Revised Workplan Proposal 2021-2022

PROPOSAL OVERVIEW

Deliverable: Final report due September 30, 2022.

Task Force Meetings: Task Force reviewed a draft extension workplan on June 9, 2021. In June, the legislature passed Senate Bill 428, providing the task force a 12-month extension and additional funding to support its work into 2022. In August and September, the Task Force received and discussed three key activities of the proposed work plan (see below). Based on these conversations, staff revised the workplan. As in phase one of its works, the Task Force will continue to meet monthly throughout the extension period.

Task Force Membership: Task Force member terms expire January 31, 2022. Voting members will need to be reappointed by Governor Brown and reconfirmed by the Senate before January 31, 2022.

Project Team: Staff from the Legislative Policy and Research Office (LPRO) and the Oregon Health Authority (OHA) Office of Health Policy will continue to support the Task Force. Staff from the Legislative Revenue Office (LRO) has been asked to provide consultation. Additional contract support will be brought on as needed, including a national actuarial firm to conduct the financial analysis.

Key Activities: Task Force will complete key activities between July 2021 and September 2022. Staff have organized these activities into three categories (see pg. 2 for proposed timeline of activities).

- ➤ Engagement: Public engagement to solicit public input, including a two-phased approach for community engagement that will entail facilitated focus groups and interactive listening sessions, as well as engagement of the business community and healthcare industry. Feedback from public engagement will be incorporated into the final report.
 - Community engagement forums around the state
 - Healthcare industry forum(s) (providers, health care organizations, and payers)
 - Business forum(s) (small/large employers, unions)

Outstanding Design Elements (ODE)

 Task Force meetings will focus on outstanding design element questions; recommendations will be incorporated into the final report.

> Financial and Revenue Analysis

- Cost and savings analysis proposal consisting of projected total health care expenditures, forecasted savings estimates, and revenue estimates based on June interim status report.
- Conduct a distribution analysis assessing the impact of the revised proposal on expenditures and affordability for residents and employers (e.g., comparison of status quo household costs vs. costs and savings under proposal).
- Prepare analysis of federal and state statutes and waiver authorities.

Phase One - Community Engagement Phase Two - Community Engagement Review Revenue Integrate ODF-Provider Phase One Proposal Integrate Finalize Workforce ODE - SDOH Engagement Estimates Phase Two Submit Report workplan Financing Model Business Forum December October February April June August September 2021 May November January 2022 March July September 2022 ODE-Transition CBO Outreach ODE-SDOH Final Financial Review Finalize Report + Planning & Revenue Actuarial Facilitator Recommendations Revenue Estimates Estimates procurement Health Care Forum

Figure 1. Proposed Timeline July 2021-September 2022

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

TASK FORCE

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

Task Force Role: Consider public engagement (see below). Integrate outstanding design elements and evaluate public input 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 will involve the members reviewing policy considerations related to finalizing the Plan, consideration of public input, and assessing the financial and revenue estimates. Meetings in the summer and spring of 2022 will focus on integrating design elements and responding to public input in 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 solicit input through engagement of consumers, communities, businesses, and the health care industry:

- Community engagement forums for the Task Force to share elements of interim status report, explain
 the process thus far; provide authentic space for public to learn, react, ask questions; receive feedback
 from a plurality of communities on specific questions and issues; allow space to build trust between
 and among public and Task Force.
- Business and health care industry forums to solicit feedback from the health care industry and employers on the proposed Plan including financing and revenue estimates.

For the health care industry, the Task Force will solicit targeted feedback on the interim proposal described in the June interim status report. Similarly, the Task Force will solicit input from employers and businesses on the interest in a single-payer system, including the estimated financial and revenue implications based on the work of the Task Force.

Task Force Role:

- Community engagement planning meeting: Task Force members and interested former consumer advisory council (CAC) members review 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.
- Health care industry forum planning meeting and business forum planning meeting: Members
 identify invitees, prepare summary documents and discussion guide. Interested Task Force members
 are to attend forums, which will be distinct meetings, separate from the monthly Task Forcemeetings.

Key features of the community engagement plan:

- Authentically engage the public from a wide variety of geographical and demographic subpopulations, including:
 - o Rural Oregonians
 - Communities of color
 - Communities that experience health care disparities
 - o Individuals whose insurance coverage represents a range of current insurance types
 - o Individuals needing disability services and long-term care services
- Use of professional facilitation to ensure the participant experience is worthwhile and the desired content can be addressed in a meaningful way.
- Provide language interpretation to allow for full access and engagement by participants.
- Collaborate with community-based organizations across the state who can assist the Task Force in understanding the needs of their communities and support outreach and engagement efforts for public participation.
- Forums will be held virtually, leaving open the possibility of 1-2 in-person meetings if the public health situation permits.

In the past two months, the engagement proposal has gone through several iterations based on discussion led by a small workgroup comprised of task force members and monthly Task Force meetings. The Task Force has indicated support for a two-phased approach with 16 remote meetings that are centered in eight regions of the state: Portland metro, North coast, South coast, Central OR, Eastern OR, Southern OR, Salem/Woodburn/Marion County & Lane County/Willamette Valley.

- Phase One Focus Groups (8 meetings between November-February) will be smaller, more intimate engagement sessions (using a "Citizen Jury" or similar model). Phase one sessions will be focused on receiving feedback on the status report recommendations and the outstanding design elements, which have been identified as priorities for 2022.
- Phase Two Listening Sessions (8 meetings between April-June) will be townhall-style meetings open to
 all attendees recruited as regional-based meetings. Task Force members will have an opportunity to share
 how they used the feedback from Phase 1 and focus on financial and revenue estimates, which will be
 ready by Spring 2022.

At least one Task Force member will be involved in at all meetings, including acting as an active listener, presenting content, and answering questions. All meetings will use professional facilitators. Summaries of community feedback from Phases 1 and 2 will be synthesized, written up, and shared with the entire Task Force.

Timeline: Task Force reviewed a draft plan in June, workplan development began in July. Phase one of community engagement is scheduled from November 2021 through February 2022. Phase two will start in April 2022 and run through July. The healthcare industry forum(s) will occur in spring 2022. The business discussion forum(s) will occur in spring or early summer.

Project Team: OHA lead with contract support TBD. Staff will develop draft communication tools (content) for members to use at community engagement forums, including a list of FAQs for members.

OUTSTANDING DESIGN ELEMENTS

The Task Force is tasked with answering a finite list of outstanding design element questions.

Timeline: October 2021 – March 2022 (6-7 meetings)

- 1. Addressing social determinants of health and covering health related services
- 2. Long term care services and supports
- 3. Existence of reserve fund and financial emergency preparedness
- 4. High level transition timeline
- 5. Supplemental coverage
- 6. Provider participation requirements and conditions

Project Team: OHA lead.

FINANCIAL and REVENUE PROPOSAL FOR THE PLAN

Using the June interim status report as guidance, the project team will prepare fiscal and revenue estimates that the Task Force will utilize to develop a proposal to finance the plan. The proposal will include four components:

- Total projected health care expenditures under the Plan, including estimated administrative savings
- Revenue estimates resulting from new revenue sources with a range of revenue estimates
- Distribution analysis assessing the impact of the revised proposal on expenditures and affordability for residents and employers.
- Legal analysis of federal and state authority to determine ongoing federal and state financial contributions.

The final financing proposal will be included in the final report and 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: Develop and finalize financing and revenue proposal based on estimates and information prepared by the project team. The Task Force may consult other experts in the development of the proposal.

Timeline: November 2021 through May 2022.

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