



JOINT TASK FORCE ON UNIVERSAL HEALTH CARE
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CONSUMER ADVISORY COMMITTEE

In 2019, the Oregon legislature passed Senate Bill 770 (SB 770), establishing the Task Force on Universal Health Care, charged with recommending the design of a health plan intended to provide equitable, affordable, comprehensive, and high-quality health care to every Oregon resident.

In developing its recommendations, the Task Force was required to establish a Consumer Advisory Committee (CAC) to provide input from a consumer perspective. The Task Force received more than 100 applications from across the state. A nomination subcommittee of the Task Force reviewed the individual applications, prioritizing diversity in geographic representation; race and ethnicity; gender, sexual identity, sexual orientation; and disability status. Based on a thorough review and careful deliberation, the subcommittee selected 13 individuals for appointment by the full Task Force (see [roster](#)).

The CAC met monthly from October 2020 through May 2021. Each month, the CAC was invited to provide input into the Task Force and Technical Advisory Groups (TAGs). The TAGs identified questions upon which they desired input from the CAC members. In advance of each CAC meeting, members were provided a set of questions from one or more of the TAGs and the Chair of the CAC. At the CAC meetings, members would share their personal experiences and offer insights to inform the policy proposals put forward by the TAGs.

Listed below are questions considered by the CAC with a brief summary of their feedback provided to the Technical Advisory Groups and the Task Force. For a complete overview of the input provided by the CAC, please see video recordings of their monthly meetings or meeting summaries, which are available online (see OHA's Task Force [webpage](#)).

Question: What healthcare services do you believe should be considered in designing a universal healthcare coverage plan and why? (Dec. 2020)

- Prioritize services that keep people functional at work, in school, and in the community, including vision, dental and mental health services.

Question: How should these services be provided to achieve health equality and equity while eliminating current barriers and or challenges to all Oregonians? (Dec. 14, 2020)

- System should ensure equitable access to providers that represent the populations they serve; inclusion of, and access to patient advocacy services; case management; holistic and wellness services; transportation.
- System needs better integration of mental health services, including addiction treatment.
- System should be designed to ensure coverage of services that keep people healthy.

Question: Based on your lived experiences, how do you define “affordable healthcare” and why do you define it this way? (Jan. 11, 2021)

- Access to health care is a right; a person’s health care choices should not be limited by their financial circumstances or health care needs; affordable health care should vary according to a person’s ability to pay (e.g. reasonable percentage of income).

Question: How do you feel about decoupling health insurance coverage from employment? (Jan. 11, 2021)

- Coupling of employment and insurance can lock people into their job in order to keep health coverage and is administratively burdensome and costly for employers.
- A multiple or tiered system of coverage may incentivize providers to prefer treating those individuals with coverage that reimburses more.
- Decoupling access to health care from employment is essential to ensuring equitable access.

Question: In the development of a universal healthcare design plan, should participation be “mandatory” or “voluntary” for residents? (Jan. 11, 2021)

- Mandatory participation can help ensure costs are shared equally by everyone.
- Important to differentiate between mandatory participation in system and mandatory receipt of services.

Question: based on your lived experience, including current/past health insurance coverage, patient services, and health outcomes, how would you describe high-value care in the context of providing and receiving healthcare benefits or services? (March 15, 2021)

- Cultural competency among providers, particularly among Oregon’s BIPOC communities; providers that have lived experience.
- High-quality care includes consistency, including the ability to have personal health information readily, immediately accessible among multiple providers; ability to see the same provider routinely.
- Ability for non-health-related organizations and services to be connected to health care professionals. For example, access to transportation.

Question: What kind of taxes would you support to fund a single-payer universal coverage system? (March. 15, 2021)

- A broad-based progressive tax structure; ensure tax burden is not on low-income and based on ability to pay.
- If taxes are modified to fund universal health care, importance for the public to understand the purpose and benefit of any changes in taxes, and any proposal must be supported by the legislature and enacted by the general public.
- Need to look at the system from a holistic perspective to understand the appropriate types of taxes to fund universal coverage. What are innovative ways to create adequate revenue sources to support universal coverage?

Question: In establishing a governing board for a single-payer proposal, what recommendations do you have to ensure consumer representation and participation in decision-making? (April 19, 2021)

- Important for all Oregonians to have a meaningful voice in governance (cultural, socioeconomic, and geographic representation).
- Voices of people who are commonly not included in governance structures are often the people who don't have the ability to participate (e.g., time or capacity constraints to participate).
- Ensure robust public input to help ensure universal system reflects needs of consumers; not embedded interests of the current system.
- Consumer "Bill of Rights" to guide governing board decisions.

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