



About the Oregon Health Fund Board

Created by SB 329 (the Healthy Oregon Act), the Oregon Health Fund Board is a 7 member board appointed by the Governor and confirmed by the Oregon Senate. The Board is developing a comprehensive plan to ensure access to health care for all Oregonians, contain health care costs, and address issues of quality in health care. The members of the Board have experience, knowledge and expertise in the areas of consumer advocacy, management, finance, labor and health care, and represent the geographic and ethnic diversity of the state. Barney Speight, Executive Director, and the staff of the Office for Oregon Health Policy and Research assist the Board.

OHFB Board Members

- **Bill Thorndike, Chair**
CEO, Medford Fabrication
- **Jonathan Ater, Vice-Chair**
Chair and Senior Partner, Ater Wynne LLP
- **Eileen Brady, Vice-Chair**
Co-Owner, New Seasons Market
- **Tom Chamberlain**
President, Oregon AFL-CIO
- **Charles Hofmann, MD**
Physician
- **Ray Miao**
State President
AARP Oregon
- **Marcus Mundy**
President, Urban League of Portland

Excerpts from an Interview

In January, Acumentra Health staff sat down with Barney Speight, executive director of the Oregon Health Fund Board (OHFB), to talk about healthcare reform issues and the board's progress in meeting its legislative mandate under SB 329, the Healthy Oregon Act. The following are excerpts from that interview.

What are the dimensions of the problem that the OHFB was created to address?

Those of us who have been in health care find ourselves in 2007–2008 kind of where we found ourselves in 1988–1989, when I got involved in development of the Oregon Health Plan (OHP). Costs are escalating at what I believe are an unsustainable rate. The extent of employer-based coverage is shrinking, in large part because of the cost issue. Nationally and to some degree here, there is a possibility of getting better value out of the dollars we're spending relative to quality, coordination, and safety. But I think the overriding issue is that almost 600,000 Oregonians, or 16 percent of the population, are without coverage. That puts us literally back where we were back in the late 1980s, when then-Senator John Kitzhaber and a whole bunch of people began addressing the issues of cost and access.

There is a social/moral issue around the uninsured. There's also a greater understanding now than I've ever seen among some segments of the business community of the cost issues that are associated with funding care implicitly through a cost shift—as opposed to explicitly, in which case we could at least manage the costs and know how much they are. With the convergence of all those factors, health care is returning as a top-of-mind issue, not unlike what it was in the late 1980s and early 1990s. This is the third time in my professional career that we're at one of those moments when as a society, we look into the mirror and decide what we're going to do for the next 10 years, if anything.

What are some of your design principles and assumptions?

We will build on some of the foundational elements that are already present. The framework of SB 329 has some implied premises. One operating assumption is that a good share of Oregonians, if not a majority, will continue to get their health care through employer-based coverage. Another is that we have almost 15 years of experience with the OHP in how to use managed Medicaid—in many ways, the last vestige of prepaid capitated, risk-based, evidence-based healthcare finance and delivery—and some modest experience with premium assistance programs like the Family Healthcare Insurance Assistance (FHIA) program, and we will look at those models.

Then we'll look at reform in other states, like the Massachusetts model or what California is considering. They're looking at ways to both expand coverage for the poor—that gives us the advantage of a federal match, as long as we can get the necessary waivers—and probably some form of premium assistance for the “tweeners” who can't afford the full cost of a premium, whether it be through a public or a private delivery system.

[Board Meeting Calendar:](#)

Tuesday, February 19
11:30 am to 4 pm
Kaiser Permanente Town Hall
3704 N. Interstate Avenue
Portland, OR

Thursday, March 20
1 to 5 pm
State Capitol Building
Hearing Room B
900 Court St. NE
Salem, OR

[Committee Meeting Calendar:](#)

[Benefits](#)

Thursday, February 7
9:30 am to 1:30 pm
Wilsonville Training Center
Room 112
29353 Town Center Loop E
Wilsonville, OR

Thursday, February 28
9:30 am to 1:30 pm
Wilsonville Training Center
Room 112
29353 Town Center Loop E
Wilsonville, OR

[Federal Laws](#)

Thursday, February 14
9 am to 1 pm
Oregon Medical Association
11740 SW 68th Parkway,
Suite 100
Portland, OR

Thursday, February 28
10 am to 2 pm
Northwest Health Foundation
Bamboo Room
221 NW 2nd Avenue, Suite 300
Portland, OR

Thursday, March 13
8:30 am to 12:30 pm
Oregon State Library
Rooms 102-103
250 Winter Street NE
Salem, OR

Tuesday, March 25
8:30 am to 12:30 pm
Wilsonville Training Center
Room 111-112
29353 Town Center Loop E
Wilsonville, OR

Continued on Page 2

Excerpts cont.

The board will look at an individual mandate for affordable coverage—and to make it affordable, you need some sort of funding stream for premium assistance to meet the needs of those who can't afford it on their own. Some people up the income level would be required to buy some form of coverage with their own resources. For those at 300 percent of poverty or above, I don't think there should be a huge intervention policy-wise as to the kind of coverage they buy. The real issue is particularly among those folks called the "young immortals," who simply don't think they'll ever get sick or that they'll need health care—but if they have a catastrophic event, often they can't cover it—to get them into some sort of pool.

One principle of SB 329 is the concept of shared responsibility, and that also applies to employers that don't provide coverage. With ERISA [the Employee Retirement Income Security Act of 1974], no state can tell an employer to provide coverage, but we believe—as Massachusetts demonstrated, and as California is trying to do—that in the absence of coverage, an employer should pay something, on some basis, into some fund to help working folks who don't have employer-based coverage.

Committee & Work Group Updates

Benefits Committee

The Benefits Committee met on January 15 to develop a checklist of principles and policy objectives that the Committee will use to evaluate methods to be considered for defining essential health services. Staff will be working with committee leadership to develop one or more such tools to review at the committee's next meeting on February 28.

Delivery System Committee

The Delivery Systems Committee met in January to continue its discussion of the integrated health home model. The committee first reviewed an overall framework for delivery system reform, which has the core goal of creating integrated and coordinated patient-centered care that is safe, effective, efficient, timely and equitable. The group discussed initial recommendations for steps that would need to be made to ensure that all Oregon Health Fund Program enrollees, and eventually all Oregonians, would have access to an integrated health home. The group had a short discussion about payment reform and will continue this discussion in February, when it will address cost containment strategies.

Delivery Systems Committee - Quality Institute Work Group

The Quality Institute Work Group met twice in January. In the first meeting, the group was joined by Dennis Scanlon from Pennsylvania State University's Department of Health Policy and Administration. Dr. Scanlon is a member of the team evaluating the Robert Wood Johnson Foundation's Aligning Forces for Quality program. Dr. Scanlon suggested a framework for approaching the work group's charge, discussed "Theory of Change" models of behavior change, and presented examples and results of quality improvement efforts from around the country. At the second January meeting, the work group finalized working definitions of quality and transparency. The group also had a facilitated discussion about its starting assumptions and the appropriate roles for the state in supplementing and coordinating other quality and transparency efforts to create a common quality and transparency agenda for Oregon.

Enrollment and Eligibility

The Eligibility and Enrollment Committee has been finalizing recommendations to the Oregon Health Fund Board regarding "affordability" in health care reform after spending three months and six meetings on the topic. The committee focused on a model where individuals, employers, health care industry and the state/federal government all contribute to support a new Oregon Health Fund program to make health care more affordable. Some of the key policy considerations included in the committee discussions were: shared responsibility, promoting equity, maintaining employer contributions, and encouraging financial sustainability.

Committee Meeting Calendar (continued):

Delivery Systems

Thursday, February 21
1 to 5 pm
1 pm – 5 pm
Oregon Medical Association
Sommer-McLoughlin Room
11740 SW 68th Parkway,
Suite 100
Portland, OR

Thursday, March 13
1 to 5 pm
Port of Portland
Commission Room
121 NW Everett Street
Portland, OR

Quality Institute Work Group (Delivery Systems)

Wednesday, February 27
1 to 5 pm
Northwest Health Foundation
Bamboo Room
221 NW 2nd Ave., Suite 300
Portland OR

Eligibility & Enrollment

Wednesday, February 13
9 am to Noon
Salem Public Library
Anderson Room A,
585 Liberty Road SE
Salem, OR

Tuesday, February 26
9 am to Noon
Salem Public Library
Anderson Room A,
585 Liberty Road SE
Salem, OR

Tuesday, March 11
9 am to Noon
Wilsonville Training Center
Room 111 & 112
29353 Town Center Loop E
Wilsonville, OR

Wednesday, March 26
2 to 5 pm
General Services Building
Mt. Mazama Room
1225 Ferry Street SE
Salem, OR

Finance

Wednesday, February 13
1 to 5 pm
Wilsonville Training Center
Room 111 & 112
29353 Town Center Loop E
Wilsonville, OR

Continued on Page 3

Committee & Work Group Updates (continued)

Federal Laws Committee

The Committee met January 23 to discuss federal Medicaid, SCHIP and FHIAP requirements that may hinder Oregon's reform efforts. The meeting included three panels of presenters. Bruce Goldberg, Director of Department of Human Services (DHS) and Jim Edge, Assistant DHS Director, Division of Medical Assistance Programs, discussed the experience DHS has had with the federal Centers for Medicare and Medicaid Services. A panel of Medicaid consumer advocates discussed the ability of the Oregon Health Plan to meet the needs of Oregonians. This panel included Ellen Lowe, advocate and public policy consultant; Kathryn Weit, Oregon Council on Developmental Disabilities; and Ellen Pinney, Oregon Health Action Campaign. The third panel included Sharon Guidera, Mid-Columbia Mental Health Director, who provided a county mental health perspective. The next meeting, February 14, will again focus on Medicaid requirements, with presentations from providers, including physicians, hospitals, and safety net providers; and Oregon Health Plan-contracted health plans, mental health, and dental health organizations. The following two meetings (Feb. 28 and March 13) will focus on Medicare.

Finance Committee

Rick Curtis joined the January meeting of the Finance committee to discuss what the Institute for Health Policy Solutions will be doing to help the Board and committees, including: economic modeling, providing coverage scenarios based on the decisions of the finance committee, and consultation on a range of implementation issues. Jonathan Gruber joined by telephone to discuss his microsimulation model, the data Oregon will be providing and how the results can be used in Oregon. The Committee also discussed provider taxes (including what Oregon does now and other options). The group will be assessing various tax scenarios at its next meeting, and will discuss the taxes in light of the value added of each tax and the principles developed previously by the group.

Finance Committee - Exchange Work Group

In January, the Exchange Work Group heard an update on the development of a market reform "straw plan". The group discussed elements of a possible exchange, including what (a) populations will be allowed to or required to use the exchange, and (b) potential functions of an exchange. The "population" options are individuals for whom the state is providing premium assistance, other people purchasing in the individual market, and employees of select small groups. The functions of an exchange include: information/administration (including of subsidies) and customer service functions; benchmarking and standard setting; and rate negotiation. Two staff review panels met, one to further develop the market reform straw plan, and another to lay out the detailed options for exchange participation and functions. The Work Group will meet in February to discuss the report "Health Insurance Exchanges and Market Reform", delivered to the legislature at the start of February. The group will also continue to discuss the market reform straw plan and exchange options.

Health Equities Committee

After the first of the year, the Health Equities Committee continued discussing eligibility recommendations for a new Oregon Health Fund program. The Committee embraced the universal intentions set forth in the Healthy Oregon Act to include all Oregonians and explored several policy implications for individuals that are on a path to citizenship. Final recommendations on eligibility will be delivered to the Oregon Health Fund Board in their February meeting. The Committee also began discussions on reforming the health care delivery system to achieve health equity that included the primary care medical home model as well as improving the health care workforce. During the February meeting, the Committee will continue discussing the delivery system with a focus on communication and cultural/linguistic competence in the clinical setting.

Contact Information

Executive Director Barney Speight and the staff of the Oregon Health Fund Board can be reached at:

1225 Ferry Street, SE, 1st Floor
Salem, OR 97301
Phone: 503-373-1538

Fax: 503-378-5511
Web: <http://healthfundboard.oregon.gov>
Email: OHFB.INFO@state.or.us

Committee Meeting Calendar (continued):

Finance cont.

Friday, February 29

8 am - Noon
Wilsonville Training Center
Room 111 & 112
29353 Town Center Loop E
Wilsonville, OR

Wednesday, March 12

1 to 5 pm
Wilsonville Training Center
Room 111 & 112
29353 Town Center Loop E
Wilsonville, OR

Wednesday, March 19

1 to 5 pm
Port of Portland
Commission Room
121 NW Everett Street
Portland, OR

Exchange Workgroup (Finance)

Wednesday, February 13

9 am to Noon
Wilsonville Training Center
Room 111
29353 Town Center Loop E
Wilsonville, OR

Monday, February 25

10 am to 1 pm
Wilsonville Training Center
Room 111 & 112
29353 Town Center Loop E
Wilsonville, OR

Health Equities

Thursday, February 21

1 to 4 pm
Northwest Health Foundation
Bamboo Room
221 NW 2nd Ave., Suite 300
Portland OR

Tuesday, March 4

1 to 3 pm
OHSU - Room 382
Biomedical Research Bldg.
3181 SW Sam Jackson Park Rd
Portland, OR 97239

Tuesday, March 18

1 to 4 pm
Northwest Health Foundation
Bamboo Room
221 NW 2nd Ave., Suite 300
Portland OR