

Governance Technical Advisory Group

Task Force on Universal Health Care

Summary of Decisions from Governance TAG of April 1st, 2021

Values – Proposed adjusted language

1. The single payer is dedicated to improving the health status of individuals, families and communities.
2. Health care, as a fundamental element of a just society, is to be secured for all individuals on an equitable basis by public means.
3. Access to a distribution of health care resources and services according to each individual's needs and location within the state should be available.

[Consider including: Race, color, national origin, age, disability, wealth, income, citizenship status, primary language use, genetic conditions, previous or existing medical conditions, religion or sex, including sex stereotyping, gender identity, sexual orientation and pregnancy and related medical conditions, including termination of pregnancy, may not create any barriers to health care nor disparities in health outcomes due to access to care.]

4. The components of the system must be accountable and fully transparent to the public.
5. The single payer will invest in local communities and engage community members and health care providers in improving the health of the community and addressing regional, cultural, socioeconomic, and racial disparities in health care.

Roles

The single payer entity will have the following roles:

- **Apply the reserve powers unique to the single payer for financial management and stewardship**
This includes:
 - Establishing all aspect of global budget which includes:
 - Designing payment structures and rate setting to the delivery systems
 - Ensure that global payments are adjusted for reduction in administrative costs
 - Lead cost control efforts
 - Development of performance improvements broadly
 - Administrative simplification
 - Set utilization control policies
 - Organization of large capital investments, such as providing oversight of a certificate of need program to ensure improved access to care and health equity
 - Explore multi-state purchasing approaches

- Prevent fraud, waste, and abuse
 - Support regional economies
- **Oversee program administration**
Ensures quality operations, including but not limited to:
 - Claims administration
 - Financial management
 - Data collection, analysis, and evaluation
 - Quality assurance and improvement
 - Customer service, including complaints, grievances, member education and communication
- **Develop and implement program policy**
This includes:
 - Determining coverage including monitoring and addressing changes to health care (i.e. technologies, therapies, pharmaceuticals)
 - Strategic planning for longer-term system success
- **Support delivery system reform/improvement**
This includes development of value-based payment mechanisms, tracking spending and utilization, data analysis and reporting
- **Achieve health equity to improve access, quality of care**
This includes goal setting, data analysis and reporting (utilization, quality, outcomes) and reliable information about race, ethnicity, and other aspects at the time of registration.
- **Support workforce development**
This includes:
 - Identification of workforce needs vs capacity
 - Work with stakeholders on approaches to address needed funding and training needs
- **Develops and maintains the population health-based information system**
The information system will:
 - Include clinical, financial, utilization, quality, and other needed information to evaluate systemwide performance and quality
 - Ensure transparency with access to the data for the population at large

Single payer role in the context of tribal sovereignty

- As a government entity, the single payer should maintain a government-to-government relationship with the tribes
- At the level of an individual, tribal members would have the ability to seek care within the Indian Health Service tribal systems, as well as be eligible for the single payer
- Further discussions with tribal leaders will be needed in the development of the single payer regarding the relationship of the tribal health system and the single payer

Structure

- The single payer should be a government entity designed with features to ensure the following:
 - Reporting responsibility to the Oregon Legislature and Governor
 - Ability to accept all types of funds (i.e. federal, state, donations etc.)
 - The single payer budget is not subject to Oregon's tax rebate
 - Authority for development and maintenance of prudent financial reserves to ensure solvency and that are protected to be appropriated only for use by the single payer

- Consideration of the single payer entity to be a public corporation is favored but there should be further research and discussion of the legal parameters.

(Note: Establishing a public trust and other fiduciary requirements will be at the April 26th Governance TAG meeting and will provide an opportunity for further discussion)

Board

- The single payer board membership will:
 - Require Governor appointment and Senate confirmation
 - Represent a balance of expertise in healthcare and have an authentic community voice
 - Demonstrate no conflicts of interest at time of appointment, during their terms, and for a significant period after leaving the Board.
 - Receive reimbursement for their time
- The Board will have both community and regional/delivery system advisory committees
- Further discussion will be needed to determine the number of board members and the terms of membership

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