## Values and Principles Work Group – Recommended Considerations for Board Discussion.

### Recommendation #1: Equity Statement

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 and current bias, as an absolute principle of universal health care.

*HEC Statement*

> *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

Race, color, national origin, age, disability, wealth, income, citizenship status, primary language, genetic conditions, previous or existing medical conditions, religion or sex, including sex stereotyping, gender identity, sexual orientation and pregnancy and pregnancy-related medical conditions may not create barriers to health care nor result in disparities in health outcomes due to the lack of access to care; (SB 1089 Section 2 (3)(a)(B))

### Recommendation #2

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

1. Maximize Health
2. Fair Distribution of Medical Resources
3. Minimize the financial hardship from medical bills on individuals and families.
4. Community Sense of Ownership and Governance

### Overarching Principles and Subprinciples

1. **Maximize Health:** Maximize health includes individual satisfaction and agency in care and public health concerns for the community as a whole. Improving the health status of individuals, families and communities; (SB 1089 Section 2 (2)(a))

    a. **Individual Fulfillment.**
        i. Individual Fulfillment means: Individual agency in healthcare decisions and satisfaction with the healthcare received.

**Commented [jd1]:** Added language

**Commented [jd2]:** Added language

**Commented [jd3]:** Moved up from sub (a)

**Commented [jd4]:** Individual Fulfillment and Population Measures brought back from Work Group recommendations (omitted in TS version)

Individual Fulfillment sub (i) is the same. Sub (ii) from V&P 7.9.24 version is omitted. - "Access to healthcare must not be blocked by external forces of bias, location, or financial resources"

ii. A primary measure of success should be the attainment of every individual resident to be satisfied in their opportunity to make and act on timely, well informed health decisions for themselves, unimpeded by external forces of bias, location, or financial impediments to access; ~~(V&P 6.13.24 1(a))~~
    1. Is responsive to the needs and expectations of the residents of this state as follows: (SB 1089 Section 2 (2))
    2. Making it possible for individuals to participate in decisions affecting their health and the health system; (SB 1089 Section 2 (2)(g))
    3. A participant in the Universal Health Plan may choose any individual provider who is licensed, certified or registered in this state or may choose any group practice; and (SB 1089 Section 2 (3)(b)(A)
    4. A participant in the plan and the participant's health care provider shall determine, within the scope of services covered within each category of care and within the plan's parameters for standards of care and requirements for prior authorization, whether a service or good is medically necessary or medically appropriate for the participant. (SB 1089 Section 2 (3)(b)(C)

iii. In the case of specifically identified community contagion, community, state and national interests to protect the population at large outweighs individual decision making for reaction to that contagion.
    1. Defending against threats to the health of the residents of this state; (SB 1089 Section 2 (2)(b))

iv. Minimize harm.
    1. Focusing on coverage of evidence-based health care and services; (SB 1089 Section 2 (2)(j))

b. **Population Measures –** Besides individual fulfillment, maximizing health includes measuring and working toward general population health.
    i. Establishing measurable health care goals and guidelines that align with other state federal health standards; (SB 1089 Section 2 (2)(h))
    ii. Promoting continuous quality improvement and fostering interorganizational collaboration; (SB 1089 Section 2)(i)
    iii. Community members should be engaged to decide health care measures and goals for maximizing population health.
    iv. All health measures must support the Health Equity Commission statement.

**Commented [jd5]:** This language is originally from the V&P 6.13.24 recommendations. It was omitted by the work group from the 7.9.24 recommendation. It was included in the TS version.

**Commented [jd6]:** This language is 1(c) under Maximize Health in the TS version with sub points (i)-(iii). Sub (i) in the TS version is the sub (ii) here (from the V&P 6.13 draft)

**Commented [jd7]:** 2, 3, and 4 here are the same as the TS version.

**Commented [jd8]:** These are flipped in the TS version. Statement "1" here is 1(B) under Maximize Health, and "iii" is the sub (i) under it.

**Commented [jd9]:** Omitted from TS version. Found under Maximize Health 1(d) in V&P 7.12 recommendation

**Commented [jd10]:** Number 3 under Fair Distribution of Medical Resources in TS version.

**Commented [jd11]:** "Population Measures" is from V&P 7.9 recommendations. Excluded from TS version. New language added, not found in V&P 7.9 version.

**Commented [jd12]:** Included in TS version under Community Ownership and Governance 1(b)

**Commented [jd13]:** Included in TS version under Community Ownership and Governance 1(c)

**Commented [jd14]:** Language from V&P 7.9 after "Population Measures"

**Commented [jd15]:** New language

2. **Fair Distribution of Medical Resources –** Establishing and ensuring a fair distribution of medical resources is a principle SB1089 and an overarching principle of the Governance Board.
    a. Providing equitable access to person-centered care; (SB 1089 Section 2 (2)(d))
    b. Removing any financial incentive for a health care practitioner to provide care to one patient rather than another; (SB 1089 Section 2 (2)(f))
    c. The plan may not discriminate against any individual health care provider who is licensed, certified or registered in this state to provide services covered by the plan and who is acting within the provider's scope of practice; and (SB 1089 Section 2 (3)(b)(B)
    d. The plan shall cover health care services and goods from birth to death, based on evidence-informed decisions as determined by the board; (SB 1089 Section 2 (3)(b)(D)
    e. Defining fairness and how it is applied to distribution of care should be informed by the community itself, taking care to use a process that is inclusive and equitable.

3. **Minimize Financial Hardship for Individuals and Families from Medical Costs**
    a. Protecting individuals from the financial consequences of ill health; and (SB 1089 Section 2 (2)(c))
    b. Removing cost as a barrier to accessing health care. (SB 1089 Section 2 (2)(e))
    c. Financial Stress impacts health and recovery. Stress induced from financial hardship due to medical costs is detrimental to physical and mental health
    d. Reducing complexity and increasing transparency. As harmful as individual cost can be, the stress of not knowing what you will be charged can be just as consequential to individuals and families.
    e. Minimizing financial hardship on individuals can also be improved by these specific design principles
        i. Reduce risk of high-cost events through concentration on preventive care.
        ii. Spread out cost of significant illness and injury
        iii. Ability to pay should be considered in plan revenue consideration.

4. **Community Sense of Ownership and Governance**
    a. **Community sense of ownership -** In any policy or program that will directly and intimately affect a community, that community should have voice in final decision making.
    b. **Community Economic Stewardship -** Responsible community economic stewardship in health care means:
        i. Making efficient use of available health care dollars as part of a long-term community financial plan.

**Commented [jd16]:** New language.

**Commented [jd17]:** Moved from Community Ownership and Governance 1(a) in the TS version.

**Commented [jd18]:** Reverted to language from V&P 7.9. (choosing equity over consensus)

**Commented [jd19]:** From V&P 7.9 3(e). Omitted from TS version.

**Commented [jd20]:** From V&P 7.9(d). Highlighted language is new. Original is: "Reduce Complexity and Improve Transparency. As harmful as individual cost can be, the stress of not knowing what you will be charged is a significant impediment to health and to seeking care."

**Commented [jd21]:** New language.

**Commented [jd22]:** These three subs are from V&P 7.9 3(a)-(c). Omitted from TS version. Highlighted language is new.

**Commented [jd23]:** New language.

**Commented [jd24]:** Replaces in TS version Community Ownership and Governance section. TS version listed SB 1089 principles. Those principles are incorporated into other section in this document:
a.2(d) in this document was sub a
b.1(b)(i) in this document was sub b
c.1(b)(ii) in this document was sub c
d.4(c)(i) in this document was sub d
e.4(b)(iii) in this document was sub e

**Commented [jd25]:** a.From V&P 7.9 4(a)(i). Omitted from TS version.

**Commented [jd26]:** New language, new section. V&P 7.9 4.(b) is Financial Stewardship. Omitted from TS version.

**Commented [jd27]:** New language.

ii. Overcoming economic community obstacles to jobs such as is caused by tying health care to employment.
iii. Funding for the Universal Health Plan is a public trust and any savings or excess revenue must be returned to the public trust. (SB 1089 Section 2 (3)(a)(D)

c. **Principles of Good Governance –** Including transparency, accountability, and community representation
    i. 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; and (SB 1089 Section 2 (3)(a)(C))

## Work Group Considerations

The Board should consider the following tools to ensure community feedback is honored and to define and operationalize fairness and equity in its work.

1. **Meaningful public participation**: In community engagement the Board 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

2. **Targeted Universalism**
    a. 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.

**Commented [jd28]:** New language.

**Commented [jd29]:** Community Ownership and Governance 1e in TS version.

**Commented [jd30]:** Community Ownership and Governance 1d in TS version.

**Commented [jd31]:** This section is not included in the TS version. Unchanged from V&P 7.9 recommendations doc.