



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 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 July 31, 2022, with the deadline for submission extended to September 1, 2022 if the federal public health emergency declaration is extended beyond its current April 16, 2022 expiration. The Task Force must also report to the Legislative Assembly on recommendations to alleviate disruptions to health care coverage for individuals 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 made 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 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." For all recommendations adopted, the Task Force should include the rationale behind them. Specific Task Force member responsibilities include:

- Review background materials and analysis to understand the issues to be addressed in the review process.
- Work collaboratively 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 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) Be accessible, inclusive, meaningful, regular, and timely in addition to open, fair, and honest.
- 3) Ensure a collaborative involvement process among Task Force members and stakeholders.
- 4) Wherever possible, be interactive to ensure a balanced and fair discussion of issues, which ensures all 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.

All agencies of state government, as defined in ORS 174.111, 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.

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. PROTOCOLS

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, briefly, and non-repetitively during Task Force discussions and engaging in honest and fair dialogue with other Task Force members. They will listen to each other to seek to understand the other's perspective, even if they disagree.
- Generate and explore 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.
- Work toward achieving consensus on fair, practical, and durable recommendations.
- Refrain 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.
- Any communications are to be mindful of these procedural ground rules and maintain a respectful tone, presenting a fair and balanced view of the issues and arguments 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 Chair 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.

Task Force members should take care to not "reply all" to emails sent to them by the Chair or staff. Written comments to the Task Force, from both individual Task Force members and from agency representatives and the public, should be directed to LPRO staff. Written comments will be distributed by LPRO staff to the full Task Force in conjunction with distribution of meeting materials or at other times at the Chair's discretion. Written comments related to recommendations of the Task Force will be posted to the Task Force web page.

Materials and written comments 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. 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 that, within available federal resources and the Oregon Health Authority's legislatively approved budget:

- (1) Prioritizes health equity, reduction in the rate of uninsurance in the state, and the promotion of continuous health care coverage for communities that have faced health inequities.
- (2) Is consistent with the Oregon Integrated and Coordinated Health Care Delivery System established in ORS 414.570 and enhance the coordinated care organization delivery system.
- (3) Ensures that the bridge program is available to all individuals residing in this state with incomes at or below 200 percent of the federal poverty guidelines who do not qualify for the medical assistance program but who do qualify for advance premium tax credits.
- (4) Maximizes leveraging of federal funds and minimize costs to enrollees in the program and to the state budget.
- (5) Provides, at a minimum, all essential health benefits, as defined in ORS 731.097 and, to the extent practicable, an option or options for dental coverage.
- (6) To the extent practicable, includes an option that has no cost-sharing, deductibles or other out-of-pocket costs and an option that provides lesser cost-sharing, deductibles or other out-of-pocket costs than qualified health plans on the health insurance exchange.
- (7) Establishes a capitation rate to be paid to providers that is sufficient to provide coverage, within the authority's legislatively approved budget and available federal resources, but with reimbursement rates that are higher than the current medical assistance program reimbursement rates, to the extent practicable.
- (8) Offers health care coverage through coordinated care organizations and aligns procurements for service providers on the same cycle as the procurements cycle for coordinated care organizations.
- (9) Provide a transition period for eligible individuals to enroll in the bridge program.
- (10) Takes into account the health insurance exchange as an option for potential bridge program participants if the participants choose to opt out of the bridge program.
- (11) In addition to using coordinated care organizations to deliver the services in the bridge program, includes an option for offering the bridge program on the health insurance exchange if the plans meet criteria established by the Oregon Health Authority and the Department of Consumer and Business Services, to the extent practicable within the authority's legislatively approved budget and available federal resources.
- (12) To the extent practicable, requires coordinated care organizations to accept enrollees in the bridge program or requires the Oregon Health Authority to contract with a new entity to accept bridge program enrollees.

Task Force decisions and recommendations should aim to align with these goals and principles.

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: 04-26-22