

JOINT TASK FORCE ON UNIVERSAL HEALTH CARE (SB 770)

TECHNICAL ADVISORY GROUP DRAFT PROJECT CHARTER: FINANCIAL ESTIMATES AND REVENUE

KEY TASKS

(PLAN ELEMENTS C, D, E, G)

- 1) Establish parameters that will guide external development of cost estimates for the plan, including but not limited to cost estimates for:
 - a. including all Oregon residents in the Health Care for All Oregon Plan (the Plan) without decreasing the ability of any individual to obtain affordable health care coverage if the individual moves out of this state; and
 - b. the provider payment methods designed by the Task Force for the Plan.
- 2) Establish parameters to estimate savings and expenditures of the Plan, relative to the current health care system.
- 3) Assess and offer guidance on revenue options that may include, but are not limited to:
 - a. Redirection of current public agency expenditures;
 - b. An employer payroll tax based on progressive principles that protect small businesses and that tend to preserve or enhance federal tax expenditures for Oregon employers who pay the costs of their employees' health care; and
 - c. A dedicated revenue stream based on progressive taxes that do not impose a burden on individuals who would otherwise qualify for medical assistance (Medicaid).
- 4) Propose Task Force considerations for the potential use of means-tested copayments or deductibles, including but not limited to, the effect of increased administrative complexity and the resulting costs that cause patients to delay getting necessary care, resulting in more severe consequences for their health.
- 5) Highlight existing health disparities related to financing and revenue and propose Task Force considerations for achieving health equity (e.g., progressive revenue mechanisms, minimizing cost burdens to marginalized populations).
- 6) Identify areas of greatest potential impact to consumers and develop specific questions to elicit feedback from the Consumer Advisory Committee (CAC).

ROLES & RESPONSIBILITIES

Staff will prepare meeting agendas, identify appropriate background materials, develop slide presentations, summarize key discussion and decisions, and assist in preparing draft policy proposals for consideration by the Task Force based on the group's discussions. TAG leads will assist with TAG meeting facilitation and serve as the TAG liaison, reporting back to the full Task Force at monthly meetings.

PROCESS CONSIDERATIONS AND INTERDEPENDENCIES

Members are required to explore and integrate evidence-based strategies in developing proposals, utilize publicly available health care expenditure data, and identify potential advantages and disadvantages for each proposal. Members should explicitly consider the interconnectedness of each TAG topic when developing proposals and the extent to which proposals influence and/or are influenced by other TAG recommendations.

DELIVERABLES (see next page)

A slide deck that reflects the TAG's discussion, key decision points, and proposal(s) for the Task Force to consider. Each TAG must identify consumer issues for the Consumer Advisory Committee to review and offer guidance to the full Task Force.

SUBJECT MATTER EXPERTISE

Staff will invite national and local experts with relevant knowledge about public and private health care expenditures, financing of health care services in Oregon, public revenue models and taxation, and employers who offer health coverage. Experts will include, but are not limited to, individuals with expertise in public budgeting and financing (federal and state revenue and tax expenditures), economics, organizational financing, health care benefits, behavioral health financing (public and private), and state bonding (e.g., State Treasury).

TIMELINE & MEETING FREQUENCY

Technical Advisory Groups (TAGs) will start in mid-January and run through March 2021 with approximately 6-7 meetings; meetings will be scheduled every 2-3 weeks. If additional meetings are necessary, the lead will communicate any requests for further meetings or an extension to the timeline directly with the Task Force. Also, each TAG is responsible for communicating to the Task Force any proposed modifications to its scope including the assigned tasks.

MEMBERSHIP & STAFF

Co-leads: Sam Metz, Chuck Sheketoff

Members: Chad Chadwick, Glendora Claybrooks, Dwight Dill, Cherryl Ramirez, Les Rogers, John Santa

Staff: Oliver Droppers (LPRO), Sarah Knipper (Oregon Health Authority), Laurel Swerdlow (Oregon Health Authority)

HB 3260 (2013) FINDINGS

The following excerpt from HB 3260 (2013) offers a set of values that may inform all Task Force work. The Legislative Assembly finds that the best system for the delivery and financing of health care in this state will be the system that:

- Provides universal access to comprehensive care at the appropriate time.
- Ensures transparency and accountability.
- Enhances primary care.
- Allows the choice of health care provider.
- Respects the primacy of the patient-provider relationship.
- Provides for continuous improvement of health care quality and safety.
- Reduces administrative costs.
- Has financing that is sufficient, fair and sustainable.
- Ensures adequate compensation of health care providers.
- Incorporates community-based systems.
- Includes effective cost controls.
- Provides universal access to care even if the person is outside of Oregon.
- Provides seamless birth-to-death access to care.
- Minimizes medical errors.
- Focuses on preventative health care.
- Integrates physical, dental, vision and mental health care.
- Includes long term care.
- Provides equitable access to health care, according to a person's needs.
- Is affordable for individuals, families, businesses and society.