



## TASK FORCE ON UNIVERSAL HEALTH CARE

<b>Attendees</b>	Sen. Manning, Rep. Hayden, Chad Chadwick, Glendora Claybrooks, Michael Collins, Dwight Dill, Bruce Goldberg, Claire Hall, Zeenie Junkeer, Ed Junkins, Sam Metz, Cherryl Ramirez, Deborah Riddick, Les Rogers, John Santa, TK Keen, Chuck Sheketoff
<b>Absent</b>	Rep. Wilde, Director P. Allen
<b>Date/Time</b>	<b>December 10, 2020; 9am-12pm (<a href="#">recording</a>)</b>

<b>Meeting Purpose/Desired Outcome</b>	<ul style="list-style-type: none"> <li>• Provide an overview of Oregon's revenue system with a focus on public financing of health care services in Oregon.</li> <li>• Receive information from the Department of Human Services (DHS) on Oregon's long-term care services and supports (LTSS) system, and services for individuals with intellectual or developmental disabilities (IDD).</li> <li>• Task Force direction on inclusion or exclusion of LTSS in designing its policy proposal(s).</li> <li>• Review initial draft framework of design choices and policy decisions.</li> </ul>
<b>Discussion of Key Issues</b>	<ul style="list-style-type: none"> <li>• Revenue and allocation of public finances in Oregon by the Legislative Assembly.</li> <li>• Different types of taxes that currently fund state programs and services in Oregon. State taxes by source: property, general sales, personal income, corporate income, selective sales, and other taxes. In Oregon, approximately 70 percent of state taxes are generated by personal income tax. Income taxes are more progressive; sales taxes are regressive.</li> <li>• What is the proper level of health care services Oregonians want to purchase? What is Oregon currently spending on health care, and is that the "right" amount? Is it possible to reduce the level of spending on health care services and still achieve improvements in health care among residents?</li> <li>• Employer-provided or sponsored health insurance coverage and related costs are not considered as a taxable item in accordance with federal tax law.</li> <li>• Long-term care services and supports, federal waivers and state plans related to Medicaid-covered benefits, funding sources (private/federal/state), quality of Oregon's current IDD services; and overall costs of IDD program in Oregon (mix of federal/state funds).</li> <li>• Concerns around eligibility in a state-based universal system and immigrations by non-state residents with Canada's eligibility process as an example.</li> <li>• Raising and regulating capital budgets is a significant issue with provider financing and likely also a key topic for the Governance Technical Advisory Group (TAG).</li> <li>• No "real world" experience to inform the Task Force's work as other states have only "proposed" a plan.</li> <li>• Discussed options A-C with respect to including long-term care (LTC) services and supports in designing the plan. Recognition that LTC benefits are covered in Medicaid and Medicare.</li> <li>• Opportunities to support long-term care services if health care services are improved; optimize the ability to support LTC by addressing health</li> </ul>



	<p>care in Oregon.</p> <ul style="list-style-type: none"> <li>• Historical reference among LTSS and IDD stakeholders not wanting to be included as a component in the creation of coordinated care organizations (CCOs).</li> </ul>
<b>Action Items (e.g., data requests, next meeting agenda)</b>	<ul style="list-style-type: none"> <li>• Members approved extending the timeline for the Eligibility, Benefits, and Affordability (EBA) and Provider TAGs including additional meetings.</li> <li>• Members asked staff to incorporate a proposed timeline in the policy design framework. Also requested to share the design matrix with the full Task Force and have staff annotate when design choices are proposed by a TAG and notify members.</li> <li>• Members took a non-binding vote to include LTSS in designing the plan with Option A as their preferred approach (include LTSS as it currently exists).</li> <li>• Follow-up conversation with DHS around LTSS.</li> </ul>
<b>Follow-up Questions</b>	<ul style="list-style-type: none"> <li>• Is there a cap revenue or budget target that's appropriate to finance universal coverage? What comes first? Revenue or the program? Relative, what is the magnitude of tax, state revenue, and the economy?</li> <li>• Should human services be included in "health care" delivery and financing?</li> </ul>
<b>Revisit Later (Parking Lot)</b>	<ul style="list-style-type: none"> <li>• Invite outside expertise to meetings of the TAGs.</li> </ul>
<b>Task Force Guidance to TAGs and/or CAC</b>	
<b>Meeting Materials</b>	<ul style="list-style-type: none"> <li>• <a href="#">Eligibility, Benefits, and Affordability TAG meeting summary Nov. 19</a></li> <li>• <a href="#">Provider Reimbursement meeting summary Nov. 20</a></li> <li>• <a href="#">Guide – How to Testify, Universal Health Care Task Force Dec. 2020</a></li> <li>• <a href="#">Guide – How to Provide Public Comment, Consumer Advisory Committee (CAC) and Technical Advisory Groups (TAGs) Dec. 2020</a></li> <li>• <a href="#">Oregon Public Finance, Basic Facts Research Report 2020</a></li> <li>• <a href="#">Oregon – State and Local Taxes, Institute on Taxation and Economic Policy Oct. 2018</a></li> <li>• <a href="#">A History of Oregon's Unique Long-Term-Care System 2013</a></li> <li>• <a href="#">SB 770 Health Plan Design Framework DRAFT Dec. 8, 2020</a></li> <li>• <a href="#">Consumer Advisory Committee – Key Terms Defined Dec. 9, 2020</a></li> <li>• <a href="#">Legislative Revenue Office, Public Financing in Oregon Dec. 2020 (presentation)</a></li> <li>• <a href="#">SB 770 Task Force - Project Staff (presentation)</a></li> <li>• <a href="#">DHS Long Term Care (presentation)</a></li> </ul>