



## TASK FORCE ON UNIVERSAL HEALTH CARE

<b>Attendees</b>	Rep. Hayden, Glendora Claybrooks, Dwight Dill, Bruce Goldberg, Zeenia Junkeer, Ed Junkins, Sam Metz, Cherryl Ramirez, Les Rogers, John Santa, Chuck Sheketoff, Chad Chadwick
<b>Absent</b>	Sen. Manning, Rep. Wilde, Claire Hall, Michael Collins, Sharon Stanphill, TK Keen, Director Allen
<b>Date/Time</b>	<b>March 25, 2021; 1pm-4pm (<a href="#">recording</a>)</b>

<b>Meeting Purpose</b>	<ul style="list-style-type: none"> <li>Receive updates on the Intermediate Strategies Work Group and Finance and Revenue Technical Advisory Group (TAG).</li> <li>Review and take action on two proposals from the Eligibility, Benefits, and Affordability TAG: (1) eligibility and enrollment, and (2) covered benefits and cost-sharing.</li> </ul>
<b>Discussion of Key Issues</b>	<ul style="list-style-type: none"> <li>Opportunities for task force members to gather information and responses from community forums and events.</li> <li>Request that all task force members receive notifications.</li> <li>Finance and Revenue TAG did not assess corporate income tax, nor is TAG working with precise estimates. However, the challenge is identifying appropriate revenue sources to generate adequate revenue. Challenges with designing revenue structures with a sales tax and/or income tax.</li> <li>Whether it is possible to structure a corporate income tax based on employer size.</li> <li>Payroll, income, and sales tax identified as the primary revenue sources to generate the revenue needed to fund the proposal.</li> <li>Sales tax is regressive and has been voted down by Oregonians multiple times. Payroll taxes are complicated and difficult to design that will not result in a decline in employee wages. Oregon already has high income taxes and out-migration is expected if the state were to raise income taxes.</li> <li>Acknowledgment of challenges around public acceptance and passage of a ballot measure.</li> <li>Recognition that the F&amp;R TAG does not have a clear estimate of the total costs of the proposal, which will inform the total revenue needed to fund a proposal. The need to have a preliminary rough estimate of the potential costs based on the proposed benefit package and cost-sharing proposal.</li> <li>Importance of including Medicare in the final proposal; recognition Medicaid is an entitlement program, broad-based payroll tax, and current cost-sharing among Medicare beneficiaries. Increasing benefits among Medicare enrollees will have significant cost implications.</li> <li>Ensuring proposal is cost-effective and offers high-value health care.</li> <li>Acknowledgment that there are not adequate tools or time to complete the work as proscribed in the bill; prioritize revenue sources, determine the benefit package, and then finalize revenue structure.</li> <li>Whether the implementation of a single-payer system will result in potential savings to individuals in years one or two compared to years 5-10 post-implementation.</li> <li>How to engage the public once the task force has a final proposal to share and solicit input from public and business communities, both</li> </ul>



	<p>large and small employers, insurers, hospitals, and health systems.</p> <ul style="list-style-type: none"> <li>Members raised questions and expressed concerns in response to the EBA proposal on eligibility and enrollment (see <a href="#">slides 19-23</a>): (1) residency requirements and potential to attract non-residents, (2) costs of the proposal, (3) taxing residents who reside out-of-state but work for Oregon-based employers, (4) proposed coverage for visitors and whether these individuals should financially contribute, (5) basing residency and eligibility on where they physically reside versus Oregon residents who work outside of the state, (6) potential for employers to avoid taxes.</li> <li>Members raised questions and expressed concerns in response to the EBA’s benefits proposal (see <a href="#">slides 24-30</a>): (1) costs related to proposed benefits, (2) role of premiums and cost-sharing, i.e., either incorporate or exclude in a final proposal, (3) clarifying social determinants of health and whether such benefits should be covered and how to fund such services, (4) lack of clarity around benefit limitations, (5) lack of detail around behavioral and substance use benefits including oral health, (6) concept of medically necessary as a means to determine benefit coverage, (7) no limits vs. reasonable limits, (8) impact of proposed benefits on Medicare enrollees, (9) graduated premium structure.</li> </ul>
<p><b>Action Items</b></p>	<ul style="list-style-type: none"> <li>Task force <b>voted</b> to approve eligibility and enrollment proposal (see <a href="#">proposal</a>) put forward by the EBA TAG: 9 members voted to “<i>approve with reservations</i>,” one member voted “<i>approve</i>,” and two members voted “<i>do not approve</i>.”</li> <li>Task force (see <a href="#">proposal</a>) considered voting on the benefits proposal from the EBA TAG. After discussion, members opted to return the proposal to the EBA TAG for additional work and did not vote on the March proposal.</li> </ul>
<p><b>Follow-up Questions</b></p>	<ul style="list-style-type: none"> <li>Off-setting costs that might be necessary to manage the overall price tag of a final proposal.</li> <li>Request to develop potential estimates on the impact to businesses, what are businesses willing to pay, and the challenges companies are incurring now due to the high costs of health care.</li> </ul>
<p><b>Revisit Later (Parking Lot)</b></p>	<ul style="list-style-type: none"> <li>Will a universal health system mean the ability to reduce or scale back the state’s workers’ compensation system? The medical portion of workers’ compensation will no longer need to exist under a single-payer system.</li> </ul>
<p><b>Task Force Guidance to TAGs and/or CAC</b></p>	<ul style="list-style-type: none"> <li><b>Finance and Revenue TAG:</b> prioritize revenue sources and prepare a preliminary analysis on the effects to individuals and businesses, specifically, what’s the potential impact on Oregon families based on proposed scenarios compared to the status quo (e.g., who pays?).</li> <li><b>EBA TAG:</b> identified additional members to participate, consider feedback and direction from the entire task force, and revise the benefits proposal in response to members’ feedback.</li> </ul>



**Meeting  
Materials**

- Staff presentation
- Meeting Summary, Feb. 25, 2021
- EBA TAG - Eligibility and Enrollment Proposal
- EBA TAG – Benefits Proposal
- Finance and Revenue TAG Meeting Summary, Feb. 19, 2021
- Finance and Revenue TAG – Proposal Considerations and Options
- Intermediate Strategies Work Group - Meeting Summary, March 12
- Draft Governance TAG Project Charter
- Behavioral Health System Reimbursement Challenges in Oregon