July 18th Meeting of the Universal Health Plan Governance Board

Universal Health Plan
Governance Board

Welcome Remarks – Chair Bellanca

- Tech Check
- Roll Call and Introductions
- Written Public Comment
- Agenda Review

July 18 Agenda

- Welcome Remarks
- Approve Meeting Minutes – June 20, 2024
- Executive Director’s Report
- Public Engagement
- Behavioral Health in Oregon
- State’s Singler-Payer Efforts Presentation Follow-up
- ***Break***
- Goals of Oregon’s Universal Health Plan Effort
- Values & Principles Workgroup Recommendations
- Review and Approve Workplan
- Establish Committees
- Committee Recruitment
- Public Comment
- Adjourn

Approve June 20, Meeting Minutes

- Chair Bellanca

Executive Director’s Report

- Director Cowling

Public Engagement

IN THE DEVELOPMENT AND GOVERNANCE OF A UNIVERSAL HEALTH PLAN FOR OREGON

JULY 18TH, 2024

MICHELLE GLASS

Why Prioritize Public Engagement?

- Strong public engagement has been, and remains, a top priority in Oregon's Universal Health Plan Process.
- Good public engagement results in effective policies that align with a population's needs and values.
- Community ownership is one of the guiding values and principles for the Universal Health Plan.
- Public engagement can increase understanding of, and support for, the UHP.
- Public engagement builds trust by increasing transparency and accountability in policy making.

Developed by the Public Engagement Principles Project

Figure 6. Task Force Public Engagement Model

Source: Legislative Policy and Research Office

BEWARE
OF
LEOPARD

- Senate Bill 770 directed the Universal Health Plan Task Force to engage in a robust public process to solicit input from people across Oregon.
- SB 1089 directs us to continue public engagement as a central component of our work.
- The Universal Health Plan Task Force recommends continued public engagement in planning, implementation, & governance

Senate Bill 1089, Section 2:

- (f) Evaluate how to work with the nine federally recognized Indian tribes in Oregon and existing boards, commissions and councils concerned with health care and health insurance;
- (g) Work collaboratively with partners across the complexities of the health care system, including hospitals, health care providers, insurers and coordinated care organizations, to build a sustainable health care financing system that delivers care equitably;
- (h) Engage with regional organizations to identify strategies to reduce the complexities and administrative burdens on participants in the health care workforce and to otherwise address workforce challenges;
- (C) The components of the Universal Health Plan must be accountable and fully transparent to the public regarding information, decision-making and management through meaningful public participation;

Task Force Engagement

Reached 230 community members in 14 virtual sessions focused on:

- Latinos/as/x who speak Spanish
- Black and African American community;
- Native Americans, Pacific Islanders;
- People needing disability services and long-term care services;
- Individuals who navigate the behavioral health system; and,
- Individuals residing in rural regions of the state.
- Community listening sessions organized by region

Reached 37 healthcare industry professionals, large and small employers, and union representatives through small specialty forums

Community Engagement Workplan Summary

Aug/Sept	Review prior public engagement materials
Oct/Nov	Develop comms/outreach plans & materials
Dec/Jan	Implement approved outreach/comms plans

We need your help

Committee Recruitment

- Community Engagement & Communications
  - Community engagement strategies.
  - Knowledge of health care, business, and health care consumers to engage.
- o Finance and Revenue
- o Plan Design and Expenditures
- o Operations and Transition

Identify existing meetings and structures to use for outreach efforts

Recommendations

- Appoint the chairs of the board and of each subcommittee to be authorized to engage with the public, require a monthly report back to the full board.
- Include a short discussion at the end of meetings to identify highlights to share out with the broader public.
- Offer both online and in-person opportunities to engage.
- Do tandem engagement with targeted and broad constituencies.

Discussion

- What have you seen that has worked well to engage diverse stakeholders?
- What do you think we can/should do differently than previous public engagement you have seen?
- What are your hopes and ideas for public engagement in this work?

THANKS

[Senate Bill 770]
[Senate Bill 1089]
[Core Principles of Public Engagement]
[Spectrum of Public Participation]
[International Association of Public Participation]

Behavioral Health System Funding Structure and Implications for Universal Health Care

Cherryl Ramirez

Universal Health Plan Governing Board Meeting, 7/18/2024

A little history…

1963 **Community Mental Health Act** – to provide funding for community-based care as an alternative to institutionalization

1965 Amended to include staffing grants and added substance use disorders

1960's Many **states established community mental health centers** and county-based delivery systems

1975 **Amended CMHA** to add federal definition, access to all, community boards; FQ status

1980 Mental Health Systems Act – funded grants for CMHCs

1981 **Mental Health Systems Act repealed**; loss of "federally qualified" status; CMHC funding block granted

1984 Community Mental Health Services Act – enumerates covered mental health services

2008 **Mental Health Parity and Addictions Equity Act**

2017 **CCBHC Demo** – back to funding like FQHCs

The Mental Health Parity and Addictions Equity Act

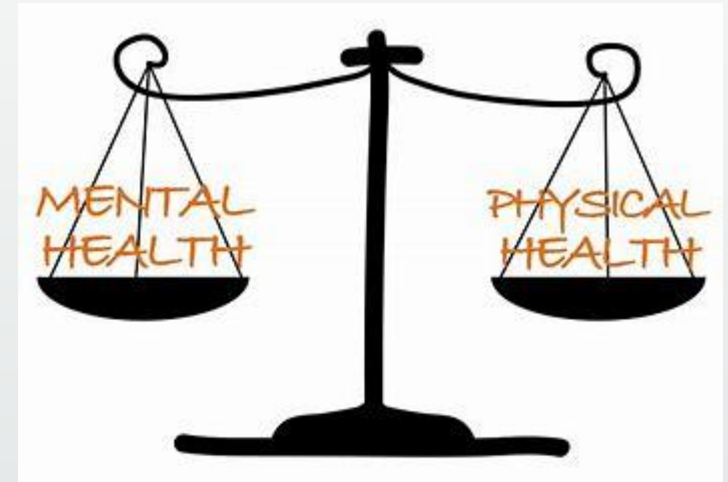
- Bipartisan law sponsored by Rep. Patrick J. Kennedy (D-RI) and signed into law by President George W. Bush in 2008
- The Federal Parity Law applies to most health plans except for Medicare
- Issuers and health plans have struggled with some of the more complex components of the law
- State and federal regulators have been slow to implement and provide guidance
- Final Rule comments with changes in reporting requirements due this year

State Legislative Solutions

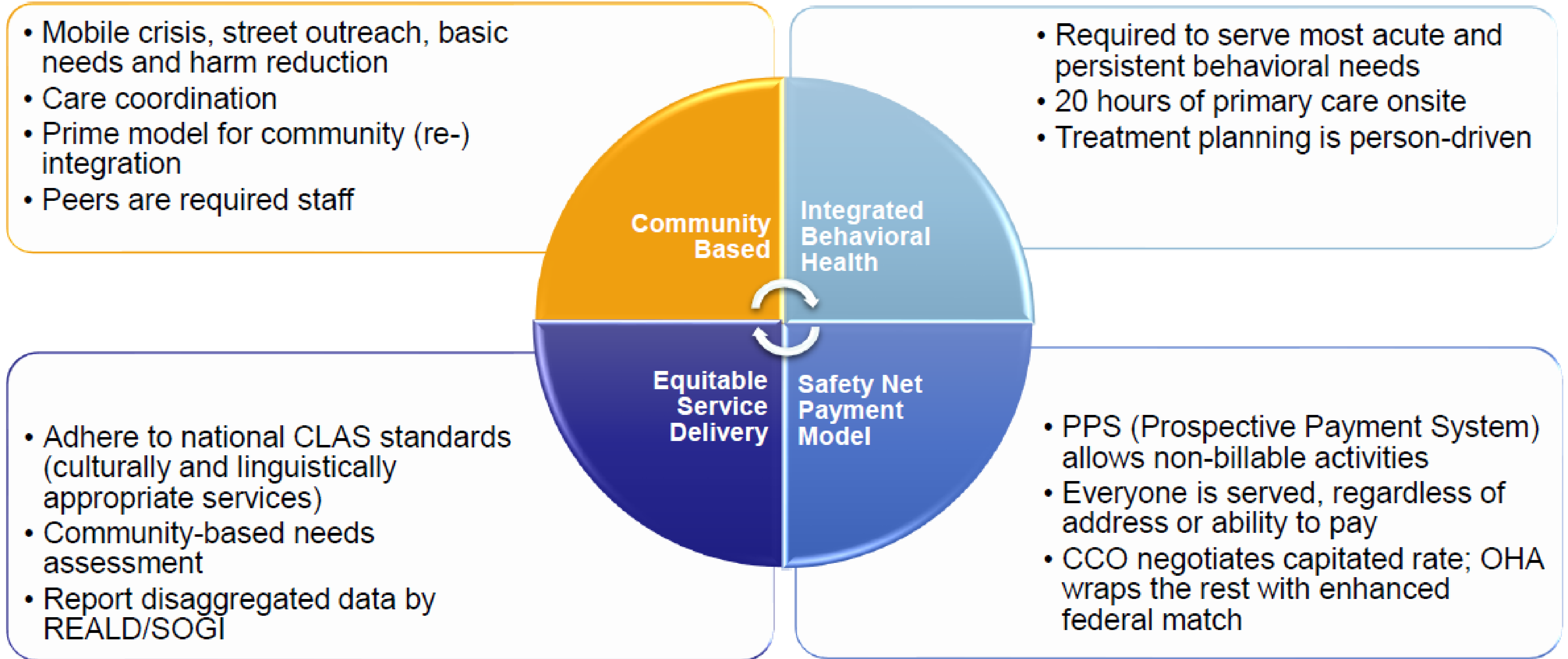
- Since beginning of 2018, numerous states introduced bipartisan legislation based on **model legislation, including Oregon – HB 3046 (2021)**
- Insurer and Medicaid MCO reporting requirements:
  - Requires insurers/MCOs to perform comparative analyses of how they design and apply managed care practices like prior authorization, step therapy, network design, reimbursement, many others
- Insurance department enforcement requirements
  - Specifies that departments shall enforce federal parity law and details how
- Insurance department and Medicaid agency reporting requirements
  - Requires detailed and publicly-available report to legislature
- Clarifies that mental health and substance use disorders must be defined as in DSM and ICD

CCBHC Demo to Sustainability

- ***Excellence in Mental Health Care Act of 2014*** aspired to establish parity between mental health and physical health
- Led to the 2017 launch of an 8 state ***Certified Community Behavioral Health Clinic (CCBHC)*** demonstration project
- The CCBHC pilot was the largest commitment of resources to mental health this generation – ***an estimated 1.1 billion dollars***
- Federal match dollars allowed states to support chronically underfunded community mental health services through an enhanced Medicaid rate
- Oregon is one of the original 8 states funded, with 12 pilots located throughout the state
- CCBHC Sustainability and spread through State Plan Amendment – passed in 2024 Session (HB 4002)



Certified Community Behavioral Health Clinics



Continuum of Adult Behavioral Health Services in a sample county

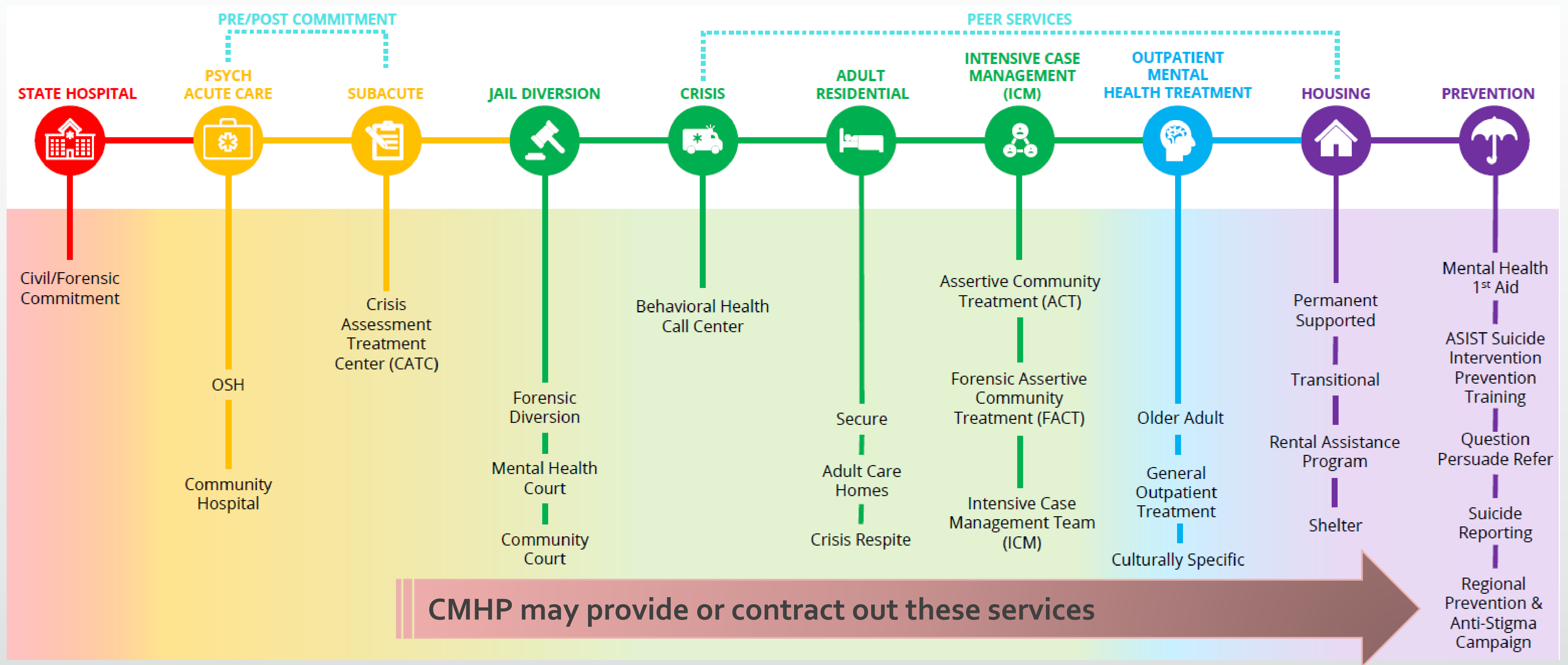
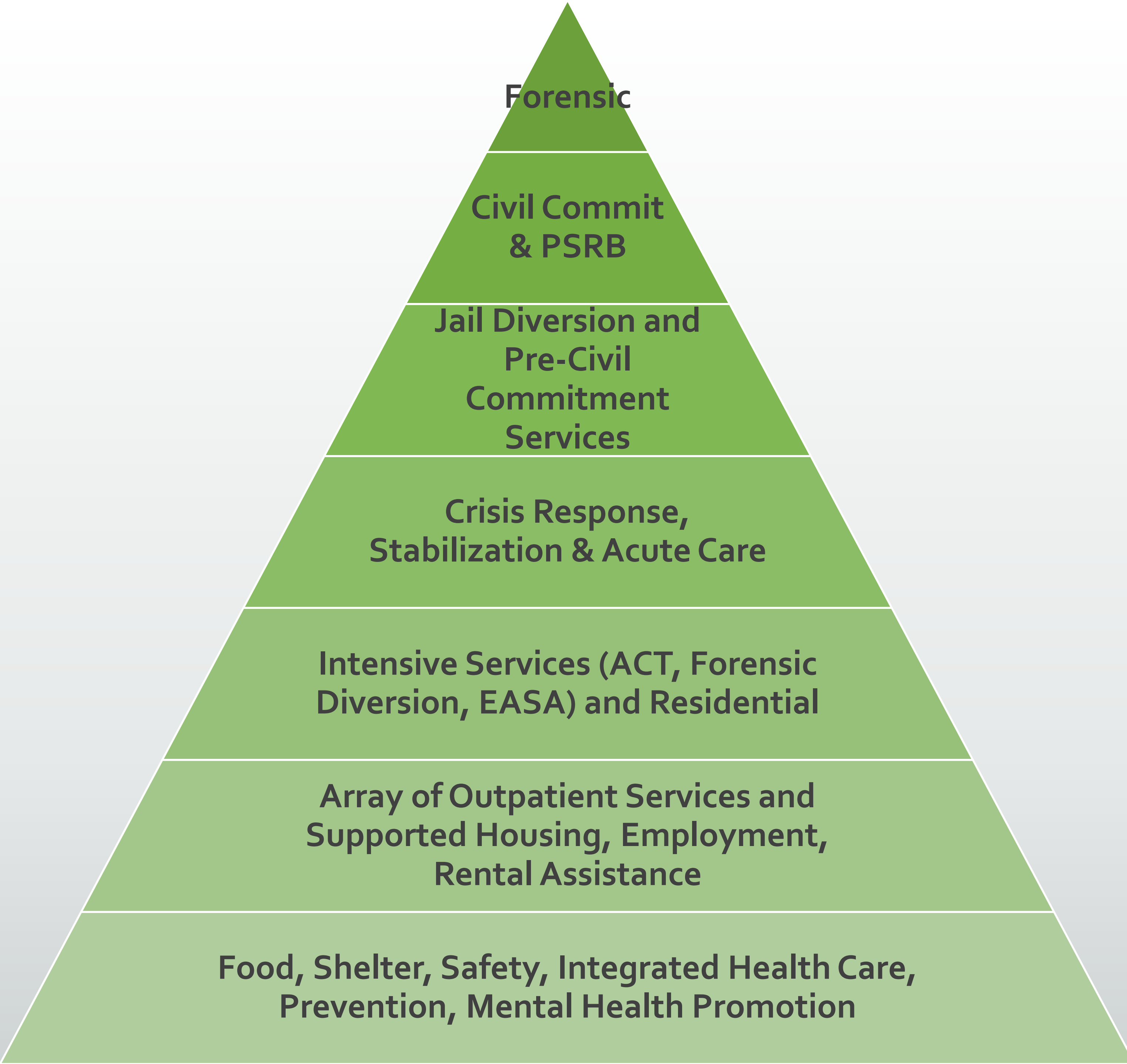
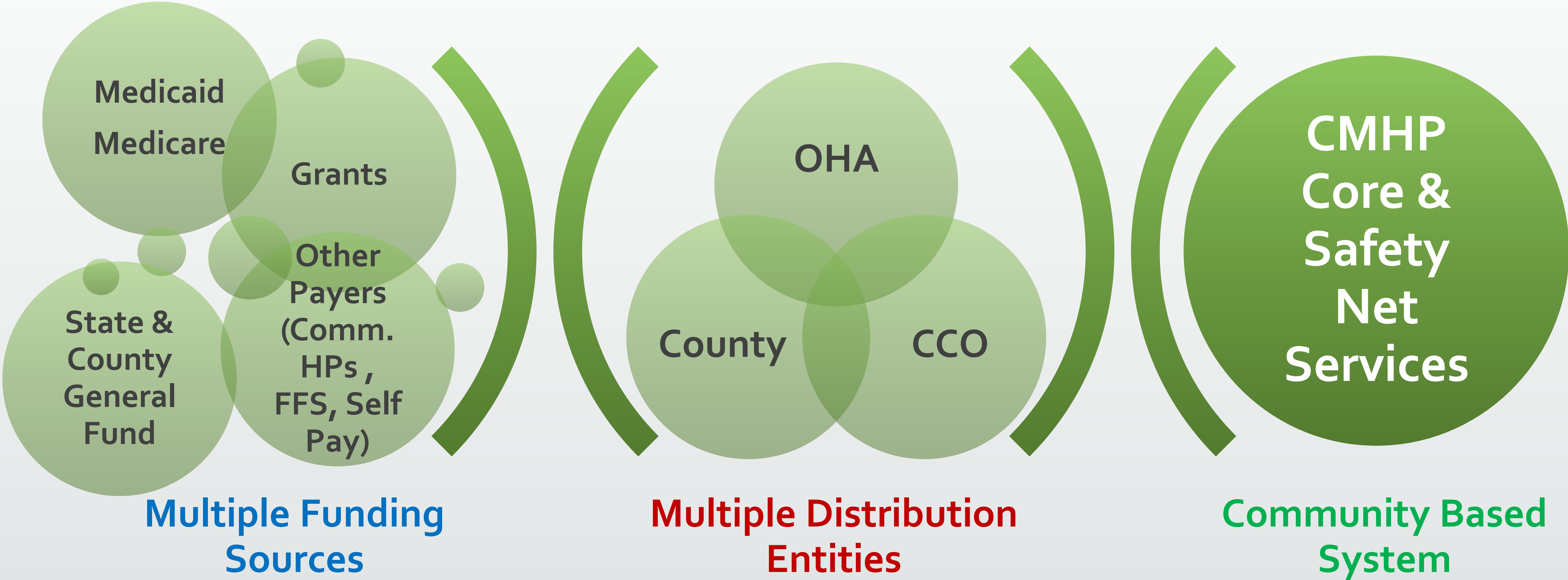


Image from OHA 2023 MH system overview presentation



The public BH system strives to meet social needs to prevent escalation to crisis and acute care, or legal system involvement

Public BH System Funding Distribution Structure

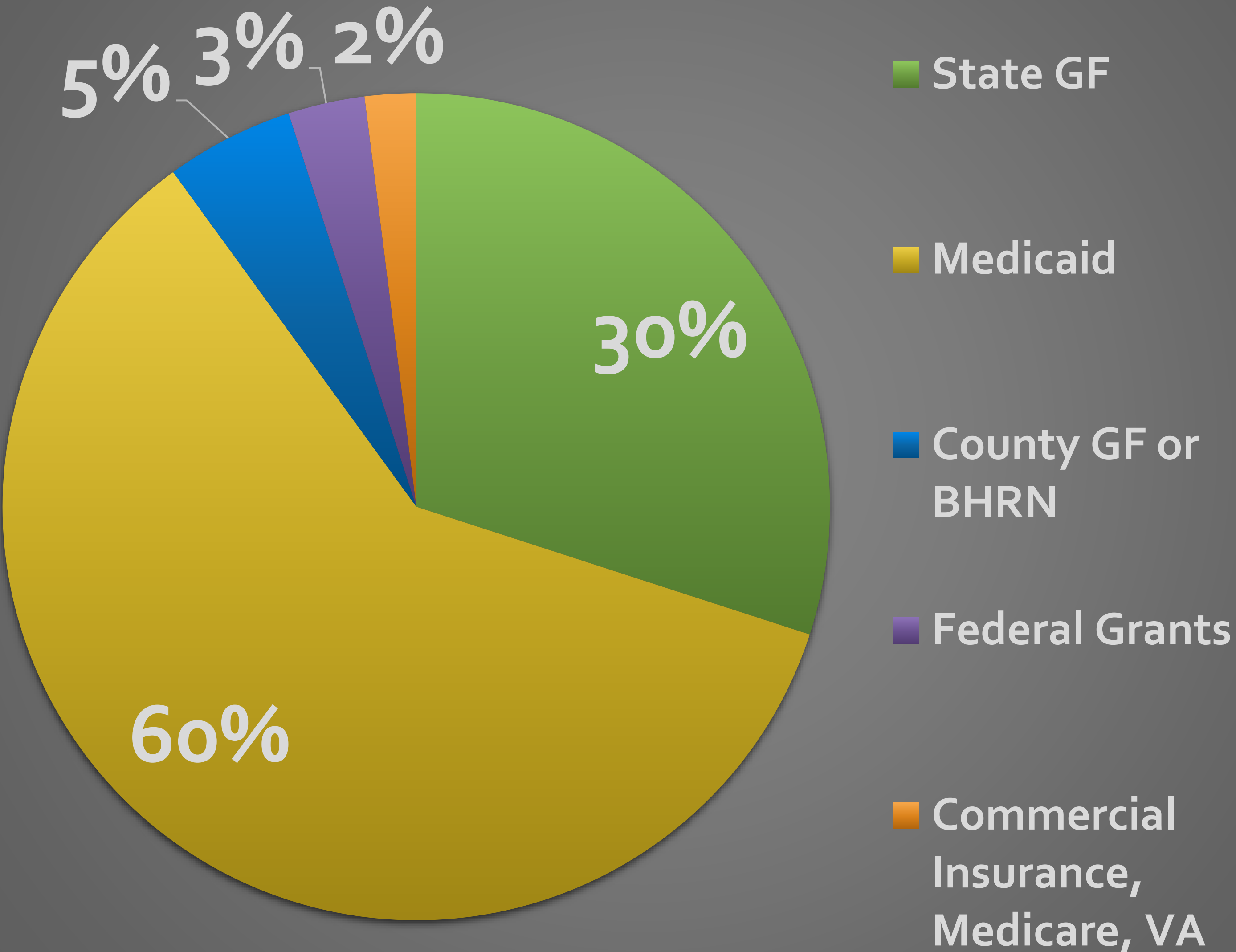


Multiple Funding Sources

Multiple Distribution Entities

Community Based System

Typical Community Mental Health Program Funding Mix



Behavioral Health Reimbursement Challenges

According to data from the Mental Health and Addictions Certification Board, the behavioral health system is equally dependent on both licensed and unlicensed providers. Unlicensed behavioral health providers are more diverse as a group than licensed providers.

- Services by unlicensed providers for people with the highest mental health needs are almost solely covered by Medicaid or state general funds and federal block grants.

- Most team-based, multi-faceted or capacity-based services are not fully reimbursed by payers because they don't fit into billing codes.

- Licensed MH clinicians have an additional 2-3 year post-graduate internship requirement before they can practice on their own, with at least 100 hours of supervision at a minimal cost of $100 per hour, paid for by the intern or the host agency.

Which BH services will be included in a universal health plan?

Service array – Are supported housing, education, employment and social needs services in?

Provider type – Are unlicensed clinicians and peer support specialists covered?

Facility-based care – Are services for people in institutional settings (Oregon State Hospital, jails and prisons) in?

Reliance on current funding - How much would we continue to rely on State general funds, federal block grants and marijuana, tobacco, and alcohol taxes to support the public BH system?

Thank you

Multi-State Health Policy Follow-Up

Jennifer Donovan, Senior Policy Analyst

July 18, 2024

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Requested Follow-up

Colorado Health Policy Initiatives

Massachusetts Health Policy Initiatives

Maryland Health Policy Initiatives

Universal Health Plan Initiatives in the United States

California Long-Term Care Services

Colorado Health Policy Initiatives

Amendment 69

- 2016 Ballot Measure Introducing a Single-Payer Plan
- 79% of Colorado voters opposed the measure

Single Payer Legislation

- HB 24-1075 (2024)
- Passed Colorado House, not taken up by the Senate for a vote

Massachusetts Health Policy Initiatives

Massachusetts Health Care Reform 2006

- Precursor to Affordable Care Act

Single Payer Legislation

- MassCare

Maryland Health Policy Initiatives

Federal Medicare Waiver

- All-Payer
  - Health Services Cost Review Commission
- Maryland All-Payer Medicare Model Contract
  - Care Redesign Program
- Total Cost of Care Model
  - Maryland Primary Care Program

Legislative Initiatives

- None have been taken up by the legislature

Universal Health Plan Initiatives in the U.S.

Washington
Oregon
California
Michigan
Iowa
Illinois
Ohio
Pennsylvania
Maryland
Delaware

New Jersey
New York
Rhode Island
Massachusetts
New Hampshire
Maine
South Carolina
Florida
Vermont (Passed)

California Long Term Care Services

Medicare + Medi-Cal

- Facility Based Care
- Home Based Care

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Questions?

Break

We will reconvene at 10:30 am

There is a “grab ‘n go” café located on the basement level

Goals of Oregon’s Universal Health Plan Effort

- Chair Bellanca

Statement of the problem

Oregon’s current health care is inefficient, expensive, and complex. It relies on multiple private, public, and taxpayer-subsidized insurance plans. It relies primarily on employment for health care insurance and access. It uses different benefits, different provider networks, and different insurance plans. Each year thousands of Oregonians are without insurance when their employment or family status changes.

Health care in Oregon is inequitably delivered. Too many Oregonians endure unequal access, varied care quality, and wide-ranging outcomes because of race, age, income, geography, or insurance. High health care costs generate debt and bankruptcy for many Oregonians.

Citation: Joint Task Force on Universal Health Care Final Report and Recommendations September 2022

Task Force Recommendations

- All people who live in Oregon qualify for the Universal Health Plan
- The Plan will be based on current PEBB benefits, and will include all services currently covered by Medicaid, Medicare and ACA plans
- People who qualify for long-term care will continue to receive benefits and services through Medicaid and the Oregon Department of Human Services (DHS). The Plan will cover some skilled nursing and home health care.
- The Plan will not require patients to pay when receiving care. There shall be no co-pays or deductibles. Instead, people will pay new taxes based on their ability to pay.
- People who qualify for Medicare will be covered by the Universal Health Plan to the extent allowed by federal law.
- The Plan will work with any individual, group practice, or institutional provider (including hospitals and health systems) that are licensed or authorized to practice in Oregon, in good standing, and that provide services covered by the Plan

Task Force Recommendations

- The Plan will pay providers directly. The rates of pay will be set by region to account for different health care needs and costs in parts of the state
- Health insurance companies would be only be able to offer insurance to cover benefits or services not offered by the Universal Health Plan
- The Universal Health Plan will uncouple health insurance from employment
- The Plan will seek, whenever possible, to address social determinants of health
- Members of the 9 federally recognized tribes in Oregon have the option to participate in the Plan, and tribal providers can participate in the plan
- The Plan will be overseen by a nonprofit public corporation

Citation: Joint Task Force on Universal Health Care Final Report and Recommendations September 2022

Next steps based on those recommendations

The board needs to:

- Create a unified financing plan that incorporates all federal and state health care dollars, as well as other revenue sources as permitted by law
- Clearly spell out covered benefits, particularly in Behavioral Health services and long term care and support services, or identify options for each
- Clarify options related to Medicare waivers that may be needed
- Create several financial models for revenue streams that will not cause financial hardship for families or small businesses
- Explore options for employers that do not violate ERISA
- Work with hospitals and clinicians on a plan for a simplified payment strategy for services that accounts for regional differences and saves money

Next steps feedback

- Determine how the Plan will define and verify residency in a way that does not undermine its intention to increase access for all Oregonians. With regard to residency, any implications for those who may telework (e.g. employed in Oregon but living elsewhere)
- Consider mention of transition planning and implementation
- First agree on some basic study parameters and attributes of a good financial plan.

Values and Principles Workgroup Recommendations

Vice-Chair George
July 18, 2024

Work Group

The Values & Principles Work Group was created to allow the members of the board to work together to create recommendation on values & principles, in addition to those in SB 1089, to the guide the board's work. The group met four times. Three times prior to the June Board meeting and once between the June and July meetings.

Members:
Warren George, Facilitator
Michelle Glass
Amy Fellows
Debra Diaz
Dr. Chunhuei Chi

May 29, 2024, meeting minutes
June 5, 2024, meeting minutes
June 12, 2024, meeting minutes
June 27, 2024, meeting minutes

Work Group Recommendations

Recommendation #1: The board should fully endorse and adopt the Health Equity Committee (HEC) statement and pledge to complete all board work in full support of the goals of that statement, in the elimination of bias in decisions and in actions, and in rectifying past bias, as an absolute principle of universal health care.

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

- *Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:*
  - *The equitable distribution or redistribution of resources and power; and*
  - *Recognizing, reconciling, and rectifying historical and contemporary injustices.*

https://www.oregon.gov/oha/EI/Pages/HEC%20Plan%20Definitions.aspx

Work Group Recommendations

Recommendation #2: The Board should adopt the following four overarching principles and their subprinciples:

1. Maximize Health
   a) Individual Fulfillment
   b) Population Measures
   c) Community Action Against Contagion
   d) Minimize Harms from Health Care
2. Fair Distribution of Medical Resources
3. Minimize the financial hardship from medical bills on individuals and families.
4. Community Ownership and Governance
   a) Community Ownership
   b) Financial Stewardship
   c) Principles of Good Governance

Work Group Considerations

Meaningful public participation: Community engagement should always seek to:

a. Be inclusive of all people
b. Provide the community details on the background and current thinking relating to a particular issue or project.
c. Present community members with and asks them to consider alternatives and make a judgment as to the most attractive alternative for the community
d. Consider community feedback as the guiding perspective in defining terms and decision making

Targeted Universalism: Within a targeted universalism framework, universal goals are established for all groups concerned. The strategies developed to achieve those goals are targeted, based upon how different groups are situated within structures, culture, and across geographies to obtain the universal goal.

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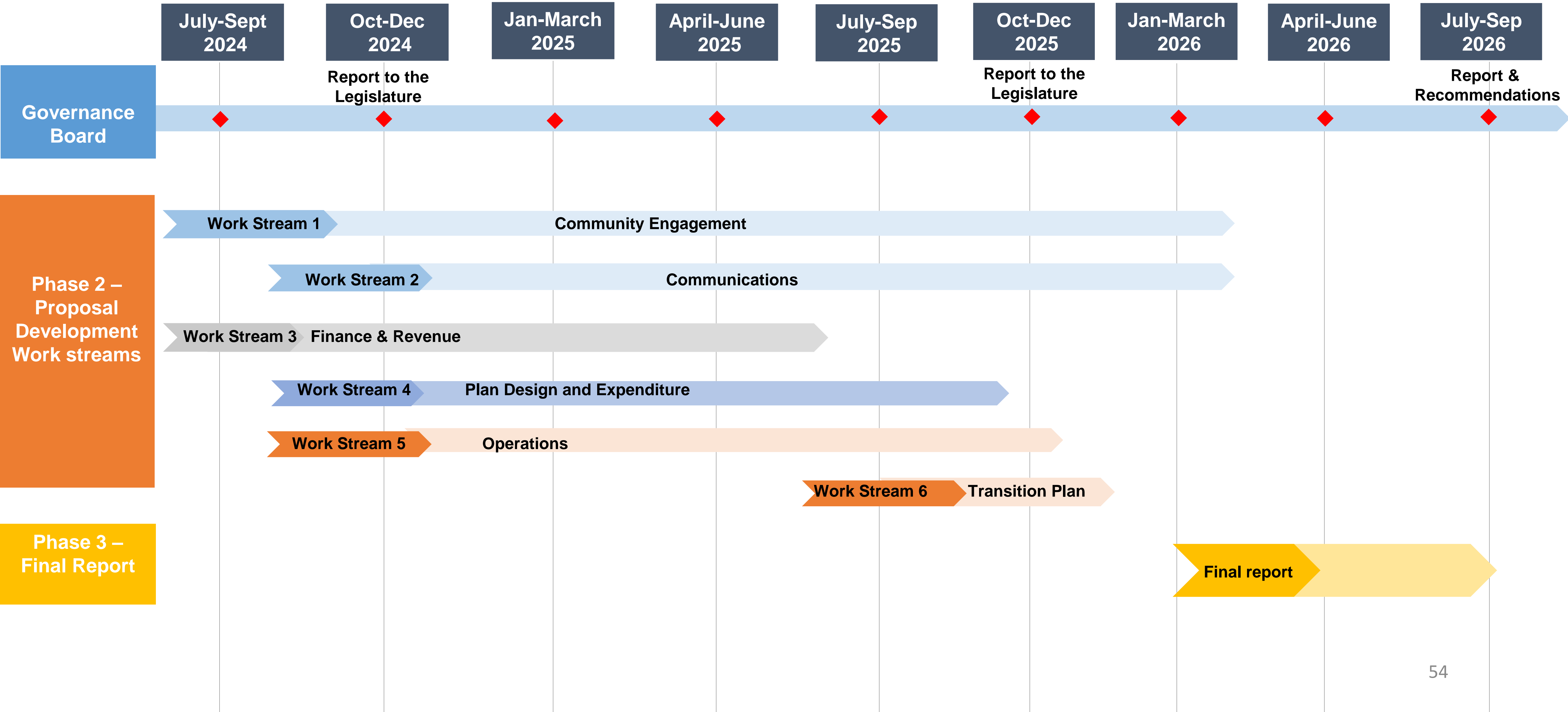
Questions?

Review and Approve Workplan

- Chair Bellanca

Workplan Timeline for Phase 2 and 3



UHPGB Work Plan – Phase II Work Streams

Work Steams 1/2

Communications & Community Engagement

Community Engagement Deliverable:

- Use existing mechanism to get feedback and identify gaps
- Community engagement plans for different industries – business, health care, and consumers
- At a minimum, present workstream recommendations to relevant community partners following each workstream to get feedback on recommendations prior to board review

Communications Deliverables:

- A communications plan, including messaging strategy with a suite of materials developed
- Minimum of ten presentations on the plan throughout Oregon
- Dissemination plan

Expertise: Community engagement

Board Lead: TBD
Staff Support: Jenny Donovan

Committee:
Community Engagement

Timeline:
July 2024 – March 2026

Work Stream 3

Finance & Revenue

Deliverables:

- Unified financing strategy for the Universal Health Plan that may include an income tax, a payroll tax, or other options and can survive an ERISA challenge, and has support from large and small employers.
- Analysis of the impact of the Universal Health Plan on Oregon's economy

Expertise: Health spending/ Oregon tax / finance, ERISA

Board Lead: TBD
Staff Support: Morgan Cowling

Committee:
Finance & Revenue

Timeline:
July 2024 – August 2025

Work Stream 4

Plan Design and Expenditure

Deliverables:

- Final recommendations on Universal Health Plan benefits, eligibility, provider reimbursements, workforce, and cost containment strategies
- Financial modeling and actuarial analysis of plan options that include expenditures and savings

Expertise: Health plan. Health finance and expenditures.

Board Lead: TBD
Staff support: Morgan Cowling & OHA Policy Analysts

Committee:
Plan Design and Expenditure

Timeline:
September 2024 – November 2025

Work Stream 5

Operations

Deliverables:

- Recommendations on administrative structure
- Recommendations on statutory authority, workforce and information technology needs for plan operations
- Plan to create a Trust Fund in the State Treasury
- Plan to create an independent corporation to run the Universal Health Plan
- Identify federal waivers needed to implement plan
- Create federal waiver guidance document on necessary steps to engage CMS on federal waivers

Expertise: Business Admin, IT, Operations and Health Plan

Board Lead: TBD
Staff Support: Jenny Donovan & OHA Policy Analysts

Committee:
Operations

Timeline:
September 2024– December 2025

Work Stream 6

Transition and Implementation

Deliverables:

- Report on the readiness of key agencies and partners and plan for needed next steps for transition
- Develop implementation strategies including workforce challenges
- Interim strategy and legislative recommendations for transition
- Create a comprehensive transition plan and timeline and steps needed from status quo into the Universal Health Plan
- Identify transition costs and structure

Expertise: Workforce, Information Systems, Health plan organization

Board Lead: TBD
Staff Support: Jenny Donovan

Committee:
Transition

Timeline:
July 2025 – December 2025

Review Workplan changes:

Changes to the draft Workplan since the June board meeting:

- Feedback provided at the June board meeting including changes to deliverables, and expertise

- Changes in Workstream #3 –"Financing the Universal Health Plan" include updating the tasks to align with committee charter

- Changes in Workstream #5 – "Operations" include updating the tasks and deliverables to align with the committee charter

- Changes in Workstream #6 – "Transition and Implementation Plan" include updating the tasks, deliverables and timeline

Approve Workplan

Motion: The board approves the workplan, dated July 15, 2024, outlining the three phases of work for the board.

At a minimum staff recommends reviewing the workplan quarterly to track progress and to identify additional tasks and/or deliverables as needed.

Establish Committees

- Chair Bellanca

Review Charters

Changes in the DRAFT Committee Charters since the June Board meeting:

- Additional language has been added to all charters outlining how the committees will make decisions on recommendations to the board including quorum, consensus and voting
- New language has been added to all the charters that the committees can be dissolved by the board and committee members can be removed, or replaced, by the board and that the committees have no authority to make decisions for the board
- New tasks have been added to the Finance Committee Charter and the Operations Committee Charter
- The Transition workstream has been removed from the Operations Committee

Establish Committees

Motion: The board establishes the following committees: Community Engagement, Finance and Revenue, Plan Design and Expenditures, and Operations*, governed by the Committee Charters dated July 15th, 2024

*Operations Committee does not include the Transition workstream

Non-board members will need to be appointed by the board at the August Board Meeting.

Committee Recruitment

- Director Cowling

Public Comment

Adjourn

“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

- Rev, Dr. Martin Luther King Jr.