Paid Leave Oregon Advisory Committee

August 6, 2026

1-2:30 p.m.

Join Teams Meeting

Paid Leave Advisory Committee Meeting

Members

Juan Serratos (Committee Chair)	
Amanda Dalton (employers)	Catie Theisen (employees)
Jenny Dresler (employers)	Delina Biniam (employees)
Rich Reynolds (employers)	Anna Richards Roberts (employees)
Scott Winkels (employers)	Odalis Aguilar-Aguilar (employees)

Agenda

Docket #	Topic	Purpose	Presenter
1.0	**Welcome & Introductions**	Inform	Juan Serratos
1.1	Member Roundtable		
1.2	Approval of May Notes		
2.0	**Agency Update**	Inform	Andrew Stolfi
2.0	**2027 Contribution Rate Setting**	Inform	Juan Serratos & Ayesha Khalid
3.0	**Paid Leave Website Refresh Update**	Inform	Jack Patterson
4.0	**Quarterly Program Performance**	Inform	Juan Serratos & Monica Torres

May Notes

Docket #	Topic	Purpose	Presenter
1.0	**Welcome & Introductions**	Inform	Juan Serratos
1.1	Member Roundtable		
1.2	Approval of January Notes		

Juan Serratos

Good afternoon, everyone. My name is Juan Serratos. I am the director of Paid Leave Oregon. Hope you all are having a great day and thank you for being here. We appreciate your time and feedback.

Before a quick review of our agenda, I want to double-check with advisory committee members; do you have any roundtable items or topics to share at this time?

I also want to double-check if we have a quorum to approve the notes from our last meeting in January. If there are no corrections or changes from the committee, we will assume these are approved. After I pause for a moment to allow for any feedback.

As a reminder for everyone joining today, the Paid Leave Advisory Committee is advisory to the program, its leadership, and the agency director. In an effort to be fully transparent, we invite the public to attend these meetings, but only committee members and program staff can participate in the discussion.

If you have feedback, questions, concerns or ideas please contact the program through the methods in the chat. We would love to hear from you.

Pasted into chat: Call us at: 833-854-0166 or contact us through our website at paidleave.oregon.gov

Regarding our agenda for today, I will share a quick overview of the approach we plan to follow to determine next year's contribution rate. We will be asking for your feedback to see if there is anything we might be missing or that we should take into account.

Tjorven will then present the health care provider portal we would like to implement. Also, we'll ask for your feedback on anything we should consider as we plan for this project.

We will then have Ellie present on our key system enhancements and highlight some larger agency initiatives to help enhance the program.

Lastly, we will share program performance data with you. Monica, who oversees the Connector Program, will be joining to discuss it.

2.0	**Contribution Rate Approach**	Inform	Juan Serratos

Juan Serratos

I would like to share some information about our approach for setting the contribution rate this year for 2027. First of all, this year we are beginning to look at this earlier in the year to make sure that we have more time to seek feedback and reflect more thoroughly on what the contribution rate should be. As you all know, our agency director will need to announce the new contribution rate by November.

In terms of the approach, Ayesha, our actuary, is planning to consider three different contribution rates. She will be using four different Office of Economic Analysis forecasts to guide our proposal: a baseline, optimistic, pessimistic and lastly assuming a severe recession.

We plan to share the analysis with you, including our forecast assumptions and financial outcomes of each possible rate and scenario.

We are planning to discuss and ask for your feedback on the rate scenarios at our Advisory Committee in August. We will send the proposals to you for review in advance.

I will stop there and see if you have any questions, or feedback on the approach or process.

Thank you, everyone, for your feedback. I will now turn it over to Tjorven, who will share more information on the health care provider portal.

Questions

Q: The data that is provided to the Washington advisory committee for paid leave, it would be helpful to see similar data. Particularly when we're talking about contributions. Across the board it would be helpful.

A: We will be touching on that a little bit later in the meeting. I will go a little more in depth about what data we share and make sure you are aware of that process.

3.0	**Health Care Provider Portal**	Inform	Tjorven Sievers

Tjorven Sievers

I would like to give you all an update on Paid Leave's plan to build a secure digital portal for health care providers. As you can see on the slide, the goal is to make verification faster and easier and reduce burden for customers, providers, and staff. If we do this well, it should improve processing speed and overall satisfaction. The goal is to replace paperwork as much as possible. Ideally, providers wouldn't need to upload forms or documents. Our working motto is: "Designed by providers, for providers." We want the portal to reflect what makes sense for providers in the real world. That means we will need to listen closely to providers as we design it. We will explore different options for how the portal should work. One option could be an integration with electronic health record systems. We also need to consider whether large and small providers need different solutions.

This slide shows the planned phases for the Health Care Provider Portal. We are starting by learning from other states. We have already talked with Colorado and Washington and are exploring if we can work together in any way as they develop their solutions. We have also requested feedback from California. We have reviewed our existing outreach list and are finalizing our list of provider contacts. We want to make sure we are reaching large provider networks across Oregon. We also want to include providers from different regions and specialties. That is important because many different types of providers can certify serious health conditions. We will also work with provider associations. Those associations can help us share information and identify providers who want to participate.

A major next step is forming a provider advisory group. We want that group to stay engaged throughout the whole project. We will also hold focus groups with providers. Focus groups may be organized by provider size. We will also be mindful of specialty, geography, and other factors. The goal is to get a good spread of provider voices. During

those conversations, we will share possible options and gather feedback. As mentioned, one possible option is integration with electronic health record systems.

We also plan to launch a survey. The survey will give more providers a chance to weigh in. We will use the feedback from providers, the advisory group, and other states to choose the best approach.

After that, we will move into development and testing. We will continue checking in with the advisory group during development and invite them to participate in demos and hopefully testing.

We want to show progress, gather input, and make adjustments as we go.

Before the portal goes live, we will launch a strong outreach campaign with Oregon providers, so they are informed early on. That outreach is expected to begin in early 2027. Our current target for portal rollout is June 2027.

Questions

Q: Do we have full funding for this or are you going to have to go back to the legislature to fully fund it (in regard to the Health Care Provider Portal)?

A: Yes we do have funding for this. At this stage, we are just beginning to plan for this. It's difficult to know exactly what is needed or how we can set up the process in a way that is sufficient for providers, be able to pay for it, and implement it in a way that is sustainable. This is why we are setting this up as a project so we can do our due diligence to analyze and look at the abilities of this interface and the cost for the long term. We do have the initial funding for the setup.

Q: Can you remind us of what that amount was?

A: 2.9 million.

4.0	**Frances System Enhancements**	Inform	Ellie Johnson

Ellie Johnson

This slide highlights four additional system enhancement projects. These projects are part of the budget limitation request. They also connect directly to the agency-wide Customer Service and Workforce Strategies work.

I will walk through these four projects here. The next slide will show how they connect to the larger customer service project list.

Customer Online Services and Application

This project would streamline the application process for customers. The goal is to create a more unified, one-stop application. Customers would be able to provide required information and documents earlier in the process. This should reduce follow-up questionnaires for basic claims. It would also improve how claim information is displayed in Frances Online. It would improve the letters customers receive when they apply. It would also help reduce duplicate or confusing letters after someone sends an application.

Benefit Issues and Adjudication

This project focuses on how issues are created and used in claims. The goal is to collect better information from customers the first time. Better questionnaires should reduce the need for staff follow-up. The project would also

improve how issues trigger tasks for staff. That should help work items get created more efficiently. It also creates opportunities for automation where that makes sense.

Claim Decisions

This project improves how claim decisions are made and communicated. It supports legal sufficiency, administrative efficiency, and better customer service. It would improve how dates and days are shown on decision letters. It would fix issues with approved intermittent leave. It would allow us to approve part of a request and deny another part when needed. It would also support weekly claim denials. A key goal is to reduce situations where customers receive multiple denial letters.

Fraud, Investigations, and ID Verification

This project builds out needed functionality for fraud and investigations. It would allow misrepresentation and fraud decisions to be issued more completely. It would also help penalties be applied accurately. The project would strengthen fraud prevention. For example, it could add stronger verification when bank information changes. It would also improve identity verification processes. Current ID verification letters can be confusing for customers. Clearer letters and better system functionality should reduce unnecessary appeals and calls. It would also allow staff to request documentation directly in Frances Online.

Work has already started to organize and prioritize these projects. We are also working on timelines for each project. The next slide shows how these system enhancements connect to the Customer Service and Workforce Strategies projects. This slide shows how the system enhancement projects connect to the larger Customer Service and Workforce Strategies work.

When Andrew Stolfi became OED director, Governor Kotek asked him to lead a broad review of customer service, business support, and workforce operations. That review resulted in a plan with 101 prioritized actions. Paid Leave has 21 projects in that plan. Those projects focus on the tools, processes, and support systems that affect how we serve customers every day. OED also has 13 agency-wide projects. Those projects focus on how we communicate with customers and staff across divisions. The important point here is that these system enhancements are directly tied to that larger plan. They are part of how we improve service, reduce burden, and support staff. The Health Care Provider Portal connects to PL 1. Customer Online Services and Application connects to several Paid Leave and OED projects.

Those include improving self-service, improving customer communications, and streamlining the application process. Benefit Issues and Adjudication connects to improving benefit issues and claim automation. Claim Decisions connects to improving claim decisions and automation. Fraud, Investigations, and ID Verification connects to fraud, overpayments, and ID verification improvements. The larger customer service plan also includes work that is broader than these system enhancements.

One theme is communications, outreach, and equitable access. That work is about making sure customers get clear, consistent, and accessible information. Another theme is workforce and training. That work is about making sure staff have the training, tools, and support they need. Another theme is process, SOPs, and quality assurance. That

work helps staff make consistent decisions and reduces errors. Another theme is data and digital experience. That work helps us better understand where customers struggle and improve the tools they use. Together, these projects are about making service clearer, faster, and more reliable for customers and staff.

5.0	**Quarterly Program Performance**	Inform	Juan Serratos & Monica Torres

Monica Torres

This slide looks at Connector Program participation so far in 2026. As I mentioned earlier, we have served over 900 customers so far this year. We saw steady growth from January to February. March had the highest participation so far. April dipped a little to 249 customers. Even with that dip, April still showed strong demand. One important trend is the difference between walk-ins and scheduled appointments. Walk-ins continue to make up most Connector Program visits. That shows customers are relying heavily on same-day, in-person support. This is important for how we think about staffing and outreach. Customers may need support quickly, and they may not always be able to schedule ahead. The Connector model helps meet that need. It gives customers a way to get help in the moment, especially when they are dealing with technology barriers or need face-to-face support. We launched two new connector locations in April. Those locations are The Dalles and Gresham. Each location currently has staff in the office two days a week. The Dalles has had a slower start. Gresham is already seeing strong activity. At both sites, connectors prioritize scheduled appointments. They also help walk-ins when they can. When needed, they schedule walk-ins for a future appointment.

We are also making program-wide improvements to support growth. We are adding a lead worker to help support the day-to-day work of the Connector team. We are also training all Public Service Representative 3s (PSR3s) on scheduling. Right now, about half of the PSR3s are trained.

Our Outreach team has also completed scheduling training. That means Outreach staff can schedule connector appointments directly when they are at community events. This is helpful when they meet customers who need additional support. Our goal is to have the full Customer Care team trained on scheduling by the end of the year.

With The Dalles and Gresham launched, we are preparing to open two to three more locations later this quarter. We are sending out an interest survey to customer service representatives. That survey will help us understand who is interested in joining the Connector team. The responses will help guide where we expand next. We currently have 8 of the 10 approved Connector positions filled.

This partnership continues to be very valuable for Paid Leave and for WorkSource partners. WorkSource partners have shared that it helps to have a Paid Leave teammate onsite when customers come in needing support. There are 37 WorkSource offices statewide. There is strong interest in hosting connectors across those offices. We will continue to monitor demand and expand thoughtfully as the program grows.

Juan Serratos

Thank you, Monica, and thank you to the team for the important work being done to support customers who often face the greatest barriers in accessing services.

Before I walk through the data, I want to acknowledge that we are continuing to refine how we present program information to both this committee and the public. Our goal is to provide data that is transparent, meaningful, and gives a clear picture of overall program performance and customer experience.

I also want to note one reporting change for this quarter. We are temporarily pausing demographic reporting while our data analytics team validates and strengthens several underlying data fields.

This review is part of our broader effort to improve data quality and ensure we share information that is accurate, reliable, and meaningful. We plan to resume demographic reporting once that work is complete.

I also appreciate the feedback many of you have shared regarding the types of data that would be most helpful to see. We are actively working to incorporate that input into future reporting.

Please feel free to stop me with questions at any point during the presentation.

Turning to the trust fund, this slide shows the current health of the Paid Leave Oregon Trust Fund. At the end of 2025, the fund held approximately eight months of reserves, and by the end of 2027, reserves are projected to increase slightly to 8.4 months.

As a reminder, the program must maintain a minimum reserve level of six months. Based on current projections, the trust fund remains stable and in a strong position.

At the same time, we continue closely monitoring application volumes and benefit usage as program awareness grows. In 2025, we approved an average of 339 applications per day. In 2026, we forecast approximately 390 approvals per day — an increase of about 13%.

At the bottom of the slide, you can also see the underlying assumptions used for the benefit forecast.

As we often note, Paid Leave Oregon is still a relatively new program, and we continue learning how Oregonians use leave benefits over time. That is why we closely monitor application trends, benefit payments, and reserve levels, particularly as we prepare for planned accounting updates next year.

Since program launch, Paid Leave Oregon has received more than 470,000 applications. To date, the program approval rate is 92.3%, meaning the vast majority of eligible applicants are successfully receiving benefits.

Overall, we have now served approximately 247,000 customers and paid more than $1.9 billion in benefits to Oregonians across the state. These numbers reflect both the scale of the program and the meaningful impact it continues to have for workers and families throughout Oregon.

This slide shows finalized claims across the last four completed quarters, from Q2 2025 through Q1 2026. Just as a reminder, “finalized claims” means the customer’s identity has been verified and the application has reached a final decision — either approved or denied. During this period, the program finalized nearly 150,000 claims.

Medical leave continued to represent the largest share of applications, accounting for more than half of all finalized claims, with over 85,000 claims.

Bonding leave remained the second largest category, followed by family leave with more than 26,000 finalized claims.

This slide provides a closer look at medical leave trends over the last four completed quarters and compares them to the same quarters from the previous year. The dark green bars represent the most recent four quarters — April 2025 through March 2026 — while the light green bars represent the same period from the previous year. Each quarter showed continued year-over-year growth. For example, Q2 2025 increased by 33% compared to Q2 2024, while Q1 2026 increased by nearly 23% compared to Q1 2025. Overall, year-over-year increases ranged from approximately 20 to 33%. This growth aligns with our projections and reflects continued awareness and utilization of the program across Oregon.

We have the same breakdown for family leave here that made up 17.5% of finalized claims during this period. Family leaves also increased compared to the same quarters in the previous year. We will continue monitoring these trends as the program matures.

We saw increases in each quarter compared to the same quarter the year before. However, these increases are smaller than what we saw for medical leave and family leave. It appears that bonding leave has stabilized more, closer to what we should expect long term.

Safe leave claims also increased compared to the same quarters in the previous year. Overall, the year-over-year increases ranged from about 10% to 22%.

This slide looks at pre-placement leave claims which is a leave type that started in January 2025. Because of that, we do not have a year-over-year comparison for Q2, Q3, or Q4 of 2025. For Q1, the number was the same year over year. We received 24 pre-placement applications in Q1 2025. We also received 24 pre-placement applications in Q1 2026.

This slide highlights Paid Leave call wait times over the last four completed quarters. The green bars represent the number of calls answered each month, while the yellow line shows the percentage of calls answered within 30 minutes. Call volumes remained relatively steady throughout the year, generally ranging between 19,000 and 22,000 answered calls per month.

This slide summarizes overall contact center performance, including call volume, answer rates, timeliness, and average hold times.

Over the last year, average hold times have generally remained around 30 minutes. We recognize that customers expect a better experience, and improving phone response times continues to be a major operational priority.

To support that effort, we added 19 additional staff in March to help support phone operations. The Customer Care team has also implemented several process improvements over the past few months. We are already beginning to see positive results from those efforts. Average hold times improved to 26 minutes in March and then to 24 minutes in April. We also saw that 60% of customers were helped within 30 minutes, in both March and April – which compares to about 45% in previous months.

While there is still more work ahead, these trends show meaningful progress and reflect the team's continued focus on improving customer service.

This slide shows overall assistance-grant activity since the program launched. This gives us a clear picture of both the volume, and the types of assistance employers are using. The first application was received on Aug. 4, 2023, and the most recent on March 2, 2026. To date, we have 60 approved grants and 75 applications that were denied or canceled.

Of the approved grants:

- 49 were for replacement worker costs, totaling $147,000
- 11 were for wage-related costs, totaling $11,000

This slide shows assistance-grant activity from April 2025 through March 2026. Application volume has remained relatively low but steady, ranging from 4 to 14 applications per quarter. Most approved grants continue to be related to replacement worker costs, with fewer applications tied to wage-related costs.

We have also learned more about factors affecting participation. Some employers withdrew applications after learning about the eight-quarter contribution requirement, and other states with similar programs have reported comparable participation challenges tied to eligibility requirements and employer awareness.

As with many areas of this relatively new program, we are continuing to evaluate participation trends, better understand employer behavior, and identify opportunities to improve communication and program accessibility over time.

We are now shifting to self-employed participation since program launch.

To date, we have received nearly 3,800 applications from self-employed individuals.

Of those:

1,546 have been approved, 2,223 were either denied or from people who hadn't chosen coverage, and 33 applications remain open pending follow-up information or identity verification. The primary denial reasons remain relatively straightforward. In many cases, applicants either don't meet the minimum self-employment income requirement or send incomplete applications. Because of that, we are continuing to improve customer education and transparency around the process so individuals have clearer information before applying.

This slide provides a high-level snapshot of equivalent plans, with data current as of the end of Quarter 1, 2026.

Across all plans, about 328,000 Oregon employees are covered — roughly 14.6% of the statewide workforce. Large employers account for most of that coverage. About 1,700 large employers have equivalent plans, covering about 318,000 employees. That's about 10% of large employers and 21% of employees who work for large employers.

Also, just noting that most large-employer plans are fully insured.

Small employer participation is much lower. 1,293 small employers have plans, covering about 9,800 employees. That represents about 1% of small employers and 1.3% of the small-employer workforce. Most small-employer plans are also fully insured.

Compared to a year ago, large employers with plans have decreased by 179, while small employers have increased by 89. Also, highlighting that as the program launched, we had about 3,400 active plans. By March of this year, there were 2,992 active plans, which is a reduction of about 12% in active equivalent plans. This means that we now have

more employers participating in the state plan. In summary, we see that equivalent plans cover a meaningful share of Oregon workers, driven mainly by large employers that have fully insured plans.

Here we can see all equivalent plans that were effective in each of the last four fully completed quarters. This data only includes new approvals for both small and large employers and doesn't include reapprovals of existing plans. In Q2 2025, 43 new equivalent plans started. Then in Q1 2026, we saw a sharp increase, with 216 plans starting in that quarter alone.

One possible explanation is timing. Employers may prefer to start their equivalent plan at the beginning of a new calendar year. That timing often aligns better with fiscal-year planning and internal benefit cycles. At this time, the program doesn't ask employers why they choose a particular start date, so while this is a reasonable assumption, we don't want to overstate the cause. We will continue monitoring and identify potential trends like this. Lastly, I want to share that the team is preparing for the upcoming reapproval cycle for most of the equivalent plans, which went into effect about three years ago when we went live. We are planning to send letters out to remind employers about their renewal beginning on July 1.

And that is all I have for this meeting. As I shared before, we will continue refining the data we share to provide a clearer and more comprehensive picture of overall program performance and customer experience. We will also begin posting these presentations publicly alongside meeting materials to improve transparency and public access to program information.

Questions

Q: If I remember correctly, the legislature set a six month prudent reserve for the trust? Also, as a follow up question, was there agency discussion about building up beyond that when that was the target?

A: Six months is the minimum. There is no "should we build up to a certain amount" necessarily or "is there a more stable amount." We just know we don't want to dip below that six months. One of the difficulties we've had being new is projecting out what might be an increase in claims and also factoring in the cost of weekly benefits going up. When we're sitting at six to eight months it feels better than five months.

Statement: On these slides, when we talk about the trust fund health, we should note that is the legislative direction to you, especially when we use this to assess the rate. I understand eight months is different, but when we start talking about 12 months, its going to be a very different conversation as you can imagine.

Q: On the application decision time data that you showed over the last 4 quarters. I know it's been hanging around 22. Is there any information you can share on what's causing that? Is it customers not filing timely? What's the root cause? Or staff issues? Anything you can share that we can understand it better?

A: We have seen that needing the right and appropriate documentation is the biggest challenge. That has been the case since the program began. That's why the health care interface has become such a big priority for us. We really see a benefit in gathering that information directly from the provider. This will result in more claims and more timely claims.

Q: Are you sure that the reduction doesn't have to do with a reduction in businesses?

A: Our data analytics team will be looking into this more closely to better understand the trends around active equivalent plans.

Q: In previous years when employers were in Frances trying to pay their equivalent plan fee, it required them to select taxes owed, which is not intuitive to an employer who's covered by an equivalent plan. I'm wondering if we've remedied that problem?

A: We are aware that the current renewal reminder letters to equivalent plan employers don't include detailed instructions on how to pay the required fee. To ensure that equivalent plan employers have the correct 'how to pay' instructions, our employer programs team has been sending payment instructions to all affected employers through Frances Online messages or emails when they are charged. We are also exploring including instructions in our next employer newsletter, since we are expecting a bigger group of reapprovals this summer.