

Community Engagement & Communications Committee

October 23, 2024
1st Meeting
12pm-3pm



Universal Health Plan
Governance Board

Welcome Remarks – Co-Chairs Glass and Fellows

- Tech Check
- Roll Call and Introductions
- Agenda Review

Agenda

- Welcome, Roll Call and Introductions, Agenda Review
- Committee Administration
- Review of SB 1089 Engagement Deliverables
- Workplan Review
- Committee Charter Review – Tasks and Deliverables
- Break
- Joint Task Force Engagement Presentation
- Discussion of Lessons Learned from JTF and Next Steps for UHPGB Engagement
- Generating Public Interest and Feedback
- Public Comment

Committee Member Agreements

Board Policies and Procedures – Participation

All board members agree to act in good faith in all aspects of board participation. This includes being honest and refraining from undertaking any actions that will undermine or threaten the deliberative process. Expectations of board members include:

- Speaking respectfully, efficiently, and nonrepetitively during board discussions.
- Listening to all points of view with an open mind and with a goal of understanding the interests of other board members and staff.
- Working toward consensus as a vital community responsibility while respecting minority points of view.
- Representing the activities of the board, and the positions of others in fair and balanced manner.
- Not misrepresenting the positions of others.

Any additional agreements to add?

Meetings Schedule

- November 20, 2024 – 12pm-3pm
- December 11, 2024 – 12pm-3pm

Beginning in January 2024 meetings will be held the 4th Wednesday of each month from 12pm-3pm

Process Considerations

- The committee will provide recommendations to the board and has no authority to make decisions for the board.
- The committee will exist until it is dissolved by the board.
- Committee members serve at the pleasure of the board and by a vote of the board may be removed, or replaced.

Committee Decision-Making Process

Quorum: A simple majority of committee members.

Consensus: A consensus decision-making approach will be used to facilitate the committee's deliberations and to ensure that the committee receives the collective benefit of the individual views, experiences, backgrounds, training, and expertise of its members.

Voting: Recommendations to the board made by the committee, including when there is consensus, must be taken by public roll call vote of all members present.

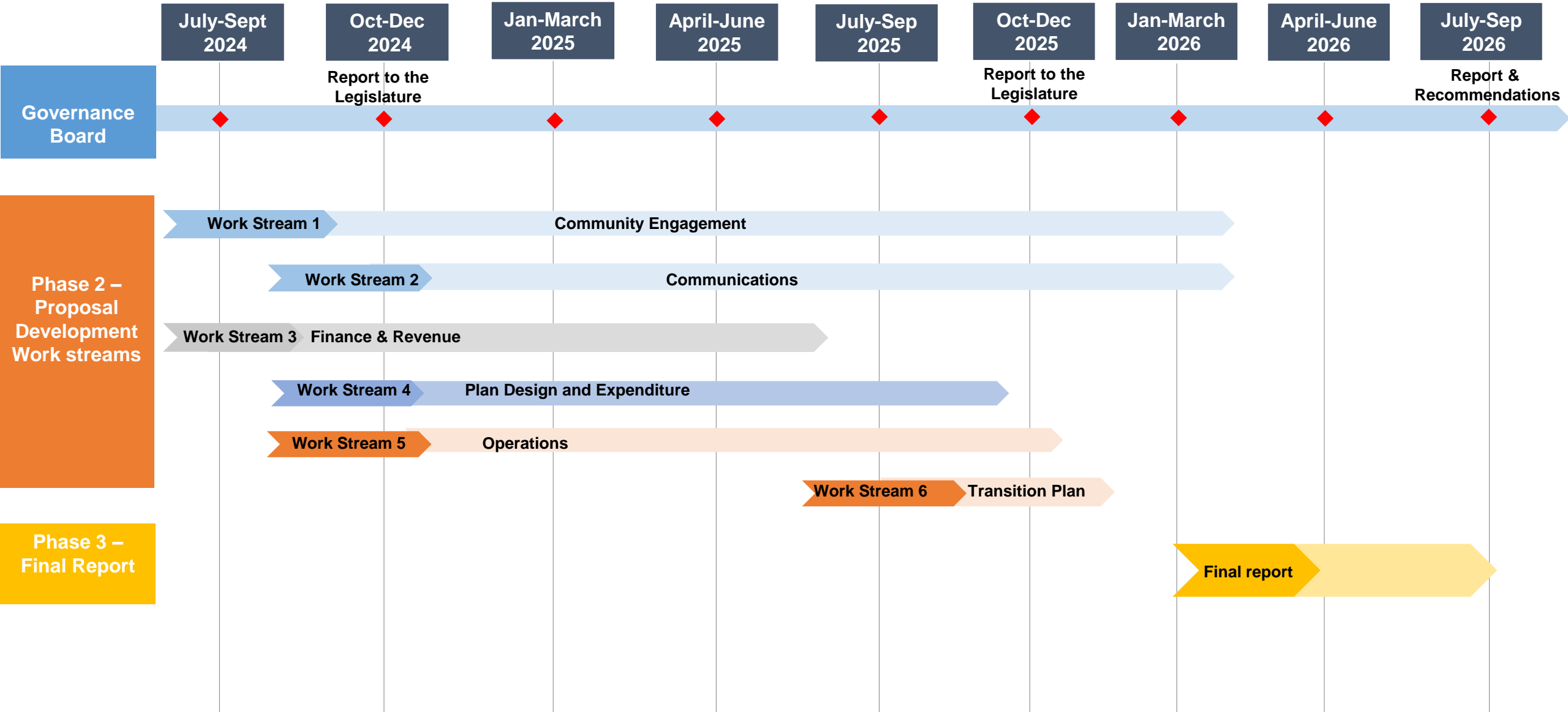
- Voting should flexibly follow the process set forth in Robert's Rules of Order.
- Absent compelling circumstances (*e.g.*, as mandated by applicable conflict of interest laws and policies), committee members should not abstain from voting.
- Voting can be used when consensus is not achieved, and any committee member is eligible to make a motion.
- If there are votes in the minority, those members voting in the minority may submit an explanation of their vote and provide alternative proposals. .

SB 1089 – Engagement Deliverables

Section 2(3)

- (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

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: Michelle Glass & Amy Fellows

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: Warren George

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: Debra Diaz

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: Bruce Goldberg

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

Committee Charter

Community Engagement Tasks and Deliverables

Tasks:

- Review Joint Task Force Final Report's appendices on community engagement, understand existing feedback that communities have given and identify gaps in engagement including, but not limited to, behavioral health consumers and providers
- Identify strategies to engage with communities and stakeholders using existing structures and meetings
- Engage with key partners including: federally recognized tribes in Oregon, businesses, Providers, Clinics, CCOs, community-based organizations (CBOs), disability-led organizations and insurance carriers
- Develop plan for general public outreach to engage throughout the Finance and Operations committees
- Engage with small and large businesses particularly in the development of the revenue and finance development of the Universal Health Plan
- Present feedback received through community engagement efforts to the Governance Board committees and board to inform decisions

Deliverables:

- Use existing mechanisms to get feedback and identify gaps
- Community engagement outreach plans for business, health care industry and health care consumers throughout Oregon
- At a minimum, present workstream recommendations to relevant community partners following each workstream to get feedback on recommendations prior to board review

Committee Charter

Communications Tasks and Deliverables

Tasks:

- Identify communication materials needed and develop strategies for using the materials
- Identify the best messages to communicate the value of a Universal Health Plan

Deliverables:

- Develop a communications plan, including messaging strategy, that includes materials developed at major benchmarks of the project available for outreach and community engagement
- A minimum of 10 presentations of the comprehensive plan to finance and administer a Universal Health Plan open to communities throughout Oregon to hear the final work prior to submission to the legislature
- Create a dissemination plan to the final report to ensure full public knowledge

Break

We will reconvene at 1:40 pm

Universal
Health
Care in
Oregon



**Joint Task Force on
Universal Health Care**

Public engagement” refers to the process of soliciting public input.

It includes engagement with the **community, employers, and health care organizations.**



**Joint Task Force on
Universal Health Care**

Joint Task Force Public Engagement & Plan Design



Joint Task Force Engagement Plan

Community	Seven demographically-specific roundtables (Feb. 2022)
	Six geographically-specific community sessions (June 2022)
Employers	Virtual forums to solicit feedback on financial plan (July/Aug. 2022)
	Focused outreach to large and small employers, unions
Health Care Providers	Virtual forums to solicit feedback on provider participation (July/Aug. 2022)
	Focused outreach to providers, payers, hospitals

Community Engagement

Phase One Roundtables

February 2022

Spanish-speaking individuals

African Americans

American Indian/Alaskan Native

Pacific Islanders

Individuals with a disability

Individuals with behavioral health needs

Rural Oregonians

Phase One Community Engagement

Plan Design Considerations

Affordability

- **Community Input:** Ensure people pay based on what they can afford
- **Design Consideration:** Progressive or means-tested contributions for high-income enrollees

Revenue Structure

- **Community Input:** Tax is not progressive if it applies to everyone
- **Design Consideration(s):**
 - Structure taxes to minimize burden on low-income
 - No sales tax

System Costs

- **Community Input:** Avoid increasing taxes
- **Design Considerations:** Examine cost drivers to reduce overall cost

Public
Engagement

Phase Two

June-August
2022



**Joint Task Force on
Universal Health Care**

Public Engagement Goals – Summer 2022

Design a plan to improve the health of families and communities

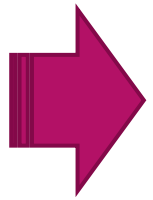
Remind public of the Task Force charge

Share preliminary proposal

Authentic space for public to learn, react, ask questions

Community feedback on specific issues

Build trust in Task Force process



Phase Two Community Listening Sessions

June 2022

Regional Community Sessions

- Coast
- Central
- Eastern
- Southern
- Portland Metro
- Willamette Valley

Listening Sessions

- June (weekday evenings and weekends)
- Two-hour facilitated discussion
- Professional moderator
- Held via Zoom



Phase Two Specialty Forums

June-August
2022

Specialty Forums

- Six forums, June to August
- Solicit feedback on financial plan and provider participation
- Two-hour forum by professional facilitator
- Forums held virtually

Health Care Community

- Providers
- Payers
- Hospitals

Business Community

- Large employers
- Small employers
- Unions

Summary – Policy Alignment

Aligned

- Access and Affordability
- Comprehensive Benefits
- Eligibility and Enrollment
- Provider Reimbursement
- Equity
- SDOH

Partial Alignment

- ERISA
- Governance
- Patient safety and quality
- Private/Commercial insurers
- Regional involvement

Opportunities for Alignment

- Costs & Proposed Tax Rates
- Farming/Agriculture
- Implementation risk
- Medicare enrollees
- Multi-State Employers
- Workforce
- Community engagement with transition and implementation

Lessons Learned

- ▶ Remote options allow for the most comprehensive outreach across the state
 - ▶ Weekends, evenings, school, and holiday schedules taken into consideration
- ▶ Short time line for community listening sessions only allowed for one time input
 - ▶ Iterative public engagement would have allowed for more robust outreach
- ▶ Use plain language when possible
- ▶ Third Party facilitator expertise provided clarity and ease in speaking with multiple sectors and populations
 - ▶ They helped focus questions and interpret feedback received from attendees

Universal Health Care in Oregon (SB 770)



- Task Force webpage ([link](#))

Discussion Questions

Gaps to be Addressed

- Are there gaps in outreach to be addressed?
- Outreach to behavioral health consumers and providers?

Engaging with Business and Health Care Industry

- What can we learn from the JTF's engagement?
- How can we encourage these groups to participate?
- What are the existing structures and meetings we can use to engage with these groups?

Feedback Process

- How does the committee want to provide the feedback it gathers to the board?

Generating Public Interest and Feedback

- What is the committee's role in generating public interest and feedback
- How can the committee encourage public interaction with the board?
- How can the committee best support and encourage engagement with other committees?
- How can the committee best keep the public informed of the work of the board and committees?



Universal Health Plan
Governance Board

Thank you