

# About The Oregon Better Health Act

In a recent op-ed piece in the Los Angeles Times, Ezra Klein wrote: “The realization that our illogical, mistaken health care system can’t go on forever has dawned, and so it will end. The question now is what replaces it.”

The Archimedes Movement is trying to answer this question in a thoughtful, deliberate and inclusive way. We are trying to create a shared vision – a space where we can ask “If anything were possible” what would a better system look like? Then we want to use this vision to both challenge the underlying structure of the current system *and* to offer an alternative with which to replace it.

We began the discussion about a shared vision early in 2006. The draft legislation we are releasing today, the Oregon Better Health Act, is the product of a remarkable process of engagement involving physicians, nurses, hospital executives, insurance and health plan executives, employers, organized labor, people on Medicare, including representatives from AARP, and over 3,500 individual consumers from all across Oregon.



## *The Oregon Better Health Act:*

- ▶ Seeks congressional authority to allocate the public dollars currently being spent on health care in Oregon to optimize the health of Oregonians and maximize the value of this expenditure.
- ▶ Forces a comparison between the current system and a more rational, equitable, and effective way to provide health services to Oregonians.
- ▶ Explicitly defines a set of essential health services for which all Oregonians will be eligible (“core benefit”).
- ▶ Finances the “core benefit” from a pool of public funds to which all Oregonians will equitably contribute.
- ▶ The “core benefit” will be portable and not tied to employment, relieving employers and employees of this cost while still leaving them free to offer and purchase secondary insurance for additional services.
- ▶ Establishes a transparent process through which the adequacy of the “core benefit” can be publicly debated and agreed upon.
- ▶ Realigns financial incentives to ensure fair and reasonable payment to providers, value-based cost sharing for consumers and the transition to a more efficient delivery system.
- ▶ Creates a process through which we can begin to define the benefit and the changes that will be needed in the delivery system even as the debate over gaining federal authority moves forward.
- ▶ Ensures that Oregonians are free to buy additional health services not included in the “core benefit” using their own after-tax dollars.
- ▶ Creates a process whereby the general public as well as employers, employees, senior citizens, and health care providers will have an opportunity to compare the new system with the current system before we move forward with implementation.

For more information about the Oregon Better Health Act visit [www.WeCanDoBetter.org](http://www.WeCanDoBetter.org).

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WeCanDoBetter.org is a project of the Archimedes Movement

When passed, the Oregon Better Health Act will:

- ▶ Authorize the governor to seek congressional approval for Oregon to use the public funds current spent on health care (state and federal dollars) to create a more equitable health system that is fair, affordable and accessible to all.
- ▶ Create an Oregon Health Fund - which will oversee the management of the pooled public resources to support the health of all Oregonians.
- ▶ Use the Oregon Health Services Commission and its process to create a prioritized list of health services.
- ▶ Create an Oregon Health Board - modeled after the Federal Reserve, this board would have fiduciary and actuarial responsibility for the Oregon Health Fund. The Oregon Health Board will also:
  - Conduct public hearings to determine the adequacy of the proposed core benefit
  - Contract with health plans
  - Create five subcommittees:
    1. A subcommittee to develop options for collecting the public subsidy currently granted to employers. This subcommittee must include small and large employers, employers who offer coverage and employers who do not, and self-employed individuals.
    2. A subcommittee to develop a plan to finance and implement the needed health information technology infrastructure.
    3. A subcommittee to develop a proposal to empower individuals through education and incentives to assume more responsibility for their own health status and the choices they make.
    4. A subcommittee to make recommendations on the most efficient delivery system models for consideration during the actuarial process. This committee will include (but not be limited to) primary care physicians, specialists, nurse practitioners, mental health providers and dentists.
    5. A subcommittee to make recommendations concerning how to address the issue of medical liability.
- ▶ Require the Oregon Health Fund Board to conduct public hearings to solicit testimony and information from seniors and their advocates, persons with disabilities, mental health consumers, low-income Oregonians, employers, employees, insurers and health plans, all providers of health care.
- ▶ Requires the Oregon Health Fund Board to develop a transition plan that details the changes, resources and timeframe necessary to make an orderly transition from the current system to the new system.

***Upon completion of the plan, but before it can be implemented the Oregon Fund Health Board must conduct public hearings to allow stakeholders and the public at large the opportunity to compare the new system with the current system.***