

# Joint Task Force on Universal Health Care

Chair Goldberg, Vice-chair Junkins

# Public Testimony – September/October

## **September** (seven written submissions; two oral testimonies)

- Designing a universal single-payer system rather than a multi-payer system; shortened time frame, challenge is significant
- Develop a fair, reasonable, and affordable program to be confirmed by a vote of the people
- Not limiting public testimony to 10 minutes
- Controversial issues: public funding, rationing care, and hospice, among others
- Need to develop realistic budget projections
- Challenges with the current coverage and delivery system
- Importance of addressing community-based disparities and social determinants of health

## **October** (four written submissions; three oral testimonies)

- Support for universal health care and value-based health care
- Public participation, engagement, and buy-in on the proposal
- Questions about individuals and families who currently receive employer-sponsored coverage
- Prioritize public health
- Request additional funding and extension to complete the work; prepare recommendations for the 2021 legislative session



# Foundational Questions

1. To what extent should the Task Force explore and prioritize reform proposals that are feasible exclusively through state action and that do not require federal action or approval?
2. Should the Task Force clearly define the breadth and scope of what services and systems to include in the recommendations in June?
3. Which broad areas and decisions should the Task Force prioritize soon to ensure the report and recommendations are completed by June?

# Question 1.

To what extent should the Task Force explore and prioritize reform proposals that are feasible exclusively through state action and that do not require federal action or approval?

# Options

## 1. Address now:

The Task Force could direct the TAGs to focus their work on only reform proposals that are feasible through state action.



## 2. Address this spring:

Wait until the TAGs report back on their work in a few months, then reassess which concepts require federal approval.

## 3. Address in the extension:

Keep all reform proposals “on the table” between now and June; may revisit if the work is legislatively extended in 2021 (which may provide additional direction)

## Question 2.

Should the Task Force clearly define the breadth and scope of what services and systems to include in the recommendations in June, including:

Health care safety net

IDD

Long-term care services and supports

Workers compensation

State and local public health services

Social determinants of health

Health equity

## Options

### 1. Address now:

TF assigns each topic to one or more TAGs via their charter(s).

**NOTE: This will require re-prioritizing existing work (delaying the launch of Governance TAG, not meeting all current TAG requests, etc.). Some of these topics will require extensive coordination and may not be possible to address quickly.**

### 2. Address this spring:

Wait until one or more TAGs have completed their initial charge (e.g., Eligibility, Benefits & Affordability TAG), then revisit where and how to address these topics. Could assign to a TAG once initial charge is complete or establish a new TAG at that time.

### 3. Address in the extension:

## Question 3.

Which broad areas and decisions should the Task Force prioritize soon to ensure the report and recommendations are completed by June?

## Options

**1. Address now:**

Task Force provides guidance through the review and approval of the TAG charters in November (today).



**2. Address ongoing:**

Task Force identifies key areas appropriate to focus on at the “Task Force” level (e.g., cross cutting items among the TAGs, or other issues appropriate for the full Task Force).

**3. Address in the extension:**

# Technical Advisory Groups (TAGs)

TAG Leads and SB 770 Project Staff

# Draft Charters – Development Timeline

**September** – staff drafted and shared project charters with Task Force

**October** – staff revised draft charters based on Task Force comments; revised charters available online via SharePoint

**November** – TAG orientation meetings (11/2-11/6)

- Members reviewed the charters, offered feedback (11/2-11/6)
- Staff revised charters based on TAG conversations (11/9-11/12)
- Staff distributed final drafts of the charters (11/13)



# Cross-Cutting TAG Themes

# Theme 1: Time

- All TAGs articulated need for more time to do the work well
- How it's being addressed:
  - Senator Manning working through legislative proposal to *possibly* extend work
  - TAG and TF discussions about how to prioritize
  - OHA/LPRO staff working to maximize usefulness of meetings



## Theme 2: State-to-State Coordination

- TAG work will impact WA and CA – need to coordinate (and learn from them)
- How it's being addressed:
  - WA materials being distributed to TAG members
  - Staff to flag these issues during TAG meetings



# Theme 3: Long Term Care

- LTC is the “elephant in the room” and clarity about how to address it is needed
- How it’s being addressed:
  - Decision for Task Force about where it belongs
  - Is this something to consider with a possible extension?



# Theme 4: Identify Regulatory Issues

- Understanding how current system is regulated (state rules, federal waivers, etc.) is crucial to this work
- How it's being addressed:
  - Contractor is being brought on to help support this area
  - Staff providing information to TAGs



# Theme 5: Stakeholder Engagement

- How do TAGs engage the CAC? And other relevant stakeholder groups?
- How it's being addressed:
  - Outstanding question for Task Force and CAC leadership
  - Need direction in this area that balances timeline, capacity, and recognizing importance of authentic engagement



# Theme 6: Need for Flexibility

- A one-size-fits-all approach will not work here. Need to consider needs of different providers, populations, etc.
- How it's being addressed:
  - TAG members raising perspectives during discussions/recommendations
  - This is a principle of the work



# Eligibility, Benefits & Affordability

## TAG Report Back

- The work of this TAG is foundational; its recommendations will significantly influence the work of the other TAGs.
- The key term isn't "health care", it's "universal." Human lives are priceless.
- How we will pay for the Plan is a concern, but we cannot let the fear of cost lead us to limit eligibility and coverage from the beginning.
- This TAG should look through the lens of a single payer system; consulting with other states who have done this work is crucial to its success (esp CA/WA).
- Oregonians are not currently able to access the full spectrum of services they need. This TAG should consider coverage for the full range of health care services including services currently covered by safety net programs, as well as the social determinants of health.



# Provider Reim- bursement

TAG Report Back

- Provider reimbursement is not one-size-fits-all. The bill differentiates between individual providers, institutional providers and group practices, but we will need to differentiate further and acknowledge that different provider types will require different reimbursement methods.
- Given our time constraints, we will do our best to consider provider variance, but we will likely need to create a running list of topics that we wish we had time to consider further.
- Our next steps will be learning about the current system of reimbursement, as well as the state and federal policies that regulate it.

# Finance & Revenue

## TAG Report Back

- We are especially dependent on other groups' work. Ongoing communication between TAGs via Task Force meetings will be critical.
- There is work we can do before the Task Force has reached agreement on eligibility, benefits, affordability and provider reimbursement. We will focus on establishing parameters for an analytical model that will determine expenditures and savings.
- The system we are capturing and assessing is incredibly complex. We will need feedback from a wide array of voices to ensure we are not missing anything important.
- Our next step will be an overview of how our current health care system is financed. We will consider how we can redirect existing revenue streams and capitalize on opportunities for federal match dollars.

# Charter Revisions

Eligibility, Benefits,  
and Affordability

Provider  
Reimbursement

Finance and Revenue

1. Final revisions or modifications to the project charters?
2. Anything missing from the final drafts?

\*Draft Charter for Governance TAG will be considered at a future meeting.

# SB 770 TAG Roles

	Staff Lead	TAG Lead	TAG Members
Prepare meeting agenda	R	C	I
Identify background material	R	C	I
Identify and invite experts	R	C	C
Develop slide presentation(s)	R	C	I
Facilitate meeting	R	R	I
Summarize key discussions and decisions	R	R	C
Report out at Task Force meetings	C	R	C
Develop & finalize policy proposals for TF	C	R	R

Role Definition	
<b>Responsible</b>	Does the work to complete the task
<b>Consulted</b>	Provides input on planning and deliverables based on domain expertise
<b>Informed</b>	Needs to be kept informed on project progress; less involved in detailed planning process and/or deliverables

# Consumer Advisory Committee (CAC)

Glendora Claybrooks, Chair, CAC

# Consumer Advisory Committee

Report Back

- Insurance barriers to prescription medications
- Mental health services
- Pharmaceutical costs
- Lack of insurance coverage
- Access to healthcare services
- Job loss leads to loss of healthcare coverage

# SB 770 Work Flow Diagram

**SB 770 Taskforce**  
Step 1: Full taskforce  
orientation

**Consumer Advisory Committee (CAC)**  
Step 3: Review Technical Advisory  
Groups' recommendations through a  
consumer lens



**Technical Advisory Groups (TAGs)**  
Step 2: hear invited experts,  
develop recommendations (or)  
proposals; flag consumer input

**SB 770 Taskforce**  
Step 4: Reviews guidance  
from TAGs & CAC; finalizes  
recommendations

# Remaining Meetings in 2020

**Task Force** — December 10 9-12pm

**Consumer Advisory Committee** - December 14 4-6pm

## **Technical Advisory Groups**

- Eligibility, Benefits, and Affordability – Nov. 19 (10-12pm), Dec. 3 (9-11am), and Dec. 17 (9-11am)
- Provider Reimbursement – Nov. 20. (11-1pm) Dec. 4 (11-1pm), Dec. 18 (11-1pm)
- Finance and Revenue – TBD

Access meeting materials and follow the CAC and TAGs at:

<https://www.oregon.gov/oha/HPA/HP/Pages/Task-Force-Universal-Health-Care.aspx>