

Oregon Health Policy Commission

Meeting Notes 2006

January 19, 2006, SMU Room 298, PSU, Portland

March 30, 2006, State Library Room 102, Salem

April 20, 2006, State Office Building Room 120, Portland

May 11, 2006, State Capitol Room 50, Salem

June 15, 2006, State Library Room 102, Salem

July 20, 2006, Multnomah Co. Health Dept. Rm 10-A, Portland

August 17, 2006, State Office Building Room 918, Portland

October 5, 2006, Multnomah Co. Health Dept. Rm 10-A, Portland

October 19, 2006, State Office Building Room 918, Portland

November 16, 2006, Multnomah Co. Health Dept. Rm 10-A, Portland

December 14, 2006, Wilsonville Training Center, Wilsonville

OREGON HEALTH POLICY COMMISSION

January 19, 2006
1:13 p.m. Tapes 1-2

Portland State University, SMU 298, Portland

MEMBERS PRESENT: Kerry Barnett
Jonathan Ater
Vanetta Abdellatif
Representative Billy Dalto
Vickie Gates
Representative Mitch Greenlick
Jim Lussier
Rick Wopat, MD

MEMBERS EXCUSED: Geoff Brown
Alice Dale
Senator Richard Devlin
Senator Ben Westlund
Jorge Yant

STAFF PRESENT: Gretchen Morley, Director, Oregon Health Policy Commission
Jessica van Diepen, Assistant, Oregon Health Policy Commission (OHPC)

GUEST(S): Marian Blankenship, Graduate Intern, University of Oregon
Dr. Mel Kohn, State Epidemiologist, Health Services, Oregon Department of Human Services (DHS)
Erinn Kelley-Siel, Governor's Office
Bob DiPrete, Director, Medicaid Advisory Committee (MAC)
Carole Romm, Co-Chair, MAC

ISSUES HEARD:

- Overview of Community-Created Healthcare Solutions Survey Report
- Update from the Governor's office
- Update on the MAC
- Proposed Work Plan: Childhood Obesity Study
- Discussion of upcoming Commission activities

These minutes are in compliance with Oregon Administrative Rules. Only text enclosed in italicized quotation marks reports a speaker's exact words. For complete contents, please refer to the tapes.

TAPE/#	Speaker	Comments
TAPE 1, A 010		I. Call to Order <ul style="list-style-type: none">• There is quorum• Congratulations to Dr. Rick Wopat for being honored with the Oregon Health Forum's "Visionary of the Year" award Tuesday night
040		II. Approval of Minutes <ul style="list-style-type: none">• December 7, 2005 minutes approved as submitted

TAPE/#	Speaker	Comments
050	Gretchen Morley	<p>III. Update on Commission work plan & activities</p> <ul style="list-style-type: none"> • Quality & Transparency Workgroup is working on a statewide outreach plan for National Surgical Quality Improvement Program (NSQIP) adoption by hospitals. The workgroup will meet soon with representatives from the Oregon Business Council and the Oregon Health Care Purchasers Coalition to talk about the consumer/employer perspective • Gretchen Morley and Dr. Susan Allan testified before the Interim Senate Committee on Public Health yesterday on the outline of the State of the Health of Oregon resource that is being assembled in partnership between staff of the OHPC, DHS, and the Northwest Health Foundation. • Delivery System Models Workgroup will convene a subcommittee in February to decide how to build on the survey report and finish out its 2005-2006 work plan • Childhood Obesity Study will be led during the winter and spring by Dr. Mel Kohn; a draft report will be submitted to the Commission for review in the summer • Healthy Oregon Workgroup work plan and roster is still in development. Nike is in the process of reforming its workgroup and moving its initiative forward
100	Laura Brennan Marian Blankenship	<p>IV. Overview of Community-Created Healthcare Solutions Survey Report (Exhibit C &D)</p> <ul style="list-style-type: none"> • Report unanimously "received" by the Commission with the following amendments: delete the word "inventory", change "Reviewed and endorsed" on title page to "Received"
Side B 500	Erinn Kelley-Siel	<p>V. Update from the Governor's office</p> <ul style="list-style-type: none"> • Recap of the Governor's Tuesday night speech to the Oregon Health Forum: Short-term focus for increasing access and reducing the number of uninsured: 1) plan in the works to cover all kids, 2) new look at the prioritized list with eye to shifting the focus to chronic disease management and preventative care for OHP Standard, 3) prescription drug cost reduction, 4) electronic health records and adoption of health care quality measures, 5) growing the health care work force, and 6) addressing childhood obesity (he made a commitment to make sure that all dedicated revenue for tobacco cessation and education goes to that program in the '07-'09 budget (and does not get diverted to other things). These ideas will be fleshed out at the upcoming State of the State address. • OHPC will receive a letter from the Governor requesting that the Commission provide recommendations for how to increase access to health care, suggestions for alternate funding sources, and steps to create a sustainable health care system (short-term as well as ideas for the next 5 years). <p>Discussion</p> <ul style="list-style-type: none"> • Federal Medicaid Reconciliation Act and proof of citizenship requirements: the Governor's office is communicating with our federal legislators on this issue. The Act is on its way to the House and will hopefully see some positive amendments there. Stay tuned.

TAPE/#	Speaker	Comments
800	Bob DiPrete Carole Romm	<ul style="list-style-type: none"> • Timeline for recommendations to the Governor: <ul style="list-style-type: none"> • (ideas requiring legislation): May deadline for filing LC's • July-October: craft agency budgets • November: Governor's budget sent to printer • December 1: budget released
Tape 2A 065	Mel Kohn	<p data-bbox="610 394 1471 422">VI. Update from the Medicaid Advisory Committee (MAC)</p> <ul style="list-style-type: none"> • The MAC will receive a letter from the Governor next week requesting recommendations for expanding health insurance coverage to all Oregon kids within the next 3-4 months; MAC will also be developing recommendations for overall Medicaid waiver amendments and recommendations for a new waiver • Public hearings will be held around the state in April for public input on this plan • MAC will report to the Commission monthly from now through the spring <p data-bbox="610 779 1208 806">VII. Childhood Obesity Study (Exhibit E)</p> <p data-bbox="610 814 773 842"><i>Discussion</i></p> <p data-bbox="610 850 984 877">Suggested changes/additions:</p> <ul style="list-style-type: none"> ▶ Group 1, a. add someone from the Evidence-based Practice Center ▶ Group 2: membership of this group should reflect the recommendations coming out of Group 1. <i>Additions to membership:</i> <ul style="list-style-type: none"> • l. community representatives (African-Americans, Latinos, etc): connect with the African-American Health Coalition, SMG, etc • m. Academy of Family Physicians representative • n. school-based health center representative • o. school children ▶ Overlap the meeting dates of Groups 1 and 2 to shorten the timeline
525		<p data-bbox="610 1356 1393 1383">VIII. Discussion of Upcoming Commission Activities</p> <ul style="list-style-type: none"> • February 16 meeting will convene representatives of recent health care reform forums and conferences to share their outcomes and next steps with the Commission and with each other • Staff will circulate an op-ed draft for review and the final list of reform ideas for exploration in 2006 before the end of January

Meeting adjourned 4:32 p.m.

Submitted By:
Jessica van Diepen
Health Policy Commission, Assistant

Reviewed By:
Gretchen Morley
Health Policy Commission, Director

EXHIBIT SUMMARY

- A: Agenda
- B: Minutes December 7, 2005
- C: Community-Created Health Care Solutions Survey slideshow
- D: Draft Survey Report: Community-Created Health Care Solution in Oregon
- E: Childhood Obesity Study Work Plan Draft
- F: Op-Ed/Reform Ideas list

OREGON HEALTH POLICY COMMISSION (OHPC)

March 30, 2006
1:14 p.m. Tapes 1-2

State Library Room 103, Salem

MEMBERS PRESENT: Kerry Barnett
Jonathan Ater
Geoff Brown
Alice Dale
Representative Billy Dalto
Senator Richard Devlin
Vickie Gates
Representative Mitch Greenlick
Jim Lussier
Senator Ben Westlund
Rick Wopat, MD

MEMBERS EXCUSED: Vanetta Abdellatif

STAFF PRESENT: Gretchen Morley, Director
Nora Leibowitz, Policy Analyst
Jessica van Diepen, Assistant

GUEST(S): Yvette Fontenot, VP, Jennings Policy Institute (by phone)
Dr. Frank Baumeister, Citizens' Health Care Working Group
Carole Romm, Co-Chair, Medicaid Advisory Committee (by phone)

ISSUES HEARD:

- OHPC updates
- Review of federal health care reform activity
- Discussion of proposed work plan: road map to reform
- Update from the Medicaid Advisory Committee

TAPE/#	Speaker	
TAPE 1, A		
010		I. Call to Order <ul style="list-style-type: none">• There is quorum• Welcome, Nora Leibowitz, new OHPC policy analyst
040		II. Approval of Minutes <ul style="list-style-type: none">• January 19, 2006 minutes approved as submitted
050		III. New Business <ul style="list-style-type: none">• OHPC and legislative committee staff will communicate regularly on the work of the OHPC and the Senate Interim Commission on Health Care Access and Affordability; meetings and guest speakers will be coordinated as much as possible.• Nora Leibowitz will track program changes at the Office of Medical Assistance Programs and email one-page summaries to Commissioners.
100	Yvette Fontenot	IV. National health reform activity <ul style="list-style-type: none">• S1955 proposes that national or multi-state association health plans preempt existing state insurance mandates and regulations.

TAPE/#

Speaker

Frank Baumeister

- State Children's Health Insurance Program (SCHIP) is up for federal reauthorization in 2007. There is a likelihood of reduced federal money for the program.
- The Citizens' Health Care Working Group is a congressionally mandated body which will ultimately report back to 5 Congressional committees and the President on its conversation with the American people. It released an initial report entitled "Health Report to the American People" and is now traveling around the country. They will be in Eugene, Oregon on April 18.

V. Road Map to Reform Work Plan

Discussion

- Define "affordable" and "access" (the scope of care we mean all Oregonians to have access to) or we won't know when we've reached our goal.
- Suggestion: report title include the word "universal". Question of political connotation with regard to public marketing of the idea. Agreement on inserting the words "for every Oregonian" instead.
- Point out cost of doing nothing vs. cost of our variety of reform suggestions ala the National Coalition on Health Care report. Can we extrapolate an Oregon number from this literature?
- Develop questionnaire for future expert presenters.
- Develop framework to match reform ideas to OHPC goals and principles and how well those ideas will fulfill our goals.
- What are the discrete steps within the plan that need to be decided and when? (add milestones to outline) What are the elements of the final report?
- **April meeting agenda:**
 - Product: principles of report and work plan mile markers
 - Work session; no invited speakers. Subcommittee will meet to develop agenda. Staff will bring proposed report overview, a "menu of options" of reform ideas, a framework for assessment of those, and a construct for the final report.

Tape 2/B

Carol Romm

VI. Update on Medicaid Advisory Committee (MAC)

- Preliminary recommendations to the Governor for improved access to health care for children:
 - Children up to 19 eligible, all will have same card, up to 200% FPL through OHP and FHIAP and those over 200% can purchase comprehensive group coverage
 - Expand coverage from 6 to 12 months; decrease or eliminate period of uninsurance requirement, especially for the chronically ill.
 - Aggressive outreach for enrollment
- MAC will hold public hearings in April & May for public input

Meeting adjourned 4:41 p.m.

Submitted By:

Jessica van Diepen
Health Policy Commission, Assistant

Reviewed By:

Gretchen Morley
Health Policy Commission, Director

EXHIBIT SUMMARY

I: Agenda

II: Draft Minutes January 19, 2006

III: Member Reference Binders

IV: Survey of Existing Reform Plans – National Groups

OREGON HEALTH POLICY COMMISSION (OHPC)

April 20, 2006
1:10 p.m. Tapes 1-2

State Office Building Room 120, Portland

MEMBERS PRESENT: Vanetta Abdellatif
Jonathan Ater
Geoff Brown
Jim Lussier
Rick Wopat, MD

MEMBERS EXCUSED: Kerry Barnett
Senator Ben Westlund
Alice Dale
Representative Billy Dalto
Senator Richard Devlin
Vickie Gates
Representative Mitch Greenlick

STAFF PRESENT: Gretchen Morley, Director
Nora Leibowitz, Policy Analyst
Jessica van Diepen, Communications Coordinator

GUEST(S): Darren Coffman, Director, Health Services Commission
Steve Sharp, Board Chairman, TriQuint Semiconductor

ISSUES HEARD:

- Update from the Health Services Commission
- Discussion of proposed work plan approach
- Development of working definitions and principles to guide OHPC reform work

TAPE/#	Speaker	
TAPE 1, A 010		I. Call to Order <ul style="list-style-type: none">• There is quorum• Welcome, Steve Sharp. He will be the Commission's newest member very soon.
175		II. Approval of Minutes <ul style="list-style-type: none">• March 30, 2006 minutes approved as submitted
185	Rick Wopat	III. Update from the Health Services Commission <ul style="list-style-type: none">• Concept overview of new prioritized list: Acute disease care is the current focus of our health system even though prevention and chronic disease management is more cost effective. The new list will be reordered to put prevention and chronic disease management at the top. Moneys currently spent on the Standard population for acute care services will be invested in a smaller benefits package targeted on prevention (The line for Standard being drawn higher up the list than that for OHP categoricals).• Ideas for prioritizing within a universal care model: Free immunizations for everyone (primary prevention); screening

TAPE/#	Speaker	
325	Darren Coffman	<p>for conditions for which treatment prevents death, e.g. colon, breast, cervical cancer screenings (secondary prevention); treatment which reduces avoidable health care complications and costs (tertiary prevention), all at the top of the list before acute care. Failure to provide these services leads to higher cost and bad outcomes for the public as a whole.</p> <ul style="list-style-type: none"> • Background on the HSC: established in 1989 to prioritize health services for the state legislature in its deliberations on what services to include in the Oregon Health Plan. • Methodology for current reordering of the prioritized list: began with the original basic 17 categories of health care then pared down to nine. All 710 line items will be assigned to one of the 9 categories; they will be ranked within each category (to what level does the service prevent future cost and complications, what is the impact of the complication on the individual as well as the population; are any vulnerable populations disproportionately affected by a given condition, how effective is the service/treatment?) • Goal: get through all lines by the May 25 meeting and finalize methodology. Four focus groups will be convened over the next month: 1) Oregon Academy of Family Practice Physicians, 2) specialty care providers, Oregon Medical Association, 3) hospitals, mental health providers, vendors of durable medical equipment, home health care, 4) consumers. June meeting: final changes to the list. <p>Discussion</p> <ul style="list-style-type: none"> • 3 kinds of care: acute, chronic, and prevention (plus prenatal.) "Basic" health care is a mixture of all three. • What is the cost benefit ratio between different preventative services? (e.g. prostate specific antigen tests, frequency of mammography, effectiveness of statin drugs and the benefit to society of covering them) • US Preventative Services Taskforce recommendations will inform the development of the new list
631	Vanetta Adbellatif	<p>IV. Work Plan Update: Local Delivery System Models Workgroup (Exhibit III)</p> <ul style="list-style-type: none"> • The workgroup is looking at three areas around which to potentially submit recommendations to the OHPC for consideration during its reform planning: payment system reform, metrics for access, and community collaboration. <p>V. Discussion and Approval of Proposed OHPC Reform Work Plan Approach (Exhibit IV)</p> <p>Discussion</p> <ul style="list-style-type: none"> • On report outline: add area for "principles" and an area for "observations" (asides for future audiences that preserve the context in which the report was created.) We need to agree on and adopt a vision for the future.
Tape 1, B		

TAPE/# Speaker
350

VI. Development of Working Definitions/Principles to Guide the OHPC Reform Work

Discussion

Who is "All Oregonians"?

- All who reside in Oregon.

480

What is "Health Care"?

- "Assurance of basic health care vs. insurance against catastrophic losses". Let's begin with the prioritized list.
- Institutes of Medicine's standard is preventive and screening services, outpatient prescription drugs, mental health, outpatient and hospital care.
- Draft a matrix with medical, dental, mental health, and pharmacy against demographics (child, adult, senior) all with their own level of included services. Have a column for payment system for each category to make the financial incentives very apparent.
- Wellness care? Look at PEBB vision.
- Consensus: start with prioritized list (ignoring the current funding line for now), and have a work session in the future to nail down the "wellness" piece ("key determinants of health") that is not currently on the list.

198

What is "Affordable"?

- What is a reasonable dollar amount to spend per person of the "gross state product"? How much is being spent now (public and private) in total? *Staff, please get these numbers to Commissioners before the next meeting.*
- How have Maine's inflation caps worked for them? A spending cap would have to be accompanied by cost controls.
- Let's avoid the word "payors", in order to underscore the reality that everyone is paying for health care in the current system.
- Can we set a spending number and manage around it?
- *Get literature to Commissioners to review: John McConnell's presentation on cost drivers to the Senate Interim Access & Affordability Commission.*
- **Staff, with input from Commissioners, will meet before May 11th to draft parameters for affordability. It will look at user perspective, provider perspective, and societal perspective.**

Meeting adjourned 4:33 p.m.

Submitted by:

Jessica van Diepen
Health Policy Commission
Communications Coordinator

Reviewed by:

Gretchen Morley
Health Policy Commission
Director

EXHIBIT SUMMARY

I: Agenda

II: Draft Minutes March 30, 2006

III: Delivery System Models Workgroup Draft Work Plan

IV: Reform Work Plan Discussion Documents

OREGON HEALTH POLICY COMMISSION (OHPC)

May 11, 2006
1:07 p.m. Tapes 1-2

State Capitol Hearing Room 50, Salem

MEMBERS PRESENT: Vanetta Abdellatif
Jonathan Ater
Kerry Barnett
Geoff Brown
Alice Dale
Senator Richard Devlin
Vickie Gates
Representative Mitch Greenlick
Steve Sharp

MEMBERS EXCUSED: Representative Billy Dalto
Jim Lussier
Senator Ben Westlund
Rick Wopat, MD

STAFF PRESENT: Gretchen Morley, Director
Nora Leibowitz, Policy Analyst
Jessica van Diepen, Communications Coordinator

GUEST(S): Alice Burton, Director, RWJ State Coverage Initiatives Program
Jeanene Smith, Administrator, Office for Oregon Health Policy & Research
Joel Ario, Administrator, Oregon Insurance Division

ISSUES HEARD:

- Update from the Medicaid Advisory Committee
- Discussion of other states' health care reform models
- Discussion of reform ideas to explore for Oregon

TAPE/#	Speaker	
TAPE 1, A		
010		I. Call to Order <ul style="list-style-type: none">• There is quorum• Welcome to our new voting member, Steve Sharp.
100		II. Approval of Minutes <ul style="list-style-type: none">• April 20, 2006 minutes approved with amendment: add Steve Sharp to list of guests, page 1.
110	Jeanene Smith	III. Update from the Medicaid Advisory Committee: Recommendations for the Healthy Kids Plan <ul style="list-style-type: none">• Aim: to cover all kids in Oregon by expanding existing programs up to 250% Federal Poverty Level (FPL)• Subsidy (pooled product) for those at 200-300%FPL• Reduce or eliminate uninsurance waiting period requirement• Aggressive outreach• Public Hearings - Rethinking Benefit Structure: how much can a family afford for health insurance? Subsidy will stop at 350% (federal cap may be 300%)

TAPE/# Speaker

- Will build on managed care infrastructure
- Plan: comprehensive, based on OHP Plus. Small copay, with no deductible or coinsurance
- Feedback from public: simplify the application process and make it more accessible
- Governor will review recommendations, then OHPR will price the plan, assess possibilities for federal match and additional funding sources, the need for waiver amendments, and navigation through the legislative process

825 Alice Burton

IV. **Other States Health Care Reform Models**

- Recent economic recovery at the state level and lack of initiative at the federal level has led to many states' reform efforts in the past year
- **Maine's Dirigo:** quality initiative and cost containment are key components of the plan in addition to coverage innovations. Operating for a year; has not met its enrollment expectations. Affordable insurance product subsidized on a sliding scale with general fund and savings gleaned from cost containment (and assessment on carriers); defined benefit product offered through Blue Cross.
- **Massachusetts:** began with very high coverage level across the population and an uncompensated care pool. New initiative includes employer mandate (with 10 or more employees; penalty is \$295 per year per employee and the state will collect from the employer the cost incurred by their employees' use of the uncompensated care pool) and individual mandate (on those who "have access to affordable insurance"). *What is the long-term impact on small business?; what are the ERISA implications?* The Connector combines the individual and group markets: part-time employees can buy insurance with contributions from multiple employers and individuals can buy insurance pre-tax as if they were in a group. The definition of "dependent" was expanded to allow young people to maintain coverage under their family's plan longer and the state offers a limited benefit package targeted to young adults.
- **Innovations in Medicaid:** several states have begun offering an insurance product to uninsured workers. Oklahoma, New Mexico, & Arkansas: limited benefit package marketed to small employers with modest cost sharing and is delivered through Medicaid MCO's; enrollment is small (4,000) so far; individuals can buy in if they pay both the employer and employee share. Individuals are more likely than employers to join this program. Oklahoma has a similar program. Arkansas offers an insurance product through the Medicaid program that a small business must buy for all employees regardless of income and which collects federal match for the low-income employees who qualify. Dirigo Choice in Maine collects federal match for uninsured workers; that product is managed by the state through a private carrier.

Discussion

- Keep in mind, when creating products for employers, that employer trust is essential to success. Employers want a program that is sustainable in the long term. They don't want

to commit to offering insurance to their employees and then have to renege because of large, unexpected price increases.

- Failures? 1) Limited-benefit products (people don't buy them). 2) Narrow, small-scale programs that require intensive administration but cover a small number of people.
- Unintended consequences? New Jersey: regulatory changes to individual market (community rating & guaranteed issue) led to an implosion of that market. Purchasing pools without protections against adverse selection result in unintentional high-risk pools.
- Oregon: high-risk pool is shrinking. Young people lack incentive to buy insurance, skewing the risk and driving up premiums.
- Is it practical to control cost by limiting end-of life care benefits? This is a cultural/political, not a medical, issue
- Is it practical to build on OHP the way New Mexico or Arkansas have? Only if it offers a product that is attractive in the marketplace.

V. Reform Options to Explore for Oregon

- *Accept some level of ambiguity, accept that we will never reach 100% coverage, and accept that the end product will not be perfect but as good as we can make it.*
- *Calculating cost: can we harness the savings or at least identify and factor in the cost savings gained by a reduction in cost shift as a result of expansion to OHP or instituting mandates?*
- *Develop an Oregon model for an employer mandate and for an individual mandate to be discussed at a later date. Perhaps with an employer opt-out penalty on a sliding scale according to the profit margin/size of the business. Base benefit on the prioritized list. Consider strategies for involving self-insured employers.*
- *What would the cost be of covering the whole Oregonian population 20-64 years of age with the prioritized list of services? (How does that compare to what is currently spent in the public and private sectors on health care/coverage for that population?)*
- *Building Blocks for Oregon's Reform Plan*
 - *Mandates (employer and/or individual).*
 - *Medicaid Expansion.*
 - *Cost containment and Increased Quality & Transparency.*
 - *Capturing the cost savings reaped from reduction of uncompensated care.*
 - *Maintain a safety net and identify and patch holes in access to care.*
 - *Maintain and build upon the prioritized list. (Keeping an eye on health promotion and disease prevention and management.)*
 - *Wellness.*
 - *Delivery System Improvements.*

Meeting adjourned 4:32 p.m.

Assignments:

- Commissioners: Look at menu of reform options handout and send your reactions to staff via email.

- Staff: Flesh out the building blocks. Bring absent members up to speed. Build decision points around building blocks for June meeting.

Next Meeting: June 15, 2006

Submitted by:

Jessica van Diepen
Health Policy Commission
Communications Coordinator

Reviewed by:

Gretchen Morley
Health Policy Commission
Director

EXHIBIT SUMMARY

I: Agenda

II: Draft Minutes April 20, 2006

III: Massachusetts & Maine Reform Summaries

IV: Menu of Reform Options

OREGON HEALTH POLICY COMMISSION (OHPC)

June 15, 2006
1:15 p.m. Tapes 1-2

State Library Room 102, Salem

MEMBERS PRESENT: Kerry Barnett
Jonathan Ater
Vanetta Abdellatif
Geoff Brown
Senator Richard Devlin
Vickie Gates
Representative Mitch Greenlick
Jim Lussier
Senator Ben Westlund
Rick Wopat, MD

MEMBERS EXCUSED: Alice Dale
Representative Billy Dalto

STAFF PRESENT: Gretchen Morley, Director
Nora Leibowitz, Policy Analyst
Jessica van Diepen, Communications Coordinator

GUEST(S): Lynn Read, Office of Medical Assistance Programs

ISSUES HEARD:

- OHPC updates
- Health Care Reform Plan Discussion
- Update on Medicaid Waiver Renewal Application

TAPE/#	Speaker	
TAPE 1, A		
005		I. Call to Order <ul style="list-style-type: none">• There is quorum
015		II. Approval of May Minutes <ul style="list-style-type: none">• May 11, 2006 minutes approved as submitted
041		III. New Business <ul style="list-style-type: none">• Denise Honzel will join the Commission as soon as the paperwork is processed.
050	Gretchen Morley Nora Leibowitz	IV. OHPC Activities Update <ul style="list-style-type: none">• Jody Pettit, MD, is Oregon's new Health Information Technology Coordinator.• Northwest Health Foundation has provided a \$20,000 grant for economic analysis of the OHPC reform plan; Dr. John McConnell of OHSU is contracted for this work. The Foundation is also continuing to partner with the OHPC to support coordination of Oregon's private reform efforts.• Childhood Obesity Study: we will have an update from Dr. Mel Kohn in July.

TAPE/#	Speaker	
		<ul style="list-style-type: none"> • Quality & Transparency and Delivery System Models Workgroups continue to meet to craft recommendations to the OHPC for our reform planning. • Senate Interim Commission on Health Care Access and Affordability continues to lay out the foundational principles for a reformed system and is working to define a “basic benefit package” which will include some level of physical, mental and dental health coverage. It has 3 working groups: financing system, benefit package and delivery system (with mental health subgroup), and payment system. It will begin to draft legislation as soon as staff at Legislative Counsel is in place. This Commission’s staff and OHPC staff meet regularly to keep one another up to date. • Health Services Commission will present its new Prioritized List on June 29. The reprioritization was done with an emphasis on preventive and primary care first.
		<p>V. Reform Plan Discussion (Exhibit IV)</p> <p>A. Cornerstones</p> <p><i>Discussion</i></p> <ul style="list-style-type: none"> • There is agreement that public subsidies should be tied to the financial need of recipients. Discussion of Medicare reform will be saved for a later date.
430	Kerry Barnett	
		<p>B. Individual and Employer Mandates</p> <p><i>Discussion</i></p> <ul style="list-style-type: none"> • Small group will meet between meetings to flesh out an Oregon proposal, chaired by Vickie Gates, including Vanetta Abdellatif, Kerry Barnett, Geoff Brown; Mitch Greenlick and Steve Sharp as available
775	Vickie Gates	
		<p>C. Leveraging Publicly-Financed Insurance Programs</p> <p><i>Discussion</i></p> <ul style="list-style-type: none"> • Have a single application for coverage for both parents and children (reduce duplication to save administrative cost) • To price our reform plan, we need to know what the universe of covered individuals is, how many, age, gender, marital status, employment status, etc. in order to calculate risk. <i>Tina Edlund will gather longitudinal data on uninsurance to see how it is affected by the strength of the economy.</i> • We should wait to factor in politics and cost until after a package of policy proposals has been assembled. • Oregon’s reform plan will have multiple steps for implementation over the next five years, but the plan itself needs to be assembled by year’s end. • Characteristics of an Oregon reform plan already agreed upon by Commissioners: <ul style="list-style-type: none"> ○ mandates that will lead to a system with universal coverage ○ maximize Medicaid, with a subsidy program (building on FHIAP)
TAPE 1, B 465	Gretchen Morley	

TAPE/# Speaker

- basic benefit package
- not discourage private coverage
- more transparency (more authority for collection of cost and quality information)
- maximize federal tax incentives
- Agency staff will assemble a proposal for each plan component in consultation with Commissioners between meetings and distribute that ahead of time for review; for each component proposal, describe the problem that it addresses and the rationale for choosing that recommendation over another one.

**TAPE 2, A
698**

Lynn Read

VI. Medicaid Waiver Renewal Request

- Renewal request will be submitted to Center for Medicaid Services in October; answer expected within 6-12 months.
- Asking for more flexibility in anticipation of what the Oregon Legislature might enact in the 2007 session. This includes extending the eligibility period for SCHIP coverage from 6 months to 12 months, reducing or eliminating the 6 month uninsurance requirement, and increasing or eliminating the liquid asset limit.

Meeting adjourned 4:35 p.m.

Future Agenda Items:

- Characteristics of a purchasing pool (administration, who will be in the pool, etc)
- Medicaid expansion options (FHIAP as the Connector?)
- Prioritize what's in the basic benefit package (the pieces of this may be phased in over time)
- Public/private partnership with multiple payors?

Assignments:

- Small group will meet between meetings to flesh out an Oregon proposal, chaired by Vickie Gates, including Vanetta Abdellatif, Kerry Barnett, Geoff Brown; Mitch Greenlick and Steve Sharp as available. Address administration (Dept of Revenue?) and illegal aliens.
- Staff will assemble a proposal for each plan component in consultation with Commissioners between meetings and distribute that ahead of time for review; for each component proposal, describe the problem that it addresses and the rationale for choosing that recommendation over another one.

Submitted By:

Jessica van Diepen
Communications Coordinator
Oregon Health Policy Commission

Reviewed By:

Gretchen Morley, MPA
Director
Oregon Health Policy Commission

EXHIBIT SUMMARY

I: Agenda
II: Draft minutes May 11, 2006

III: Member reference binder inserts
IV: Discussion slides: mandates

V. Slides on Oregon uninsurance

OREGON HEALTH POLICY COMMISSION (OHPC)

July 20, 2006
1:12 p.m. Tapes 1-2

Multnomah County Health Department Room 10-A, Portland

MEMBERS PRESENT: Kerry Barnett
Jonathan Ater
Vanetta Abdellatif
Geoff Brown
Senator Richard Devlin (by phone)
Vickie Gates
Representative Mitch Greenlick
Denise Honzel
Jim Lussier (by phone)
Steve Sharp (by phone)
Rick Wopat, MD

MEMBERS EXCUSED: Alice Dale
Representative Billy Dalto
Senator Ben Westlund

STAFF PRESENT: Gretchen Morley, Director
Nora Leibowitz, Policy Analyst
Jessica van Diepen, Communications Coordinator

GUEST(S): Mel Kohn, MD, State Epidemiologist, Oregon Department of Human Services

ISSUES HEARD:

- OHPC updates
- Childhood Obesity Study Overview
- Health Care Reform Plan Discussion

TAPE/#	Speaker	
TAPE 1, A		
005		I. Call to Order
		• There is quorum
015		II. New Business
		• Welcome to our new Commissioner, Denise Honzel
041		III. Approval of June Minutes
		• June 15, 2006 minutes approved as submitted
050	Gretchen Morley	IV. OHPC Activities Update
		• Staff continue to work with NWHF staff to coordinate with other health care reform groups (participants from the February forum, the Senate Interim Commission on Health Care Access and Affordability, etc)
		• Dr. John McConnell, OHSU, has been contracted to do preliminary economic modeling of the reform plan at the end of August/beginning of September. Final modeling will be done later in the fall.

TAPE/# **Speaker**

- Quality & Transparency Workgroup, Delivery System Workgroup and the Safety Net Advisory Council are working on reform recommendations that they will bring before the OHPC soon
- Collaboration with the Northwest Health Foundation and the state public health office is ongoing for the Community Health Priorities project. Commissioners will continue to be contacted individually for their input.

200

Mel Kohn

V. Childhood Obesity Study Overview (Exhibit E)

Discussion

- Consider the issue of stigma that may be an inadvertent consequence of spotlighting child obesity. How likely is it to cause or aggravate adolescent eating disorders?
- Consider framing the discussion as “healthy lifestyle” rather than as obesity.
- Consider putting the recommendations in order according to the ease with which they can be implemented.
- Please provide commissioners with contextual/background data for each recommended intervention.
- Recognize and plan for cultural uniqueness in any social marketing (for example, some cultures favor, rather than stigmatize, a high body mass index).

Tape 1, B

VI. Health Care Reform Plan Discussion (Exhibit D)

A. Individual Coverage Mandate

1. There is preliminary consensus to include this as a component of the overall plan
2. Points for additional consideration:
 - Definition of affordability standard and minimum coverage
 - Define benefits being mandated
 - Enforcement of the mandate

B. Employer Contribution

1. There is preliminary consensus to include this as a component of the overall plan
2. Points for additional consideration:
 - Exemptions?
 - Size/amount/goal of any fee structure
 - Minimizing ERISA challenges

C. Public Coverage

1. There is preliminary consensus to include this as a component of the overall plan
2. Points for additional consideration:
 - How to drive efficiencies
 - Rationale and decisions about coverage level/subsidy level and avoiding crowd out
 - *Requested: Comparative data on state spending*

D. Health Insurance Exchange (“Connector”)

1. There is initial consensus to include this as a component of the overall plan

2. Points for additional consideration:
 - Clarification of purpose and definition
 - Administrative structure

E. Other Insurance Market Reforms

1. There is consensus to explore additional market reforms.
2. Points for additional consideration:
 - Health savings accounts (staff: compile basic information)
 - Transparency of prices/costs of medical services

F. Promoting an Effective and Efficient System

1. There is consensus to include this as a component of the overall plan
2. Points for additional consideration:
 - Promoting medical quality and transparency initiatives
 - Delivery system reforms
 - Creating incentives for people to choose more efficient insurance and delivery models

G. Financing

1. Points for additional consideration:
 - Source of funding for enhancement of public subsidies

Meeting adjourned 4:30 p.m.

Assignments:

- Staff will convene small groups of commissioners before the August 17 meeting to work on the "Points for additional consideration" detailed above.

Submitted By:

Jessica van Diepen
Communications Coordinator
Oregon Health Policy Commission

Reviewed By:

Gretchen Morley, MPA
Director
Oregon Health Policy Commission

EXHIBIT SUMMARY

A: Agenda

B: Draft minutes June 15, 2006

C: Member reference binder inserts
D: Reform plan discussion slides

E: Childhood Obesity Study slides

OREGON HEALTH POLICY COMMISSION (OHPC)

August 17, 2006
1:15 p.m. Tapes 1-2

State Office Building Room 918, Portland

MEMBERS PRESENT: Kerry Barnett
Geoff Brown
Representative Billy Dalto
Vickie Gates
Representative Mitch Greenlick
Denise Honzel
Jim Lussier
Steve Sharp (by phone)
Rick Wopat, MD

MEMBERS EXCUSED: Vanetta Abdellatif
Jonathan Ater
Alice Dale
Senator Richard Devlin (by phone)
Senator Ben Westlund

STAFF PRESENT: Gretchen Morley, Director
Nora Leibowitz, Policy Analyst
Jessica van Diepen, Communications Coordinator

ISSUES HEARD:

- OHPC updates
- Health Care Reform Plan Discussion

TAPE/#	Speaker	
TAPE 1, A		
005		I. Call to Order
		• There is quorum
015		II. New Business
		• Welcome to new Office for Oregon Health Policy & Research Acting-Administrator, Ree Sailors
041		III. Approval of June Minutes
		• July 20, 2006 minutes approved as submitted
050	Gretchen Morley	IV. OHPC Activities Update
		• September 21 meeting will likely be rescheduled.
		• Quality & Transparency Workgroup will likely present its recommendations to the Commission in October
		• Childhood Obesity Study is currently being reviewed by workgroup members; it is expected to be released online by the end of August for public comment
		• Community Health Priorities project: a professionally produced pamphlet will be out soon which describes the project for a general audience; the public opinion survey tool will be ready for Commission review in the next few weeks; a preliminary report will be released this fall which summarizes the research on past public health efforts and key informant interviews as well as the initial data from the public opinion survey.
		•

- Reform plan "Introduction" section will be circulated to commissioners for review soon via email.

V. Health Care Reform Plan Discussion (Exhibit D)

A. Review of small group meeting on affordability standard and basic benefit package (Slide 7-17)

Discussion

- Four variables to affordability: what individuals can afford, the overall cost of program, the availability of subsidies, and the benefit package design
- We should establish a funding floor or range for the plan's viability to help legislators with budget decisions during session
- For the purposes of the initial economic modeling, there is consensus to assume graduated subsidies for Oregonians up to 300% federal poverty level (FPL) and to set the initial affordability standard (rule of thumb on the percent of household income expected to be contributed to mandated health coverage):
 - 0-149% FPL → no household contribution
 - 150-199% FPL → 5% contribution
 - 200-249% FPL → 10% contribution
 - 250-300% FPL → 15% contribution

B. Review of small group meeting on individual coverage mandate & employer contribution (Slide 18-20)

Discussion

- The affordability standard sets the expectation for an individual's contribution to the premium for their mandated health care coverage (NOT total out-of-pocket costs for co-pays or non-covered services)
- Staff will research data options to use as a basis for an employer fee if they do not provide insurance to their employees. Options may include 1) the per capita cost of care for all uninsured Oregonians, excluding "undercompensated" care (Medicare/Medicaid) and 2) the per capita cost *to the state* of OHP enrollees.
- Employers are not as likely to choose the relatively small penalty for not providing health coverage if that penalty is pared with liability for uncompensated or publicly-funded care accessed by their uncovered employees.

C. Health Insurance "Exchange" (Slide 21-25)

Discussion

- Funding for the administration of this program should be stable and transactional (internal to the process, *not* from the state's General Fund)
- General sense that the administrative structure should be a hybrid/quasi-governmental entity. The structure of existing models, e.g. the Federal Reserve Board, will be for discussion in the future.

TAPE/# **Speaker**
Tape 1, B

- One charge to the Exchange entity will be cost containment. An element of that will be policies around benefit design for plans available through the Exchange.
- A brand name for the exchange will be decided at a later date

D. Next Steps

- Small group on cost containment
- Wait for recommendations from the Quality & Transparency Workgroup before having a commission discussion on that topic
- Small group on public health/ health promotion to look at past Commission recommendations on the subject as well as new work like the Childhood Obesity Study

Tape 2, A

- Small group on financing: begin to identify palatable revenue streams, and then decide on the magnitude of those different streams based on the initial economic modeling.
- The current timeline is for John McConnell to prepare the initial pricing model for the September OHPC meeting. He will approach AcademyHealth about using its existing economic modeling tools, rather than reinventing them.

VI. Delivery System Models Workgroup Update (R. Wopat)

- A. Creating an environment for innovation in health care delivery - provider payment incentives (continuum of care, infrastructure development like electronic health records, etc) especially at the Public Employee Benefit Board and Office of Medical Assistance Programs
- B. Metrics of success – measurements for determining whether reforms are working (leading to greater access to care), e.g. frequency of early prenatal care
- C. Incentives to create change - matching grants for local collaboratives (as has been done in Washington state)

Discussion

- These are good ideas to explore, please come back with more specifics

Meeting adjourned 3:45 p.m.

Assignments:

- Staff will convene small groups of commissioners before the September meeting to work on financing, efficiencies & cost control, and public health & service delivery

Submitted By:

Jessica van Diepen
Communications Coordinator
Oregon Health Policy Commission

Reviewed By:

Gretchen Morley, MPA
Director
Oregon Health Policy Commission

OREGON HEALTH POLICY COMMISSION (OHPC)

October 5, 2006
1:12 p.m. Tapes 1-2

Multnomah County Health Department Room 10-A, Portland

MEMBERS PRESENT: Kerry Barnett
Jonathan Ater
Vanetta Abdellatif
Geoff Brown
Representative Billy Dalto
Senator Richard Devlin
Representative Mitch Greenlick
Denise Honzel
Jim Lussier (by phone)
Steve Sharp
Senator Ben Westlund
Rick Wopat, MD

MEMBERS EXCUSED: Alice Dale
Vickie Gates

STAFF PRESENT: Gretchen Morley, Director
Nora Leibowitz, Policy Analyst
Jessica van Diepen, Communications Coordinator

GUEST(S): John McConnell, PhD, Dept. Emergency Medicine, OHSU

ISSUES HEARD:

- OHPC updates
- Health Care Reform Plan Discussion
- Review of initial reform plan pricing model

TAPE/#	Speaker	
TAPE 1, A 005		I. Call to Order <ul style="list-style-type: none">• There is quorum
015		II. Approval of August Minutes <ul style="list-style-type: none">• August 17, 2006 minutes approved as submitted
030	Gretchen Morley	III. OHPC Projects Update <i>Discussion</i> <ul style="list-style-type: none">• System reform planning process:<ul style="list-style-type: none">○ Venue for public comment on reform plan: appeared to be general consensus that a session with invited public testimony would be advantageous.○ There is a suggestion and general consensus that we work to reaching compromise and coordination on reform efforts, specifically, the Archimedes Movement and the Senate Interim Commission on Healthcare Access and Affordability.

These minutes are in compliance with Oregon Administrative Rules. Only text enclosed in italicized quotation marks reports a speaker's exact words. For complete contents, please refer to the tapes.

TAPE/# Speaker

Tape 1, B

- 050 **Nora Leibowitz**
- 450 **John McConnell**
- IV. Review of Initial Pricing of OHPC Reform Straw Plan**
- A. Review of current plan components (Exhibit E)**
Discussion
- reword hospital coverage portion
 - spend more time on bullet 2, employer contribution
- B. Initial Pricing Model (Exhibit F)**
Discussion
- Questions to be addressed in the next iteration of the model:
 - What are the data sources used for the calculations?
 - What is the methodology for accounting for changes in cost shift as we reduce the amount of uncompensated care?
 - With regard to calculating the impact of employer-sponsored insurance, it is important to remember the employer contribution to employee coverage is much higher than the employer contribution to dependents' coverage.
 - What percentage of Oregon population would be eligible for a premium subsidy?
 - How would the cost of employer-sponsored coverage change when uncompensated care is reduced?
 - How would the cost of state-sponsored spending change when uncompensated care is reduced?
 - Denise Honzel will work with John McConnell to address additional considerations for a second iteration of the pricing model
- V. Cost Containment and Financing Component**
Discussion
- Small group will convene before the Oct 19 meeting to review the Public Employees Benefit Board contract report, the recommendations of the Quality and Transparency Workgroup, the March 2005 Electronic Health Records and Data Connectivity report, and other recommendations and determine how to infuse into the OHPC reform plan.

Meeting adjourned 4:15 p.m.

Submitted By:
Jessica van Diepen
Communications Coordinator
Oregon Health Policy Commission

Reviewed By:
Gretchen Morley, MPA
Director
Oregon Health Policy Commission

EXHIBIT SUMMARY

A: Agenda
B: Draft minutes August 17, 2006

C: Health Reform Principles
D: OHPC Fall/Spring Timeline

E: OHPC Reform Straw Plan 1-pager
F: PowerPoint: Initial OHPC Reform Plan Pricing

OREGON HEALTH POLICY COMMISSION (OHPC)

October 19, 2006
1:13 p.m. Tapes 1-2

State Office Building Room 918, Portland

MEMBERS PRESENT: Vanetta Abdellatif
Jonathan Ater
Kerry Barnett
Alice Dale
Senator Richard Devlin
Representative Mitch Greenlick
Rick Wopat, MD

MEMBERS EXCUSED: Geoff Brown
Representative Billy Dalto
Vickie Gates
Denise Honzel
Jim Lussier
Steve Sharp
Senator Ben Westlund

STAFF PRESENT: Gretchen Morley, Director
Nora Leibowitz, Policy Analyst
Jessica van Diepen, Communications Coordinator

ISSUES HEARD:

- OHPC Updates
- Recommendations of the Safety Net Advisory Council
- Health Care Reform Plan Discussion

TAPE/#	Speaker	
TAPE 1, A 005		I. Call to Order <ul style="list-style-type: none">• There is quorum
015	Gretchen Morley	II. OHPC Activities Update
080		III. Approval of October 5 Minutes <ul style="list-style-type: none">• October 5, 2006 minutes approved as submitted
090	Ken Provencher	IV. Safety Net Advisory Council Recommendations (Exhibit C) <ul style="list-style-type: none">• Overarching message to the Commission: any and all reform efforts must explicitly maintain support for the safety net, because no new system, even an ideal one, will erase the need for the alternative care settings that the safety net provides.• 3 recommendations:<ol style="list-style-type: none">1) Develop and expand the primary care medical home model through pilot projects at health care safety net clinics.2) Provide modest additional payments for safety net providers that use certified, high-quality electronic medical records and systematically share that information with hospital emergency departments and their respective communities.3) Through a "Limited Volunteer Medical License", practitioners will be encouraged to volunteer at health care safety net clinics and serve Oregon's low-income uninsured.

TAPE/# **Speaker**

Tape 1, B

Discussion

- The definition of “medical home” should remain flexible enough to be adapted to the unique needs of the population being served, e.g. the homeless.
- On flexible licensure, what safeguards are being proposed to ensure quality control of these volunteers and what is the liability situation?

V. Review of Current Reform Report Outline (Exhibit D)

Discussion

- We need to touch on the connection/disconnect between the public and private health care systems.
- Adjustment to report format: draw a line between strict “health care reform” recommendations and the public health/health promotion pieces to help legislators better understand their role in the reform process. Build in cross references between the two sets of recommendations to underscore that the whole of the plan is greater than the sum of its parts.
- Approach to financing proposal: the report will lay out a menu of revenue options with the dollar amounts that each could be expected to generate.
- November needs 100% member attendance and should be longer than 3.5 hours.

Meeting adjourned 4:28 p.m.

Assignment:

- Commissioners: Identify your top five issues with the existing reform report for group discussion in November.

November Agenda:

- Review new pricing model with John McConnell.

Parking lot:

- Clarify health disparities.
- Revisit transparency – definition, extent of OHPC support.
- Add workforce shortage to the explanation of why reform is needed.
- Revisited size and shape of employer contribution.

Submitted By:

Jessica van Diepen
Communications Coordinator
Oregon Health Policy Commission

Reviewed By:

Gretchen Morley, MPA
Director
Oregon Health Policy Commission

EXHIBIT SUMMARY

A: Agenda

B: Draft minutes October 5, 2006

C: Safety Net Advisory Council recommendations

D: PowerPoint: Reform plan outline

E: Member reference binder inserts

OREGON HEALTH POLICY COMMISSION (OHPC)

November 16, 2006
1:08 p.m. Tapes 1-2

Multnomah County Health Department Room 10-A, Portland

MEMBERS PRESENT: Kerry Barnett
Jonathan Ater
Vanetta Abdellatif
Alice Dale
Senator Richard Devlin
Vickie Gates
Representative Mitch Greenlick
Denise Honzel
Jim Lussier (by phone)
Senator Ben Westlund
Rick Wopat, MD

MEMBERS EXCUSED: Geoff Brown
Representative Billy Dalto
Steve Sharp

STAFF PRESENT: Gretchen Morley, Director
Nora Leibowitz, Policy Analyst
Jessica van Diepen, Communications Coordinator

GUEST(S): John McConnell, PhD, Dept. Emergency Medicine, OHSU

ISSUES HEARD:

- Review of reform plan pricing model
- Health Care Reform Plan Discussion

TAPE/#	Speaker	
TAPE 1, A 005		I. Call to Order <ul style="list-style-type: none">• There is quorum
020	John McConnell	II. Review of Pricing of OHPC Reform Plan (Exhibit C) <i>Discussion</i> <ul style="list-style-type: none">• Any financing model must be coupled with cost/pricing transparency mandate so the public (both employers and individuals) can see where the theoretical savings from a reduction in uncompensated care will accrue.• Is there delivery system capacity for this new Medicaid population?• Will providers be willing to serve them at the current low reimbursement rates?• Staff, please research Oregon Medical Association survey on physicians' acceptance of new OHPC patients, especially eastern and southern Oregon.
		III. Reaching Policy Consensus in Reform Plan A. Financing

Discussion

- Reform report should give a range of options to raise necessary funding, with the possibility that it will not all come from one source
- Options include: payroll tax with rebates to those who offer insurance coverage to their employees, a set fee paid by all employers, shared payroll tax (individual and employer), tobacco tax, state bond issuance, eliminate certain tax expenditures. Commissioners will email additional ideas to staff as soon as possible

B. Employer contribution

Discussion

- There is consensus to recommend exploring across-the-board employer contribution options to establish the principle that all employers should participate, then consideration of other options if more revenue is required.

C. Cost Containment

Discussion

- Commissioners: please email your cost containment ideas to staff as soon as possible.

Meeting adjourned 4:24 p.m.

Submitted By:

Jessica van Diepen
Communications Coordinator
Oregon Health Policy Commission

Reviewed By:

Gretchen Morley, MPA
Director
Oregon Health Policy Commission

EXHIBIT SUMMARY

A: Agenda
B: Draft minutes October 19, 2006

C: PowerPoint: Initial OHPC Reform Plan Pricing
D: Reform Plan Draft

OREGON HEALTH POLICY COMMISSION (OHPC)

December 14, 2006
1:13 p.m. Tapes 1-2

Wilsonville Training Center Room 112

Wilsonville

MEMBERS PRESENT: Kerry Barnett
Jonathan Ater
Vanetta Abdellatif
Geoff Brown
Alice Dale
Vickie Gates
Denise Honzel
Steve Sharp
Senator Ben Westlund
Rick Wopat, MD

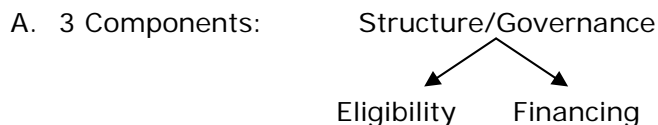
MEMBERS EXCUSED: Representative Billy Dalto
Senator Richard Devlin
Representative Mitch Greenlick
Jim Lussier

STAFF PRESENT: Gretchen Morley, Director
Nora Leibowitz, Policy Analyst
Jessica van Diepen, Communications Coordinator

GUEST(S): Senator Alan Bates

ISSUES HEARD: Health Care Reform Discussion: Planning, Coordination,
Communication

TAPE/#	Speaker	
TAPE 1, A		I. Call to Order (There is quorum)
		II. November 16, 2006 Minutes Approved as Submitted
020	Kerry Barnett Gretchen Morley	III. Updates (Exhibits 3 & 4) A. Senator Wyden's federal health reform plan was recently announced. Staff will follow it for developments. B. Commission chairs will meet tomorrow with Gov. Kulongoski and senior staff about the OHPC reform plan and the Healthy Kids plan C. Patient Safety Commission would like the OHPC to sponsor its Policy Summit. <i>There is consensus to do so.</i> D. Draft of reform coordination workgroup's consensus document: Commissioners will send their comments ASAP to Gretchen via email to take back to workgroup. E. Childhood Obesity Study: final report targeted for release in February; there will be an update to the Commission on January 18.
400	Sen. Westlund Sen. Bates	IV. Update on Senate Interim Commission on Health Care Access and Affordability Reform Plan



- B. Plan establishes superstructure of reformed system
- maximize Medicaid dollars and delivery
 - establish an ongoing joint legislative committee to develop a coverage pool for all Oregonians (laying out the cost, eligibility, etc); pass bill in 2008 to establish this pool; fund program for roll out in 2009
 - institute a payroll tax that is manageable for employers
- C. Senator Wyden is in favor

Discussion

- What does the legislative implementation look like; how do we get the business community on board; how is this different from Medicare?
- Should the OHPC plan include financing options? *Yes*
- Success will require proactive communication to set the stage for informed, productive debate inside and outside the Capitol.
- How do we implement these reforms and not scare off new/existing business in Oregon? *A rigorous communication campaign that makes use of existing networks (Governor's Small Business groups, local Chambers of Commerce, etc)*

V. Reaching Policy Consensus in Reform Plan (Exhibit 5)

A. Recommendation #7: Financing

Discussion

- add more language/detail on cost-shift and the impact of employers who currently do not contribute to employee health care; why current costs and cost increases are the way they are; acknowledge the contribution of those employers who do already provide coverage
- what about a capital bond for an electronic health record "utility"?
- Add emphasis on the role of the Exchange in buying quality
- Make careful use of statistics (make sure the statistic supports the point)

B. What the plan does not address (items for further consideration)

- Provider/system capacity
- Realignment of payment incentives

Meeting adjourned 4:10 p.m.

Submitted By:

Jessica van Diepen
Communications Coordinator
Oregon Health Policy Commission

Reviewed By:

Gretchen Morley, MPA
Director
Oregon Health Policy Commission

EXHIBIT SUMMARY

A: Agenda
B: Draft minutes November 16, 2006

C: Patient Safety Commission proposal for its upcoming policy summit
D: Health reform coordinators' consensus document draft

E. Reform plan draft