

Oregon's healthcare reform under a new federal administration

MODERATOR/DISCUSSANT: Ken Rosenberg

PANELISTS: Peter Mahr, Michael C. Huntington, Samuel Metz

TOPIC/TARGET AUDIENCE: Healthcare clinicians, public health officials, providers and administrators interested in policies affecting healthcare access in Oregon

ABSTRACT: Abstract for Panel: In addition to its \$1.4 billion potential state budget shortfall, Oregon faces a new federal administration that is unusually hostile to financing healthcare. Healthcare reform in Oregon must address how to provide care to new Medicaid recipients in the face of decreasing federal and state funding. Universal care is one method of providing better care to more Oregonians for less money, but what would such a universal care program look like? Would CCOs in Oregon be preserved? Where would funding come from? This panel will propose methods of approaching these challenges by considering federal challenges, the current state of CCOs, and current and potential methods of financing public and private health to provide universal care.

OBJECTIVE(S): Describe the immediate and long term effect new federal healthcare legislation will have on the number of Oregonians who have health insurance.¹ List ways in which Oregon has made significant strides in achieving healthcare for its underserved populations.

Explain the need for public participation in and transparency of administration of Coordinated Care Organizations.

List the current sources of healthcare spending and the alternatives under a universal care program.

PANEL ABSTRACT 1: The ACA has afforded Oregonians increased access to insurance via Medicaid expansion and the private insurance exchange, yet between 7 and 10% of Oregonians lack insurance and many others are underinsured due to high out-of-pocket costs. Furthermore, new federal healthcare legislation threatens to erode much of the insurance access gained under the ACA. In response, Health Care for All Oregon (HCAO) has started a movement in Oregon to fundamentally transform Oregon's health care financing system to a universal, publicly financed system with one set of comprehensive benefits for everyone.

This presentation will provide attendees with up to date estimates on the impact federal healthcare legislation will have on Oregonians, review the history of the fight for universal care in Oregon- focusing on the history of HCAO, and detail HCAO's current strategy to enact a universal single payer healthcare system in Oregon.

PANEL ABSTRACT 2: Oregon has made noteworthy strides towards providing adequate healthcare to underserved populations. Such advances include the Oregon Health Plan in the mid-1990s, creation of CCOs in 2012, and expansion of Medicaid in 2014. But Oregon still has underserved populations. Despite these strides, a third of our population remains without timely access to affordable healthcare and a fourth cannot pay their medical bills. CCOs remain administratively opaque to public oversight and have diverted public money to for-profit hospital systems. To remedy this, Oregon must improve administrative transparency of CCOs, limit

private sequestration of public funds, expand patient-centered primary care homes, and expand CCO populations to include public employees. These remedies require adequate transparency and public participation in the CCO management.

PANEL ABSTRACT 3: Oregonians already spend more money than needed to provide comprehensive care to everyone in state. We have not achieved that goal because we direct healthcare funds through multiple insurance agencies with multiple risk pools with multiple benefit schedules with multiple networks. Changing to a single universal care plan recovers more than enough money to provide more care to more people. However, changing to universal care means collecting the money Oregonians currently pay as premiums and out of pocket payments in a different form - taxes. Experience in Vermont and Colorado demonstrates that converting current premium and out of pocket payments into taxes roughly doubles the amount of money a state must collect in taxes. Additionally, a universal care plan must include other spending by Medicare, Medicaid, and employer-sponsored healthcare benefits. Each of these three sources of healthcare spending in Oregon is governed by different federal laws, some of which do not have waivers. How can Oregon address these challenges to fund a statewide universal care plan?

PRIMARY CONTACT INFORMATION:

Ken Rosenberg, MD, MPH
Chief Science Officer
Oregon Health Authority
5039394558 | rosenbergkd@yahoo.com

CO-PRESENTER(S) CONTACT INFORMATION:

Peter Mahr, MD | peter.n.mahr@gmail.com
Michael C. Huntington, MD | mchuntington@comcast.net
Samuel Metz, MD | s@samuelmetz.com

MODERATOR CONTACT INFORMATION: Ken Rosenberg, MD, MPH | rosenbergkd@yahoo.com