



TASK FORCE ON UNIVERSAL HEALTH CARE

Attendees	Glendora Claybrooks, Dwight Dill, Bruce Goldberg, Zeenia Junkeer, Ed Junkins, Samuel Metz, Michael Collins, TK Keen (DCBS), Cherryl Ramirez, Les Rogers, Chad Chadwick, John Santa, Chuck Sheketoff, Sharon Stanphill,
Absent	Sen. Manning, Rep. Wilde, Rep. Hayden, Claire Hall, TK Keen, Patrick Allen (OHA)
Date/Time	April 29, 2021; 1pm-4pm (recording)

Meeting Purpose	<ul style="list-style-type: none">• Receive updates on the Intermediate Strategies Work.• Consider upcoming Task Force deliverable due to the Oregon Legislature in June.• Review and act on a revised proposal for covered benefits and cost-sharing.• Review initial proposal from the Governance Technical Advisory Group (TAG).
Discussion of Key Issues	<ul style="list-style-type: none">• Status of Senate Bill 428 (2021), which would grant the Task Force an extension. Regardless of the passage of SB 428, the Task Force shall submit an interim progress report.• To date, the Task Force has had limited ability to engage communities including BIPOC communities in Oregon.• Senate Bill 889 (2019) and transitioning to value-based payment arrangements among Oregon hospitals. Tribal communities are unlikely to support movement to value-based payment models. Historically, tribal communities have and continue to support tribal best practices including a focus on prevention.• Sufficient transition time to allow all delivery organizations to move to value-based payment model(s). Regardless of payor source(s), how providers are paid matters.• Quality incentives, financial incentives, and provider accountability as key concepts in a reformed care model.• Outstanding items to prioritize for extension if SB 428 passes.• Ensure important elements contained in the progress report are appropriately described as incomplete. For example, a number of proposals adopted by the Task Force were adopted with “reservations” and may be revisited during the extension, if granted, and any final proposal will need community input as part of the extension.• Clarify the work of the Intermediate Strategies Work Group will not achieve the goals of SB 770. Rather, member-generated concepts are intended to offer steps in the direction of SB 770.• Task Force is responsible for determining what’s needed to implement universal health care proposal in Oregon including federal waivers.• Recognition there’s a range of proposals with key feasibility considerations contingent on receiving federal waivers and approvals.• Complexity of regional systems, regional financing, and consideration of regional systems as “risk bearing” entities.• Provider Reimbursement Technical Advisory Group (TAG) and whether regional entities should serve as risk bearing entities. Alternatively, ensuring regional entities have adequate community involvement and authority to be responsible for capital allocation.



	<ul style="list-style-type: none"> • Regional entities to serve as a conduit for engaging with local government municipalities. The number of regions including any geographical considerations have yet to be addressed by the Governance TAG. • Richness of benefit package coupled with no cost-sharing and how these design elements will impact projected costs of the final proposal is unknown at this time. • Reasonable recommendations with respect to evidence-based benefits, use of formularies, equity and inclusion considerations in determining benefit coverage. • Concerns with Medicare Part B premiums and removing cost-sharing for Medicare enrollees in a single-payer system, which will require non-Medicare beneficiaries to offset existing premiums and co-pays currently paid by Medicare beneficiaries. • Lack of clinical studies that include BIPOC communities results in insufficient clinical evidence to inform evidence-based benefit model.
Action Items	<ul style="list-style-type: none"> • Agreement to submit an intermediate report in June. Report will show remaining tasks that still need to be completed. Moreover, the June intermediate progress report needs to clearly convey to the legislature the report is a status update, and not intended to convey a preliminary single-payer proposal for Oregon. • Task Force adopted the revised benefit proposal's four recommendations (see revised proposal) with reservations around cost controls, evidence-based coverage model, and exclusion of patient cost-sharing (premiums and co-pays).
Follow-up Questions	<ul style="list-style-type: none"> • Learn about Connecticut's transition of its Medicaid program from managed care to fee-for-service. • Information on Regional Health Equity Coalitions (RHECs) in Oregon.
Revisit Later (Parking Lot)	<ul style="list-style-type: none"> • Prioritize community engagement if extension is granted. • Whether the adopted benefit package may be revisited at a future time depending on the total costs of the benefit proposal. Future considerations may include pharmaceutical coverage and cost-sharing including exploring whether any cost-sharing can avoid creating administrative burden.
Meeting Materials	<ul style="list-style-type: none"> • Staff Presentation • Task Force Meeting Summary, March 25, 2021 • Consumer Advisory Committee Meeting Summary, March 15, 2021 • Intermediate Strategies Work Group Meeting Summary, March 26, 2021 • Intermediate Strategies Work Group Meeting Summary, April 16, 2021 • Intermediate Strategies Work Group – Member Generated Concepts, April 15, 2021 • Finance and Revenue Technical Advisory Group (TAG) Meeting Summary, March 31, 2021 • Finance and Revenue TAG Meeting Summary, April 14 • Summary of Benefits - Proposal Changes • Summary of Governance TAG Decisions for Review • Public comment (see OLIS)