

# Joint Task Force on Universal Health Care



**Task Force on Universal Health Care**

September 9, 2021

Chair Bruce Goldberg

Vice-Chair Zeenia Junkeer

# Agenda

- Opening remarks and reflections
- Community engagement
- Break
- Public comment
- Financial Analysis
- Task Force External Communications
- Wrap up and next steps

# Public Testimony – September 9<sup>th</sup>

- Consider prioritization of clinically effective treatments tied to specific diseases (e.g., Oregon's Prioritized List).
- Allow supplemental health insurance for individuals who want coverage of services or benefits not covered by the single-payer plan.
- Public is largely unaware of the Task Force and its work; recommend the Task Force distribute press release to civic and business organizations; use social media.
- Review and learn from informational forums held in the 1990s, resulted in creation of Oregon Health Plan (OHP).
- COVID-19 pandemic has highlighted the equity disparities of access to health care for Oregonians, worsened healthcare outcomes well as increased costs. Any single-payer plan must provide actual solutions to the problems of poor outcomes, high cost and inequity.
- Financing – have the Task Force be able to answer, “how we will pay for it?”

# Community Engagement

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# BUILDING A COMMUNITY ENGAGEMENT PLAN



Who – Audience



Why – Goals



What – Public Policy Participation



How – Timeline & Workplan

# SB 770 Section 6(3) on Public Input

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.

# Who – Public Engagement Audiences

## Communities

- Rural and underserved communities
- Communities throughout the state
- Communities that experience health care disparities
- *BIPOC*
- Individuals whose insurance coverage represents a range of current insurance types
- Individuals needing disability services and long-term care services

## Business

- A range of businesses, based on industry and employer size
- *Unions*

## *Health Care industry*

- *Providers*
- *Health care administrators*
- *Payers*

“Public engagement” refers to the process of soliciting public input.

It includes **community** engagement, **business** engagement, and **health care industry** engagement.

Today we are focusing on **community engagement**.





# Why – Community Engagement Goals

- Improve the health status of individuals, families and communities
- Remind the public of the Task Force charge in SB770 (2019)
- Share elements of June 2021 interim status report and explain process
- Provide authentic space for public to learn, react, ask questions
- Get feedback from communities on specific questions and issues
- Allow space to build trust between and among public and Task Force

# What – Engagement Model

- 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

# Engagement Model Considerations

- Public Policy Participation model requires intentional outreach to ensure a range of perspectives and lived experiences represented
- Space needs to be open to people regardless of their thoughts and feelings towards single payer
- Additional content needed to support TF members in conducting outreach separate from community forums
- Online webinar summarizing the June Interim Status Report with a link to submit comment

## How - Logistical Considerations

- In-person vs. remote meetings
- Number of locations
- Number of paid facilitators per meeting
- Travel reimbursement
- Single vs. Two phase approach
- Community Based Organization role
  - Financial support
- Participant stipend
- \$100k budget example
  - Two phase approach with 8 remote and 6 in-person meetings

# Sample - Two Phase Approach

- 8 remote meetings, 6 in-person meetings
- 6 regions: Bend, Coos Bay, Eugene, Medford, Pendleton, Portland
- Two phase approach
  - Phase 1: 7 remote meetings
  - Phase 2: 6 in-person meetings [COVID curve permitting] + 1 remote meeting
- Two paid facilitators per meeting
- Two to three task force member representatives (“expert testimony”); member travel reimbursed
- CBOs reimbursed for supporting recruitment and content development
- Small participant stipend

# Sample Two Phase Approach Timeline

- Sep – Oct: CBO Outreach, Facilitator Procurement

- **Nov – Feb: Phase 1 Remote**

- 6 remote forums organized in partnership with CBOs
- Regionally recruit near Bend, Coos Bay, Eugene, Medford, Pendleton, Portland
- 1 statewide remote forum

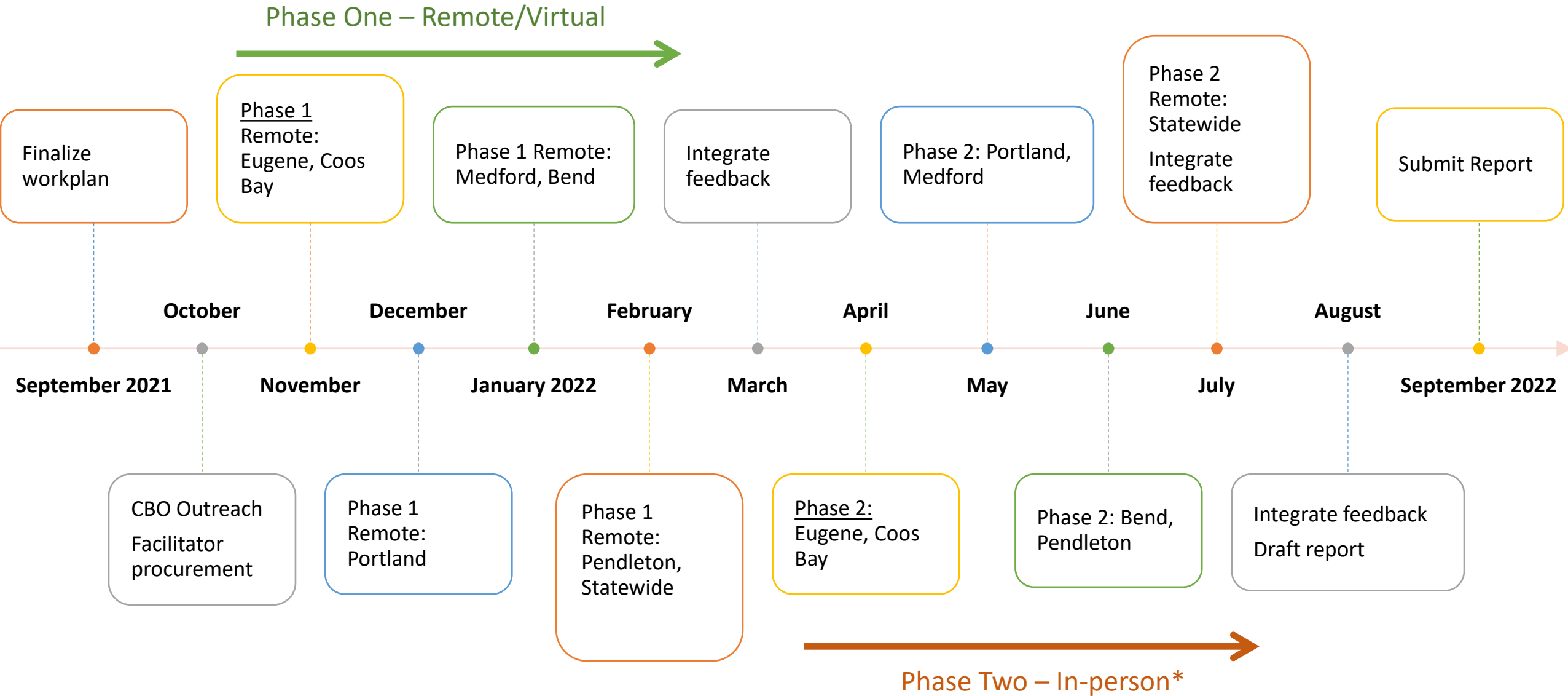
➤ Feb – Mar: Integrate Feedback

- **Apr – Jul (2022): Phase 2 In Person**

- 6 in-person forums organized in partnership with CBOs
- In person in Bend, Coos Bay, Eugene, Medford, Pendleton, Portland
- 1 statewide remote forum

➤ Aug – Sept: Integrate Feedback, Draft and Submit Report

# Sample Two Phase Approach Timeline



\*Any in-person meetings will depend on the status and severity of the COVID-19 pandemic and necessary public health precautions



# Public Comment



# Financial Analysis

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# Proposed Financial Analysis Scope

Cost/Savings Analysis

Revenue Analysis

Distribution Analysis

Federal Considerations

# Cost/Savings Analysis

- National actuarial firm prepare estimates for total expenditures
- Use eligibility criteria, benefits, and provider reimbursement proposals outlined in the June Interim Status Report
- Prepare estimates for years 1-3 of implementation (implement year TBD)
- Consult with the Task Force and project team to review key assumptions required to generate cost and savings estimates
- Final deliverable include admin costs and comparison to status quo
- Conduct cost/savings estimates with and without Medicare integration
- Deliverable allow for provider reimbursement adjustment

# Revenue Analysis

Legislative Revenue Office assess total revenues by source of:

- Current system
- June Interim Status Report
- June Interim Status Report without Medicare integration
- Implementation vs. steady state year

# Distribution Analysis

How will Oregon's health care expenditures change under status quo vs. single-payer (with and without Medicare)? What about for households and employers?

- Assess the system-level impact on expenditures and revenues
- Assess the impact on expenditures and affordability for residents and employers

# Federal and State Considerations

## **Federal and state authorities related to maintaining ongoing federal and state financial contributions:**

- Comprehensive waivers of federal statute needed due to federal requirements related to Medicaid, Medicare, the Affordable Care Act (Insurance Marketplace), TRICARE, and Veteran's Administration programs and funds.
- Impacts Oregon's administration of state programs such as PEBB and OEBC
- Legal complexity involved with implementing revenue programs, including the ways in which ERISA limits a state's ability to regulate employer sponsored coverage and the financial participation of Oregon and multi-state employers

## **Establishing the following:**

- Single Payer entity
- Single Payer Public Trust Fund
- Legal aspects the Single Payer's legal authorities
- Ensuring sufficient reserves

# Communications

Dr. Bruce Goldberg

# Task Force – Rules and Operating Procedures

Clarify and agree on process around external communications by Task Force Members

- Task Force adopted rules and operating procedures – Sept. 2020 ([link](#))
- Members are requested to include both the Chairperson(s) and Task Force staff in written communications commenting on the Task Force's deliberations (see pg. 6)
- Materials and written comments will be posted to the Task Force web page



# Task Force – External Communications

## Process Proposal

- **Yes/No** – written communications representing the work of the task force should be shared with the chair and vice-chair and LPRO staff in advance (per adopted rules)
  - E.g., member response to an editorial or other published material
- **Yes/No** – a member’s written communications commenting on the work of the Task Force that are published (in writing or online)—are to be shared with the full task force and published on OLIS (per adopted rules)
- **Yes/No** – any formal written communication representing the work of the task force (i.e., deliberations, draft proposals, or recommendations) should be reviewed **and** agreed upon by the full task force during a public meeting prior to its dissemination

# September Task Force Schedule

- September 20 – 24: scheduled Special Session and Legislative Days
- September 30 : Task Force meeting
  - Review and finalize updated extension plan
  - Outstanding items from September 9 meeting
  - Legislative Session update