

Task Force on Universal Health (SB 770, 2019)

Overview of Financial Plan

A national actuarial firm (Contractor), using the eligibility criteria, benefits, and provider reimbursement proposals outlined to date ([June Interim Progress report](#)) by the Task Force on Universal Health Care (the Task Force), will prepare estimates for the total expenditures of the single-payer system. The proposed timeframe for preparing estimates is years 1-3 of implementation (implement year TBD). The Contractor will consult with the Task Force and project team to review key assumptions required to generate cost and savings estimates.

The deliverable will be similar to Model A Table 11 on page 17 of the [Washington Universal Health Care Work Group report](#). The final deliverable will include administrative costs and a comparison to the status quo and offer comparisons to a single-payer system that excludes Medicare coverage. The model used to estimate total health expenditures may be adjusted to accommodate a range of provider reimbursement rates (e.g., X% Medicare rates). The work is to be completed by June 31, 2022.

Instead of a formal report, the deliverable would be a spreadsheet with calculations and tables with an executive summary highlighting key financial estimates. The deliverable will exist within a broader financial analysis body of work. See the summary below for additional detail.

Key Elements of Comprehensive Financial and Revenue Analysis

- 1. Financial/Actuarial Estimates: Total expenditures, by source, of...**
 - a. The current system (status quo)
 - b. Task Force plan, assuming Medicare is folded into Single Payer (using federal dollars)
 - c. Task Force plan, assuming Medicare remains outside of Single Payer
 - d. For both b & c, Implementation Year vs. Steady State year
 - e. For a, b & c, make an explicit assumption(s) about administrative costs and savings
 - f. To the extent possible, break down expenditures by both source & payer (e.g., Medicaid – Federal share/state share)
- 2. Legislative Revenue Office (LRO): Total revenues, by source, of...**
 - a. The current system (status quo)
 - b. Task Force plan, assuming Medicare is folded into Single Payer (using federal dollars)
 - c. Task Force plan, assuming Medicare remains outside of Single Payer
 - d. For both b & c, Implementation Year vs. Steady State year
 - e. Revenue sources
- 3. Contractor and LRO: Integration of financial and revenue estimates**
 - a. Compare the system-level impact on expenditures and revenues
 - b. Compare the stakeholder-level impact on expenditures and affordability
 - i. E.g., How will Oregon's health care expenditures change under status quo vs. single-payer (with and without Medicare)? What about for households and employers