Overview of Comments on the OHFB October 2008 Draft Action Plan

Introduction

In September 2008, the Health Fund Board solicited public comment on its Draft Action Plan. Over 1,500 comments were collected through four venues (see table below):

- An online survey was posted on the Board's website,
- 10 Town Hall Meetings were held around the state,
- A meeting of the full Board was devoted to public comment, and
- Written comments were submitted via emails and letters.

Count of comments received as of October 2, 2008	
Survey respondents (online)	431
Town Hall Meetings (approximately 1,000 attendees)	
Individuals offering verbal comments	256
Comment cards from meetings	95
Written comments submitted at meetings	16
Board meeting, Sept. 30	
Individuals offering verbal/written comments	47
Other written comments	
OSPIRG citizen emails	319
Other emails	180
OSPIRG small business petition signers	101
Letters	63
TOTAL	**1,508**

Online Survey: The online survey asked respondents to rate their agreement with specific strategies proposed by the Board. Respondents were also able to submit additional comments on these strategies through the survey. The survey data have a few limitations: respondents were not asked to provide any demographic information, so responses may over-represent particular constituencies. Respondents were able to complete the survey more than once, however analysis of IP addresses from survey respondents indicates that few did so.

Town Hall Meetings: Between September 8 and 19, Board members and staff convened 10 meetings involving approximately 1,000 attendees in all five congressional districts in Oregon. Meetings were held from 6:30-9:00 p.m. in: Portland, Hillsboro, Bend, Medford, Gresham, Eugene, Salem, La Grande, Corvallis, and Newport.

Each meeting was attended by at least one Board member, with each Board member attending at least one meeting. The meetings were conducted in a town hall format: after a brief video and presentation of the draft Action Plan, attendees were invited to provide comments and pose questions which were answered by staff and/or the Board member attending. Meetings were facilitated by Oregon Health Forum and American Leadership Forum staff, who carried microphones around the room. Comment cards were distributed at the meeting for attendees to make a comment or ask a question, and provide contact information.

September Town Hall Meetings	Individuals offering verbal comments	Estimated attendance
Portland	39	330
Hillsboro	22	60
Bend	23	60
Medford	22	120
Gresham	18	55
Eugene	33	85
Salem	27	90
La Grande	27	56
Corvallis	31	130
Newport	14	30
Total	***256***	***1,016***

Board meeting, September 30, 2008: A full meeting of the Board was convened with the sole purpose of gathering public comment on the draft plan. The Board heard testimony from 47 groups and individuals. Some submitted written versions of their comments. All comments were incorporated into the summary that follows.

Other written comments: The Board received numerous emails and letters with comments on the draft Plan. The Oregon State Public Interest Research Group (OSPIRG) coordinated two efforts to provide comments on the Board's draft: an online petition and a citizen email campaign. The email campaign included a form letter that could be edited, signed, and sent to the Board.

Summary of Comments to the OHFB's Draft Action Plan

Building Block 1: "Bring Everyone under the Tent"

Online Survey Results: Building Block 1

Strategy or Objective	Responses	Support	Oppose	Neutral or No Opinion
Expand access to affordable coverage through new and existing programs	422	77.0%	18.5%	4.7%
Implement an Essential Benefit Package	408	59.5%	31.1%	9.6%
Expand access to all Oregon children and low-income adults in 2009	411	71.7%	21.4%	7.0%
Finance coverage expansions in 2009 with provider (hospital and health insurance carrier) taxes	380	38.1%	47.3%	14.5%
Tie additional coverage expansions (2011-2015) to cost containment successes and available funding	375	57.4%	22.4%	20.3%

Online Survey Additional Comments:

- *Existing programs* – Forty-seven respondents stated that this plan is not necessary because there are already programs in place that provide health care to those who do not have access. They feel the state should continue funding, and even increase funding, for these programs that are already in place.
- *Costs* – Twenty-three respondents are concerned about the costs of this program. Some feel that this is not affordable and are concerned about increasing taxes. Some are unclear of how the plan will actually decrease costs. Some mentioned that costs will be high if the insurance companies are included, as they believe insurance companies always increase costs.
- *Realistic* – Ten respondents do not believe this plan is realistic. Some support and see the importance of providing health care to all, and feel that this plan is a good idea but completely out of reach.
- *Free Market* – Ten respondents stated that government does not belong in health care, and it should rely on free market principles. They believe competition in the free market will increase quality and prices will go down.

Expand access

- Coverage for all (58):
  - 48 support
  - 3 oppose
  - 7 had a concern
- Phase 1: Cover children and/or low-income adults (32):
  - 22 support,
  - 1 oppose (in favor of covering all);
  - 3 support expanding full OHP Plus benefits to OHP Standard population
  - 4 encourage outreach, 1 expand school based health centers

- Access for working uninsured (13)
- Rethink timeline – expand coverage sooner
- Residency (12): most opposed/concerned about non-residents/illegal aliens
- Other populations (12): 3 parents, 3 veterans, 3 mentally ill/developmentally disabled, 2 prison population, 1 rural

Online Survey Additional Comments:

- *Defining Low-Income* - Eight respondents had concerns about how "low-income" is defined. One respondent stated that income should not be a qualifying factor. Some voiced concern that people who are struggling financially and unable to afford health insurance, may not be considered poor enough to receive assistance.

Essential Benefit Package

- Essential Benefit Package concept (33):
  - 23 support
  - 10 had a concern (balancing coverage and costs, EBP might limit benefit package options for businesses, 4 concerns about "meet or exceed" definition)
- Package design (23):
  - 11 concerned about out-of-pocket costs,
  - 2 opposed to pre-existing conditions,
  - 2 support rationing care,
  - 2 support medical expense accounts
- Covered services
  - Prevention/primary care focus (130*)
  - Complementary and alternative medicine (98): nearly all mention acupuncture
  - Should cover: Dental care (8), mental health care (7), home birth, hospice (2), nursing home, home health, vision (2), STDs, reproductive care, psoriasis
  - Shouldn't cover: abortion, autism, colonoscopy, limit end-of-life care spending, pregnancy
- Other: comments about current OHP covered services (5)

Online Survey Additional Comments:

- Eleven respondents expressed concern about the Essential Benefits Package, particularly how it will take into account people having different needs, financial resources, and risk tolerance. In addition, some were concerned about how "essential" will be defined and that Oregonians will have to accept limitations in coverage.

Financing (102)

- Provider tax (31):
  - 3 opposed,
  - 2 support
  - 16 concerned about tax being passed on to consumers
  - 10 questions about how this would work, other concerns
- Tobacco/alcohol tax, other sin taxes (22):
  - 11 opposed,
  - 4 support

* OSPIRG form letter or petition included this topic.

  - Opposed mention favoring broad based, equitable tax instead; increase property tax; premium taxes; tobacco tax has failed in the past; sin taxes send wrong message
  - 6 support other sin taxes (soda)
- Payroll tax (13):
  - 4 opposed,
  - 1 support
  - 8 questions or concerns about how this would work, including concerns that employers would drop coverage
- No new taxes (6) – reallocate current funds
- Concerns about expense of reform (7)
- Concerns about relying on federal match (3)
- Other financing options: 7 income tax, 3 bonds, 2 check-off contribution on tax return, tax pharmaceutical companies

Online Survey Additional Comments:

- *Increase Costs to Consumer* - Fifty-one respondents stated that increasing provider taxes will only increase consumer costs in the form of higher premiums.
- *Providers* - Five respondents expressed concern over the chance that providers will disagree with this system and leave the state.

Building Block 2: Set High Standards – Measure and Report

Online Survey Results: Building Block 2

Strategy or Objective	Responses	Support	Oppose	Neutral or No Opinion
Expand the collection of data on race, ethnicity, and primary language	367	36.3%	37.0%	26.7%
Ensure comprehensive reporting by insurers and health facilities	364	72.0%	15.1%	12.9%
Develop a common set of measures, standards, and targets for Oregon to improve quality in the health care system	347	78.3%	13.0%	8.7%
Increase the use of evidence-based practice in the Oregon health care system	341	73.9%	10.5%	15.5%
Establish an Oregon Quality Institute	340	45.3%	30.6%	24.1%
Develop standard formats and processes for eligibility, claims, payment and remittance transactions	339	71.1%	16.8%	12.1%
institute public reporting that gives the Legislature, consumers, providers, purchasers and carriers information across payers and providers	340	69.7%	15.9%	14.5%

Set High Standards (130*)

- Data/information collection (20):
  - 12 support transparency in costs/quality data
  - Important to measure programs, quality and outcomes (4)
- Concerns:
  - Consumer finds Explanation of Benefit forms confusing, consumer would like hospital claims itemized
  - Insurance industry concern about non-aggregated data and connection of per capita/CPI cost increases with improving quality
- Hold insurers, providers accountable for quality and value (103*)
- Clinical standards (5)
- Support Quality Institute (1)
- Other: Disagree that quality must be linked to cost

Online Survey Additional Comments:

- **Standard formats and processes for eligibility, claims, payments and remittance transactions:** Eleven respondents stated that there are standard formats and processes that are already being followed, and it is not necessary to recreate. Respondents mentioned UB 92 and HDFA 1500 as examples of standards already in place.

- **Oregon Quality Institute**
  - *Excessive* - Thirty-five respondents stated that the Oregon Quality Institute is excessive. Several said that there were already organizations monitoring hospital quality. Others felt that a Quality Institute would not increase access to care - which is where resources should go.
  - *Defining Quality*- Four respondents questioned how quality will be defined, because different institutes or agencies use different measures and standards.

- **Develop Measures, Standards, and Targets**
  - *Standards/Measures* - Eleven respondents were concerned about the standards and measures that are to be created. Some were concerned that standards developed by the government tend to not be evidence-based and often miss the intended mark. Some were concerned about how measures will adjust for the providers that care for patients in poor health.
  - *Already Exists* - Five respondents stated that these standards are already in place (at Kaiser, Providence, and Regence). Some felt that Providence and Kaiser's model should be followed as opposed to standards developed by the government.

- **Evidence-Based Practice**
  - *Providers* - Six respondents were concerned that using evidence-based practice would force providers to change the way they practice medicine. Some were concerned that putting too much regulation on providers will lead to providers leaving the state.
  - *Public Outreach* - Four people mention that the use of evidence-based practice needs to be communicated clearly to the public; particularly that people will no

* OSPIRG form letter or petition included this topic.

longer get services "based on emotion" and they need to understand "rational rationing".

- *Evidence* - Eight respondents questioned the sources of evidence used. Some were concerned that new practices would not have sufficient evidence or that patients will be denied care. There is also a concern that the term "evidence-based" has become meaningless because an invalid, biased study could be labeled "evidence-based" with the right lobbying efforts. There are also concerns about evidence provided by pharmaceutical companies.

- **Public Reporting**
  - *Confidentiality* - Five respondents were worried about the confidentiality of their personal health information under public reporting.
  - *Is the data important?* - Four respondents questioned whether the data will be useful. Some were concerned that the public will not be able to understand the data. Some questioned why this information is important to consumers because there are not many "shoppers" and this may give a false sense of choice.

Building Block 3: Unifying Purchasing Power

Online Survey Results: Building Block 3

Strategy or Objective	Responses	Support	Oppose	Neutral or No Opinion
Develop model contract standards and policies that can be adopted by the State of Oregon (Oregon Health Plan, PEBB, OEBB)	294	54.1%	26.2%	19.7%
Create a Public Employers Health Cooperative	295	36.9%	39.7%	23.4%
Create an Insurance Exchange to consolidate the individual health insurance market	300	37.0%	47.0%	16.0%
Authorize the Department of Consumer & Business Services, Insurance Division, to regulate the annual growth rate in administrative expenses charged by health insurers	299	51.5%	37.1%	11.3%
Authorize an appropriate state agency to establish annual maximum limits ("ceilings") on price increases charged by health care providers in a similar class (e.g., licensed health care facilities)	299	54.5%	35.8%	9.7%

Unifying purchasing power (115[*])

- Support (109*)
- Recommendations on how to pool different groups (4)
- Concerns (2): PEBB hasn't demonstrated that it can curb costs, low physician payments would affect access (like Medicare)

[*] OSPIRG form letter or petition included this topic.

Online Survey Additional Comments:

- *Cost* – Seven respondents expressed hesitation about OHP, PEBB, and OEBB's abilities to lower health care costs, and instead feel that these entities increase cost.
- *Choice* – Six respondents were concerned about the lack of choice that the feel this plan includes. They felt that there should not be a "one size fits all" policy because needs differ and people should be able to choose accordingly. One respondent noted that this plan would be acceptable as a model standard but not required, with the flexibility as to which provisions to adopt.
- Seven respondents were not supportive of the Public Employers Health Cooperative specifically because they did not believe that public employees should get preferential treatment. Respondents that support providing health care for all do not think that public employees deserve better care just because they serve the public, and feel that private employees, public employees, and the uninsured should all get the same. Others did not support this because they are already displeased with public employees use of tax dollars.

Insurance Market Reform: Exchange (36)

- Support (10)
- Oppose (14): won't lower costs, won't work, brokers already provide this service
- Concern (10): should encourage competition, should be voluntary, need more information on how this will work

Online Survey Additional Comments:

- *System Already Exits* – Eleven respondents see the insurance exchange as unnecessary because a working system is already in place. They felt an exchange would be a great threat to insurance companies. Some felt that insurance companies and brokers are capable of providing to consumers at a lower cost that the state could. They felt an exchange will result in higher costs and would put insurance companies and brokers out of work.
- *Options/Choices* – Twelve respondents expressed concerns about options and choices under the insurance exchange. Some respondents support the insurance exchange if it provides many options to choose from. Others are opposed to this idea because they believe that an exchange will limit choice and flexibility, which will harm consumers and the health care market. Some did not trust the government to provide an exchange.

Insurance Market Reform: Guaranteed Issue (26)

- Support Guaranteed Issue (19)
- Oppose Guaranteed Issue (3): will ruin market, drive costs up for young/healthy
- Concerns (4): allow differential premiums based on lifestyle choices, OMIP works, medical underwriting excludes many for minor issues

Insurance Market Reform: Mandate (29)

- Support (1)
- Opposed (23): want freedom of choice (4), member of cost-sharing organization (some faith-based) instead of insurance (10), too expensive (1), not yet proven (1), would stifle competition/innovation (1)
- Concerns: enforcement (3), won't work (2)

Insurance Market Reform: Public Plan Option (64)

- Support (52): should happen faster (7), allow PEBB buy-in (2), allow small business to purchase public plan (1), see SAIF and Medicare as models
- Oppose (4): would block private insurance; wouldn't be cheaper overhead
- Concern (9): end up w/two-tiered system (5); crowd-out (1), result in poor access to providers like Medicare, should only be used as last resort

Insurance Market Reform: Single Payer (72)

- Support Single Payer system (68): some comments wondered why Single Payer not represented or addressed in report when it had such broad support in the community
- Oppose Single Payer system (3)
- Other: Argument that ERISA blocks Single Payer system: explain in federal barriers section; not true

Insurance Market Reform: Other

- Insurance Industry (78): Need oversight, oppose oversight, profit-motive problematic (33), need small carriers in some communities, eliminate insurance companies
- Agents/Brokers: keep brokers in the system (30)
- Portability needed (6)
- Use existing public programs (17): OHP (12), FHIAP (15), OMIP (5)
- Guaranteed Renewability (2)
- Opposed to regulation of insurance industry (2)

Addressing Costs

- Health care costs (482[*])
    - Support cost containment strategies (442*)
        - Common claim forms, administrative processes
        - Cut waste in system
        - Contain annual increases
    - Concerns (39)
        - Link to CPI (3)
        - Institute price controls (3)
        - Better understanding of admin costs, admin costs are too high, admin costs are already low (7)
        - Rising premiums are unsustainable (6)
        - Want more specificity on cost containment measures (5)
        - General comments about expensiveness of health care (6)
        - Other: look at other countries, concern about overutilization rather than price, concern that clinical judgment protected
- High insurance costs (120[*])
    - Support for oversight of insurers (103*)
    - Support for cutting excessive administrative costs (3)
    - General comment about expensiveness of insurance (7)
    - Question whether insurers will drop premiums after reform (2)
    - Concern that state mandates drive up insurance rates (2)

[*] OSPIRG form letter or petition included this topic.
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  - Concern about regulating the annual growth rate (1)
- Concerned about costs to small businesses (10)
- Promote research as a way to curb costs later (2)

Online Survey Additional Comments:

- *Regulate Annual Growth Rate:* Seven respondents stated that the annual growth rate is already being regulated by the Department of Consumer & Business Services – Insurance Division. Some wondered if the reason behind this recommendation was that DCBS was ineffective.
- Annual Maximum Limits on Price Increases:
  - *Free Market* – Twelve respondents support the free market in being able to keep costs low.
  - *Providers* – Six respondents expressed concern that cost limits would drive doctors out of the state. Some did not support limits because prices are based on factors outside of their control.
  - *Transparency* – Eight respondents felt that cost transparency is required. Some felt that cost transparency is needed for the free market to succeed. Some felt that the state should analyze the true cost of care because of a large difference between actual and charged costs of care.

Building Block 4: Stimulate System Innovation & Improvement

Online Survey Results: Building Block 4

Strategy or Objective	Responses	Support	Oppose	Neutral or No Opinion
Pursue development of integrated health homes	324	51.0%	19.1%	29.9%
Develop learning collaboratives to improve and further the widespread use of new models of care	319	65.6%	16.7%	17.9%
Integrate behavioral health services	317	64.6%	18.7%	16.7%
Restructure payment systems to encourage high-quality health care delivery	322	69.3%	16.8%	14.0%
Create a statewide voluntary, electronic Physician Orders for Life Sustaining Treatment (POLST) Registry	317	64.9%	12.3%	22.7%
Ensure payment systems adequately reimburse providers for services necessary to provide dignified end-of-life care	318	74.9%	11.3%	13.8%
Support community-based collaboratives	312	59.3%	15.3%	25.4%
Strengthening the role of the safety net in providing health care services to Oregon's vulnerable populations	308	68.5%	17.2%	14.3%
Creating community level accountability for quality and cost across the continuum of care by creating a performance measurement tool	306	61.4%	18.0%	20.6%
Ensuring effective investment in Oregonians	309	76.0%	17.2%	6.7%

to prevent and reduce tobacco use, obesity and other major chronic diseases				
Set quality, performance and service standards that all health information technology vendors in Oregon are required to meet	303	71.6%	12.3%	16.1%
Require the state, through their contracting process, to identify a small number of state-selected vendors able to provide high-quality Electronic Medical Record (EMR) products and service support to Oregon's provider community and to obtain affordable rates for these products and services	300	54.0%	28.0%	18.0%
Subsidize small practices' use of state-selected Electronic Medical Record (EMR) vendors and service companies	294	46.3%	31.0%	22.8%
Encourage and support the use of technology that supports clinical decision making (CDM) and evidence based medicine (EBM)	293	67.9%	14.0%	18.1%
Have a statewide Health Information Exchange system in place by 2012	296	57.5%	27.7%	14.8%
Provide patient control over when, what and with whom personal health information is shared	301	80.4%	10.9%	8.6%

Integrated health homes (30)

- IHH support (14)
  - Need immediate implementation of IHH
- Appreciate prevention/primary care focus (4), patient education important (2)
- Concerns/questions:
  - Concept of IHH unclear
  - How will IHH be paid? How will people get into an IHH?
  - Not sure IHH best for those routinely needing specialist care

Online Survey Additional Comments:

- Six respondents stated that IHHs limit consumer choice and sound very similar to HMOs - which have failed. Five respondents also want to know what type of care will be covered, such as; mental, dental, naturopathic, hospital visits, and pharmaceuticals.

Integrate behavioral health services (28)

- Support integration of mental/physical health care (16)
- Concerns about integration (8):
  - Coordinated care better than integrated care, carve out model works
  - Preserve MH provider innovation
  - Other concerns: Integrate MH and substance abuse care, MH reforms need to address housing, criminal settings, better funding, and availability
- Consumer role in policy making, peer counseling, etc (3)

Online Survey Additional Comments:

- Five respondents say that behavioral health is so specialized and unique that is should not be integrated with physical care; that behavioral health cannot follow the "basic medical model." Five respondents see this form of care as getting out of control in terms of cost.
- Four respondents are hesitant to support integration because some behavioral health problems are self-inflicted and are the fault of the individual.

Community-based innovation (3)

- Support Accountable Health Communities
- Concern that local system innovation will drive up costs and about financing mechanism

Online Survey Additional Comments:

- *Rural communities* – Three respondents mention the need for this in rural communities. However, they expressed concern that there are not enough providers and hardly any medical coverage in rural communities, let alone collaboratives.
- *Already in place?* – Three respondents question whether this is necessary because this is already in place through community-based clinics and a large system of safety net providers. One respondent wonders whether the board has done any work with or has gotten any input from the Oregon Community Health Information Network.
- *Quality Measurement* – Eight respondents expressed concern about measuring quality. They felt the report is unclear about measurement tools and whether the plan would take into account the already poorer health of the target population. Some were concerned about the additional cost of implementing and the impact on providers, in particular, hampering providers' ability to provide care that they see appropriate.
- *Preventing Chronic Disease* – Respondents stated that it is an individual's responsibility for their own lifestyle choices and should pay for their care accordingly, and not have their poor choices funded by tax dollars.

Safety net (17)

- Support strengthening the safety net and school based health centers (12)
- Concern about the need for safety net clinics, coordination of safety net clinics, and unrealistic timeframes for expanding access (4)
- Opposed to separate clinics for uninsured (1)

High-quality health care delivery (19)

- Support quality initiatives and payment reform (10)
- Concern about quality metrics, improving disease management, utilizing existing programs and length of time to realize changes (7)
- Oppose uniform rates – removes incentives (1)
- Oppose Quality Institute (1)

Public health investment (49)

- Support community involvement, public health and prevention recommendations (6)
- Concerns/questions (43)
    - Personal responsibility for lifestyle choices (17)
    - Population health important
    - Wellness model
    - End grass seed burning

- Exercise, nutrition, education

Electronic Medical Records (EMR) (20)

- Support EMR (13)
- Concerns/questions (7):
  - Help small practices afford EMR
  - Ensure patient privacy
  - May burden providers and detract from care
  - Important to allow adequate transition time for implementing and testing

End-of-Life Care

End-of-Life Care (2):

- Need to fund counseling about end of life care options to avoid expensive ER care

Online Survey Additional Comments:

- Seven respondents did not understand what POLST is and what it has to do with health care reform.
- Nine respondents support life-sustaining practices, but are confused about whether these practices are already in place
- Ten respondents stated that physicians should be compensated for all care provided – including end of life care.

Other issues:

- Legal reform Support malpractice/tort reform (20)
- Prescription drugs (6): Use OPDP as benchmark, need to limit drug costs, ban advertising
- Payment reform (13): Reform provider payment system

Building Block 5: Ensure Health Equity for All

Online Survey Results: Building Block 5

Strategy or Objective	Responses	Support	Oppose	Neutral or No Opinion
Prevent health disparities before they occur through health promotion and chronic disease prevention and management	298	80.2%	9.0%	10.7%

Health Equity (7)

- Consider disparities: race, people with mental/physical disability, rural areas, income

Online Survey Additional Comments:

- *Health promotion/disease management prevention already exists* – Six respondents felt that this is not necessary because this system already exists. Some mentioned that every carrier in Oregon already has programs that deal with these issues.
- *Personal Responsibility* – Six respondents emphasized the importance of personal responsibility. They felt that health equity is not realistic and cannot be enforced because people will continue to make poor decisions regarding their lifestyle and when seeking care.

Building Block 6: Train a New Health Care Workforce

Online Survey Results: Building Block 6

Strategy or Objective	Responses	Support	Oppose	Neutral or No Opinion
Ensure that Oregon's health care workforce is sufficient in numbers and training to meet the demand that will be created by proposed coverage expansions, system transformations and an increasingly diverse Oregon population	294	71.5%	15.7%	12.9%

Workforce (60)

- Concern about shortage (28), need for more primary care providers in particular
- Use allied health care workers (nurse practitioners, alternative medicine providers, etc.) (11)
- Incentives for increasing workforce (12): Loan forgiveness, higher reimbursement for primary care
- Data needed on workforce shortages (1)
- Concern about funding of workforce efforts

Online Survey Additional Comments:

- *How will this work?* – Ten respondents were concerned about how this will work. Some feel that providers have no incentive to come to Oregon because of high provider taxes and lower payments. Some were concerned that Oregon's loan repayment program was less desirable than other states' programs, which may keep providers out of the state. Some questioned how the state can afford new providers.
- *Education* – Eight respondents stated that education plays a part in building Oregon's health care workforce. They felt that promoting education should start early and reach out to both urban and rural schools. Some felt that Oregon should have additional educational facilities and provide incentives for health care workforce students to stay in the state. Some mentioned specific areas of training and incentives for students to focus in needed areas such as primary care, internal medicine, and geriatric medicine.

Building Block 7: Federal Advocacy

Online Survey Results: Building Block 7

Strategy or Objective	Responses	Support	Oppose	Neutral or No Opinion
Advocate for change at the federal level to remove barriers to Oregon's health reform strategies	299	63.5%	20.4%	16.0%

Federal Issues (33)

- Medicare (13): Low provider rate, concerns about Medicare Advantage
- Impact of national health care reform
- Role of Oregon's US congressional delegates
- Questions about whether Board's plan takes on federal barriers

- ERISA
- EMTALA
- Tax codes
- Indian health
- Medicaid: Citizenship documentation, SCHIP expansion limits, payment reform
- Rural Health Clinic designation
- Nurse practitioner practice limited under Medicare, permitted under state

Online Survey Additional Comments:

- *Need Federal Advocacy* – Seven respondents stated that Oregon needs advocates at the federal level to remove barriers. Some felt that to solve our health care crisis, Oregon must work with the federal government, and that changes with current Medicare/Medicaid/Social Security laws would be key to change happening in Oregon. Some expressed distrust in the federal government because it may counter state actions.
- *No Federal Advocacy* - Seven respondents feel that there should not be any advocacy at the state level. Some felt that Oregon should take the lead in health care reform, that the federal government is unlikely to reform health care, and that going to the federal government will just slow the process.

Keystone for Reform: Oregon Health Authority

Online Survey Results: Building Block 8

Strategy or Objective	Responses	Support	Oppose	Neutral or No Opinion
Create an Oregon Health Authority	300	43.7%	40.0%	16.3%

Oregon Health Authority (28)

- Support (19): Many support if Authority has true authority to act ("needs teeth")
- Concerns (9):
    - 5 concerned about make-up of Authority members, especially excluding members that might profit from Authority's actions (providers, insurance companies) and including consumers
    - 1 concerned OHA would be duplicative and should be limited to reform efforts
    - 1 concerned that Authority would be cost-neutral
    - 1 wanted info on costs associated with implementing Authority

Online Survey Additional Comments:

- *Too much government/bureaucracy* – Fifteen respondents do not support the Oregon Health Authority because they felt it represents too much government involvement and too much bureaucracy. Some felt that the free market would lead to a more efficient and lower cost health care industry, which would not happen under government control. Some were concerned that an Authority would overstep the authority of the DCBS. One respondent noted that the government would end up stifling innovation and efficiency with mandates that are not based in reality.
- *OHA needs real authority* – Among the supporters of the OHA, eight respondents stated that in order to work, the OHA needs to be granted real authority. They felt that OHA should not just study current topics and make recommendations, but should have the

ability to implement change. Some were unclear about how the OHA would relate to the legislature.

- *Cost* – Six respondents did not support the OHA because they felt it would be too costly, inefficient, and ineffective.

Other

- Accountability/Fraud
  - Support strong enforcement provisions (2) and prosecution of fraud (1)
  - Continue to make reform processes transparent to public
- Media (5):
  - Need more media attention to make public aware – concerned that many doctors not aware of SB329, put meetings on cable access
- OHP (7):
  - Low provider rates under OHP (3), need to expand access to providers (2),
- Response to Proposal as a Whole
  - Support (13): for overall plan, thanks to Board, appreciate transparency of process
  - Clarify implementation (9), make it specific to show how legislators can translate into legislation (2)
  - Call to action (9): emphasize urgency, don't worry about political feasibility, continue to engage public
  - Edits about presentation of report (12): some comments to simplify presentation, make less confusing
  - Concern about costs of reform (8): Want clear costs of reform in report, too expensive overall (2), too much bureaucracy
  - Be bolder (5): Feel that plan outlines small changes, keeps status quo
- Timing of Implementation (25):
  - Needs to happen faster (20) – many urge 2011 timeline for coverage for all, some want change immediately
  - Clarify timeline in report and for legislature (5)
- Other
  - Concern about pollutants in environment, clean food and water (3)
  - Other States/Countries/Systems: can learn from California, Cuba, Veterans' Administration, failures in Canada/Australia
  - Where is "fund" mentioned in SB329?
  - Need medical ombudsman program (2)
  - Mistrust of state ability to be good manager/overseer of programs (1)
  - Be a leader for the nation (5)