

Joint Task Force on Universal Health Care



Task Force on Universal Health Care

January 6, 2021

Chair Goldberg

Vice-Chair Junkins

Public Testimony – December/January

December (three oral testimonies)

- Employment-based health insurance doesn't work
- Hospitals, regional planning process, global budgets; create committee to explore long-term care supports and services; simplify eligibility
- Senate Bill 770 allows the task force to exclude long-term care services if this jeopardizes developing a plan by June 2020; initial focus on Medicaid eligibles; future discussion around coverage for general population

January (five written submissions)

- Economic concerns – individuals limited in their ability to advance or pursue new interests due to having to maintain current employer-sponsored coverage (job lock)
- Importance of addressing non-financial barriers to accessing care; role for patient advocates in new system
- Health care as a human right; removing the ability to earn profits by private corporations in health care
- Universal health care will improve outcomes, reduce current health care expenditures, eliminate burden of medical debt
- Personal bankruptcy due to health care costs; affordable system that covers everyone

ERISA

- What points are most important to our mission of state-based universal healthcare that preserves federal healthcare spending?
- What federal programs (from all departments) contribute funds toward state healthcare spending? What are the approximate dollars nationally? What percentage of state funding does each program contribute to total statewide healthcare spending?
- Which federal programs offer waivers allowing state-based universal healthcare?
- How many state waivers have been granted? For what purposes?
- Which programs do not offer waivers? Have any states found work-arounds?
- For ERISA, what kind of state-based design avoids pre-emption?
- Can a state dedicate payroll taxes to healthcare without violating ERISA?
- For Medicare, could a state-based universal healthcare insurance plan be permitted as a Medicare Advantage plan and thereby preserve Medicare funds?
- What new federal laws would enable state-based universal healthcare that preserves all federal healthcare spending?
- Would a mandated state insurance plan endanger federal healthcare funds?

Technical Advisory Groups and Consumer Advisory Committee

TAG Lead(s), CAC Chair, and Project Staff

Finance & Revenue

TAG Report Back

- In order to develop a shared understanding of what constitutes total expenditures, the TAG reviewed a diagram which summarizes how healthcare is currently funded (referred to as the “It’s Complicated” slide). Our discussion focused on preserving and maximizing the federal and state funds enumerated in the diagram.
- A single-payer system will augment total expenditures. This TAG needs to think critically about how existing costs, savings, and funding will change as a result of the Task Force’s work.
- Need to consider how to communicate with the public regarding new health care funding mechanisms. How can we talk about a new state tax for healthcare so that it garners sufficient support from employers and employees? What benefits need to be included so we are providing a service that the public supports?
- Need to estimate cost of the Plan in order to estimate the total amount of additional revenue needed. The TAG voted that the Task Force should wait until later in the process to decide on a target year projection to guide cost/savings estimates.
- Received public comment which was appreciated and sparked further thinking regarding the flow of dollars contributing to total expenditures.

How we currently pay for health care: It's complicated

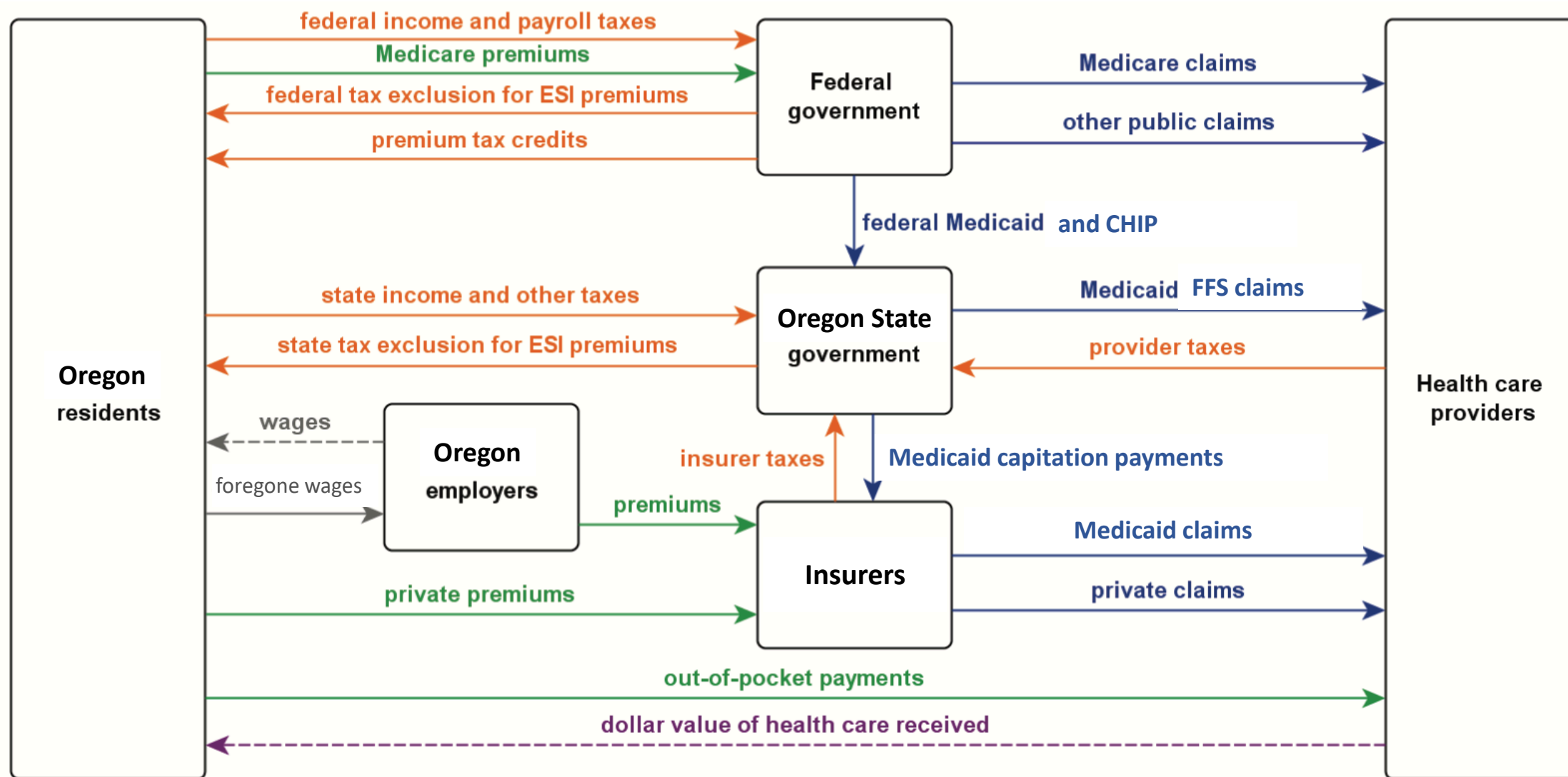
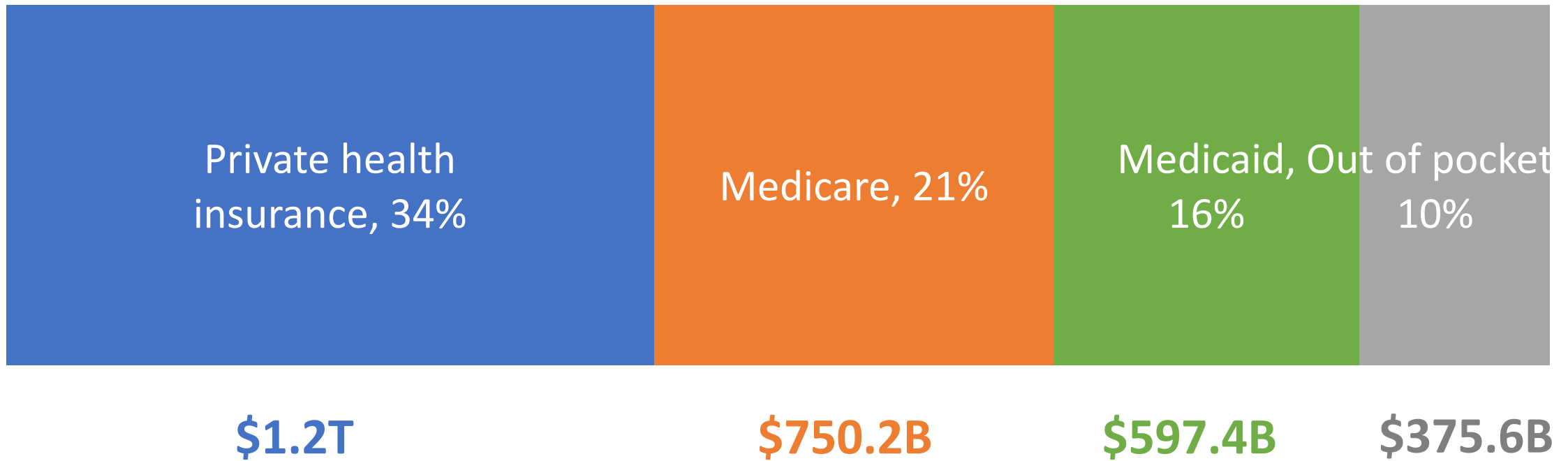


Figure augmented from RAND Corporation "An Assessment of the New York Health Act: A Single Payer Option for New York State" (2018) Figure 2.1.

CHIP – Children's Health Insurance Program
 ESI – Employer-sponsored insurance
 FFS – Fee-for-service

National health spending by major source of funds, 2018



TAG Questions for CAC

List of questions
identified by the TAGs
for the Consumer
Advisory Committee

- If individuals are unable to opt out of paying into the Plan and receiving coverage, how would the CAC recommend the Plan address individuals or businesses with a religious objection to the benefits covered by the Plan?
- What benefits would you be willing to give up in order to make sure as many people are covered as possible?

Consumer Advisory Committee

(slide 1)

Report Back

CAC-TAG Engagement Process

1. CAC Chair, Vice Chair and staff will receive questions from TAG and Task Force members. After review, and in some cases editing, those questions will be presented to the CAC for advice.
2. Questions will be sent to CAC members 7-10 days before the meeting giving them a chance to read materials related to the issue, consider their responses, and prepare for the CAC meeting. Given our desire to hear from each CAC member on every topic, we ask that verbal comments be limited to 2 minutes. Members can submit longer written comments that can be shared with CAC members prior to or after the meeting. CAC members are asked to state whether they agree with comments voiced earlier and, if they believe a consensus is emerging, to state what they believe that consensus to be.
3. After the discussion the Chair, Vice Chair and staff will develop a statement summarizing each discussion that will be provided to the Committee before the next meeting and presented for amendment and approval. Task Force members will also be able to watch the recording of the discussions if they want to gain a sense of the CAC themselves.
4. At each meeting, the CAC will devote at least 20-30 minutes to discussion of any topics that CAC members want to bring up as long as those topics are relevant to the Task Force work and are included in SB 770. It would be best to let the Chair know about those topics before the CAC meeting so that we can prepare the CAC agenda for that topic.

Consumer Advisory Committee

(slide 2)

Report Back

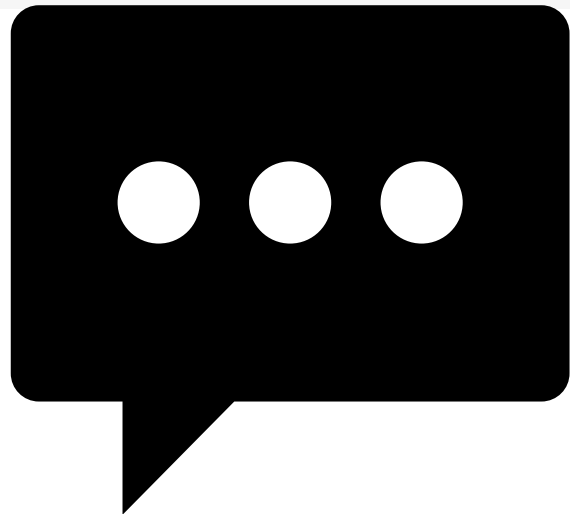
CAC-TAG Engagement Process

5. We want to emphasize that our “vision” is outlined in 770 and our job is to design with that vision in mind. CAC’s job is to advise on that design. CAC members are welcome to listen in to Task Force meetings and to TAG meetings. CAC members can use the public testimony option to express themselves, if desired, but should do so as individuals, not the CAC.

6. One of CAC’s strengths is diversity and our hope is that proceeding as outlined above will be most likely to generate advice that reflects that diversity.

7. Chair/Vice-chair ask the staff to support us by serving as timekeeper to ensure all participants have 2 minutes per response, the purpose of which is to keep us on schedule and ensure all agenda items are addressed in the order listed.

8. CAC’s Chair also represents the public interest and shares in your lived experiences and your concerns, including understanding the need for sufficient health insurance coverage, private health insurance plans, Medicare & Medicaid dual eligibility, difficulty in system’s navigation, unmet social determinants of health needs, lack of access, poor quality of care, out-of-pocket cost, poor mental health services, health providers’ implicit racial bias, and rural technology and health facility challenges, and other discriminatory factors.



Stakeholder Engagement

Vice-chair Junkins

Sarah Knipper, Project Staff

Public Process – SB 770

In developing recommendations, the Task Force shall engage in a public process to solicit public input on the elements of the plan (see [Section 6](#), pgs. 5-6)

The public process must:

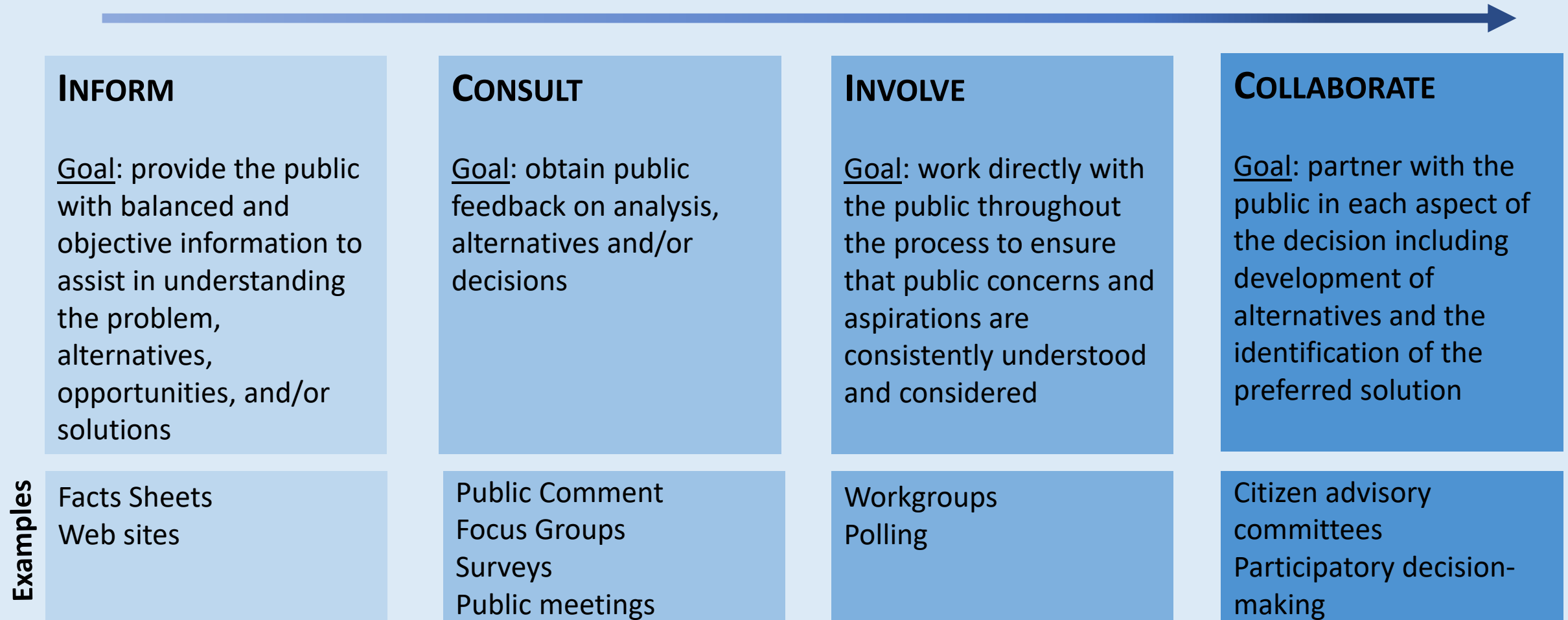
- Ensure input from individuals in rural and underserved communities; communities that experience health care disparities
- Solicit comments statewide about the costs of the plan, compared to current system
- Solicit the perspectives of: individuals throughout the range of communities that experience health care disparities; a range of businesses, based on industry and employer size; individuals representing a range of current insurance types, who are uninsured or underinsured; and individuals with a range of health care needs

Stakeholder Engagement in SB 770

- Task Force is operating on accelerated and condensed timeline
- Members have expressed interest in targeted outreach and engagement—beyond written/oral public comment at meetings
 - November – Task Force requested staff offer suggestions for soliciting input from broader set of constituencies – e.g., health care stakeholders, subject matter experts
 - Currently – Task Force, Technical Advisory Groups, and Consumer Advisory Committee solicit public comment
- Today – briefly explore opportunities and ways to gather additional input from stakeholders in the coming months
 - **Important distinction** – soliciting feedback on the “proposed plan” compared to gathering “buy-in” for the proposed plan (e.g., a roadshow)
 - Any process to garner “*buy-in*” needs to be considered as part of the next phase of work (i.e., legislative extension)

PUBLIC ENGAGEMENT IN DESIGN PROCESS*

Increasing level of public engagement



*Modified from the International Association of Public Participation

Stakeholder Engagement in SB 770

Engagement in Plan Design Process

Inform: facilitate sharing of objective information, increase awareness and understanding

- Role - Task Force

Consult: gather feedback to solve problems, better decision making, and address concerns

- Role - Technical Advisory Groups

Involve: build relationships with stakeholders; receive and consider input from stakeholders affected proposed plan

- Role - Consumer Advisory Committee

Stakeholder Buy-in for the Proposed Plan – Task Force Extension (Beyond June 2021)

- Gather input on a plan design proposal from individuals directly or indirectly affected, to build trust and support
- Directly engage with communities to develop acceptance from the affected public
- Directly engage with industry stakeholders to identify concerns and trade-offs

Stakeholder Engagement Opportunities

Technical Advisory Groups

Currently – livestream meetings, public comment

- TAGs identify a targeted set of questions; invite experts to provide technical knowledge to inform process
- TAG leads and/or staff identify stakeholders; invited testimony on specific issues to inform a TAG's decision-making

Consumer Advisory Committee

Currently – livestream meetings, public comment

- Invite CAC members to task force or TAG meetings

Task Force

Currently – livestream meetings, public testimony

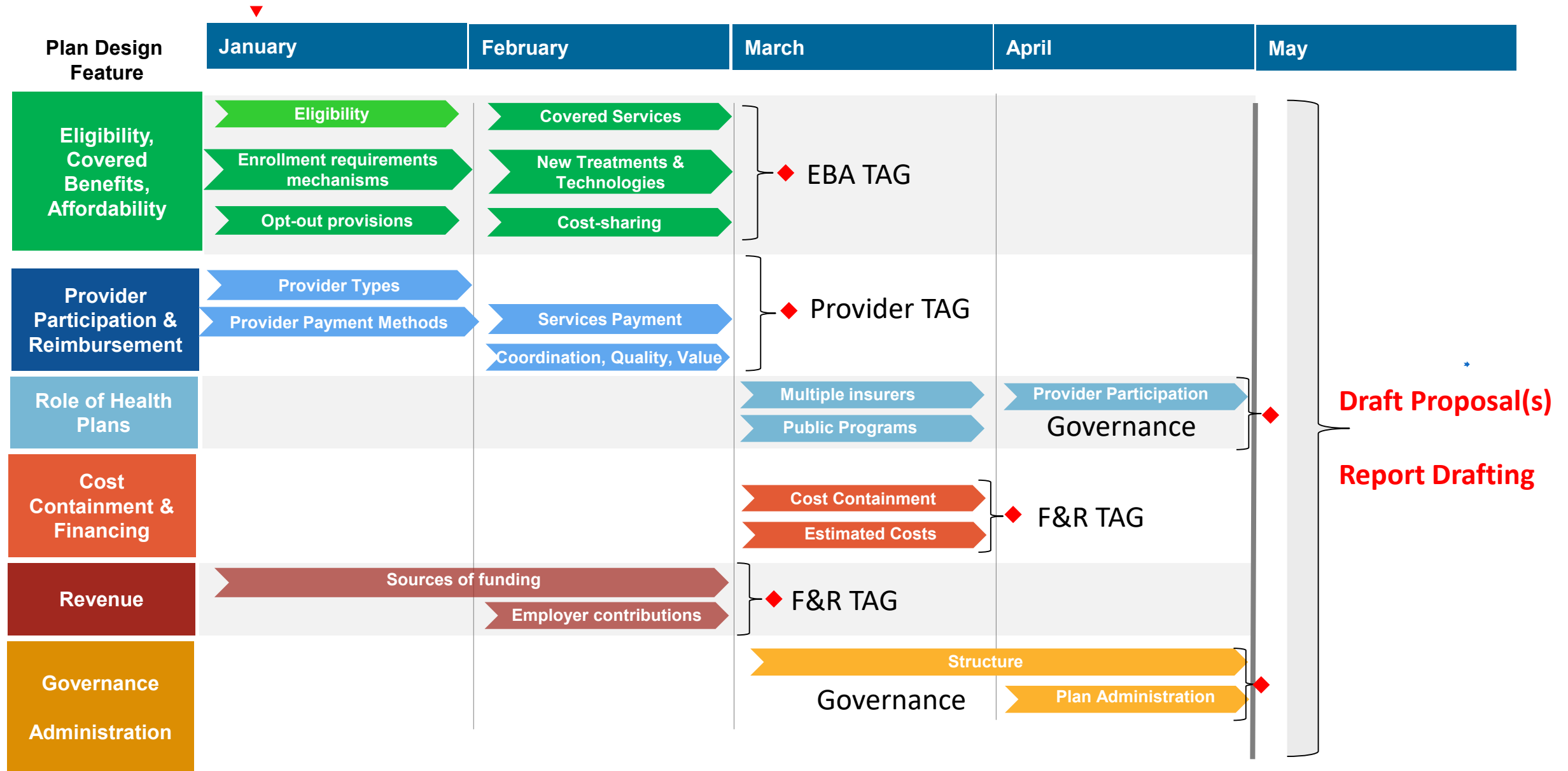
- Invite feedback from panel of experts or industry stakeholders
- Solicit targeted feedback on design considerations via open-ended surveys; share submitted responses with members



Task Force Guidance and Discussion

Chair Goldberg

SB 770 Health Plan Design – Plan Features & Draft Timeline



Long-term Care Services and Supports

Medicaid (state and federal funds):

- Currently provides long term care and community supports (LTCCS)
- Program is administered by Department of Human Services
- Total Medicaid funding in Oregon

Medicare (federal funds):

- Defined benefit
- Skilled Nursing Facility: 20 days (Medicare pays full cost) Days 21-100 (pays excess after deductible)

Question

What is the best way to support the work of including LTCSS in the Plan?

Proposal



Proposal: Direct Finance and Revenue TAG to include LTCSS mirrored on Oregon's current LTCSS system (same reimbursement and benefit structure - determine required revenue and funding source(s)).

Next Steps:

1. Staff gathers additional information to inform F&R TAG kick-off discussion – February (see next slide)
2. F&R TAG incorporates LTCSS in draft proposal submitted to Task Force for consideration

Long-term Care Services and Supports

- Number of individuals currently receiving LTCSS in Oregon?
- What number/percentage of those currently receiving LTCSS are dual-eligible?
- What are the federally required services/benefits Oregon must currently offer to LTCSS enrollees per federal law?
- What is the average per capita cost for an individual enrolled in LTCSS?
- What is the total Medicaid funding (annual/biennium basis) DHS receives to fund LTCSS in Oregon?
- What is the estimated program funding based on forecasted need in the future?

Accessing Virtual Meetings

How to join—all meetings of the **Consumer Advisory Committee** and the **Technical Advisory Groups** can be accessed via Zoom:

[Join Zoom Meeting](#)

Conference Call Phone Number: (669) 254-5252

Meeting ID: 161 411 7859 | Password: 787886

How to provide public comment—anyone may provide written or oral public comment to the Consumer Advisory Committee or a Technical Advisory Group

- Please email written comments to jtfulhc.exhibits@oregonlegislature.gov
- Provide oral comment by computer or phone by calling the number above or joining the virtual meeting via Zoom (click on [link](#)).

See public comment handout available online - [Handout](#)

Meetings in January

Task Force — January 28, 2021 (1-4pm)

Topic: Federal Waivers

Consumer Advisory Committee – January 11 (4-6pm)

Technical Advisory Groups

Finance and Revenue – Jan. 14 (2-4pm)

Provider Reimbursement – Jan. 15 (3-5pm), Feb. 1 (1-3pm)

Eligibility, Benefits, and Affordability – Jan. 20 (10am-12pm)

Provider Reimbursement – Jan. 15

Access meeting materials and follow the CAC and TAGs at:

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