



**DRAFT & CONFIDENTIAL**  
**Governor's Advisory Group on Medicaid Sustainability**  
**Charter, 2025**

**I. Membership**

Mindy Stadtlander	Health Share of Oregon
Sean Jessup	Eastern Oregon CCO
Max Janasik	AllCare Health
Brent Eichman	Umpqua Health Alliance
Eric Hunter	CareOregon
Felisa Hagins	Service Employees International Union
Anne Tan Piazza	Oregon Nurses Association
Sejal Hathi	Oregon Health Authority (OHA)
TK Keen	Department of Consumer and Business Services (DCBS)
Jennifer Burrows	Providence Hospitals and Health Systems
Jeremy Davis	Grande Rhonde Hospital
Becky Hultberg	Hospital Association of Oregon
Megan Haase	Mosaic Community Health
Carla McKelvey	Oregon Medical Association
Shereef Elnahal	Oregon Health and Science University
Olivia Quroz	Oregon Latino Health Coalition
Wendy Watson	Kaiser Foundation Health Plan & Hospitals of the Northwest
Teri Barichello	Delta Dental of Oregon

**II. Staff**

Bruce Goldberg	Special Advisor, Office of Governor Kotek
Kristina Narayan	Senior Health Policy Advisor, Office of Governor Kotek
Emma Sandoe	Medicaid Director, OHA
Rochelle Layton	Chief Financial Officer, OHA
Nikki Olson	Deputy Health Policy & Analytics Director, OHA
Janell Evans	Budget Director, OHA
Jesse O'Brien	Policy Manager, DCBS
Stacey Chase	Analyst, Chief Financial Office, Dept. of Admin. Services
Numi Griffith	Senior Policy Advisor, DCBS

**III. Purpose and Charge**

Governor Kotek is convening this advisory group to develop recommendations to achieve sustainability in the Medicaid program due to current pressures and significant funding



**DRAFT & CONFIDENTIAL**

reductions in the 27-29 biennium and future due to passage of H.R.1, the federal reconciliation bill.

The Governor remains committed to assuring that Oregonians who rely on the Oregon Health Plan maintain access to critical services. This advisory group is to identify how best to meet this charge.

**IV. Scope and Roles**

Scope

The advisory group will develop a set of recommendations to the Governor that are actionable, can garner wide support, and align with advisory group principles. The advisory group is charged with providing advice to the Governor through recommendations on how to best to sustain Oregon's Medicaid program out into the future and how to maintain access to health care services for the OHP population. While the work of the group will focus on 2027 and beyond, if necessary, it may also include recommendations for steps that need to begin during this biennium.

The Governor is not obligated to adopt or otherwise pursue the advisory group's recommendations.

Governor's Advisors

The Governor's advisors will serve as the Governor's representative. Questions about expectations for the advisory group shall be directed to the Governor's advisors. The Governor or Governor's advisor may provide additional expectations regarding scope or parameters throughout the workgroup. Final recommendations will be provided to the Governor through the advisors.

Oregon Health Authority

The Oregon Health Authority will provide technical support for the advisory group.

Department of Consumer and Business Services

The Department of Consumer and Business Services will provide technical support for the advisory group.

Other Agencies



**DRAFT & CONFIDENTIAL**

All other agencies will assist the advisory group upon request and coordination by the advisor(s).

**V. Timeline and Member Expectations**

Timeline

The advisory group will convene in November and will produce recommendations to the Governor through the Governor's advisor no later than July 2025. The advisory group is expected to meet roughly every two weeks. Additional meetings may be scheduled at the request of the advisors.

Member Expectations

Members are expected to come well-prepared, focused on addressing the challenge the advisory group is tasked with addressing. Members should leverage data and experience from their professional experience to inform the advisory group's deliberations.

Members are encouraged to prioritize all advisory group meetings and in-person attendance where requested. Members are expected to give professional courtesy to the advisor by providing notice if accommodation is required on in-person meeting days.

Meetings will alternate between in-person and virtual meetings.

The Governor may remove members at any time.

**VI. Background**

Oregon has an established history of transforming the delivery of care to promote a healthier, sustainable, and more equitable future for Oregonians. In the same vein, Oregon has fought to protect and promote health care coverage in our state.

While there is much to celebrate about Oregon's approach, we are not immune to national trends. Our Medicaid program is facing a number short and longer-term challenges. Health care costs are rising, many providers are struggling to keep their doors open and access to care challenges exist throughout the state, regardless of one's insurance.

At the same time looming federal Medicaid cuts will exacerbate all of this (see here for CFO [analysis](#)). The Oregon Health Plan, our state's Medicaid program, remains a cornerstone of our state's efforts to keep Oregonians healthy. While more than 30% of all Oregonians rely on OHP, more than 55% of children are served by the program. The



**DRAFT & CONFIDENTIAL**

importance of OHP is felt statewide, with enrolment numbers exceeding 45% of the population in some rural counties.

**VII. Decision Making Process**

The group will strive for consensus decision making. Consensus decision making is a process where participants work together to develop proposals that have broad acceptance, not necessarily agreement. The goal is to find solutions that everyone supports or at least can live with. In the absence of consensus, arguments in support and against a proposal will be presented.

**VIII. Openness of Meetings**

The advisory group is not a “governing body of a public body” under Oregon public meetings laws because it is providing advice and/or making recommendations to the Governor as an individual official. The advisory group meetings will not be open to the public, additional attendees including lobbyists, or media due to the group’s short duration and the highly sensitive, fast-moving, and advisory nature of its deliberations.