

Joint Task Force on Universal Health Care



January 27, 2022

Chair Bruce Goldberg

Vice-Chair Zeenia Junkeer

Agenda

- Opening remarks
- Roundtable discussion guide introduction
- Public comment
- ODE 4: Long term services and supports
- Expenditures and revenue
- Next steps

Written Public Testimony – January 26

- Series of comments and questions related to preliminary expenditure estimates presented to the Expenditure and Revenue Analysis (ERA) Work Group (Jan. 24)
- One of the major ways of savings assumed in Senate Bill 770 (2019) is ‘better coordination of care.’ But there is also a value that members can see any provider that they want. That is a basic tension.
 - What mechanisms are envisioned to coordinate care better when member can see any provider that they want to?
Potential solution is a uniform electronic medical records system in Oregon.

Community Engagement: Roundtable Discussion Guide

Laurel Swerdlow
Dr. Bruce Goldberg

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

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

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
- Task Force offered feedback on questions January 6, 2022
- Workgroup met with Lara Media Services
 - January 10 - to refine questions
 - January 21 - to refine introduction
- Final sign off needed today for **January 31** roundtable discussion guide kick off

Roundtable Schedule

Roundtable	Date	Time
Spanish speakers	Monday Jan. 31	5:30 – 7:30PM
Black/African Americans	Monday Jan. 31	5:30 – 7:30PM
Native Americans	Tuesday Feb. 1	5:30 – 7:30PM
Pacific Islanders	Tuesday Feb. 1	5:30 – 7:30PM
People with disabilities/caregivers	Wednesday Feb. 2	5:30 – 7:30PM
Rural communities	Wednesday Feb. 2	5:30 – 7:30PM
People who navigate the behavioral health system	Thursday Feb. 3	5:30 – 7:30PM

TF members observing roundtables

- 2 observation seats per roundtable
- Doodle and request for top two choices will be emailed to you later today
- Priority given to TF members who officially represent the demographic
 - Eg., priority given to Cheryl for behavioral health roundtable
- Introduce yourself as a Task Force member, stay off camera and **muted** for the entirety of the conversation

ODE 4: Long-Term Services and Supports

Daniel Dietz
Dr. Bruce Goldberg

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.”

Understanding LTSS

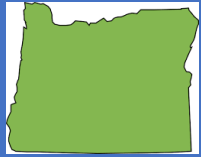
- LTSS = a bundle of social services and supports for Activities of Daily Living (ADLs).
 - Meals, bathing, transfers, etc.
 - May be provided in the home, assisted living, residential care, or SNF.
- Eligibility for coverage of LTSS is determined by need for specific kinds of care (in addition to financial need).

- Funded by mix of Medicaid, Medicare, and private payment.
- 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**

Congressional Research Service, Who Pays for Long-Term Services and Supports? (2018); Centers for Medicare & Medicaid Services; Medicaid Long Term Services and Supports Annual Expenditures Report (2021)



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 the Oregon Health Authority (OHA) was established.

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

From the Hospital to Non-Acute Care

- Non-acute care is an important link in the health care system, though it is administered within the LTSS system.
 - Skilled nursing, for example, is covered by Medicare and PEBB when people recover after hospitalization.
 - Skilled Nursing Facilities, however, are licensed and monitored by DHS.
- Though DHS licenses and monitors facilities, it will be important for the Single Payer to collaborate and support transitions from acute to non-acute care.

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 work to assure a functional and efficient system of transitions of care from hospitals to less acute settings. The Board will partner with DHS to develop and fund innovative approaches to providing LTSS for those in need of such services.** 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.

Final Proposed 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 may choose to obtain private LTSS insurance, which is permissible as a form of complimentary coverage.
- The Board will work to assure a functional and efficient system of transitions of care from hospitals to non-acute settings. The Board will partner with DHS to develop and fund innovative approaches to providing LTSS for those in need of such services.
- 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

Status quo expenditures

Optumas

Preliminary Revenue Estimates



Staff



KEY
CONSIDERATIONS

Figures are **preliminary**

Revenue goal *likely* requires all
three taxes

Tax bases are **key**

Figures are **preliminary**

Payroll tax*

Tax base (all employees, all sectors):
\$165 Billion in 2026.

Three-rate structure: 5% below the
FICA threshold; 7% & 9% above the
threshold

2026 Revenue Estimate = \$9 Billion

Income Tax

Tax Base: Total = \$200B (2026) OR Taxable = \$160B (2026)

Income: Total income before taxes, excludes cap gains & noncash benefits.

Need to decide: total or taxable income?

What about c-corporations?

2026 Total Income		Tax Rate
300% FPL up to	\$100,000	3%
\$100,000	\$200,000	5%
\$200,000	\$300,000	7%
\$300,000	\$400,000	9%
\$400,000	\$500,000	11%
Above \$500,000		13%

2026 Revenue Estimate = \$5B

Sales tax*

Tax base: \$117 Billion in 2026.

- Assumes Washington State goods & services.

Sales tax rate of 6%

- Comparable to neighboring states.

Low-income tax credit not included in estimate

- Additional input from ERA Work Group is needed
-

2026 Revenue Estimate = \$ 7 Billion

*Source: Legislative Revenue Office (LRO), [Presentation](#) to Expenditure and Revenue Analysis Work Group, January 7, 2022.

Next steps

1

Revise revenue needs based on Optumas modelling.

2

Adjust revenue strategies to need.

3

Work with LRO to refine estimates.

Task Force Schedule

- **ERA workgroup** (Feb. 4)
- **Roundtable discussions** (Jan. 31 – Feb. 3)
- **Steering committee** (Feb. 3) – call for volunteers
- **TF meeting** (Feb. 17) – Medicare

- **Membership** (Feb. 8) Senate to review reappointments + new Governor appointees