

## Task Force on Universal Health Care Ad Hoc Public Engagement Workgroup Discussion Guide Content Development

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January 6, 2022

The Task Force on Universal Health Care is planning 7 demographically-specific roundtable discussions to solicit feedback on the Interim Status Report released in June 2021. There will minimally be one roundtable discussion for each of the following communities: Latinx Oregonians, Black Oregonians, Native Oregonians, Pacific Islander Oregonians, individuals needing disability services and long-term care services, individuals with behavioral health needs, rural Oregonians.

The Ad Hoc Public Engagement Workgroup was tasked with drafting question topics that they would like to prioritize including in the roundtable discussion guide. The Workgroup focused on topics as opposed to question wording. Once the Workgroup and Task Force agree on a general prioritization of topics, the Workgroup will work with Lara Media Services on the exact wording of the questions.

The Workgroup met on December 20, 2021 and January 3, 2022 to discuss possible topics to include in the roundtable discussion guides. They began by considering question topics for each of the issues addressed in the interim status report. They eventually narrowed down to a list of 8 question topics:

1. **Eligibility.** As we have talked about eligibility, are there any pieces that we have overlooked or that you have feedback on? What do you think about the eligibility proposal? How would you like to see eligibility verified?
2. **Enrollment.** What concerns do you have about the enrollment process that you want to make sure are considered in the recommendations?
3. **Coverage.** When you think about your coverage today, what services are covered without co-pays or deductible that you're really glad are covered? What services are NOT covered that you wish were covered without concern for co-pays or deductibles? If there are going to be limitations to covered services, what should they be? How do people feel about their current rx coverage?
4. **Affordability.** What do you think about the affordability and accessibility of prescription drugs? Based on your lived experiences, how do you define "affordable healthcare" and why do you define it this way? What would make healthcare today more affordable?
5. **Governance.** In establishing a governing board for a single-payer proposal, what recommendations do you have to ensure consumer representation and participation in decision-making? What would you recommend the Governing board consider in designing a single payer system?
6. **Financing.** What kinds of financing would you recommend and why?
7. **SDOH.** What are your thoughts about spending available dollars on items that prevent health problems such as public health, housing, and access to healthy foods. What do consumers think about the Medicaid funding flexibility piece in helping them with social determinants of health?
8. **Provider participation.** Is free choice of provider important to you and why?

At the Task Force meeting on January 6, 2022, the workgroup wishes to solicit feedback from the Task Force on these 8 question topics and ask: Which of these question topics are most important? Are there any important question topics not included on this list? Below is the full list of question topics considered by the Ad Hoc Public Engagement Workgroup.

Issue	Interim Status Report	Question Topics Considered
<b>Eligibility</b>	<p>Everyone residing in Oregon, regardless of employment, income, immigration status, or tribal membership, is eligible for the Plan. Any eligible person will be automatically enrolled in the Plan; “opting out” is not a relevant concept for this Plan. Eligibility will be tracked in a centralized database to which all providers have access. To eliminate access barriers, there will be a “No Wrong Door” policy for individuals seeking care. Eligibility for Oregonians will no longer be connected with employment or employment status. However, all out-of-state residents in Washington, Idaho and California who either commute to work for Oregon-based employers or work remotely within a commutable distance, and their dependents are eligible for the Plan, regardless of citizenship or immigration status. Temporary residents and visitors will receive treatment for injury and acute illness while in Oregon.</p>	<ul style="list-style-type: none"> <li>• What do you think about the proposal that “opting out” would not be an option?</li> <li>• What are your thoughts about the Plan covering people who live outside of Oregon but work for Oregon employers?</li> <li>• What was your reaction when you learned that eligibility for Oregonians would no longer be connected to income or employment?</li> <li>• Do you have any comments or questions about eligibility?</li> <li>• What is the point of accessing care (ex. being outside of the state, working in another state)?</li> <li>• As we have talked about eligibility, are there any pieces that we have overlooked or that you have feedback on?</li> </ul>

<p><b>Enrollment</b></p>	<p>No income limits or means-testing needed to demonstrate eligibility. No waiting period or minimum residency duration is needed to enroll. Eligibility will not need to be periodically re-confirmed. Enrollment will be simple and straightforward. Enrollment for OHP, Medicare or TRICARE will be seamlessly integrated with the Plan.</p>	<ul style="list-style-type: none"> <li>• What do you think about the proposal that no waiting period or minimum residency duration would be needed to establish residency?</li> <li>• What was your reaction when you heard that eligibility would not need to be periodically re-confirmed?</li> <li>• What concerns do you have about the enrollment process that you want to make sure are considered in the recommendations?</li> <li>• What are your thoughts about the Plan covering people who live outside of Oregon but work for Oregon employers?</li> <li>• What do you think about the enrollment proposal?</li> <li>• What does it mean that you would have continuous enrollment?</li> <li>• How would you like to see eligibility verified?</li> <li>• What concerns do you have about the enrollment process that you want to make sure are considered in the recommendations?</li> </ul>
<p><b>Covered Services</b></p>	<p>Oregon Public Employees' Benefit Board (PEBB) plan will be the basis for a Plan benefits package. Behavioral health benefit design will be influenced by OHP. Coverage in individual benefit categories will be guided, where possible, by evidence-informed criteria with a commitment to identifying evidence inclusive of diverse populations.</p>	<ul style="list-style-type: none"> <li>• When you think about your coverage today, what services are covered that you're really glad are covered? What services are NOT covered that you wish were covered?</li> <li>• Would you be willing to have less robust benefits if it meant lower taxes?</li> <li>• What would people like to see covered that is not covered currently with no co-pays or deductibles? (<i>what did we miss</i>)</li> <li>• When you think about your coverage today, what services are covered without co-pays or deductible that you're really glad are covered? What services are NOT covered that you wish were covered without concern for co-pays or deductibles?</li> <li>• Would you be willing to pay more taxes for more, quality benefits?</li> <li>• What kind of providers, what range of providers?</li> <li>• What would be the easiest system for a person to verify eligibility, get enrolled, then maintain enrollment?</li> <li>• At what point do you think a person should be considered as residing in Oregon?</li> </ul>

		<ul style="list-style-type: none"> <li>• What do you think about your choice of health care providers today under your current insurance?</li> <li>• What would it be like if when needed a person could directly access any licensed provider of their choice such as a counselor, physical therapist, naturopath, chiropractor?</li> <li>• Question about dental, hearing and vision.</li> <li>• Question about long term care and Medicaid related to disability.</li> <li>• Do you think there should be limitations to covered services? Ex. due to certain disease processes. If there are going to be limitations to covered services, what should they be?</li> </ul>
<b>Prescription Drugs</b>	Single state formulary (e.g., Oregon’s current Practitioner Managed Preferred Drug List).	<ul style="list-style-type: none"> <li>• How do people feel about their current rx coverage?</li> <li>• What do you think about the affordability and accessibility of prescription drugs?</li> </ul>
<b>Cost-Sharing</b>	Oregon residents will not pay premiums, co-pays, deductibles, or any other form of cost-sharing to access care.	<ul style="list-style-type: none"> <li>• Based on your lived experiences, how do you define “affordable healthcare” and why do you define it this way?</li> <li>• How important is it to you that you have health coverage with no cost-sharing, meaning no premiums, co-pays or deductibles?</li> <li>• Would you be willing to pay small co-pays if it meant lower taxes? What would you consider to be a small co-pay?</li> <li>• How much easier would it be to access healthcare with no cost-sharing?</li> <li>• How would your life change if you had no cost-sharing?</li> <li>• Have you ever not accessed care because of cost-sharing?</li> <li>• How affordable is healthcare today?</li> <li>• What would make it more affordable for you?</li> </ul>
<b>Governance</b>	The single payer is a public entity, governed by a board, with reporting responsibility to the Oregon Legislative Assembly and Governor. Regional Entities are to play advisory and planning roles	<ul style="list-style-type: none"> <li>• In establishing a governing board for a single-payer proposal, what recommendations do you have to ensure consumer representation and participation in decision-making?</li> <li>• What would you recommend the Governing board consider in designing a single payer system?</li> </ul>

	to support the Single Payer and respond to the unique needs of the diverse communities across Oregon.	
<b>Plan Administration</b>	Single payer will administer the plan but may contract with third parties for administration of benefits.	Any questions relevant to plan administration should be framed within the context of governance.
<b>Provider Reimbursement</b>	The single payer entity will set a global budget, which may include capitated rates, for each region. Regional entities will advise the single payer on methods and rates of reimbursement, ensuring adequate funds are allocated for members with complex medical and behavioral needs. The single payer will not reimburse institutional providers using fee-for-service arrangements.	Save this for provider discussions.
<b>Financing</b>	The Plan will be financed through a combination of an increased income tax and payroll tax, and if needed the addition of a sales tax.	<ul style="list-style-type: none"> <li>• What kinds of taxes would you support to fund a Single Payer universal coverage system?</li> <li>• What are your thoughts regarding a sales tax, if it means you will no longer need to pay premiums, co-pays or deductibles for a health care plan that is as comprehensive as what we have been discussing today?</li> <li>• How would you propose collecting the same dollars we currently spend on health care and distributing them directly to providers instead of through insurance companies?</li> <li>• How would you propose collecting dollars in a fair/equitable way?</li> </ul>

ODE	Status	Question Topics Considered
<b>SDOH</b>	Approved recommendation November 24: Recommend the Board review and incorporate lessons learned from current SDOH-related efforts; maximize federal flexibilities with funding for SDOH; build relationships with entities addressing SDOH; create reimbursement arrangements to support health-related services; develop systems to collect SDOH-related data; prioritize spending a portion of savings on SDOH.	<ul style="list-style-type: none"> <li>• What kind of financing would you recommend and why?</li> <li>• What are your thoughts about spending available dollars on items that prevent health problems such as public health, housing, and access to healthy foods?</li> <li>• What do consumers think about the Medicaid funding flexibility piece in helping them with social determinants of health?</li> <li>• Would it be helpful to use Medicaid flexible funds to assist those who struggle with social determinants of health? How satisfied are you with the quality of care you receive in the status quo and how do you define quality of care? Is it about covered services? Health outcomes?</li> <li>• Where do you get access to social services outside of the health care setting?</li> <li>• Are your healthcare needs being met?</li> </ul>
<b>Provider Participation</b>	Approved recommendation December 16: All providers participate in the plan. Providers are allowed to bill private-pay patients, but cannot bill higher than Single Payer rates.	<ul style="list-style-type: none"> <li>• Do you enjoy being able to choose your own provider?</li> <li>• Is free choice of provider important to you and why?</li> </ul>
<b>Supplemental Coverage</b>	Voting on January 6: Prohibit substitutive and supplementary insurance.	<ul style="list-style-type: none"> <li>• No need to ask questions about this recommendation unless it changes at the January 6 meeting.</li> </ul>
<b>Long Term Services and Supports (LTSS)</b>	Recommending language January 6	Wait to ask questions until the Task Force has discussed this.
<b>Reserves</b>	Recommending language February 17	Wait to ask questions until the Task Force has discussed this.
<b>Transition Plan</b>	Recommending language December 16	Wait to ask questions until the Task Force has discussed this.