Joint Task Force on Universal Health Care

January 6, 2022

Chair Bruce Goldberg

Vice-Chair Zeenia Junkeer

Agenda

- Opening remarks
- Workgroup updates
- Roundtable discussion guide
- Public comment
- ODE 3: Supplemental coverage
- ODE 4: Long term services and supports
- Next steps

Written Public Testimony – January

- Provide easily accessible and understandable healthcare coverage for basic life and limb saving conditions by creating a healthcare system that works for everyone with Single Payer, Private Insurance, HSA and Cash Pay options.
- How will the Task Force's proposal affect Medicare and federal retiree insurance plans for Oregon residents?
- How would an Oregon universal health care program be linked with Medicare, including coverage for people older than 65 who did not enroll in Medicare Parts B and D? Will the Task Force's proposal allow individuals to keep their existing health insurance and be exempted from a new universal health care program?
- Single-payer systems are socialist; concerns with state government in Oregon creating and managing a state-based single-payer system

Workgroup updates

- Communications - John Santa
- Expenditures and Revenue Analysis - Bruce Goldberg

Expenditures & Revenue Analysis

- ERA workgroup met Dec. 21
  - Optumas presented on process & policy issues
- Experts have been secured for support (Fusey Brown, McCuskey and Hsiao)
- ERA meeting Jan 7: preliminary LRO revenue estimates
- First deliverable: January 10 Optumas status quo revenue & expenditures

Community Engagement: Roundtable Discussion Guide

Dr. Zeenia Junkeer

“Public engagement” refers to the process of soliciting public input.

It includes community engagement, business engagement, and health care industry engagement.

Community Engagement Goals

- Design a plan to improve the health status of individuals, families and communities
- Remind the public of the Task Force charge in SB770 (2019)
- Share elements of June 2021 interim status report and explain process
- Provide authentic space for public to learn, react, ask questions
- Get feedback from communities on specific questions and issues
- Allow space to build trust between and among the public and Task Force

7 demographically-specific roundtables

- Latinx Oregonians
- Black Oregonians
- Native Oregonians
- Pacific Islander Oregonians
- Individuals needing disability services and long-term care services
- Individuals with behavioral health needs
- Rural Oregonians

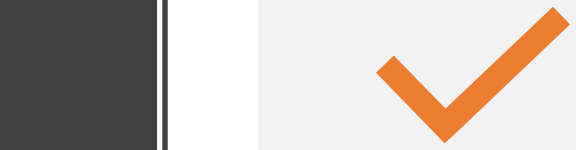
Process

- Zeenia, Glendora, Cherryl, Dwight, Tom, Collin
- Workgroup met on December 20, 2021 and January 3, 2022
- Considered question topics for each of the broad issue categories addressed in the interim status report
- Focus on question topics as opposed to question wording
  - Lara Media Services will work with the Workgroup on exact wording
- Eventually narrowed down to a list of 8 question topics

- **Eligibility.** As we have talked about eligibility, are there any pieces that we have overlooked or that you have feedback on? What do you think about the eligibility proposal? How would you like to see eligibility verified?
- **Enrollment.** What concerns do you have about the enrollment process that you want to make sure are considered in the recommendations?
- **Coverage.** When you think about your coverage today, what services are covered without co-pays or deductible that you're really glad are covered? What services are NOT covered that you wish were covered without concern for co-pays or deductibles? If there are going to be limitations to covered services, what should they be? How do people feel about their current rx coverage?
- **Affordability.** What do you think about the affordability and accessibility of prescription drugs? Based on your lived experiences, how do you define "affordable healthcare" and why do you define it this way? What would make healthcare today more affordable?

- **Governance**. In establishing a governing board for a single-payer proposal, what recommendations do you have to ensure consumer representation and participation in decision-making? What would you recommend the Governing board consider in designing a single payer system?
- **Financing.** What kinds of financing would you recommend and why?
- **SDOH.** What are your thoughts about spending available dollars on items that prevent health problems such as public health, housing, and access to healthy foods. What do consumers think about the Medicaid funding flexibility piece in helping them with social determinants of health?
- **Provider participation**. Is free choice of provider important to you and why?

Discussion



Which of these question topics are most important?

Are there any important question topics not included on this list?

ODE 3: Supplemental Coverage

Brian Nieubuurt

Dr. Bruce Goldberg

ODE Goals

- **Define types of private insurance coverage.** Describe the kinds of insurance coverage that can exist in a universal coverage environment.
- **Recommend prohibitions on specified insurance coverage.** Limit the availability of private insurance coverage that would undermine, or otherwise be inconsistent with, coverage offered by Plan.

Coverage Inconsistent with Plan

- **Substitutive Coverage** (coverage replacing the Plan)
  - All residents automatically participate in Plan through mandatory taxes
  - Ability to "opt out" undermines Plan's financing
- **Supplementary Coverage** (offering "enhancements" to Plan coverage)
  - Undermines equity in access and quality
  - Inconsistent with Provider Participation recommendations

Private Coverage Consistent with Plan

Complementary Coverage

- **Fills Plan gaps or offers other financial protection to Plan enrollees**
- **Examples**
  - **Prescription drugs**
  - **Services with coverage limits/caps**
  - **Long term care**
  - **"Lump sum" supplement coverage**

Recommendations

1. **Legislation implementing the Plan should expressly prohibit the offering of substitutive and supplementary insurance plans to the extent permitted by state and federal law.**
2. **Regulation of complementary insurance left to DCBS (or other appropriate state agency); should be consistent with Senate Bill 770 values and principles**

ODE 4: Long-Term Services and Supports

Daniel Dietz

Dr. Zeenia Junkeer

SB 770

Develop recommendations for LTSS to emphasize autonomy, dignity, and self-determination.

Task Force may “explore the effects of excluding long term care services from the plan, including but not limited to the social, financial and administrative costs.”

Task Force discussions

Move existing benefits into single payer?

- Given cost/complexity, Task Force did not consider expanding coverage.

Jan. 2021

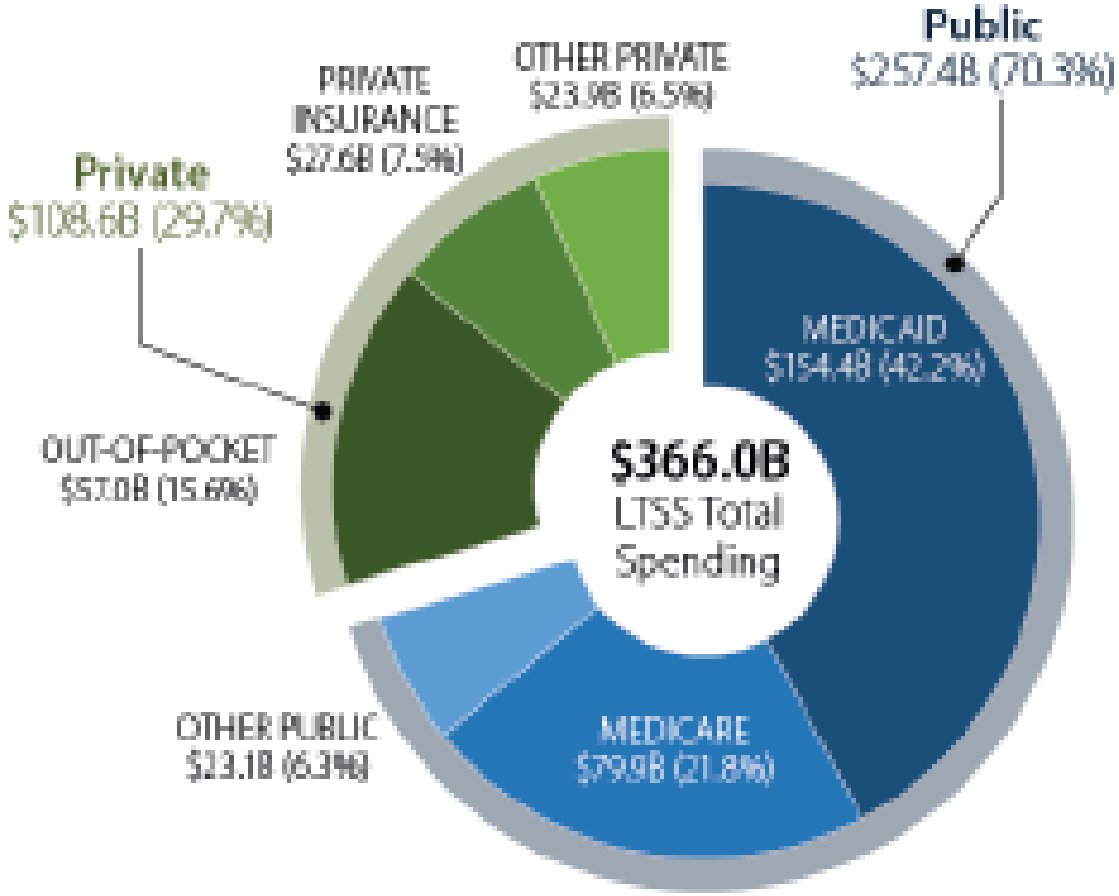
June 2021

<u>More study is needed.</u>

- The Task Force acknowledges the challenges, inequities, and strengths of the existing system.

Understanding LTSS

- Services and supports for Activities of Daily Living (ADLs).
  - Ranging from support in the home to Skilled Nursing.
- Status quo: Paid by Medicaid, Medicare, Private Payers.
- Few people have private insurance.
- “Spend down” of private assets.



Congressional Research Service, Who Pays for Long-Term Services and Supports? (2018).

LTSS in Oregon

- Home- and community-based
  - Unique legislative history.
  - Oregon Project Independence.
- 1915(K) State Plan Amendment
  - Higher eligibility thresholds
  - Serves specific populations (MH)

Oregon Department of Human Services

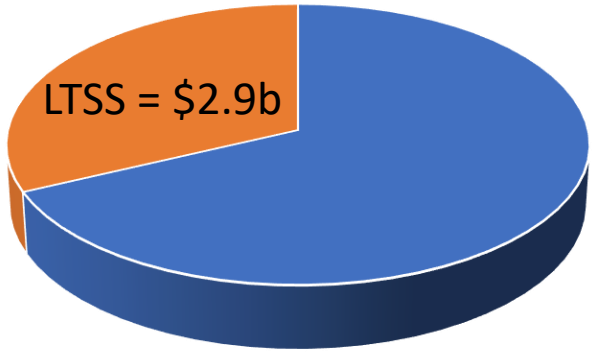
LTSS remained with Oregon's Department of Human Services when OHA was established.

Aging and Disability Resource Connection (ADRC): a network of resource providers across Oregon.

DHS licenses and monitors facilities that provide assisted living, residential care, memory care, adult foster care, and skilled nursing.

Oregon LTSS Spending

Total Medicaid Spending
$8.9b (2018)



Centers for Medicare & Medicaid Services, Medicaid Long Term Services and Supports Annual Expenditures Report (2021)

Private pay data is scarce, making total LTSS spending a challenge to determine. If we estimate Oregon LTSS spending based on CMS national data from 2018:

Medicaid (42.2%)	$2.90B
Private pay (29.7%)	$2.04B
Medicare (21.8%)	$1.46B
Other public (6.3%)	$0.43B
Estimated Total	**$6.83 billion**

LTSS and Single Payer Design

New York	Vermont	Washington
Excludes LTSS initially, but board is directed to submit a plan to include LTSS fully within two years. Projections indicate that full inclusion of LTSS would increase single payer costs by 39 to 42 percent overall.	Excludes LTSS in final proposal: "International experience suggests that successful social models of long-term care insurance are constructed as separate programs from health benefits program, for example those of Germany and Japan, as long term care provision is so fundamentally different from medical services."	Long term care would be administered by the single payer only for those who are Medicaid eligible: "Some Work Group members wanted to include long-term care, but several people noted a robust long-term care benefit would 'kill' any proposal due to the cost."

Developing Options

Include some LTSS (WA):

- “Mirror” existing benefits and eligibility within SP.
- Avoid multiple payers.
- Move toward universal LTSS.

Study further (NY):

- Keep intact existing benefits, eligibility, programs.
- Work with DHS and stakeholders to understand implications.
- Integrate LTSS once SP is established.

DRAFT Recommendations

- Oregonians who are currently eligible for coverage of Long-Term Services and Supports (LTSS) will continue to receive benefits from Medicaid, Medicare, and private payers. The Oregon Department of Human Services (DHS) will continue to license and monitor LTSS facilities, adult foster homes, and service providers. Programs such as PACE and Project Independence will continue in their current form.
- Oregonians who are not eligible for LTSS benefits will continue to "spend down" assets before becoming eligible. Oregonians may choose to obtain private LTSS insurance, which is permissible as a form of complimentary coverage.
- The Board will collaborate with DHS to study the social, financial, and administrative impacts of including within the single payer the administration of LTSS for people who are eligible for Medicaid and/or Medicare, providing recommendations to the legislature within three (3) years of establishment of the Board.

Discussion

Task Force Schedule

- **ERA workgroup** (Jan. 7, Jan. 24)
- **Public engagement workgroup** (Jan. 10)
- **Steering committee** (Jan. 13) – call for volunteers
- **TF meeting** (Jan. 27) – LTSS vote, status quo expenditures and revenue preliminary estimates