

# Extension Workplan Proposal\*

*\*Pending passage of Senate Bill 428 (2021) with sufficient funding*

---

## PROPOSAL OVERVIEW

**Deliverable:** Final report due February 1, 2022.

**Task Force Meetings:** Task Force (TF) reviews extension workplan proposal at June 9, 2021 meeting and work begins July 1, 2021. Monthly meetings throughout the extension period. Final meeting in January 2022. No meetings December 13, 2021 – January 14, 2022 (5 weeks) to allow time to finalize report.

**Task Force Membership:** Task Force member terms expire January 31, 2022.

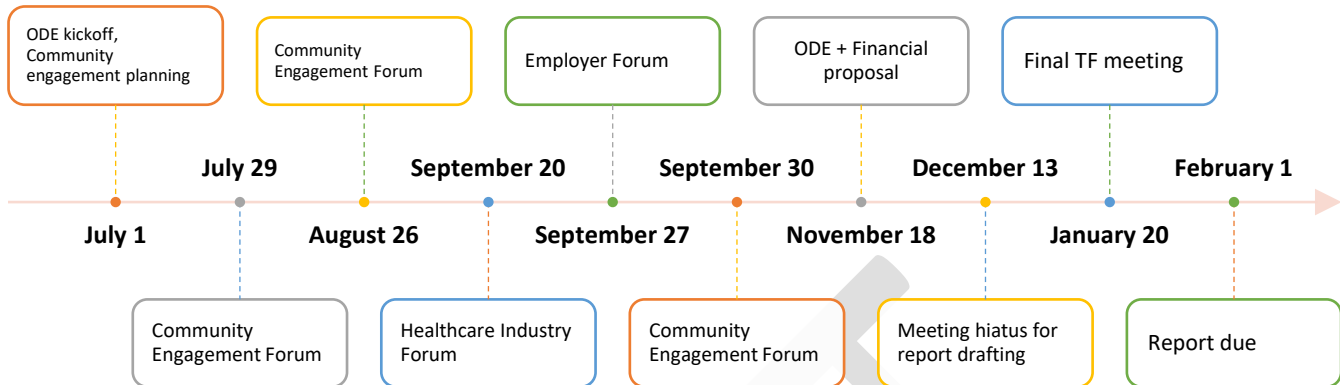
**TAGs and CAC:** All Technical Advisory Groups (TAGs) and Consumer Advisory Committee sunset June 30, 2021.

**Project Team:** Staff from the Legislative Policy and Research Office (LPRO) and the Oregon Health Authority's Office of Health Policy will continue to support the Task Force. Staff from the Legislative Revenue Office (LRO) may provide consultation. Additional contract support will be brought on as needed.

**Key Activities:** If granted an extension and sufficient funding through [Senate Bill 428](#), the Task Force will complete key activities between July 2021 and January 2022. Staff have organized these activities into three categories (see pg. 2 for proposed timeline of activities).

- **Public Engagement:** Monthly Task Force meetings; devote 1-2 hours each meeting for interactive engagement forums. Feedback from public engagement will be incorporated into the final report.
  - Three community engagement forums
  - Healthcare industry forum
  - Employer forum
- **Outstanding Design Elements (ODE)**
  - A new workgroup of Task Force members tasked with answering outstanding design element questions.
  - Workgroup will meet 5-6 times; recommendations will be incorporated into the final report.
- **Legal and Financial Analysis**
  - Prepare analysis of federal and state statutes and waiver authorities.
  - Revise and expand integrated financing proposal consisting of projected health care expenditures, potential savings estimates, and revised revenue estimates based on initial TAG proposals.
  - Develop estimates of costs and savings at individual and stakeholder group level based on revised proposal (e.g., comparison of status quo household costs vs. costs and savings under proposal).
  - Subset of Task Force members may be asked to advise and give feedback on revised financial proposals as they are being developed.

**Figure 1. Proposed Timeline July 2021-January 2022**



## TASK FORCE

During the extension, the Task Force will review public feedback, finalize outstanding design elements, and integrate both into final set of recommendations documented in the final report.

**Task Force role:** Offer direction to ODE workgroup and community forums (see below). Integrate outstanding design elements and evaluate community feedback in finalizing its recommendations. Vote on final report with recommendations, with yes and no votes captured in final report prior to submitting it to the legislature.

**Timeline:** Continue meeting monthly. Each meeting during July-September includes two-hour interactive community engagement forums (see below), with one hour for other TF business including report backs from Outstanding Design Elements workgroup. Meetings October-December will focus on integrating design elements and responding to community feedback into a final set of recommendations.

**Project Team:** LPRO lead with support from OHA.

## PUBLIC ENGAGEMENT

The purpose of public engagement throughout the extension is to hold:

- Community engagement forums to solicit feedback on design element proposals outlined in June status report.
- Discussion forums to solicit feedback from the health care industry and employers on design element proposals outlined in June status report.

For the health care industry, the Task Force will solicit targeted feedback on the Provider Reimbursement and Governance TAG proposals. Similarly, members will solicit input from employers on the Finance and Revenue TAG proposal.

**Task Force role:**

- **Community engagement forum planning meeting:** TF members and interested former CAC members develop outreach plan, draft summary documents and a discussion guide to accompany outreach plan. Invite legislators to promote community engagement forums. Task Force members will be encouraged

to conduct outreach as well. Community engagement forums will be scheduled as part of monthly Task Force meetings.

- **Health care industry forum planning meeting and employer forum planning meeting:** Members identify stakeholder invitees, prepare summary documents and discussion guide. Interested TF members are to attend forums, which will be distinct meetings, separate from the monthly Task Force meetings.

**Timeline:** Task Force reviews plan in June, work begins July 1. One community engagement forum planning meeting first week of July. Three community engagement forums July-September (full TF attend). One health care industry discussion forum prep meeting mid-July; one health care industry discussion forum September (interested TF members attend). One employer discussion forum prep meeting mid-July; one employer discussion forum September (interested TF members attend).

	Forum	Attending	Timing
<b>Community Engagement</b>	Open invitation to general public; focused outreach to organizations representing BIPOC and rural Oregonians	Full Task Force attends	1 planning meeting July 3 forums Jul-September
<b>Health Care Industry</b>	Open invite to anyone interested in this topic; specifically reach out to OMA, ONA, BH (COPACT), OPCA	Interested TF members attend	1 planning meeting July 1 forum Sept
<b>Employer</b>	Open invite to Oregon employers	Interested TF members attend	1 planning meeting July 1 forum Sept

**Project Team:** OHA lead with contract support TBD.

#### OUTSTANDING DESIGN ELEMENTS WORKGROUP

New workgroup of Task Force members tasked with answering outstanding design element questions.

**Workgroup role:** Answer a finite list of outstanding design element questions. The Task Force will be given an opportunity to provide feedback on the answers developed by the ODE workgroup. Both the workgroup answers and Task Force feedback will be captured in the final report.

**Timeline:** July – October, 6-7 meetings

Topic	Outstanding Design Elements
<b>SDOH</b>	How will the Plan address SDOH? Will it be listed as a reserve power (for e.g. the Single Payer must invest in services and supports to address SDOH)? For purposes of the Task Force proposal, how does the Task Force define SDOH, building on the OHA definition by acknowledging racism and colonialism as important social determinants?
<b>Provider workforce</b>	<ul style="list-style-type: none"> <li>• <b>Network adequacy:</b> How will the Single Payer ensure a sufficient number of providers to meet member need? Are there member-to-provider ratios that the single payer should strive to meet? How will the Single Payer make determinations on issues that used to fall under the category of “network adequacy”? For example, appointment wait times, travel distance to a primary care provider or specialist?</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Requiring provider participation:</b> Are providers required to participate in the plan? If a member sees a provider who is not contracted with the Single Payer, are their services covered? Are there cost-sharing implications? Will there be an “out-of-network” option? And if so, what will it look like?</li> <li>• <b>Role of private insurance:</b> What is the role for private insurance, and how will it impact provider participation, overall cost, and administrative scope?</li> <li>• <b>Private pay patients:</b> Can providers offer services that the Plan covers to private- pay patients?</li> </ul>
<b>Financial emergency</b>	How will the Plan be prepared for cases of emergency that require unforeseen costs? How will the “rainy-day fund” (reserves) be structured and funded?
<b>Transition plan</b>	<ul style="list-style-type: none"> <li>• <b>Board:</b> What steps need to be taken to establish the Board? How will the Board transition from the status quo to the new Plan? How much time will it take to establish new functions/roles? What types of administrative structures are necessary for updating benefits (including coverage of new treatments and technologies and prescription drug benefits), regional global budgets, and cost-sharing?</li> <li>• <b>Single Payer:</b> What steps are necessary to establish the Single Payer entity? Should it be housed in an existing agency or a new agency?</li> <li>• <b>Regional Entities:</b> What steps are necessary to establish Regional Entities? How should the regions be developed / selected? What entities are eligible to be regional entities? How can existing regional entities (e.g. RHECs, CCOs, etc.) be leveraged?</li> <li>• <b>Waiver timeline:</b> Based on the legal analysis of needed waivers, when should Oregon aim to submit federal waivers, given existing agreements and cycles? How long should we anticipate getting waivers will be needed and what other implementation activities are waiver dependent?</li> </ul>

**Project Team:** OHA lead with contract support TBD.

## FINANCIAL PROPOSAL FOR THE PLAN

With guidance from a small subset of Task Force members, the project team will prepare a proposal to finance the Plan. The Task Force will review and finalize the proposal, which will include five components:

- Total projected health care expenditures under the Plan, including estimated administrative savings
- Revenue estimates resulting from new revenue sources
- Legal analysis of federal and state authority to determine ongoing federal and state financial contributions
- Analysis of the redistribution of status quo expenditures in the new proposal
- Analysis of combined costs and savings for households and select stakeholder groups (e.g., employers) under the Plan vs. status quo

The goal is to provide the Task Force with estimates of total health care spending coupled with revenue by funding source(s). Staff will work with individuals with appropriate expertise to develop an integrated proposal for the Task Force to review.

Using TAG proposals as guidance, the Task Force will receive estimates of health care expenditures including administrative savings, which will inform revenue targets. Furthermore, revenue methods proposed by the F&R TAG plus revenue sources from existing federal and state healthcare financing mechanisms will be considered.

The final financing proposal will assess current and potential future federal contributions to health spending in Oregon, as well as any additional state revenue required to fund the proposal. Any revised revenue estimates are to be considered in the context of projected expenditures required to fully fund the final proposal.

**Task Force Role:** Review revenue package in the context of the broader financing proposal including revised projected costs and potential saving estimates. Task Force members and other experts may advise on the financial proposal.

**Timeline:** August – November.

**Project Team:** OHA project coordination; Actuarial consultant (TBD) support total expenditures analysis; request of LRO to support revenue estimates (TBD); contractor to support legal analysis of federal and state authority with coordination from LPRO.

DRAFT