



MEMORANDUM

Prepared for: Oregon State Senate
Date: April 27, 2021
By: Leslie Porter, LPRO Analyst
Re: Legislative Review of Executive Appointments

LPRO: LEGISLATIVE POLICY AND RESEARCH OFFICE

OREGON HEALTH POLICY BOARD

The Governor has appointed the following individuals to the Oregon Health Policy Board subject to Senate confirmation.¹

Appointees

David Bangsberg of Portland; Reappointment
Jessica Gomez of Medford; New Appointment
William Kramer of Portland; New Appointment

Term

Bangsberg: January 1, 2021 – December 31, 2024

Gomez: May 14, 2021 – December 31, 2024

Kramer: May 14, 2021 – December 31, 2024

Appointment/Confirmation Authority

[ORS 413.006 \(2019\)](#)

Statement of Economic Interest²

Required.

Statutory Requirements³

The board consists of nine members appointed by the Governor and subject to confirmation by the Senate (ARANA, **BANGSBERG**, **GOMEZ**, ISAACSON, JOHNSON, **KRAMER**, SANTA, SLOAN CLARKE).⁴ Members serve four-year terms and at the pleasure of the Governor.

Members must:⁵

- be United States citizens and residents of this state;
- have demonstrated leadership skills in their professional and civic lives;
- to the greatest extent practicable, represent the various geographic, ethnic, gender, racial, and economic diversity of this state; and

¹ [Or. Const. art. III sect. 4](#), [ORS 171.562](#) and [171.565 \(2019\)](#).

² [ORS 244.050 \(2019\)](#).

³ [ORS 182.100 \(2019\)](#) for affirmative action policy and [ORS 236.115 \(2019\)](#) for diversity criteria.

⁴ [ORS 413.006 \(2019\)](#).

⁵ [ORS 413.007 \(2019\)](#).

- collectively offer expertise, knowledge, and experience in consumer advocacy, management of a company that offers health insurance to its employees, public health, finance, organized labor, health care, and the operation of a small business.

No more than four members of the board may be individuals:

- whose household incomes come from health care or from a health care related field during the individuals' tenure on the board or during the 12-month period prior to the individuals' appointment to the board; or
- who receive health care benefits from a publicly funded state health benefit plan; or
- who are employed in a health care or health care related field during the individuals' tenure on the board or during the 12-month period prior to the individuals' appointment to the board.

At least one member of the board must have an active license to provide health care in Oregon. The Governor selects from the membership the chairperson and vice chairperson.⁶ A majority of the members of the board constitutes a quorum for the transaction of business. The board must meet at least once every month and must meet at least once every two years in each congressional district in this state. The board may also meet at other times and places specified by the call of the chairperson or a majority of the members of the board, or as specified in bylaws adopted by the board.

Duties and Authority

The board is the policy-making and oversight body for the Oregon Health Authority.⁷ The board must:⁸

- develop a program to provide health insurance premium assistance to all low and moderate income individuals who are legal residents of Oregon;
- publish health outcome and quality measure data collected by the Oregon Health Authority at aggregate levels that do not disclose information otherwise protected by law;
- establish evidence-based clinical standards and practice guidelines that may be used by providers;
- approve and monitor community-centered health initiatives that are consistent with public health goals, strategies, programs, and performance standards adopted by the Oregon Health Policy Board to improve the health of all Oregonians, and shall regularly report to the Legislative Assembly on the accomplishments and needed changes to the initiatives;
- establish cost containment mechanisms to reduce health care costs;
- ensure that Oregon's health care workforce is sufficient in numbers and training to meet the demand that will be created by the expansion in health coverage, health care system transformations, an increasingly diverse population, and an aging workforce;

⁶ [ORS 413.008 \(2019\)](#).

⁷ [ORS 413.011 \(2019\)](#).

⁸ [ORS 413.011 to 413.308 \(2019\)](#).

- work with the Oregon congressional delegation to advance the adoption of changes in federal law or policy to promote Oregon’s comprehensive health reform plan;
- establish a health benefit package to be used as the baseline for all health benefit plans offered through the health insurance exchange;
- investigate and report annually to the Legislative Assembly on the feasibility and advisability of future changes to the health insurance market in Oregon;
- Meet cost-containment goals by structuring reimbursement rates to reward comprehensive management of diseases, quality outcomes, and the efficient use of resources by promoting cost-effective procedures, services, and programs including, without limitation, preventive health, dental and primary care services, web-based office visits, telephone consultations, and telemedicine consultations;
- oversee the expenditure of moneys from the Health Care Workforce Strategic Fund to support grants to primary care providers and rural health practitioners, to increase the number of primary care educators, and to support efforts to create and develop career ladder opportunities;
- work with the Public Health Benefit Purchasers Committee, administrators of the medical assistance program (Medicaid), and the Department of Corrections to identify uniform contracting standards for health benefit plans that achieve maximum quality and cost outcomes and align the contracting standards for all state programs to the greatest extent practicable;
- appoint membership to and work with the Health Information Technology Oversight Council to foster health information technology systems and practices that promote the Oregon Integrated and Coordinated Health Care Delivery System and align health information technology systems and practices across this state; and
- establish and work with specified committees.

The board may:⁹

- subject to the approval of the Governor, organize and reorganize the authority as the board considers necessary to properly conduct the work of the authority; and
- submit directly to the Legislative Counsel, no later than October 1 of each even-numbered year, requests for measures necessary to provide statutory authorization to carry out any of the board’s duties or to implement any of the board’s recommendations.

⁹ [ORS 413.011 \(2019\)](#).

Executive Appointments Board Roster

Oregon Health Policy Board

Agency: Oregon Health Authority
Authorization: ORS 413.006
Members: Min: 9 Max: 9
Term Length: 4 years Limit: 2
Senate confirmation required? Yes

Policy Area: Health

Board Contact:

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Salem, OR 97301

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Current Appointments:

Member Name and Address (Alphabetical)

Oscar U Arana

Position Number: 5

Term(s): 01-01-2018 - 12-31-2021
06-01-2016 - 12-31-2017

David R Bangsberg, MD, MPH

Position Number: 6

Term(s): 01-01-2021 - 12-31-2024
06-01-2017 - 12-31-2020

Jessica L Gomez

Position Number: 7

Term(s): 05-14-2021 - 12-31-2024

Kirsten L Isaacson

Position Number: 3

Term(s): 01-01-2019 - 12-31-2022

Brenda I Johnson

Position Number: 4

Term(s): 01-01-2018 - 12-31-2021
06-01-2016 - 12-31-2017

William E Kramer

Position Number: 8

Term(s): 05-14-2021 - 12-31-2024

John S Santa, MD

Position Number: 2

Term(s): 01-01-2020 - 12-31-2023
06-01-2017 - 12-31-2019

Ebony S Sloan Clarke

Position Number: 1

Term(s): 10-01-2020 - 12-31-2023

Executive Appointments Board Roster

Oregon Health Policy Board

Member Name and Address (Alphabetical)

Policy Area: Health

Vacant Appointments:

Pos	Member	Appointed By	Term Begin	Term End
9	Rosenda A Shippentower	Governor	01/01/2019	12/31/2022
9	Rosenda A Shippentower	Governor	12/17/2018	12/31/2018
9	Karen B Joplin	Governor	10/01/2015	12/31/2018
	Not Employed in Health Care Related Field			
9	Nita L Werner	Governor	10/01/2009	12/31/2012