

TASK FORCE ON UNIVERSAL HEALTH CARE

Attendees	Sen. Anderson, Chad Chadwick, Glendora Claybrooks, Dwight Dill, Claire Hall, Chair Bruce Goldberg, Sam Metz, Cherryl Ramirez, Les Rogers, John Santa, Chuck Sheketoff
Absent	Sen. Manning, Rep. Hayden, TK Keen, Jeremy Vandehey, Vice-Chair Zeenia Junkeer, Michael Collins
Date/Time	January 6, 2022; 1pm-4pm
Meeting Purpose	<ul style="list-style-type: none"> • Review of the “Roundtable Discussion” guide and its content • Finalize and vote on the recommended design elements for long-term services and supports • Review preliminary expenditures and revenue estimates
Discussion of Key Issues	<p>Roundtable Discussion Guide</p> <ul style="list-style-type: none"> • Planning for seven demographically specific roundtables • Use of open-ended questions for the roundtables, prioritization of questions. • Issue of health literacy in engaging community members. • Discussion around how community member feedback will inform the final plan design. • Consider whether the facilitators will be informed and able to respond to questions raised by community members during roundtable discussion (e.g., facilitator guide) • Suggestions for rewriting the discussion guide: literacy level, use of terminology (e.g., defining the term governance), avoid asking rhetorical questions, add a new question about eligibility. <p>Public comment (see video 57:00-1:08).</p> <p>Long-term Services and Supports (LTSS) Outstanding Design Elements (ODE)</p> <ul style="list-style-type: none"> • Members offered changes to the draft recommendations. • Consistency in referring to “single-payer” or not in future ODE concepts, as well as the final recommendations and task force report. • Can other coverage options co-exist with the final proposal put forward by the task force in proposing a universal care plan? Task force must be clear on permissibility or prohibition of insurance coverage and carriers outside of the task force’s final proposal. • Members agreed only to permit plans that fill “gaps” in coverage not provided by the single-payer proposal and prohibit private carriers from offering substitutive and supplementary plans. • One member objected to the final recommendation. <p>Long Term Care Services and Supports (LTSS)</p> <ul style="list-style-type: none"> • Review other states’ single-payer proposals (New York, Vermont, and Washington). • Likely federal government will require any state that proposes a single-payer system inclusive of Medicare to continue eligibility determinations, including spend-down requirements for dual eligibles. • Clarify whether and how a single-payer proposal will address Medicare coverage requirements beyond the current, limited coverage of LTSS by Medicare. What is the role and relationship of the single-payer with LTSS?

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	<ul style="list-style-type: none"> • Members asked staff to learn more about how other countries coverage and finance long-term care services. A fundamental question raised is whether long-term care services should be administered as a social benefit, not a medical benefit, and administered outside Oregon's health care system. • Interest to phase-in administration of LTSS after the universal coverage system and structure are implemented. • Recognition of population demographics and the growing Medicare population.
Follow-up Questions	<ul style="list-style-type: none"> • What are the costs of long-term care services and support in Oregon, and are the estimated expenses decreased by a single-payer system? • What proportion of Oregon's LTSS spending is privately financed? • Will the single-payer board outsource the Medicare and Medicaid eligibility system to leverage the current eligibility system managed by the Department of Human Services?
Revisit Later	
Meeting Materials	<ul style="list-style-type: none"> • Agenda (link) • Presentation slide deck (link) • Roundtable Discussion Guide DRAFT (link) • Long-term Services and Supports – Brief and Final Recommendations (link) • Long-term Services and Supports – Member Feedback Summary (link) • Optumas preliminary expenditures and revenue estimates, status quo (link)