

**OREGON HEALTH FUND BOARD
BENEFITS COMMITTEE DRAFT CHARTER
Approved by OHFB on _____**

Objective

The Benefits Committee is chartered to develop recommendations to the Board for defining a set(s) of essential health services that should be available to all Oregonians under a comprehensive reform plan. The work should be guided by the Board's "Design Principles & Assumptions". (See attached)

The work of the Benefits Committee may be accomplished through workgroups and/or ad hoc task forces as needed.

Scope

In developing recommendations for their primary objective of defining a set(s) of essential health services the committee shall consider:

- 1) Mechanisms for setting priorities that optimize the health of Oregonians;
- 2) The applicability of the HSC Prioritized List of Health Services;
- 3) The identification of sources and incorporation of unbiased, objective evidence in measuring the effectiveness of specific health interventions in achieving their desired health outcomes;
- 4) Approaches that promote integrated systems of care centered on a primary care home;
- 5) An emphasis on preventive care and chronic disease management;
- 6) Education activities that further health and wellness promotion;
- 7) The definition and inclusion of services for dignified end-of-life care; and,
- 8) The needs of vulnerable populations in order to reduce health disparities.

Secondarily, the committee will consider subsidy levels and cost-sharing strategies that could be combined with the resulting set(s) of essential health services to create various benefit packages, taking into consideration:

- 1) Standards of affordability based upon a calculation of how much individuals and families, particularly those with low incomes, can be expected to spend for health insurance;
- 2) Ways to incorporate cost-sharing that creates incentives that support the goal of optimizing the health of Oregonians.
- 3) Benefit and cost-sharing designs used by other states for subsidized programs (e.g., Washington Basic Health Plan);
- 4) Methods for collecting and incorporating public values of those who will potentially benefit from/contribute towards the cost of the defined set(s) of health services, their advocates, and those playing a role in their care;
- 5) The demographic characteristics of the uninsured (e.g., age, gender, family status, income);

The Board and OHPR will contract with one or more actuaries to work with the Benefits Committee in modeling affordable benefit package options for consideration.

Committee Membership

Member	Professional Affiliation	Location
Susan King, RN, Chair	Oregon Nurses Association	Portland
Gary Allen, DMD	Willamette Dental	Portland
Lisa Dodson, MD	OHSU, Health Service Commission (HSC)	Portland
Tom Eversole	Benton County Health Department	Corvallis
Leda Garside, RN, BSN	Tuality Healthcare, HSC	Hillsboro
Betty Johnson	Retired, Archimedes	Corvallis
Bob Joondeph	OR Advocacy Center	Portland
Jim Lussier	Retired, Health Policy Commission (HPC)	Bend
Susan Pozdena	Kaiser Permanente	Portland
Somnath Saha, MD	Portland Veterans Administration, HSC	Portland
Hugh Sowers, Jr.	Retired, AARP	McMinnville
Nina Stratton	Insurance Agent	Portland
Kathryn Weit	OR Council on Developmental Disabilities	Salem
Kevin C. Wilson, ND	Naturopathic Physician	Hillsboro

Staff Resources

- Darren Coffman, Health Services Commission Director, Office for Oregon Health Policy and Research - Darren.D.Coffman@state.or.us; (503) 373-1616 (Lead staff)
- Ariel Smits, MD, Health Services Commission Medical Director, OHPR, Ariel.Smits@state.or.us; (503) 373-1647
- Brandon Repp, Research Analyst, OHPR - Brandon.Repp@state.or.us; (503) 373-2193
- Nate Hierlmaier, Policy Analyst, OHPR - Nathan.Hierlmaier@state.or.us; (503) 373-1632
- Dorothy Allen, Administrative Assistant, OHPR - Dorothy.E.Allen@state.or.us; (503) 373-1985

Timing

The Committee will deliver its recommendation(s) to the Board no later than April 30, 2008.