



## **TASK FORCE ON THE BRIDGE HEALTH CARE PROGRAM House Bill 4035 (2022)**

### **Task Force Operating Procedures & Principles** 81st Legislative Assembly 2021-2022 Interim

#### **I. PURPOSE AND ROLES**

##### **A. TASK FORCE BACKGROUND**

The Oregon Legislative Assembly passed [House Bill 4035](#) during the 2022 Legislative Session. The legislation established a Task Force on the Bridge Health Care Program (Task Force) to develop a proposal for a bridge program to provide affordable health insurance coverage and improve the continuity of coverage for individuals who regularly enroll and disenroll in Medicaid or other health care coverage due to frequent fluctuations in income. The Task Force must submit its proposal to the Legislative Assembly by September 1, 2022. The Task Force must also report to the Legislative Assembly on recommendations to alleviate disruptions to health insurance markets for individual and small employers by December 31, 2022.

##### **B. TASK FORCE DUTIES AND RESPONSIBILITIES**

###### **1. Membership**

Task Force members are appointed by the Governor, President of the Senate, and Speaker of the House of Representatives. Individuals on the Task Force must include:

- One member representing low-income workers who are likely to be eligible for the bridge program;
- Two members with expertise in health equity;
- One member with expertise in providing navigation assistance for health insurance consumers;
- One member representing organized labor;
- One member representing an insurer that offers qualified health plans on the health insurance exchange;
- One member representing a coordinated care organization;
- Two members representing health care providers, one of whom represents a hospital or health system;
- One member with expertise in behavioral health care;
- One member representing an oral health care provider that contracts with the authority to provide care to enrollees in the medical assistance program;

- A representative of the Medicaid Advisory Committee;
- A representative of the Health Insurance Exchange Advisory Committee;
- The chairperson of the Oregon Health Policy Board or the chairperson’s designee;
- The Director of the Oregon Health Authority or the Director’s designee;
- The Director of Human Services or the Director’s designee; and
- The Director of the Department of Consumer and Business Services or the Director’s designee.

Appointed legislators are *nonvoting* members acting in an advisory capacity, with the Governor appointing two legislators to serve as co-chairs. Vacancies for any cause will be filled by Legislative leadership or the Governor.

## 2. Task Force Member Responsibilities

Members of the Task Force agree to fulfill their responsibilities through attending and participating in Task Force meetings, studying the available information, and participating in the development of a report. Members agree to participate in good faith and to act in the best interests of the Task Force and its charge. To this end, members agree to place the interests of the State above any particular political or organizational affiliations or other interests. Members accept the responsibility to collaborate with one another in developing potential recommendations that are fair and constructive for the State.

Members are expected to consider a range of issues and options to address them, discuss the pros and cons of the issues/options presented, and deliver a report with key conclusions reflecting the “sense of the group.” The Task Force should include the rationale behind all adopted recommendations. Specific responsibilities of individual Task Force members include:

- Review background materials and analysis to understand the issues to be addressed through the Task Force’s work.
- Collaborate with one another to explore issues and develop recommendations.
- Attend Task Force meetings, including presentation of the Task Force report to Legislative Committees if possible.
- Consider and integrate general public input into Task Force findings as appropriate.

Task Force members acknowledge that their role is to provide advice and frame policy choices, and any Task Force recommendations will be presented to the legislature for consideration.

## 3. Co-Chair Role

The Co-Chairs will encourage full and safe participation by members in all aspects of the process, assist in the process of building consensus, and ensure all participants abide by the expectations for the decision-making process and behavior defined herein. The Co-Chairs will work with Legislative Policy & Research Office (LPRO) staff to develop meeting agendas and ensure an efficient and inclusive decision-making process.

#### **4. Role of Legislative Policy and Research Office (LPRO) and Executive Agencies**

The Legislative Policy and Research Office (LPRO) will provide technical support, substantive expertise, logistical assistance, administrative assistance, and advice to the Task Force. LPRO staff will work with the Co-Chairs to ensure that meetings:

- 1) Clearly define opportunities where the public can provide timely input so that there is an opportunity to affect change.
- 2) Are accessible, inclusive, meaningful, regular, and timely in addition to open, fair, and honest.
- 3) Ensure a collaborative process among Task Force members and the public.
- 4) Wherever possible, are interactive to ensure a balanced and fair discussion of issues, which ensures multiple perspectives are heard.
- 5) Provide the Task Force with the relevant, objective information, in a timely fashion, that is necessary to make informed decisions. Presentations will provide the facts – pro and con – surrounding the issues in a readily understandable format.
- 6) Provide the big picture context and interconnections surrounding all issues before asking the Task Force to make a recommendation.
- 7) Be responsive to Task Force requests for information and process support.

LPRO will draft the Task Force’s reports that outline the issues discussed and final recommendations.

The Oregon Health Authority (OHA) and Department of Consumer and Business Services (DCBS) are directed to assist the task force in the performance of the duties of the task force and, to the extent permitted by laws relating to confidentiality, to furnish information and advice the members of the task force consider necessary to perform their duties. OHA and DCBS assistance may include the development of policy and data briefs and provision of subject matter expertise.

#### **5. Planning Meetings**

Planning meetings will be convened in between Task Force meetings to develop Task Force agendas and identify the time needed to complete the goals and tasks assigned to the Task Force. The planning meetings will also refine the work plan and determine how to address issues that arise between meetings. These meetings will comprise the Co-Chairs, LPRO staff, and applicable executive agency staff.

## **II. OPERATING PROCEDURES**

### **A. PARTICIPATION**

All participants agree to act in good faith in all aspects of Task Force deliberations. This includes being honest and refraining from undertaking any actions that will undermine or threaten the deliberative process. It also includes behavior outside of meetings. Expectations for Task Force members include:

- Participation and attendance at all meetings. If members cannot attend a meeting, they are

requested to advise LPRO staff. After missing a meeting, the member should contact staff for a briefing.

- Speaking respectfully and succinctly during Task Force discussions and engaging in honest and fair dialogue with other Task Force members. Members will listen to each other to seek to understand others' perspectives, even if they disagree.
- Generating and exploring all options on the merits with an open mind, listening to different points of view with a goal of understanding the interests of other Task Force members. This includes bringing all aspects of their concerns about these issues into this process to be addressed.
- Working toward achieving consensus on fair, practical, and durable recommendations.
- Refraining from side conversations, personal attacks, intentionally undermining the process, and publicly criticizing or mis-stating the positions taken by any other participants during the process.
- Maintaining a respectful tone, considering all sides of the issues and arguments under discussion by the Task Force out of respect for the process and other members, even if highlighting different perspectives.
- Requests for information made outside of meetings will be directed to LPRO staff. Responses to such requests will be limited to items that can be provided within a reasonable amount of time.

## **B. COMMUNICATIONS**

Members agree that transparency is essential to the Task Force's deliberations. In that regard, members are requested to include both the Co-Chairs and Task Force staff in written communications commenting on the Task Force's deliberations from/to interest groups (other than a group specifically represented by a member); these communications will be included in the public record as detailed below and copied to the full Task Force as appropriate.

Written comments and materials provided to the Task Force, both from individual Task force members and from agency representatives and the public, should be directed to LPRO staff. Materials and written comments submitted will be distributed by LPRO staff to the full Task Force through an established, transparent process. Task Force members should take care to not "reply all" to emails sent to them by the Co-Chairs or staff. Materials and written comments will be posted to the Task Force web page.

## **III. TASK FORCE GOALS AND PRINCIPLES**

House Bill 4035 requires the Task Force to develop recommendations and a proposal for a bridge program. As the Task Force considers various options, it will be guided by the following values and goals:

1. Prioritizing health equity;
2. Reducing the number of uninsured Oregonians;

3. Promoting continuous health care coverage and consistent access to providers, particularly for communities that have faced health inequities;
4. Maximizing federal funding;
5. Enhancing the coordinated care organization delivery system;
6. Ensure stability for the individual and small group health insurance markets;
7. [other additions from Task Force members for discussion on 4/26]
8. [...]
9. [...]

#### IV. AMENDMENT OF OPERATING PROCEDURES AND PRINCIPLES

These operating procedures and principles may be changed by an affirmative vote of a majority of the members of the Task Force, but at least one day's notice of any proposed change shall be given in writing to each member of the Task Force.

*Adopted:*