

Joint Task Force on Universal Health Care



Task Force on Universal Health Care

August 26, 2021

Chair Bruce Goldberg

Vice-Chair Zeenia Junkeer

Agenda

- Opening remarks and reflections
- Member feedback and guidance
- Outstanding design elements
- Public comment
- Public engagement
- Wrap up and next steps

Public Testimony – July/August

- Resources for consideration: summary of national health care delivery and financing issues and solutions; summary of national tax reform strategies to support universal health care
- COVID-19 underscored the need for improved coverage for all Oregonians
- Retirees on a fixed income are charged \$875 for a bare bones federal health plan
- Community engagement methods resources from Dr. Rebecca Schoon underscoring the range of possibilities
- A robust public engagement process is necessary to successfully achieve a universal health care system grounded in the Purposes, Values and Principles in SB 770 (2019)

Member Feedback and Guidance

Laurel Swerdlow
Dr. Bruce Goldberg

Methods

- 13/14 voting members participated
- 30-minute video calls 7/29/21 – 8/3/21
- Semi-structured interviews
- 4 questions
- Staff identified key themes - concepts conveyed by more than one participant
- Themes are not necessarily areas of consensus

Questions

1. What worked well in the past year?
2. What are areas for improvement?
3. How should the Task Force prioritize the budget?
4. What does success look like at the end of the Task Force?

1. What worked well?

- Member participation, commitment, and engagement
- Staff support
- Chair and vice-chair leadership
- Legislator engagement

2. What are areas for improvement?

- Increase allotted time for deliberation at meetings
- Invite recognized experts to inform policy development
- Reconsider role of steering subcommittee
- Prioritize public engagement; provide members with communication tools
- Engage industry stakeholders and employers
- Hold in-person meetings when safe to do so



3. How should the Task Force prioritize the budget?

- 6 members prioritized Financial Analysis; 6 members prioritized Public Engagement; 2 members prioritized Outstanding Design Elements
- Develop a credible, accurate, and complete financial analysis
- Financial and revenue analysis that informs who will benefit from the Plan
- Engage BIPOC and rural communities to refine the draft Plan
- Engage conventional critics of Single Payer

4. What does success look like?

- Prepare an actionable proposal for the legislature
- Distinguish proposal from implementation plan
- Center the voices of individuals most impacted by the Plan
- Increase awareness and education about the Plan

Discussion

- What, if anything, from these themes surprised you?
- Are there any insights that emerged from your 1:1 that you would like to share?

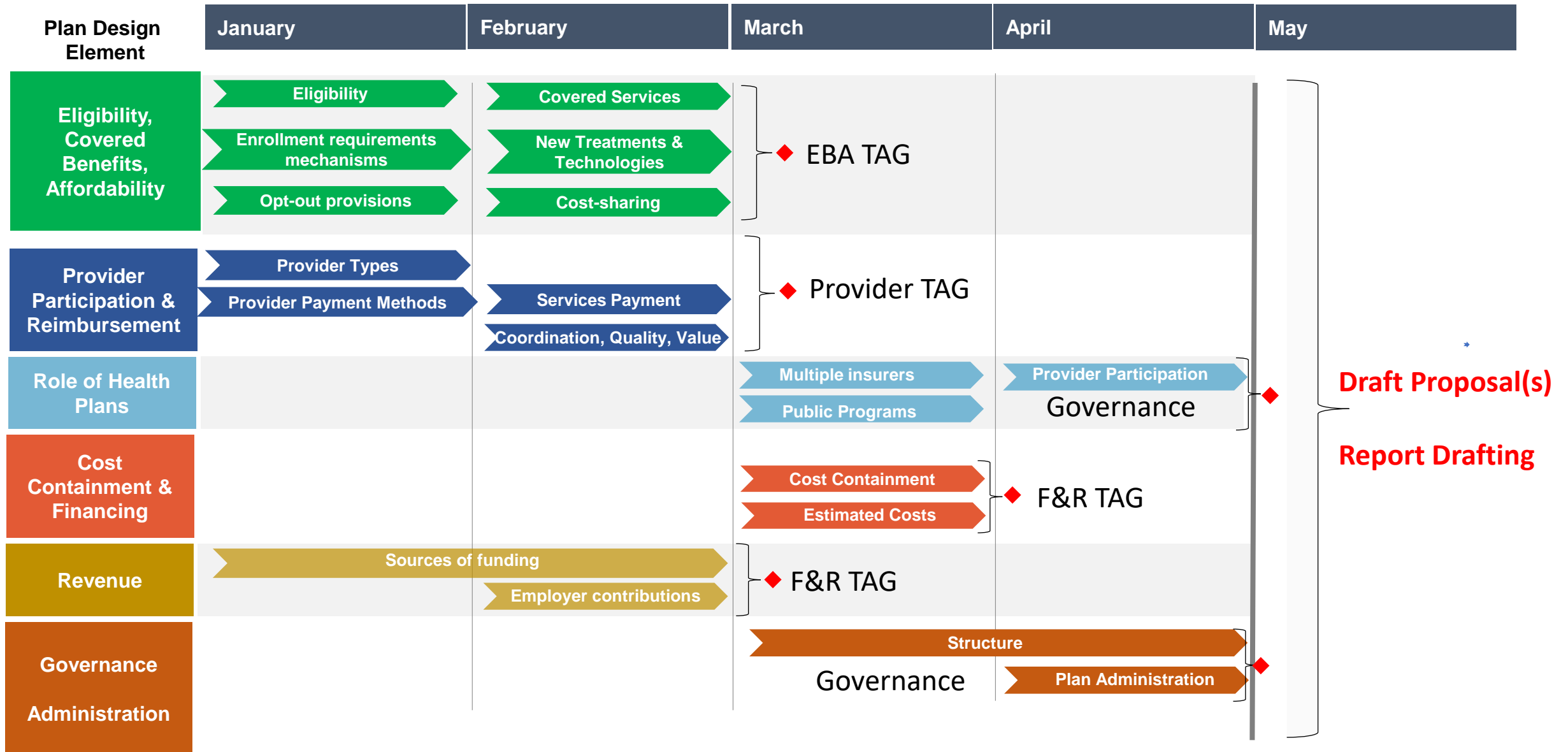
Outstanding Design Elements

Laurel Swerdlow
Dr. Bruce Goldberg

Overview of SB 770 (2019)

- Establishes the **Task Force on Universal Health Care** to recommend the design of the **Health Care for All Oregon Plan**
 - A universal health care system that is equitable, affordable and comprehensive; provides high quality health care; and is publicly funded and available to every individual residing in Oregon, as well as non-residents working in Oregon who contribute to the plan
- Requires recommendation on the design, makeup, and governance of the **Health Care for All Oregon Board** overseeing the Plan
- Requires recommendation on how the Plan should be financed

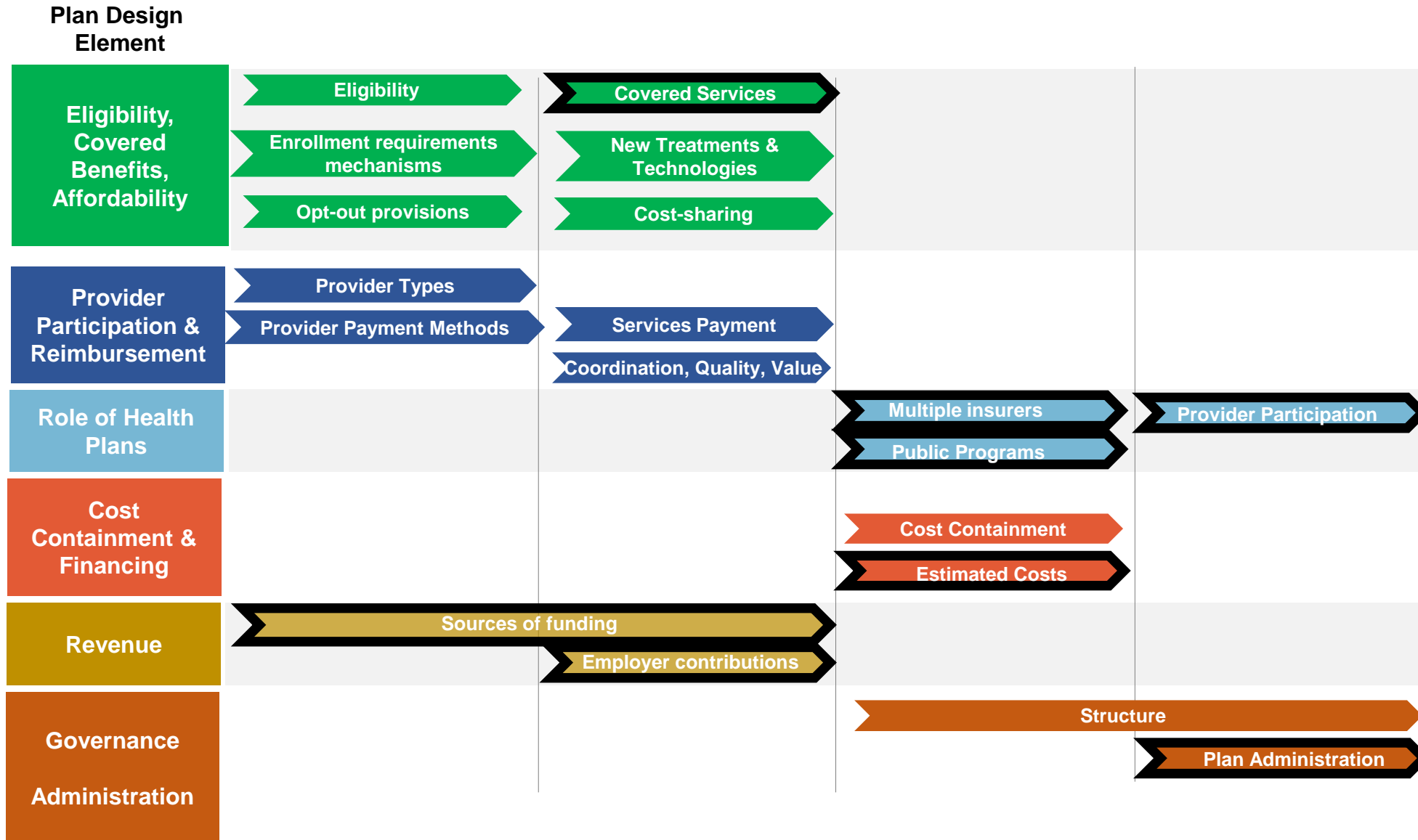
Plan Design Elements & Draft Timeline 1/28/21



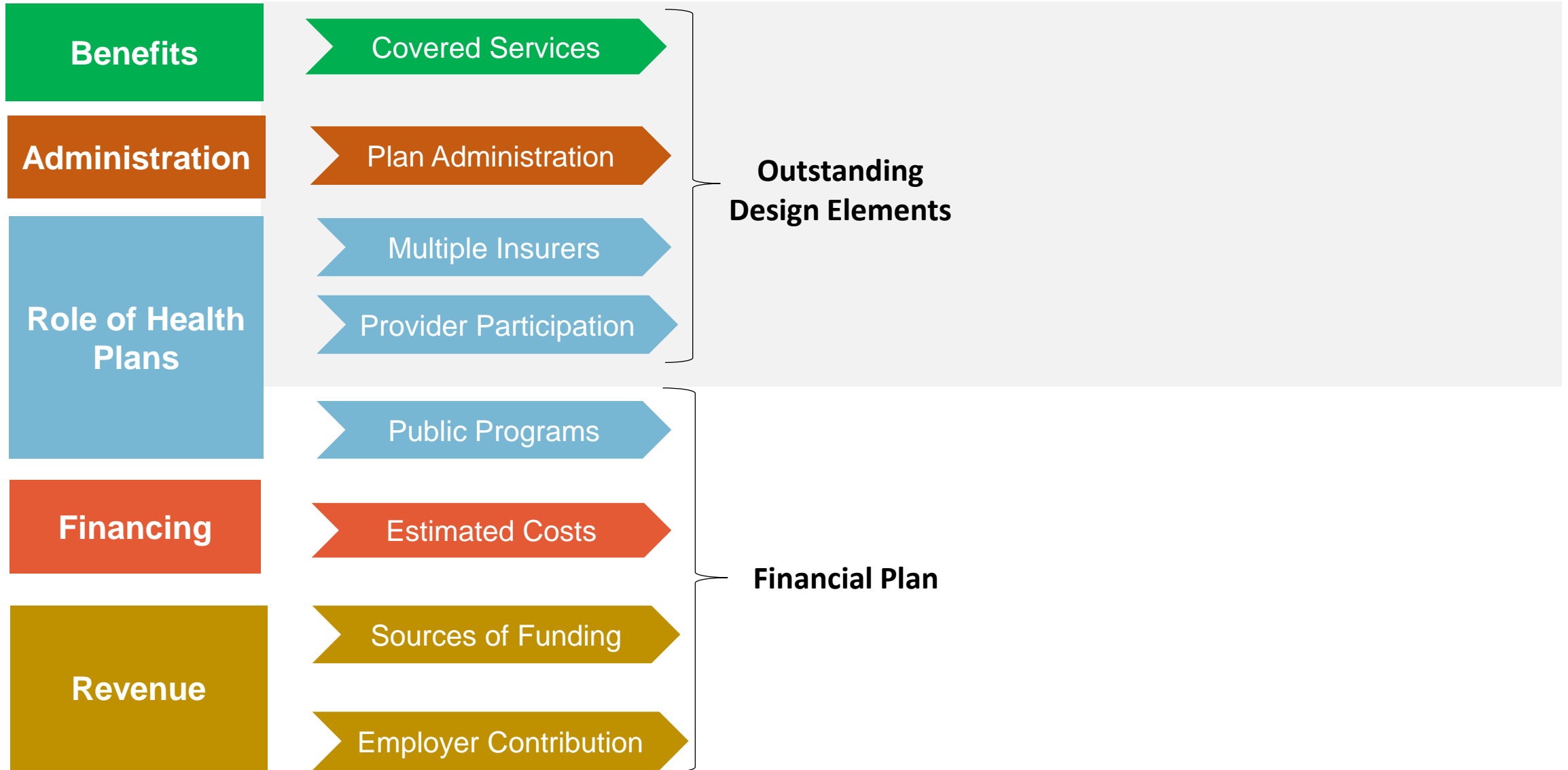
Guiding Values

- The Single Payer is dedicated to **improving the health** status of individuals, families and communities.
- Health care, as a fundamental element of a just society, is to be secured for all individuals on an **equitable basis by public means**.
- Access to a distribution of health care resources and services according to each individual's needs and location within the state should be available. 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**.
- The components of the system must be **accountable and fully transparent** to the public.
- 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.
- The Single Payer and Regional Entities must prioritize their obligations to individuals, families and communities of Oregon with the **sound stewardship of taxpayer dollars**.

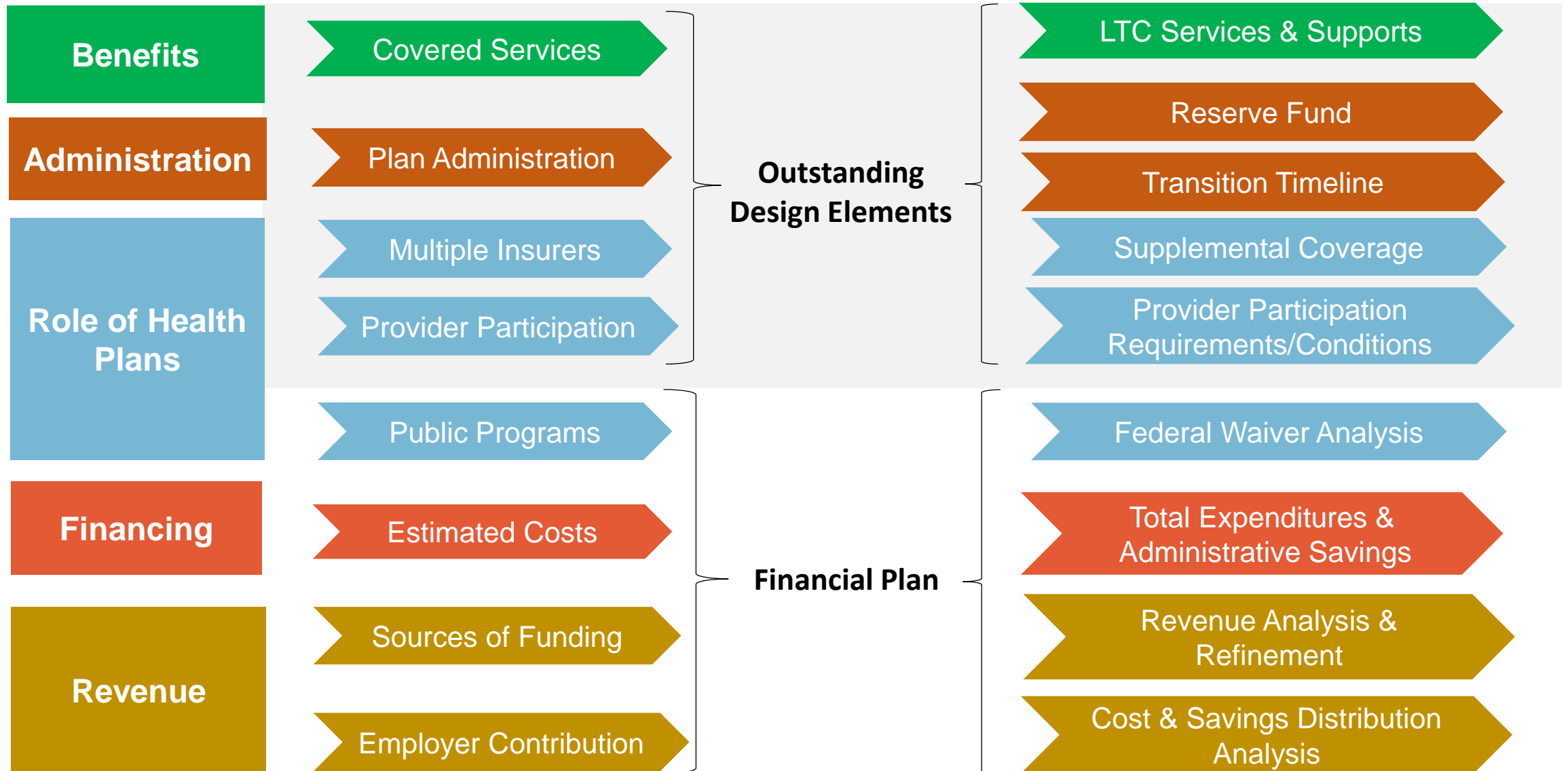
Plan Design Elements



Proposed Plan Design Elements for Extension



Proposed Plan Design Elements for Extension



Outstanding Design Elements: September 2022 Report

1. Long term care services and supports
2. Existence of reserve fund
3. High level transition timeline
4. Supplemental coverage
5. Provider participation requirements and conditions



Public Comment

Public Engagement

Sarah Knipper
Dr. Rebecca Schoon
Dr. Zeenia Junkeer

Requirements of SB 770

In developing recommendations to the Legislative Assembly for the plan, the task force shall **engage in a public process to solicit public input on the elements of the plan** described in subsections (1), (4), (7) and (8) of this section. The public process must:

- Ensure input from individuals in **rural and underserved communities** and from individuals in communities that experience health care disparities;
- Solicit public comments **statewide** while providing to the public evidence-based information developed by the task force about the health care costs of a single payer health care financing system, including the **cost estimates** developed under subsection (2) of this section, as compared to the current system; and
- 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 whose insurance coverage represents **a range of current insurance types** and individuals who are uninsured or underinsured; and
 - Individuals with a **range of health care needs**, including individuals needing disability services and long term care services who have experienced the financial and social effects of policies requiring them to exhaust a large portion of their resources before qualifying for long term care services paid for by the medical assistance program.

Audiences for Engagement

1. Health care industry
2. Employers
3. Communities/members of public
 - Consensus to include #1 and #2
 - Conversation today is primarily about #3

Goals of Public Engagement

- Demonstrate commitment to authentic engagement as part of universal health care policy development and implementation
- Share elements of proposed plan
- Provide space for public to learn, react, ask questions, offer criticisms
- Engage with skeptical members of public
- Allow space to build trust between and among public and Task Force

Proposed Model for Engagement

- Public policy participation (formerly, "Citizens Jury"/townhall)
- Members of public hear "expert testimony" on relevant issues
- Small groups discuss questions with support of trained facilitator
- Emphasize authentic listening to reach near-consensus recommendations
- Advantages of model
 - Well-suited for politically divisive/complex issues; emphasizes learning & dialogue
 - Opportunity to be informed before responding
 - Humanize the issue and people's responses in small groups
 - Centers participants as experts in their own experience

Crucial Pieces of Engagement Model

- Recruit diverse community representatives
- Work with (and fund) community organizations for outreach, recruitment, planning assistance
- Be clear with what is and what isn't up for feedback, and what will happen with public feedback
- Have trained/paid facilitators supporting the discussion
- Create opportunity for relationship building among small groups
- Dissemination plan and opportunity for feedback
- (Optional) Pre-meeting outreach w/participants to identify topic areas

Role of Task Force in Public Engagement

- Clearly identify...
 - What questions do you want community feedback on?
 - What questions/issues do you not want community feedback on?
 - What will happen with feedback that is provided?
- Give agency and influence to community organizations as partners and experts in their own communities
- Represent TF at engagement sessions with curiosity and open mind

Potential Issues for Engagement

- Introduce rationale for UHC/solicit priorities, questions, & preferences
- Introduce draft plan and ask questions on preferences re: specific components
- What values and principles should guide the plan? What is equitable?
- What would you want from a universal health care system?
- What should be the priorities? (Tradeoffs)
- Do you see yourself represented in this plan? What gaps do you see in what has been shared?

Sample Meeting Outline

- I. Welcome/Introduction/Overview of Meeting (10 minutes)
- II. Ice-breakers/relationship-builders (20 minutes)
- III. Round 1: "Expert" testimony/Q&A (30 minutes)
- IV. Round 1: Small group facilitated discussion (45 minutes)
- V. Break (15 minutes)
- VI. Round 2: Expert testimony/Q&A (30 minutes)
- VII. Round 2: Small group facilitated discussion (45 minutes)
- VIII. Wrap Up/Thank You/Next Steps (15 minutes)

Logistical Considerations

- In-person vs. remote meetings
 - Can be adapted for remote with some creativity
- Location prices differ
- Length of engagement with communities
 - Could do multiple phases per location
 - Opportunity for deeper feedback loop between TF & community
 - Financial support of CBOs
- \$100k budget examples
 - 1 phase approach with 7 in-person locations (including PDX) and 3 remote meetings
 - 2 phase approach with 4 in-person locations (excluding PDX) and 4 remote meetings
- Thoughtful recruitment
 - Demographics/geography
 - Open to anyone vs. targeted recruiting?
 - Participant stipend?



Discussion

- Is this a good/right model to use based on our values and conversations about engagement?
- Do you believe this model will center meaningful engagement of communities deeply impacted by health inequities and challenges engaging with our current medical model?
- What are your thoughts on the role of the Task Force in public engagement? Does this align with what you have heard as part of the Task Force's conversation on engagement?

September Task Force Schedule

- Homework: Are there specific experts you would like to invite over the next 12 months?
- September 9: Task Force meeting
 - Coverage landscape presentation
 - Financial plan
 - Review updated extension plan proposal
- September 20 – 24: scheduled Special Session and Legislative Days
- September 30: Task Force meeting
 - Review revised extension plan
 - Finalize extension plan
 - Outstanding items from September 9 meeting