

DRAFT WORKPLAN

Outlined below is a draft workplan based on the elements required by Senate Bill 770 categorized into five broad tasks designed to support the Task Force in meeting its June 2021 report deadline:

- Task 1: Eligibility, covered benefits, and affordability
- Task 2: Provider reimbursement models
- Task 3: Financing model(s) and expenditure estimates
- Task 4: Revenue model(s)
- Task 5: Board design and governance; consumer preferences

In August, members expressed a desire to ensure the Task Force supports a robust and authentic public engagement process that may include a role for the Consumer Advisory Committee (CAC). The draft workplan is intended to solicit feedback and guidance from the Task Force. During the September 22 meeting, LPRO staff will incorporate members' feedback and prepare a revised workplan.

Month	Topic(s)/ Tasks	Bill Requirem ents	Objectives	Desired Outcomes	Resource needs (materials, expertise, other)
Aug. 22	<i>Health Coverage in Oregon</i>		<ul style="list-style-type: none"> • Current state of health coverage in Oregon post-ACA • International perspectives on health care universal models 	<ul style="list-style-type: none"> • Understand the current coverage and reform landscape in Oregon 	<ul style="list-style-type: none"> • Dr. Chi (PPT) • Jeremy V (OHA)
Sept. 22	<i>Workplan & Consumer Advisory Committee</i>		<ul style="list-style-type: none"> • Review draft workplan • Review recommended list of applicants for Consumer Advisory Committee 	<ul style="list-style-type: none"> • Revise draft workplan; clarify process and overall timeline for TF • Approve roster for Advisory Committee 	<ul style="list-style-type: none"> • Draft workplan; scope considerations • CAC roster

UNIVERSAL ACCESS TO HEALTH CARE TASKFORCE – DRAFT WORKPLAN

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Oct. 14	<i>State Efforts to Achieve Universal Access to Care</i> <i>Universal Coverage Model: Key Elements</i>		<ul style="list-style-type: none"> • Learn about past efforts in other states to achieve universal coverage (pre-2014 ACA) • Assess recent state initiatives in other states (post-ACA) • Review Oregon RAND Study (2017) • Washington and California's Universal Coverage Taskforces • Explore international coverage models 	<ul style="list-style-type: none"> • Identify lessons learned from other states and document constraints • Understand multiple models of unified coverage (international comparisons) • Identify key components for a state-based universal system of coverage • Identify aspects of the existing system that work well in Oregon 	<ul style="list-style-type: none"> • Summary of recent state initiatives
Nov. 18	<i>Task 1:</i> <i>Eligibility, Covered Benefits, and Affordability</i>	K, N	<ul style="list-style-type: none"> • Eligibility considerations for universal coverage • Assess benefit coverage, services, and amounts/limits including ACA requirements • Effects of cost-sharing on access and total costs of care – U.S. & international perspectives 	<ul style="list-style-type: none"> • Evaluate potential role for using Prioritized List-like model for determining benefit coverage • Identify potential inclusion/exclusion of benefit coverage • Recommend cost-sharing structure 	<ul style="list-style-type: none"> • Invite OHA/HERC present on Prioritized List • OHA PPT on Oregon efforts to reduce annual growth in total health care expenditures
Dec. 10	<i>Task 2:</i> <i>Provider Reimbursement Models</i>	H, O	<ul style="list-style-type: none"> • Understand U.S. provider reimbursement models • International financing models • Payment models and workforce recruitment and retention 	<ul style="list-style-type: none"> • Inpatient and outpatient payment structures • Capital investments/infrastructure • Provider participation requirements 	<ul style="list-style-type: none"> • Provider reimbursement overview • Health care financing expert(s)/TBD

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				<ul style="list-style-type: none"> Evaluate provider payment models; identify “ideal” payment model(s) 	
Jan. 6 Feb. (2 mtgs)	Task 3: Financing Models, Expenditure Estimates, Task 4: Revenue Models	C, E, F, G	<ul style="list-style-type: none"> Review current health coverage funding sources (federal, state, and private) Review high-level 5-10-year expenditure estimates (status quo) Identify sources of revenue; existing & new revenue models 	<ul style="list-style-type: none"> Understand ERISA & preemption considerations Ability to redirect federal funding/flexibility thru waivers (1115, 1332) Develop and consider straw proposals to finance programs to promote statewide universal coverage (revenue models) Propose cost containment/rate of growth principles 	<ul style="list-style-type: none"> National ERISA expert Tax experts Economists Reduced funding limits ability to contract for actuarial analyses or economic modeling
March	Task 5: Governance Models Consumer Choice	A, C, E, F, G, I, J, L	<ul style="list-style-type: none"> Consider alternative governance models, role of the State, public utility, hybrid, private sector Consumer choice of health plans, provider networks, and employer supplemental plans Consumer complaints, grievances and appeals process 	<ul style="list-style-type: none"> Assess role of new governance entity; structure Proposal re: extensiveness of consumer choice in new model(s) 	<ul style="list-style-type: none"> Invite payers, private and public Invite SAIF executive team

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April	<i>Additional Considerations</i>	B, D, M	<ul style="list-style-type: none"> • Review list of intermediate to long-term policy options; transition planning • Develop draft of advantages and disadvantages for a pathway to universal coverage model (e.g., public option as pathway to unified financing) • Policy and legal barriers to pursuing universal access to care in Oregon • Preserving existing federal coverage (Medicaid/CHIP/Medicaid) 	<ul style="list-style-type: none"> • Assessment on improvements w/in current system vs. entirely new financing and delivery system • Prioritize components of existing system as part of statewide health plan (<i>what role for current health care orgs/health plans in “new” financing system</i>) • Transition considerations • Statutory changes to create new health plan including revenue • Outline key report content 	<ul style="list-style-type: none"> • TBD
May	<i>Final Report & Recs</i>		<ul style="list-style-type: none"> • Review draft of report 	<ul style="list-style-type: none"> • Receive feedback on draft report • TF adopts general set of recommendations; broad consensus • Identifies remaining work 	<ul style="list-style-type: none"> • Draft report
June	<i>TBD</i>		<ul style="list-style-type: none"> • Approves final draft of report 	<ul style="list-style-type: none"> • Adopts report • Extension recommendation depending on progress to date 	