

Joint Task Force on Universal Health Care



Task Force on Universal Health Care

November 16, 2021

Chair Bruce Goldberg

Task Force Milestones (August 2020 – June 2021)

- COVID-19 Pandemic (March 2020); Legislature modifications (Aug. 2020)
- Task Force: 13 meetings, approx. 40 hours
- Established Technical Advisory Groups (4 TAGs)
 - Eligibility, Benefits, and Affordability: 8 meetings, 18 hours
 - Provider Reimbursement: 6 meetings, 12 hours
 - Finance and Revenue: 8 meetings, 19 hours
 - Governance: 6 meetings, 12 hours
- Recruited & Appointed Consumer Advisory Committee: 9 meetings, 18 hours
- Intermediate Strategies Work Group: 5 meetings, 10 hours
- Remarkable commitment among Task Force members amidst a global pandemic and legislative session

Preliminary Plan Design (June 2021)

Eligibility and Enrollment

- Everyone in Oregon is eligible for the Plan through a simple and easy enrollment process.
- Out-of-state residents who work for Oregon-based employers, and their dependents, are eligible for the Plan .

Covered Benefits

- Benefits will be comparable to the Oregon PEBB (Public Employees Benefit Board) benefits package, which covers primary and preventive care, behavioral, and oral health.
- Members will not pay premiums, copays, deductibles, or any other cost sharing.
- Long term care may be incorporated into the Plan under the current level of services and supports covered by Medicaid.

Preliminary Plan Design (June 2021)

Provider Reimbursement

- Regional Entities advise the Single Payer on methods and rates of reimbursement that are regionally appropriate.
- Enrollees able to access preferred provider, who will be reimbursed based on region and populations served.
- Plan is to advance value-based payments and expand on the notion of “value-based payment” as historically used, to allow for community input and prioritization.

Preliminary Plan Design (June 2021)

Governance

- Create a Single Payer, which will be a public entity with fiduciary responsibility for the Plan; ensure transparency and public accountability.
- Establish public trust fund separate from the General Fund.
- Entity establishes budgets for the Plan, regional delivery systems, and Regional Entities.

Program Funding

- Assumes existing state and federal health care revenue will be applied to the Plan.
- Additional revenue to be generated by a combination of additional payroll and income taxes and other taxes, if needed, and established as a progressive tax structure.

Intermediate Strategies Workgroup - Concepts

Strategy — Individual Market Transformation

- Reform ACA individual market with a better, standardized benefit package, greatly reduced cost-sharing & global budget

Strategy — Single Payer Medicare Advantage

- Create state-run Medicare Advantage plan; lower premiums and cost sharing for low and middle-income; offer robust mental health benefits

Strategy — CCO Consolidation

- Prohibit more than 1 CCO per region
- Potentially require CCOs be non-profit

Strategy — Value-based Payment (VBP) Expansion

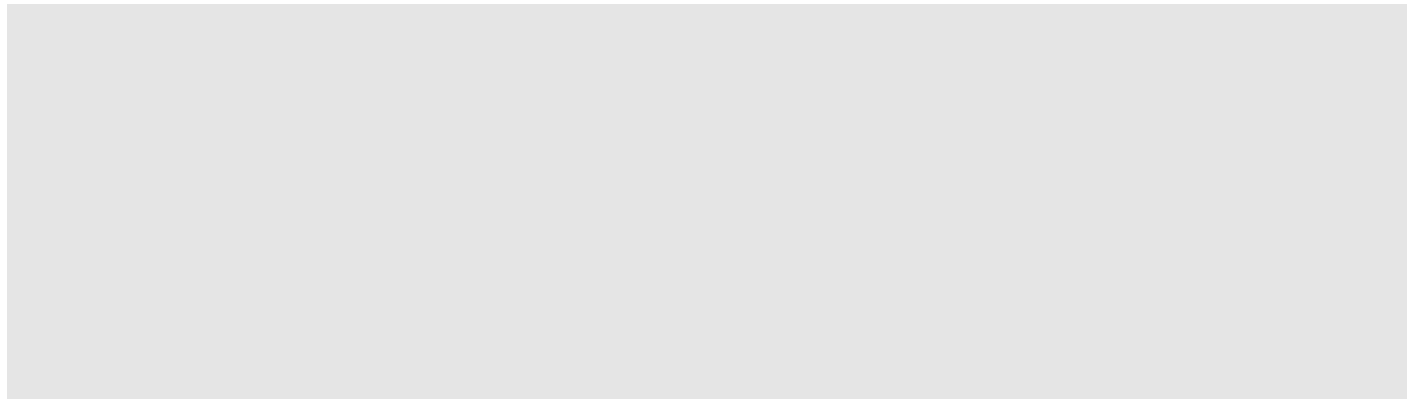
- Expand VBP via community engagement, prioritization of outcomes

Strategy — Employer Health Cost Data Collection

- Require businesses and corporations to report total annual health expenditures and payroll for employees covered

Senate Bill 428

Phase Two 2021-2022



Outstanding Design Elements

Social Determinants of Health

Long term Care Services and Supports

Provider Participation Requirements and
Conditions

Supplemental Coverage

Financial Reserve Fund

Implementation and Transition Timeline

Expenditure and Revenue Analysis

Cost/Savings Analysis

Revenue Analysis

Distribution Analysis

Federal Considerations

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

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



Community Engagement Goals

- Design a plan to 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 our 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 the public and Task Force

Public Engagement Plan

- **Community engagement**
 - Seven demographically-specific roundtables
 - Five geographically-specific community sessions
- **Business engagement**
 - Virtual forums to solicit feedback on financial plan
 - Focused outreach to large and small employers, unions
- **Health care industry engagement**
 - Virtual forums to solicit feedback on provider participation
 - Focused outreach to providers, payers, hospitals
- **Online webinar and individual outreach**

Public Engagement Audiences

Communities

- Rural and underserved communities
- Black, Indigenous, and People of Color (BIPOC)
- Individuals and families that need behavioral health services
- Individuals whose insurance coverage represents a range of current insurance types
- Individuals and families needing disability services and long-term care services

Business

- A range of businesses, based on industry and employer size
- Labor unions

Health Care industry

- Providers
- Health care administrators
- Payers

Regions for Community Engagement

Willamette Valley (e.g., Portland,
Salem, Woodburn, Eugene)

Central (e.g., Bend)

Eastern (e.g., Ontario, Pendleton)

Southern (e.g., Medford or
Klamath)

Coastal (e.g., Coos Bay or Astoria)



Joint Task Force on Universal Health Care

- Task Force webpage (2021-2022 Interim) ([link](#))
- June Interim Status Report ([link](#))
- Subscribe to receive updates ([link](#))
- To submit written public comment, email:
jtfuhc.exhibits@oregonlegislature.gov