

CONSUMER ADVISORY COUNCIL DRAFT CHARTER

KEY TASKS

The Consumer Advisory Council (CAC) will provide input to the Task Force on Universal Health Care (Task Force) from a consumer perspective and from diverse social identities, including:

1. The CAC must consider the elements of the federal, state laws, rules, state contracts, court actions, eligibility criteria and any other constraints and challenges within the SB 770 that would prove problematic for implementation.
2. Review and or recommend the qualifications for governance and leadership of the Health Care for All Oregon Board.
3. Examine, research, and explore the featured components of the Health Care for All Oregon Plan to ensure accuracy and meaning of strategic objectives, federal funding, fiduciary requirements, and anticipated outcomes.
4. Identify the Board's role in workforce recruitment, retention, and development, and establish process objectives to guide the Board's goals, objectives, and evaluation of activities and expected outcomes.
5. Describe elements of a collaborative relationship working with and building partnerships with community stakeholders to manage effectively and efficiently the administrative and distribution of equitable services toward empowering and benefiting the community at large.
6. Identify standards to ensure appropriate, affordable, timely, equitable, and high-quality care services are delivered throughout the system providing equal access to consumer healthcare needs to sustain the quality of life and the general well-being health status of the consumer population.
7. Develop a simple procedural plan that would address and track consumers' grievances, including appeals and complaints.
8. Create opportunities to transition by contemplating an impact analysis on the healthcare system, providers, and patient relationships.
9. Anticipate and or recommend consumer cost-savings measures if any occurs and how these will be satisfied without incurring financial hardship.
10. Consider and recommend how the healthcare expenditures will be reimbursed for rendered services by the providers and facilities distributing care.

MATERIALS & RESOURCES

Chair will develop meeting agendas, identify appropriate presenters and relevant background materials, and facilitate monthly meetings.

PROCESS CONSIDERATIONS & INTERDEPENDENCIES

Members are expected to provide input and advise the Task Force on specific requests from the technical advisory groups (TAGs) as well as identify issues of importance or significance to consumers not considered or discussed by TAGs and the Task Force. The CAC will also solicit oral and written public testimony at every meeting.

SUBJECT MATTER EXPERTISE

The CAC membership includes individuals with, or enrollment in:

- Experience in seeking or receiving health care in Oregon to address one or more serious medical conditions or disabilities
- Health insurance offered by the Public Employees' Benefit Board (PEBB) or the Oregon Educators Benefit Board (OEBB) or represents public employees
- Employer-sponsored health insurance, group health insurance or a self-insured health plan offered by an employer
- Commercial insurance purchased without any employer contribution
- Medical assistance (Oregon Health Plan)
- Medicare
- Children's Health Insurance Program as a parent or guardian
- Federal Employees Health Benefit Program
- TRICARE
- United States Department of Veterans Affairs Veterans Health Administration
- Indian Health Service
- No insurance coverage or unaffordable coverage

TIMELINE & MEETING FREQUENCY

The CAC will start in October 2020 and meet monthly through May 2021.

MEMBERSHIP & STAFF

Chair: Glendora Claybrooks

Vice-Chair: John Santa

Members:

Chelsea Alionar (Keizer)

Chrispine Bala (Klamath Falls)

Jules Garza (Beaverton)

Kevin Fitts (Portland)

Tori Geter (Corvallis)

Ron Green (Albany)

Ellen Greenlaw (Sandy)

Aida Kelsaw (Portland)

Craig Milo Sottolano (Albany)

Colleen Nelson (LaGrande)

Thuy Tran (Portland)

Ismail Warsame (Corvallis)

Staff: Brian Nieubuert & Oliver Droppers, Legislative Policy & Research Office (LPRO)

HB 3260 FINDINGS

The following excerpt from HB 3260 (2013) offers a set of values that may inform all Task Force and CAC work:

The Legislative Assembly finds that the best system for the delivery and financing of health care in this state will be the system that:

- *Provides universal access to comprehensive care at the appropriate time.*
- *Ensures transparency and accountability.*
- *Enhances primary care.*
- *Allows the choice of health care provider.*
- *Respects the primacy of the patient-provider relationship.*

- *Provides for continuous improvement of health care quality and safety.*
- *Reduces administrative costs.*
- *Has financing that is sufficient, fair and sustainable.*
- *Ensures adequate compensation of health care providers.*
- *Incorporates community-based systems.*
- *Includes effective cost controls.*
- *Provides universal access to care even if the person is outside of Oregon.*
- *Provides seamless birth-to-death access to care.*
- *Minimizes medical errors.*
- *Focuses on preventative health care.*
- *Integrates physical, dental, vision and mental health care.*
- *Includes long term care.*
- *Provides equitable access to health care, according to a person's needs.*
- *Is affordable for individuals, families, businesses and society.*