326, email: [sandrasampson@ctuir.org](mailto:sandrasampson@ctuir.org)
- Linzay Shirahama, premium assistance program manager, Project Access Now, Clackamas  
Cell: 971-254-2789, email [Linzay.Shirahama@projectaccessnow.org](mailto:Linzay.Shirahama@projectaccessnow.org)
- Ex-officio – Andrew Stolfi, Director, Department of Consumer and Business Services  
Phone: 971-718-2425, email: [Andrew.Stolfi@oregon.gov](mailto:Andrew.Stolfi@oregon.gov)

**Marketplace staff contacts:**

- Chiqui Flowers, Administrator  
Cell: (503) 884-6017, email: [Chiqui.L.Flowers@dcbs.oregon.gov](mailto:Chiqui.L.Flowers@dcbs.oregon.gov)
- Victor Garcia, Operations Development Specialist  
Cell: (971) 283-1878, email: [Victor.A.Garcia@dcbs.oregon.gov](mailto:Victor.A.Garcia@dcbs.oregon.gov)
- Dawn Shaw, Office Support Coordinator  
Cell: (503) 951-3947, email: [Dawn.Shaw@dcbs.oregon.gov](mailto:Dawn.Shaw@dcbs.oregon.gov)



**Medicaid Migration**

Misty Rayas  
 Outreach & Education Section Manager  
 Cable Hogue  
 Implementation Analyst & Federal Liaison




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**Background**

- At the end of the Public Health Emergency (PHE) for COVID-19, Medicaid enrollment will resume its regular process of redetermining eligibility and terminated Medicaid coverage for those members no longer eligible
- Up to 300,000 Oregonians enrolled in OHP will no longer be eligible after the PHE
- Can lead to a large influx of new QHP-eligible enrollees over the following year

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**Project updates**

- Working with OHP Policy team to receive data lists for those not eligible for OHP
- Completed pilots with test data to determine time needed to process CCO to Marketplace crosswalk
- Data analysis in process to determine potential call center staffing needs

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### Project updates

- Looking at manual crosswalk option for outreach, including taking into consideration Healthshare members, with its variety of networks. There are five different "carriers" within this CCO.
  - CareOregon
  - Kaiser
  - PacificSource
  - OHSU
  - Providence
- As long as OHP can get us the actual "carrier," we don't think crosswalking these folks is any more complicated than everyone else.

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### Project engagement updates

- Survey sent out to community partners and agents:
  - What they are hearing from the consumers they serve are important to them as part of this migration
    - Update plans to increase benefits; for example, add vision or offer plans that have alternative care options such as naturopathy

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### Project engagement updates

- Top 3 concerns:
- Affordability
  - Understanding how to navigate the Marketplace plan out-of-pocket costs
  - Continuity of care between provider networks

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### Project engagement updates

- Continued collaboration with Marketplace carriers and CCOs, and identifying gaps where a clear crosswalking may not be available due to coverage areas
- Continued collaboration with OHA Medicaid on data asks, timelines, and potential IT updates that may affect the project positively or negatively

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### Project engagement updates

- Collaboration with other state exchanges
  - Outreach tactics
  - Technology barriers
  - Staffing and funding to support Medicaid migration
  - Additional call center support needed and what that may look like
  - Best practices for migrating a consumer from OHP to a QHP

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### Current path we are on: Outreach

- Targeted outreach by:
  - Income
    - Metal level options based on the member's likely FPL
  - CCO-QHP network
    - List of plans that provide the same care network as the CCO (or most similar)
  - County
    - Cost of certain plans based on their county, options for other plans if the CCO matching plan is at a higher price point

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### Current path we are on: Outreach

- Tribal status
  - Ensuring tribal members are aware of the no-cost sharing plan options.
- By current associated community partner
- Outreach will be the following depending on the consumers contact preference and data we receive to contact consumer.
  - Initial outreach will be via mail or email
  - Potential follow up options: could be via text message, call into the call center or calls/text from Agent or CP of record.

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### Path challenges

- Individuals will need to take the additional step of enrolling through HealthCare.gov on their own, with help from a community partner or agent, or with help from Marketplace staff
- Member data accuracy:
  - Not all FPLs and member contact data will be 100% accurate, due to potential life changes that have not been processed
    - The typical complexities to deal with when trying to conduct outreach at the member level

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### Project feedback

- What do you think newly determined ineligible OHP enrollees will need to see and/or have in hand to take action?
- What will community partners and agents want to have in place to help with the case load?
- What other items would the HI-MAC want to put in our list of project considerations?

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# Developing a Public Option in Oregon: Update and Discussion

Presentation to the Health Insurance Marketplace Advisory Committee

December 9, 2021



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## Today

- ▶ High-Level Goals and the Evolving Federal Landscape
- ▶ Policy Goals and Developing a New Coverage Option
- ▶ Public Engagement & Next Steps
- ▶ Discussion

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## High Level Goals and the Evolving Federal Landscape



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### Key Policy Goals Fall into Broad Categories




**Focus on Health Equity**

- Utilize Coordinated Care Model elements and equity-focused plan design
- Align provider networks for care continuity
- Consider market-wide approaches to achieve health equity




**Maximize Federal Support**

- Plan available on the Marketplace to all people eligible for federal tax credits
- Consider 1332 waivers as possible to obtain federal pass-through savings



**Comprehensive & Affordable**

- Low cost-sharing to address affordability challenges
- Comprehensive benefits including EHB and dental coverage



**Aligned with Other State Efforts**

- Align with state efforts to pay for value and improve quality of care
- Align with Oregon's Cost Growth Target and other cost containment efforts

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### Federal Landscape Affects State Efforts

-  Enhanced Federal Tax Credits from The American Rescue Plan Act Improve Premium Affordability, Targeted for Extension
-  Additional Resources for States Could be Available from the Build Back Better Proposal Currently in Congress
-  Colorado 1332 Waiver Application Could Provide New Insight and Options to Oregon and Other States Considering

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### Policy Goals and Developing a New Coverage Option




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### Health Equity – How Can a New Coverage Option Help Oregon Achieve Health Equity by 2030?

- ▶ Develop and incorporate equity-focused plan design elements and learn from CCO efforts to address Social Determinants of Health
- ▶ Better align provider networks and coverage options to minimize disruptions in care for people moving between the Oregon Health Plan and Marketplace-based coverage
- ▶ Develop market-wide approach focused on health equity



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### Maximizing Federal Funding & Ensuring New Coverage Options are Available to People Across Oregon

- ▶ New coverage option would be available on the Marketplace and eligible for Federal tax credits
- ▶ Considering how a 1332 waiver could provide federal pass-through savings that could be used to increase affordability and comprehensiveness of coverage



 *Colorado proposed 1332 waiver that creates pass-through savings by setting aggressive premium reduction targets reaching 15% by year 3.*

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### Access to Care – Ensuring Affordability and a Comprehensive Benefit Package

- ▶ Develop options for additional cost-sharing subsidies that improve usability of coverage at the point of service
- ▶ Improving the benefit package by covering dental services for adults
- ▶ Considering how to increase access to services provided traditional health workers and other services / providers focused on improving health



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### Alignment Across State Efforts to Reduce Costs, Pay for Value, and Improve Quality of Care

- ▶ Aligned with and connected to Oregon's Health Care Cost Growth Target
- ▶ Aligned with quality and value –focused efforts in the Oregon Health Plan and by Oregon's public employee health plans (PEBB and OEBB)



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### HB 2010 Directs Examination of State Technology Platform

- ▶ Many ideas to provide additional state-funded subsidies would benefit from State-Based platform
- ▶ Report Examines potential financial implications of developing / implementing state technology platform, Manatt concludes that:



*"...having a full SBM platform would provide the State with a suite of more advanced tools for improving the consumer shopping and enrollment experience, including more robust data collection, ability to customize the enrollment interface, enhanced consumer shopping tools and customer services, improved eligibility systems (likely enabling better continuity of coverage), and the ability to modify open enrollment periods."*

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### Public Engagement and Next Steps




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### Implementation Plan Development the Beginning of the Process not the End

- ▶ OHA has received written feedback from advocates and health care industry
- ▶ Reaching out to interested parties in coming weeks to preview report
- ▶ Developing outreach & engagement plan for in-depth January conversations with

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### Discussion and Feedback




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### Committee Feedback

- ▶ How should OHA and DCBS best consider the value of market-wide reforms vs. the creation of a new coverage option?
- ▶ How should OHA and DCBS proceed to get in-depth feedback from a variety of interested parties including advocates, consumers, providers, carriers, and more?
- ▶ How would the HIMAC like to be involved moving forward?

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**HB 2992 –  
Compensation  
for Boards and  
Commissions**

Overview for HI-MAC



OREGONHEALTHCARE.GOV

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**Introduction**  
HB 2992 overview

- HB 2992 passed in the 2021 session
- Intended to increase equity by encouraging a broader spectrum of Oregonians to apply for, and participate in, Oregon boards and commissions

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**Introduction**  
HB 2992 overview

- Ability to participate can be limited for people who cannot afford the time needed to attend meetings and meet member obligations
- Raises the daily compensation for qualified member participation in board and commission activities

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**Qualifications and compensation**

- Members of Oregon boards and commissions with a reported AGI in the last tax year of \$50,000 for single or \$100,000 for jointly filed taxes qualify
- Qualifying members are compensated for “each day or portion thereof during which the member is actually engaged in the performance of official duties” [ORS 242.495(1)]

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**Qualifications and compensation**

- Members who would otherwise qualify may opt out of the compensation
- Compensation is based on the standard federal GSA rate for per diem and meals in Oregon, currently set at a combined \$155

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**Anticipated questions**

- Does this apply to the HI-MAC?
  - Yes. The Governor’s Office has recently determined that the HI-MAC meets the criteria. Qualified members may not be compensated by more than one board or commission.

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**Anticipated questions**

- Is this compensation taxable?
  - Yes. The Governor’s Office has indicated that this is taxable income, and that qualifying members receiving the compensation will also receive a 1099 or W-2 for the tax year.

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**Anticipated questions**

(continued)

- How do I apply?
  - Members will be sent attestation forms to fill out. This is also how members can opt out if they choose.

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**Anticipated questions**

(continued)

- How do I submit a claim for reimbursement?
  - We do not have a process for this yet, and there are still many loose ends on the implementation of HB 2992. While the bill is technically in effect, each state agency needs to determine applicability and how to roll this out to its own mix of agency- and governor-appointed boards and commissions.

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### Next steps

- HI-MAC members to fill out attestation forms
- Final guidance on claims process to be determined with OHA and Governor's Office, followed by notification to members
- Claims will be retroactive to Sept. 25, 2021

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### Discussion

**Discussion and questions**

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**Oregon Health Policy Board  
Committee Membership Workgroup**

Committee Presentations  
December 2021

Susan Otter




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**Presentation Overview**

1. Project Summary
2. Report Recommendations
3. Today's Request
4. Q/A & Discussion

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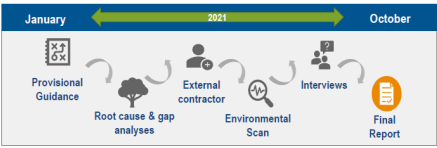
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**Workgroup Charge & Activities**

- Inform and develop a **process** to ensure diverse and equity-focused Committee membership
- Provide **guidance** on best practices for Committee recruitment and retention
- Provide **recommendations** for systemic changes to support diverse and equity-focused Committee membership




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**External Partner Recommendations Themes**

- Engage in **authentic**, ongoing community engagement even before member recruitment
- Support recruitment with **improved information** and coordination
- Collect and report** comprehensive, disaggregated, and granular **demographic data** about OHPB Committee members and applicants
- Intentionally support **retention** of diverse OHPB Committee members
- Consider **system changes** to support OHPB Committee diversity and work on health equity
- Ensure that OHPB Committee meetings are **safe, welcoming, and inclusive**
- Ensure that OHPB Committee meetings are **accessible**
- Implement more **inclusive** practices for OHPB Committee meetings, including improving **public comment and decision-making** practices
- Support OHA staff and OHPB Committees with **training** and other **tools**

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**Report Recommendations**

All OHPB Committees should:

- Engage diverse, under-represented, and excluded communities
- Support recruitment and retention of more diverse members
- Implement more inclusive meeting practices
- Implement OHPB Committee work on equity



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**Member Survey**

**Survey Purpose:**


- Standardize collection and reporting of demographic information for OHPB Committee members and applicants
- Coordinate recruitment and interest of applicants

**Survey Questions**

- Health Equity Expertise
- Lived & Cross-Cultural Experiences
- Race/Ethnicity, Language, Disability
- Sex, Gender Identity, Sexual Orientation
- Geography, Sector and Age

**Lived experience:** (based on self-reported identity) personal knowledge about the world gained through direct, first-hand involvement in everyday events such as racism, homelessness, behavioral health, etc.

**Cross-Cultural experience:** volunteer, personal, or professional experience with populations and communities different than their self-reported identity, such as living in a country other than the U.S., learning another language, working with racially and ethnically diverse populations and communities.



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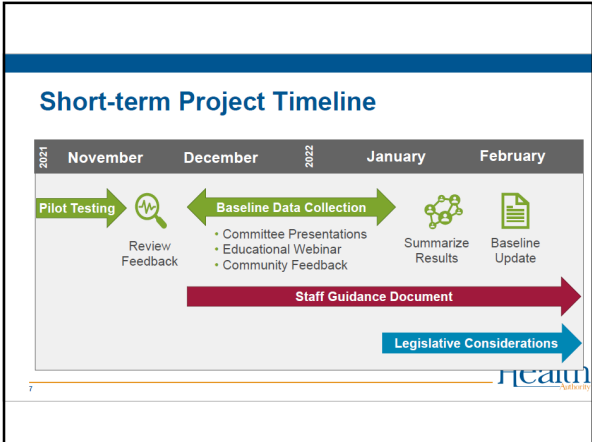
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### Request

*The Oregon Health Policy Board kindly requests for its Committees to join them in completing the member survey*

- Members will receive an email with survey & information
- Survey available online and as a paper copy
- Complete survey within 2 weeks of receipt
- Opportunity to provide feedback about questions and format

The Oregon Health Division logo is at the bottom right.

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**Thank you!! Questions?**

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## Members leaving February 2022

- Shonna Butler
- Dan Field
- Jim Houser
- Sean McAnulty
- Ken Provencher
- Shanon Saldivar