

Health Care for All: Sustaining the Oregon Model of Health Care Coverage, Quality, and Cost Management

Kate Brown, Governor
Tina Edlund, Health Care Policy Advisor

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STATE OF OREGON
Office of the Governor
KATE BROWN

Vision

Governor Brown's vision is for all Oregonians to have quality, affordable health care, regardless of who they are or where they live.

Executive Summary

Oregon is a national model for health care reform. For nearly a decade, Oregonians have been involved in intense efforts to create a person-centered, coordinated, community-based health care system that focuses on improving individuals' health while also improving the quality of health care they receive, controlling costs, and eliminating health disparities. Under Governor Brown's leadership, 94 percent of all Oregonians and 100 percent of children now have access to quality health care coverage.

But coverage alone does not create health. Governor Brown's vision means that we must also improve the conditions in which Oregonians and their families are born, live, learn, work, and age. A central goal is to ensure that as we work toward improving the health of Oregonians, we fully integrate



health equity, tribal, and racial justice into our focus on social determinants of health. The pathway to improved health includes increasing connections between health care and early learning, human services, social supports, and affordable housing to address social factors that influence health.

A key strategy to achieving lower costs, better outcomes and better health is to reduce the silos in health care. Physical health, mental health, substance use disorder treatment, and oral health services are too often delivered in separate, fragmented ways. By integrating these services, we can expand access to appropriate treatment at the right time and at the right place, and maximize the opportunity to achieve better health outcomes.

Finally, a healthy population requires a 21st century public health system with the capacity and resilience to provide foundational public health services across the state, such as communicable disease control, chronic disease prevention, and emergency preparedness.



To continue Oregon's leadership in providing essential health insurance coverage at a reasonable cost, the Governor's plan to sustain health transformation focuses on the following strategies:

- 1. Ensure Oregonians' access to health insurance coverage*
- 2. Improve overall health outcomes through CCO 2.0*
- 3. Control long-term cost growth in health care spending*
- 4. Use reinsurance to keep rates affordable in the private market*
- 5. Increase investments in mental health and addiction prevention and treatment*
- 6. Modernize public health*
- 7. Increase capacity, retention, and diversity in Oregon's health care workforce*
- 8. Create better health through good jobs*



Background

When people have access to health care, communities are healthier. More people can work, go to school, and contribute in other ways to their local economy. Employers benefit from a healthier workforce, lower insurance costs, and less absenteeism. Fewer people turn to social services. In 2010, nearly 1 in 6 Oregonians lacked health insurance coverage. Oregon’s lawmakers, stakeholders, and advocates have worked for more than a decade to ensure that there are comprehensive health insurance options available for Oregonians and because of that work, today, 94 percent of all Oregonians have health coverage.

Between Medicaid, the Public Employees’ Benefit Board (PEBB) and the Oregon Educators’ Benefit Board (OEBB), the state purchases health care coverage for approximately 1.2 million Oregonians. There are over 115,000 Oregonians who also purchase federally-subsidized coverage through the state’s Health Insurance Marketplace, which allows individuals to obtain affordable quality health insurance coverage. Each of these sources of coverage have been key to bringing Oregon’s uninsured rate down from 17 percent in 2010 to 6 percent in 2017.

In 2017, Governor Brown further broadened coverage by signing “Cover All Kids” into law, which extended eligibility for medical assistance to all Oregon children residing in families with incomes up to 300 percent of the federal poverty level.

Coverage alone is not enough. Meaningful improvement in health requires having the same kind of access to mental health and substance use disorder treatment as we have for physical health care.



“Meaningful improvement in health requires having the same kind of access to mental health and substance use disorder treatment as we have for physical health care”

1. SAMHSA website housing and homelessness page. <https://www.samhsa.gov/homelessness-housing>.

2. The Children’s Dental Health Project, “The State of Dental Health, School Years and Beyond.” <https://www.cdhp.org/state-of-dental-health/schoolandbeyond>.

3. Sun BC, et al. “Emergency department visits for non-traumatic dental problems: a mixed-methods study.” *American Journal of Public Health* 2015; 105:947-955.

4. Frakt, Austin. “How Dental Inequality Hurts Americans.” *New York Times*. February 19, 2018, NYTimes.com.

Every one of us has a friend, a loved one, or a neighbor who has experienced a mental health issue or substance use disorder. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), in 2016 “one in five people experiencing homelessness had a serious mental illness, and a similar percentage had a chronic substance use disorder.”¹ While we have made significant progress in Oregon in recent years and have led the nation in innovation in some important ways, we have much work to do to ensure timely access to mental health and substance use disorder treatment.

We must also improve access to oral health care in Oregon. Tooth decay is the leading chronic disease for children and teenagers as well as one of the leading causes of school absenteeism.² Dental problems are also a leading cause of avoidable emergency department use. Oregon data show dental problems were the second most common emergency department diagnosis for adults aged 20 to 39 in 2010.³ Poor oral health can affect the ability to get and keep a job.⁴ By creating strategies to coordinate and connect oral health services with physical health services, we create effective opportunities to get



individuals out of emergency rooms and into the right setting for care, saving costs and improving outcomes.

Although there is more work to do to improve affordability and sustainability, this expanded coverage has brought important benefits by dramatically improving access to care, improving the quality of care, containing costs through prevention and early intervention, and by creating more than 23,000 new health care jobs across Oregon.⁵ Medicaid coverage is an effective tool to fight poverty: in a 2017 study of social programs' impact on poverty, Medicaid accounted for a 3.8 percentage point reduction in the poverty rate, with even higher rates of alleviating poverty among people of color. The study showed that Medicaid coverage reduced poverty rates of Latinos by 6.1 percentage points and African Americans by 4.9 percentage points.⁶

In the next chapter of health care transformation and innovation, Governor Brown is prioritizing the need to improve the social conditions of communities across Oregon.

Medicaid and Coordinated Care Organizations (CCOs)

Oregon has a long history of bipartisan support to provide effective and accessible health insurance coverage for as many Oregonians as possible. The goal is to improve health care quality, measure health outcomes, and involve the community in setting health care priorities.

5. 95PercentOregon.com Employment page. <https://www.95percentoregon.com/increased-employment.html>.

6. Remler, DK, Korenman, SD., Hyson RT., "Estimating The Effects Of Health Insurance And Other Social Programs On Poverty Under The Affordable Care Act", Health Affairs, 36, No. 10 (2017): 1828-1837. DOI: 10.1377/hlthaff.2017.0331.



“Although there is more work to do to improve affordability and sustainability, this expanded coverage has brought important benefits by dramatically improving access to care”

In 2012, as part of a Medicaid 1115 waiver, Oregon received \$1.9 billion in additional federal funding over five years in exchange for a commitment to improve health care access and quality—as well as reduce increases in per capita health care spending—by focusing on population health, prevention, care coordination, and primary care.

Oregon met those commitments successfully by creating Coordinated Care Organizations (CCOs), a new form of managed care organization defined by a broad governance structure, global budgets, accountability, transparency, and flexible spending. They are based in the community and charged with coordinating the physical, mental, addiction, and oral health services of low-income Oregonians served through the Oregon Health Plan. Additionally, they are required to work with their Community Advisory Councils to develop and implement Community Health Improvement Plans. In 2012, contracts were awarded to 16 regional CCOs with the expectation that they would make improvements in care while also living within a fixed global budget that could grow by no more than 3.4 percent per capita per year.



If CCOs stay within their budget target, meet their quality goals, and provide the required Medicaid services, they have the flexibility to implement innovative quality improvement programs and invest in health-related services that align with their Community Health Improvement Plan such as housing supports, food security, and community activities that support a healthy population. With flexible spending investments in community-based social services, CCOs have effectively redefined “physical health” to focus on a much broader definition of “community health.”

The state also set up an incentive pool to reward CCOs for meeting or exceeding targets on 17 quality measures, including:

- o Cigarette smoking prevalence
- o Controlling high blood pressure
- o Depression screening and follow-up
- o Prenatal and Postpartum care visits
- o Developmental screening for children

Oregon’s health system transformation efforts were based on best practices nationally—focusing on patient-centered primary care and bringing together behavioral health, primary health care, and oral health care—and they have worked. Oregon’s Medicaid reforms and the CCO model have saved taxpayers an estimated \$2.2 billion between 2012 and 2017.⁷ CCOs are continuing to make progress on quality.

7. Oregon Health Policy Board January 16, 2017 Board Retreat Materials. <https://www.oregon.gov/oha/OHPB/MtgDocs/January%2016,%202018%20OHPB%20Retreat%20Board%20Packet.pdf>. See page 57.



An independent analysis of Oregon’s 2012-2017 Medicaid waiver supports these findings, showing that Oregon has spent less per Medicaid member than neighboring Washington, and that it has reduced emergency room visits and “low value” care.⁸ The latest metrics report shows improvements in several areas including dental sealants for children, adolescent well-care visits, effective contraceptive use, developmental screenings in the first three years of life, and in health assessments for children in foster care.⁹

Today, almost 1 in 4 Oregonians receive their health care through the state’s Medicaid system, the Oregon Health Plan.

Current Landscape: Medicaid and the Oregon Health Plan

In September 2017, Governor Brown asked the Oregon Health Policy Board (OHPB) to provide recommendations to the Oregon Health Authority (OHA) for how the state and CCOs can advance health care transformation to further improve health outcomes, increase value, and hold down costs.

8. Kushner, J. et al. “Evaluation of Oregon’s 2012-2017 Medicaid Waiver.” OHSU Center for Health System Effectiveness, 2017.

9. Oregon Health System Transformation: CCO Metrics 2017 Final Report. June 26, 2018. <https://www.oregon.gov/oha/HPA/ANALYTICS-MTX/Documents/2017-CCO-Metrics-Report.pdf>.

Specifically, the Governor asked for recommendations focused on:

- o Addressing social determinants of health and equity
- o Increasing value and pay for performance
- o Improving the behavioral health system
- o Maintaining a sustainable cost growth



10. Draft recommendations are posted at <https://www.oregon.gov/oha/OHPB/Pages/CCO-2-0-recommendations.aspx>.

11. National Institute of Drug Abuse, <https://www.drugabuse.gov/related-topics/trends-statistics#supplemental-references-for-economic-costs>

12. Choi, N. G., DiNitto, D.M., Marti, C.N. & Choi, B. Y., Association of Adverse Childhood Experiences with Lifetime Mental and Substance Use Disorders Among Men and Women Aged 50+ Years, *International Psychogeriatrics* 29(3), 359-372, doi: 10.1017/S1041610216001800

13. Preliminary data from the Child Welfare (CW) Capacity Project analysis – part of the CW Research Agenda – shows 71.9 percent of parents were involved with drugs or alcohol at the specific time of removal and 78.8 percent of parents had a drug or alcohol induced mental state which prohibited care of the child. Publication forthcoming.

OHPB established work groups to address each of the Governor’s outlined priority areas, held ten community meetings around the state with more than 500 attendees, established an online survey for broader public input, and obtained input from more than 25 Medicaid and/or health-related committees over the course of the year. In total, OHPB has received input from an estimated 2,500 Oregonians. OHPB’s final recommendations are expected to be delivered to OHA in October 2018, in time to be included as appropriate in the CCO request for applications, expected to be issued in January 2019 for new five-year contracts effective January 1, 2020.¹⁰

The next phase of Medicaid transformation in Oregon, CCO 2.0, will be in large part defined by the new CCO contracts.

Current Landscape: Addiction Treatment and Recovery

The chronic disease of substance use disorder (SUD) continues to plague Oregon families from all backgrounds. Nationally, the abuse of tobacco, alcohol, and illicit drugs is estimated to be responsible for more than \$740 billion annually in costs related to crime, lost work productivity, and health care.¹¹ Not only is this disease costly to our state, but it has significant detrimental impact on children and families.

Parents and caregivers who suffer with SUD expose their children to adverse childhood experiences, thus increasing the probability that kids will suffer from the same chronic illness, among other health issues.¹² According to recent case reviews, nearly 75 percent of Oregon foster care placements involved parental substance use.¹³ We must break the cycle of addiction passed through generations. While Oregon has made great strides in reducing both over-prescription of opioids



14. Oregon Prescription & Drug Overdose Data Dashboard, "Oregon Drug Overdose Deaths," The Oregon Health Authority, <https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Pages/data.aspx>.

and overdose related to opioid use disorder, much work remains to be done. As overdose deaths from prescribed medications fall, we are seeing a corresponding rise in those deaths related to illicit substances such as methamphetamine and fentanyl.¹⁴ As Oregon fights the ongoing opioid epidemic, we cannot lose sight of the need to address addiction related to all dangerous substances, including alcohol.

“As Oregon fights the ongoing opioid epidemic, we cannot lose sight of the need to address addiction related to all dangerous substances, including alcohol”

15. Santucci K. Psychiatric disease and drug abuse. *Curr Opin Pediatr.* 2012;24(2):233-237. doi:10.1097/MOP.0b013e3283504fbf.

Finally, we cannot ignore the connection between substance use disorders and mental health disorders. Research shows about half of those who are diagnosed with a substance use disorder have also experienced mental illness.¹⁵ In addition, a recent review by the National Institute on Drug Abuse (NIDA) cites evidence that 60 percent of adolescents in community-based substance use disorder treatment programs also meet diagnostic criteria for mental illness.¹⁶

16. National Institute on Drug Abuse (NIDA), "Common Comorbidities with Substance Use Disorders", Feb. 2018. <https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/1155-common-comorbidities-with-substance-use-disorders.pdf/>.

But fragmentation in the health care system has created artificial silos between physical health, mental health, and addiction treatment and services, which makes it harder for individuals to get their needs met while providers face barriers in information sharing and



communications. Arcane billing rules that don't recognize whole-person treatment continue to present unneeded challenges to access. This means that Oregonians who struggle with substance use disorders and mental health challenges face barriers getting the services and support

“It is past time for us to address the systemic and operational barriers that prevent individuals and their families from getting the right support at the right time”

they need every single day. While Oregon's health care systems have worked toward a new model of care that coordinates physical and behavioral systems of care, it is past time for us to address the systemic and operational barriers that prevent individuals and their families from getting the right support at the right time.¹⁷

17. Oregon Health Authority, “Behavioral Health Collaborative Report”, 2016. <https://www.oregon.gov/oha/HPA/CSI-BHP/Documents/Behavioral-Health-Collaborative-Report.pdf>, p. 3.

18. Centers for Medicare & Medicaid Services 2018 Marketplace open enrollment period public use files. https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/2018_Open_Enrollment.html.

Current Landscape: Oregon Health Insurance Marketplace

In 2018, more than 156,000 Oregonians signed up for private health insurance through the Oregon Health Insurance Marketplace. More than 115,000 Oregonians have qualified for federal tax credits that make health premiums more affordable for moderate-income individuals and families. On average, Oregonians who bought health coverage through the Marketplace and received subsidies for 2018 plans had their premiums reduced by \$410 per month—on average, by more than 70 percent.¹⁸



The Oregon Reinsurance Program, created during the 2017 legislative session, protects and stabilizes all insurance companies within the individual market, which insures nearly 200,000 Oregonians in every corner of the state. The positive effect of the Oregon Reinsurance Program provides relief for Oregonians and helps reverse some of the health insurance rate increases related to uncertainty caused by actions at the federal level. For 2018 and 2019 plan years, the program helped reduce individual market rates by approximately 6 percent, thereby strengthening our health insurance markets and assuring access to affordable health coverage.¹⁹

Stable and strong insurance markets contribute significantly to Governor Brown's priorities of supporting Oregon's families and children's access to quality health care. Lower rates also have a positive economic impact for small businesses and a thriving statewide economy.

Since 2017, federal actions designed to dismantle the Affordable Care Act continue to impose uncertainty and risk on Oregon's insurance markets. The repeal of the individual mandate, coupled with new federal regulations designed to expand association health plans and short-term, limited-duration health insurance policies, fragments a healthy and robust ACA risk pool and indirectly raises health insurance premiums. In the absence of state action, these federal policy changes could lead to large premium increases and market destabilization. As such, Oregon must continue to find solutions to stabilize our health insurance markets and ensure affordable access to health insurance coverage for all Oregonians.

19. <https://www.oregon.gov/newsroom/Pages/NewsDetail.aspx?newsid=2832> and <https://www.oregon.gov/newsroom/Pages/NewsDetail.aspx?newsid=2170>.



RECENT ACCOMPLISHMENTS

Since entering office in 2015, Governor Brown has significantly created value in Oregon's health care system. Some of the most noteworthy achievements include:

Expansion of access to health care coverage and access to care to 94 percent of adults and 100 percent of children in Oregon

Passed "Cover All Kids" in 2017, ensuring that every child in Oregon has access to the health care they need to stay healthy, learn, and play.

Secured a Medicaid funding package to preserve coverage for a million Oregonians on the Oregon Health Plan. The package was later affirmed with strong support by the voters in a special election in January 2018.

Guaranteed access to reproductive health care via the Reproductive Health Equity Act (RHEA), which extends access to the full range of reproductive health services and postpartum care to people who can become pregnant, protects care for people with private and employee-sponsored health care through no cost sharing or copays, and prohibits discrimination in the provision of reproductive health services.

Provided stability for 80,000 Oregon children in the Children's Health Insurance Program (CHIP) whose access to health care was threatened in the face of Congressional inaction.



Addressing addiction prevention, treatment, and recovery

Created the Opioid Epidemic Task Force in 2017 as part of a statewide effort to combat opioid abuse and dependency. The Task Force consists of medical experts, drug treatment specialists, and government officials. Their mission is to identify and implement efforts to address the growing opioid misuse and abuse across the state. Among other things, the Task Force has prioritized reducing the number of narcotic pills in circulation, improving access to high-quality treatment, facilitating data sharing and the promotion of cutting-edge education efforts.

Declared substance abuse and addiction to be a public health crisis in Oregon and calls for the Alcohol and Drug Policy Commission (ADPC) to create a state plan around addiction, prevention, treatment, and recovery in Executive Order 18-01. Signed into law a related bill (HB 4137) requiring that the ADPC provide the legislature with recommendations for a strategic plan for addiction prevention and recovery.



Controlling health care costs

Signed cost containment measures directly affecting the Public Employees' Benefit Board (PEBB) and Oregon Educators' Benefit Board (OEBB) into law, including limiting annual premium increases and per member per month costs to no more than 3.4 percent.

Signed a prescription drug price transparency act (HB 4005) into law that creates transparency and accountability for rising drug costs and created the Task Force on the Fair Pricing of Prescription Drugs.

Signed SB 419 into law, which established the Joint Interim Task Force on Health Care Cost Review to explore opportunities to limit the growth of health care expenditures. The central recommendation of the Task Force is that the state establish a statewide health care spending target for the annual rate of growth of total health care expenditures in Oregon.²⁰

Eliminated "double-coverage" for PEBB and OEBB-covered employees who enroll as a member on an OEBB or PEBB plan when they are already enrolled as a dependent on another OEBB or PEBB plan.

20. A draft final report of the Joint Interim Task Force on Health Care Cost Review is available at <https://olis.leg.state.or.us/liz/201711/Downloads/CommitteeMeetingDocument/149994>.

Reducing health care disparities and expanding focus on social determinants of health

Required that CCOs spend a portion of their annual net income or reserves on services designed to address health disparities and the social determinants of health (HB 4018).



Protecting Oregonians from unreasonable health insurance rate increases

Signed the Oregon Reinsurance Program into law in 2017 to stabilize the individual health insurance market.

Supporting tribal health

Directed the Oregon Health Authority to work closely with Oregon's nine tribes to maximize a federal opportunity to claim 100 percent federal funding for health care services provided outside of tribal health facilities under specific care coordination agreements.

Supported tribal-directed care coordination to ensure sustainability, better care networks, and culturally-appropriate care for Oregon tribe members.

Protecting people with pre-existing conditions

Governor Brown has continued to work with governors of other Medicaid expansion states to lobby the federal government to maintain coverage for Oregonians with pre-existing conditions.



The Governor's Strategies:

To continue Oregon's leadership in providing essential health insurance coverage at a reasonable cost, the Governor's plan to sustain health transformation focuses on the following strategies:

- ONE:** Ensure Oregonians' access to health insurance coverage
- TWO:** Improve overall health outcomes through CCO 2.0
- THREE:** Control cost growth in health care spending
- FOUR:** Use reinsurance to keep rates affordable in the private market
- FIVE:** Increase access to mental health and addiction treatment
- SIX:** Modernize public health
- SEVEN:** Increase capacity, retention, and diversity in Oregon's health care workforce
- EIGHT:** Create better health through good jobs



ONE: Ensure Oregonians' access to health insurance coverage

When people have access to health care, communities are healthier. More people can work or go to school. Employers benefit from a healthier workforce, lower insurance costs, and less absenteeism, fueling local economies. Fewer people turn to social services, and there are fewer households facing unaffordable, crushing medical bills. Oregon's uninsured rate has been reduced from 17 percent to 6 percent. Under Governor Brown's leadership, we will:

Convene our health care partners in a consensus-driven approach to secure long-term, sustainable funding for the Oregon Health Plan (OHP) to maintain health care coverage for 99 percent of adults and 100 percent of kids by optimizing federal funds, funding the program from a broader revenue base, and providing a longer and more stable funding timeline.

Continue access to the full spectrum of reproductive health care including access to information about sexual health, preventive care, preconception, contraception, prenatal and postpartum care, and abortion for all people.

Continue support for a primary care model, including Patient-Centered Primary Care Homes (PCPCH), that weaves together physical, behavioral, and oral health; focus on improving access to quality care in underserved communities and rural Oregon.

Ensure all Oregonians in every part of the state have access to affordable, quality health care coverage by using the state's purchasing power and continuing to protect against unreasonable insurance rate increases.



Support the development of capacity and diversity of our physical health, mental health, addiction treatment, and oral health workforce across the state, with an emphasis on underserved and rural communities.

Continue the Compact of Free Association Premium Assistance Program.²¹

TWO: Improve health outcomes through CCO 2.0

Finalize the next round of Coordinated Care Organization contracts, focusing on strengthening connections to community-based services that address social determinants of health, reducing health disparities, improving access to mental health and addiction services, and integrating care.

Deliver effective, integrated care. Physical, behavior, and oral health providers cannot coordinate effectively without fundamental functional changes in the health care delivery system. Create a long-term plan that weaves together physical, behavioral, and oral health in a way that creates effective communication capabilities between systems, facilitates referrals, and addresses transparent payment and billing issues.

Take action on the social determinants of health by spurring sustainable community innovation and flexible investments in OHP to ensure that low-income Oregonians have access to the supports and services that allow them to live long, healthy lives. We can do this by strengthening connections to public health, early and life-long learning, human services, long-term supports, services, quality jobs, and affordable housing, thereby improving overall community health.

21. The Compact of Free Association is an international agreement establishing and governing the relationships of free association between the United States and the three Pacific Island nations of the Federated States of Micronesia, the Marshall Islands, and Palau.



Increase funding to help the chronically homeless get off the streets, and increase access to addiction and mental health treatments and other critical medical care. The Oregon Health Authority (OHA) and Oregon Housing and Community Services (OHCS) are collaborating to invest in permanent supportive housing to create at least 200 new units of housing with supportive services across Oregon. In 2019, the Governor is proposing to use \$20 million of bond proceeds for the construction of the new units.

Identify, promote, and expand programs that integrate mental health, addiction, and oral health services into primary health care to further improve health outcomes and reduce long-term costs.

Increase accountability around equity by increasing efforts to collect consistent, reliable race and ethnicity data to identify health disparities early on. Require CCOs to collaborate and consult with culturally-specific communities and tribes to leverage community-driven solutions for better health outcomes and care coordination.

THREE: Control growth in health care spending

Without strong cost controls, health care will continue to outstrip the growth of the state revenue and personal income. We must deliver care differently to reduce cost growth below 3.4 percent in Medicaid, PEBB, and OEBC, to ensure that costs do not outpace economic growth.

Build on Oregon's success of setting a cost growth target in public programs by creating a statewide all-payer cost growth target based on the total cost of care to contain costs across the entire health system. Build on Oregon's data and transparency efforts to identify opportunities to contain costs that are growing faster than the budgets of families, businesses, and state government.



Expand the use of value-based payment tools that reward providers for better care and decrease costs across all payers, including Medicaid, PEBB, and OEBC and commercial insurance by reducing the use of low value care and volume-based reimbursement.

Ensure that CCOs invest savings in services that address social determinants of health, such as housing supports, transportation and food security.

Contain prescription drug costs by paying for value, partnering with other states, and aligning how we pay across state health programs; further explore options to control prescription drug costs through collaboration with stakeholders including prescribers, CCOs and other payers, and technical experts. Follow recommendations emerging from the Fair Pricing of Prescription Drugs Task Force (HB 4005).

Implement a universal home visiting program for new parents to increase school readiness and improve health outcomes for children and families.

Establish an Office of Child Health within the Oregon Health Authority.

FOUR: Use reinsurance to keep rates affordable in the private market

We must continue to find solutions to stabilize the growing private individual insurance market, currently serving 218,000 Oregonians.

Continue the Oregon Reinsurance Program, which provides relief for Oregonians and helps reverse some of the health insurance rate increases related to uncertainty caused by actions at the federal level. For 2018 and 2019 plan years, the program helped reduce individual market rates by approximately 6 percent, strengthening our health insurance markets and assuring access to affordable coverage.



FIVE: Increase access to mental health and addiction treatment

Use OHA's contracting authority for CCOs, local mental health authorities (LMHAs), community mental health programs (CMHPs), and local public health authorities (LPHAs) to establish baseline expectations for standards of care and access, accountability for outcomes, and transparency while promoting and supporting local control and innovation.

Reduce administrative burden and system complexity. Move toward value-based payment with shared financial risk based on clear accountability and span of control.

Continue investing in addiction and recovery treatment that focuses on a two-generation approach (parents and children).

Expand in-home intensive behavioral health services for children and youth with specialized needs.

Assess barriers to effective use of peer-delivered services; establish clear standards for effective and appropriate use of peer-delivered services as part of CCO 2.0.

Reduce risk factors for suicide for Oregon youth and adults by implementing an Oregon Youth Suicide Intervention and Prevention Plan and an Adult Suicide Prevention Plan.

Increase access to non-opioid alternative pain treatments, continuing to monitor opioid use through the Prescription Drug Monitoring Program.



SIX: Modernize public health

Ensure Oregon has a 21st century public health system to handle 21st century public health challenges.

Strengthen clean drinking water protections, reduce communicable disease risks, increase immunization rates, increase prevention of and help communities to address environmental health threats, such as wildfire, across the state.

Enhance state investments in public health community capabilities that include prevention of communicable diseases, emergency preparedness, and prevention services.

Create enduring partnerships with tribal, health equity, and culturally specific partners to inform and lead the development of Community Health Improvement Plans (CHIPs) and Community Health Assessments (CHAs).

SEVEN: Increase capacity, retention, and diversity in Oregon's health care workforce

Realizing the goals of improved health, improved health care, and lower costs as we work to eliminate health disparities will require a dynamic health care work force that is ready to meet the needs of an increasingly diverse population and new systems of care.

Emphasize cultural responsiveness and language accessibility.

Require integration and utilization of traditional health workers and health care interpreters within CCOs and primary care to ensure enhanced delivery of care and improve outcomes.



Use OHA's contracting authority for CCOs, local mental health authorities/community mental health programs, and local public health authorities to establish baseline expectations, cultural competency training, and language access.

Ensure that rural and frontier Oregonians have their unique needs met by increasing accessibility through Project Echo, telehealth, and by supporting provider loan repayment and loan forgiveness programs.

EIGHT: Create better health through good jobs

Good jobs are formidable tools for narrowing health disparities and containing health care costs. Having a good job influences health both directly and indirectly, as there are myriad links between income and health, such as the ability to buy better houses in walkable neighborhoods, consuming healthier food, and investing in educational opportunities—all of which improve health outcomes.²²

Governor Brown launched Future Ready Oregon in 2018 to provide skill and job training to students and adults, helping to close the gap between the skills that Oregon's workers have and the skills that Oregon's growing businesses and rural communities need by:

22. The Urban Institute and the Virginia Commonwealth University's Center on Society and Health, Income and Health Initiative: Brief Two, "Can Income-Related Policies Improve Population Health?" April 2015, pp 1-10.



- Increasing career-connected learning opportunities in all schools and community colleges.
- Expanding registered apprenticeship opportunities in health care and other high-growth occupations.
- Developing the core competencies needed across the health care industry for non-licensed, non-certified health care occupations (e.g., traditional health workers) and connect this training pathway to the broader health care career pathway, ensuring workers have on and off ramps as they continue to develop their skills.
- Supporting the health workforce caring for our communities by increasing workforce development and licensing opportunities in rural and underserved areas.

