

Plan Design and Expenditure (PD&E) Committee Meeting Summary

Attendees	Debbie Diaz (chair), Helen Bellanca, Cheryl Ramirez, Dr. Rosemarie Hemmings, Angela Michalek, Tony Germann, Betsy Boyd-Flynn, Brian Frank, Christine Zinter, Eve Gray, Gabe Andeen, Jim McGee, Jamie Osborn, Julianne Horner, Max Kaiser, Mike Durbin, Peter Addy, Peter Merritt, Rob Fiset, Tash Rahman, Morgan Cowling (staff), Katy DeLuca (staff), Jessica Merino (staff), Danielle Ross (staff), Anya Wallack (HMA consultant), Jeanene Smith (HMA consultant)
Absent	Chunhuei Chi
Date/Time	12/5/24 1-4 pm
Meeting Video Recording Meeting PowerPoint Presentation	
Meeting Purpose	<p>The purpose of today’s meeting is to review amendment made to the UHPGB’s policies and procedures; review committee tasks/timelines; receive a benefits comparison overview presentation from consulting firm, Health Management Associates; and discuss if the universal plan should move forward with using PEBB as a starting point for the universal plan, as the Joint Task Force recommended.</p> <ul style="list-style-type: none"> • Update on Board Policy Changes 00:11:19 • Review Committee Tasks/Timelines 00:15:47 • Benefits Overview Presentation 00:18:15 • Committee Discussion of Benefits 02:11:30
Committee Member Follow-up Questions/Next Steps	
Benefits Overview Presentation	<p>After HMA’s Benefits Overview presentation, the following questions were asked:</p> <ul style="list-style-type: none"> • At what point does the cost of administering the benefits get factored in? (for example, a for profit health plan may cost much more to administer than Medicaid/Medicare) • Since there won’t be any out-of-network providers, the plan will have set rates and participating providers would have to agree to those set prices, correct? (whereas right now, providers practice “balancing billing”) • The 770 task force wanted to maintain the integrity of the provider payment, and that’s not where savings would come from. That might be a good starting point for the committee. • Can we focus on the margins – where the plans differ? Like around habilitative care, mental health services, etc. • Need more information about behavioral health coverage • Need more information around substance use disorder coverage
Benefits Comparison Breakout Group Recaps	<p>Committee members were broken up into small groups to discuss the following questions: 1. Do you support PEBB as a baseline benefit plan? 2. Are there benefits that still need a deeper dive by the committee? 3. If there is room to add benefits, what would you add? 4. If tradeoffs need to occur to fit within a budget, what would you propose to limit?</p> <p>Please see below for each breakout groups summary of items discussed:</p> <ul style="list-style-type: none"> • Group 1: <ul style="list-style-type: none"> ○ What will be included in preventative services? ○ Need the specifics around fertility care that WILL be covered

	<ul style="list-style-type: none"> ○ Like not having a deductible and no cost sharing. ○ Liked not having any restrictions on primary care or behavioral visits ○ Would like more detail on: <ul style="list-style-type: none"> ▪ Substance use disorder treatment. Needs to be covered and robust ▪ Dental needs to be included ▪ Make sure to cover care management services that nurses provide as well as care navigation ▪ Ensure hospice and death with dignity services are covered ● Group 2: <ul style="list-style-type: none"> ○ Consensus that PEBB+ is a good place to start ○ Want to ensure that supplemental coverage for long term care will be accessible if it's not included in the plan ○ Concern around rates for providers and what to do if providers don't want to participate ○ Using PEBB as our baseline is technically smart because there is a lot of data available from PEBB and it might be easier to sell to the general public at large ● Group 3: <ul style="list-style-type: none"> ○ Could have used more info in the presentation on what is covered by PEBB ○ Robust mental health coverage is needed ○ Dental/oral health should be covered ○ Hearing aids and hearing tests should be covered ○ If fertility services are not covered, can we have additional coverage available to access ○ Will need to have conversation around elective procedures ○ Long term care and support should be covered or accessible ● Group 4: <ul style="list-style-type: none"> ○ Consensus that PEBB+ is the right plan to start with. ○ Dental and oral health need to be covered ○ Need to evaluate what social needs (social determinants of health) are included in the plan ○ Need to look at adding in alternative medicine benefits, fitness benefits, etc.
<p>General Committee Discussion:</p>	<ul style="list-style-type: none"> ● We cannot achieve health in the state if people aren't fed, housed and clothed. ● Is there a way to base the plan on a sliding scale of Oregonians' incomes? Should we consider a multi-tier plan design? Should a small co-pay be in place for higher income individuals to access non basic services? (like chiropractic, etc.) ● Need to ensure that equity is built into this plan. People that have higher social needs, they need more social support services. ● There should be an element of progressive taxation. ● Could there be a body (like NICE in the UK) that evaluates the merits of interventions/procedures etc. and if they are evidence based and would promote the use of generic drugs ● Can social determinants of health be provided outside of the universal health plan?

Questions Regarding Eligibility	<p>What questions or info is needed to prep for next month’s discussion around edibility:</p> <ul style="list-style-type: none"> • There is a federal ban to use Medicaid dollars on incarcerated people (other than 90 days prior to release) • People who work out of state but live in Oregon • Partial residents • Migrant agricultural workers • Oregon residents that need care in another state • Students who live in Oregon but are out of state for college <p>Suggestion to use OHP as a baseline for the next meeting when discussing eligibility</p>
Additional Resources Needed	<ul style="list-style-type: none"> • What are the specifics around PEBB’s behavioral health and substance use disorder coverage? • It would be helpful to see what commercial plans cover that PEBB DOES NOT cover • Legal advice needed if incarcerated people can be included in the plan, due to federal back to use Medicaid dollars for incarcerated people
Items to be Discussed with Other Committees	<ul style="list-style-type: none"> • NA

Upcoming Meetings:

Thursday, January 9; 1 – 4 p.m. [Register Here](#)