

SB 770 Task Force

Former Governor John Kitzhaber, MD

September 29, 2020

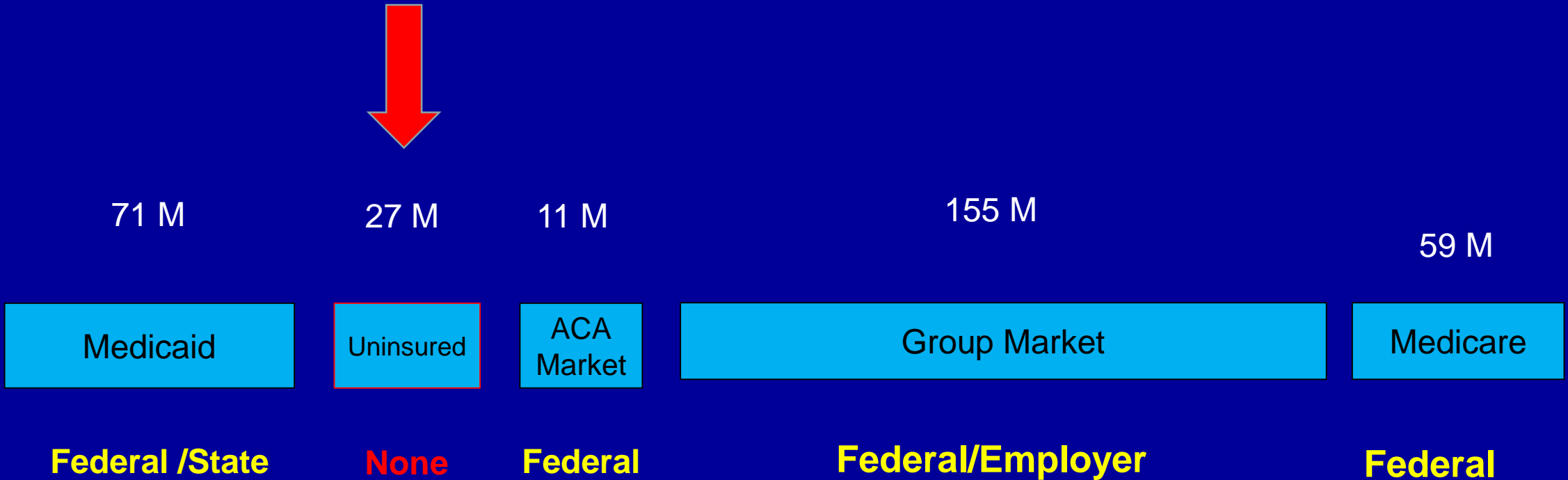
Questions

1. Is your overarching policy goal to be able to finance and deliver medical care for all Oregonians? Or is it to ensure that all Oregonians are healthy
2. Is your goal universal coverage or is it a single payer system — because single payer is not a prerequisite to achieve universal coverage—it is one way, but not the only way
3. Are you unwilling to embrace a strategy that achieves universal coverage if it does not include a single payer?
4. Where does affordability and fiscal sustainability fit into your strategy?

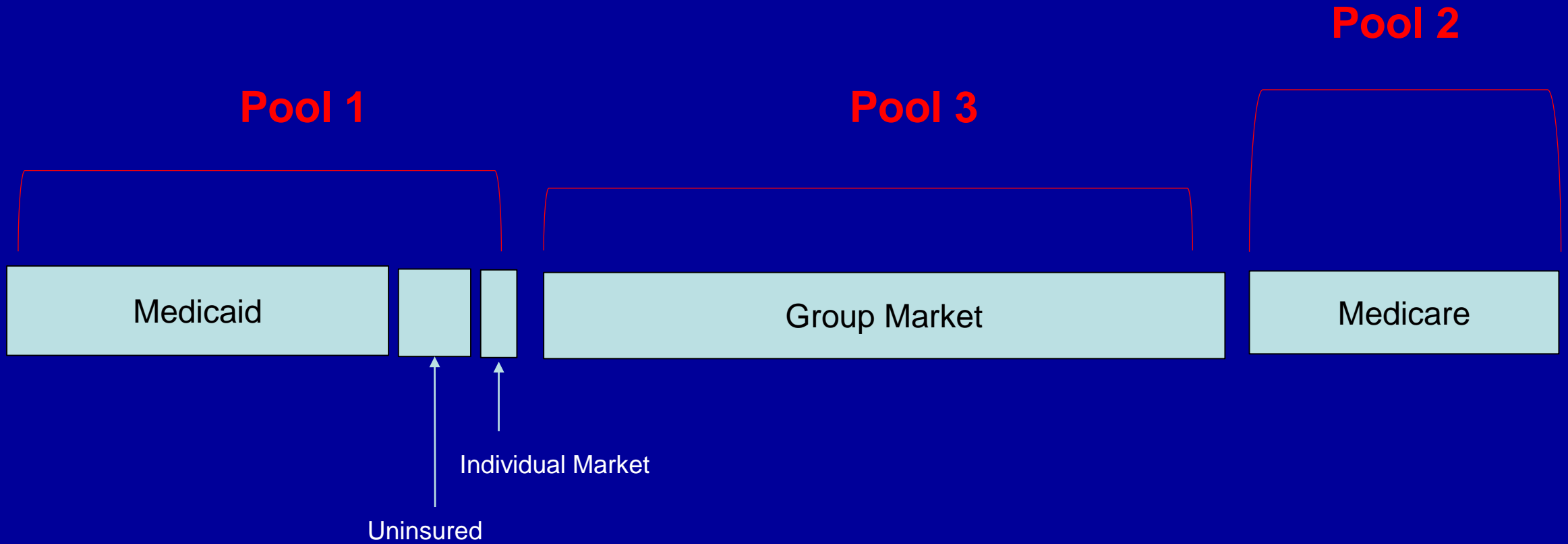
Approach to Universal Coverage

1. Bring us very close to universal coverage in Oregon
2. Reduce the total cost of care without sacrificing quality or outcomes
3. Allow us to increase our investment in the community-based social determinants of health, and particularly in those that can address the existing inequities and disparities in the system
4. Over time can move us toward a single payer system

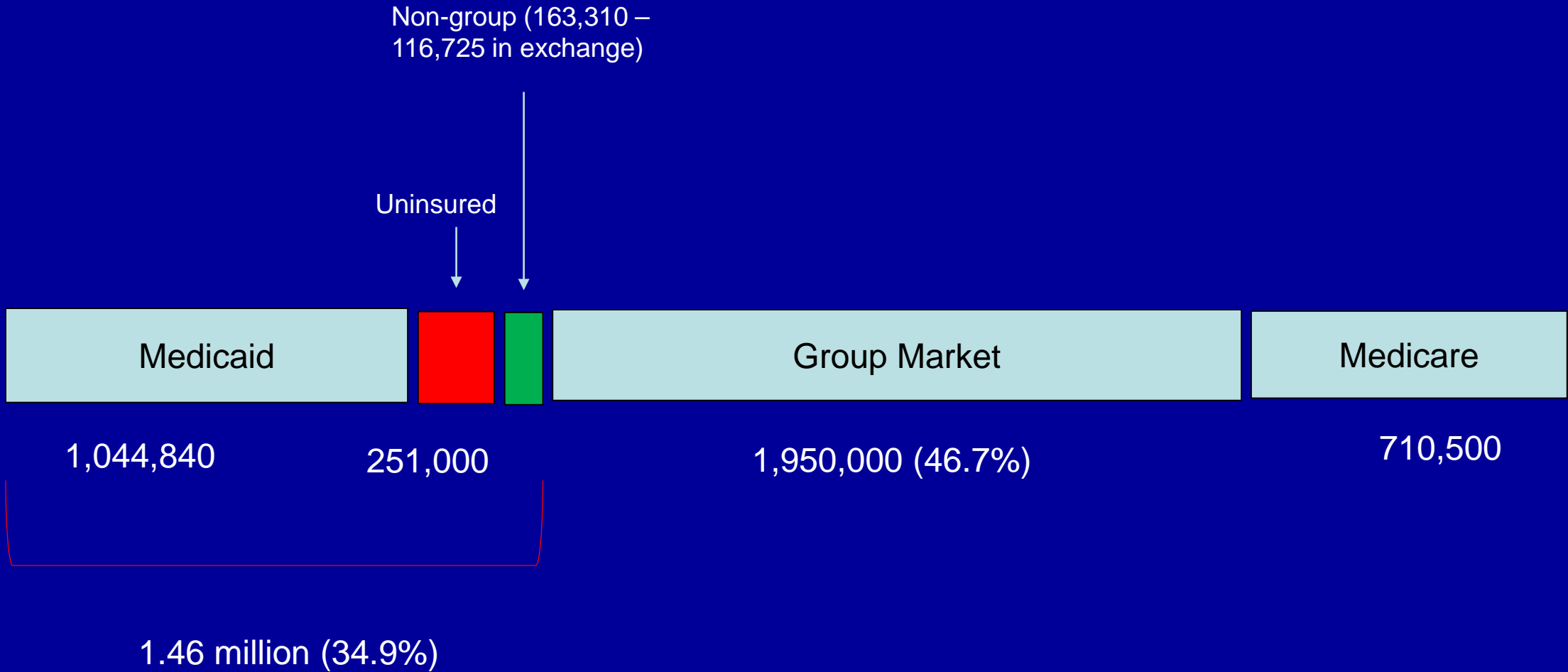
Subsidy Map



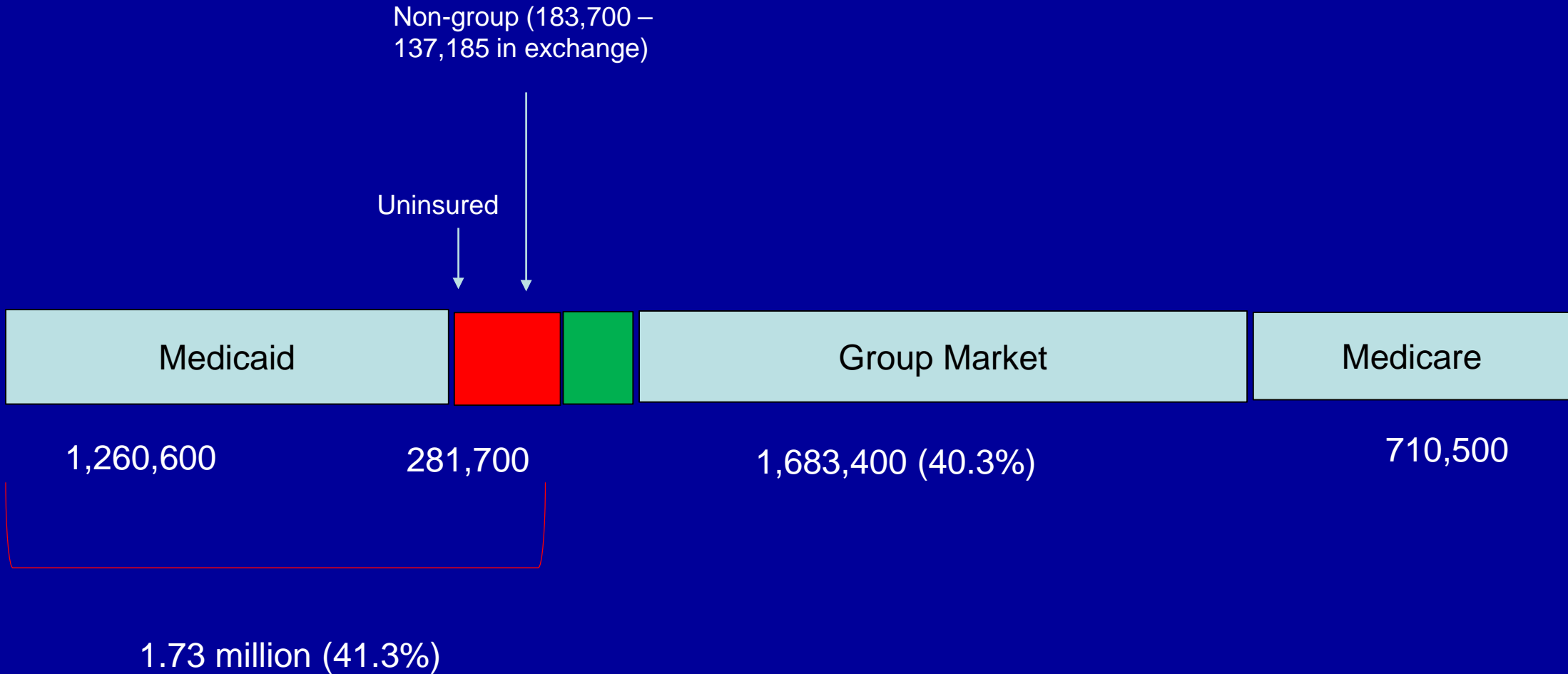
Three "Pools"



Jan. 2020



April 2020
14.2% unemployment



Maximize Enrollment

If 80 percent of those who lack health coverage in Oregon made use of coverage *for which they are currently eligible*—the Oregon Health Plan (Medicaid) or the subsidies available through the ACA marketplace—the number of Oregonians who are uninsured would drop from almost 280,000 to 34,000 (from 6.5% to 0.8%).

Cost Savings

	<u>Covered Lives</u>	<u>2019-21</u>	<u>1% savings</u>
OHP	1,055,000	\$1.6 B	\$16 M
PEBB	140,000	\$2.1 B	\$21 M
OEBB	<u>130,000</u>	<u>\$1.7 B</u>	<u>\$17 B</u>
	1,325,000	\$5.4 B	\$54 M

Align Value-based Payment Methodology

Move from fee-for-service to contracts that put integrated delivery system at full upside and downside risk for quality and outcomes.

The payment methodology would be based on:

1. Uniform fee schedule
2. Moderately well-managed utilization assumptions
3. Value-based benefit design