

TASK FORCE ON UNIVERSAL HEALTH CARE

Attendees	Sen. Anderson, Sen. Manning, Rep. Hayden, Chad Chadwick, Glendora Claybrooks, Dwight Dill, Claire Hall, Warren George, Chair Bruce Goldberg, Vice-Chair Zeenia Junkee. Sam Metz, Cherryl Ramirez, Les Rogers, John Santa, Chuck Sheketoff, Christy Simila,
Absent	Rep. Wilde, TK Keen, Michael Collins, Jeremy Vandehey, Michael Collins
Date/Time	March 31, 2022; 1pm-4pm ( <a href="#">link</a> to video recording)
Meeting Purpose	<ul style="list-style-type: none"> <li>• Review of the “Roundtable Discussion” findings by Lara Media</li> <li>• Finalize and vote on the recommended design elements for Medicare</li> <li>• Review preliminary expenditures and revenue estimates from Optumas</li> </ul>
Discussion of Key Issues	<p><b>Medicare Outstanding Design Element (ODE)</b></p> <ul style="list-style-type: none"> <li>• Review the March 10 draft language around incorporating Medicare in the single-payer proposal. Staff summarized feedback received by members and how their feedback was included in the revised language.</li> <li>• Potential use of Section 1332 of the Affordable Care Act (ACA) to support the inclusion of Medicare.</li> <li>• Staff summarized implementation guidance around including Medicare in the single-payer, including a four-phased approach: (1) Act of Congress, (2) Medicare Advantage, (3) federal Waiver strategies, and (4) wraparound services.</li> <li>• Discussion of whether Part B premiums currently paid by Medicare beneficiaries will continue to be paid by beneficiaries or whether the single payer entity will pay these premiums. The single-payer could offer tax credits to these individuals.</li> <li>• In a single-payer scenario, staff shared Medicare beneficiaries may still desire to purchase supplemental coverage for benefits not covered by the single-payer.</li> <li>• Members expressed concern that if Congress disapproves of Oregon incorporating Medicare in the single-payer, the state should not proceed. However, other members offered another viewpoint: if Medicare is not possible to include, it is still worthwhile to move forward with creating a single-payer system; one that doesn’t have Medicare.</li> <li>• Members acknowledge the tension that states cannot fully pursue a single-payer system that includes Medicare until Congress passes enabling legislation.</li> </ul> <p><b>Members voted to adopt the revised Medicare ODE (9 approve; 4 disapprove).</b></p> <p><b>Public comment</b> (no public comment)</p> <p><b>Lara Media Roundtable Findings</b></p> <ul style="list-style-type: none"> <li>• Lara Media shared community input and reaction to the work of the Task Force.</li> <li>• Members reacted to the findings shared by Lara Media and explored how the roundtable findings will inform the design of the single-payer proposal.</li> </ul> <p><b>Expenditure and Revenue Analysis Work Group - Updates</b></p> <ul style="list-style-type: none"> <li>• Optumas walked through their model, key assumptions, and shared preliminary expenditure estimates starting in 2026</li> <li>• If PEBB/OEBB is not captured in revenue, these individuals will be covered by the single-payer; if PEBB/OEBB were carved out.</li> </ul>

TASK FORCE ON UNIVERSAL HEALTH CARE

	<ul style="list-style-type: none"> <li>• Clarification on whether Medicare Part B premiums and Medicare Advantage premiums are captured as revenue sources in several categories: employers who cover Part B premiums, Medicaid supplemental benefit, and employees and individuals paying Part B premiums.</li> <li>• State Medicaid funds fall into “local government” and “state/local” revenue sources from a revenue perspective.</li> <li>• Members discussed revenue streams and how the single-payer can ensure revenue options needed to support expenditure estimates in 2026.</li> <li>• For the single-payer to ensure all beneficiaries do not have premiums, those in Medicare who currently pay Part B premiums will need to be addressed. For example, do these individuals continue to pay federal premiums (estimated at \$838 million)?</li> <li>• Members asked how to capture ACA subsidies via 1332 to maximize federal funds. Members also about the implications of charity care for hospitals if charity care is eliminated in a single-payer system (e.g., community benefit).</li> <li>• Legislative Revenue Office (LRO) presented 2026 revenue sources. A fundamental issue is determining changes in behavioral responses based on the proposed increase in personal income tax, a projected 45% increase over current law.</li> </ul>
Follow-up Questions	
Revisit Later	<ul style="list-style-type: none"> <li>• Staff will email members about participating in the health care and business industry forums.</li> </ul>
Meeting Materials	<ul style="list-style-type: none"> <li>• Agenda (<a href="#">link</a>)</li> <li>• Presentation slide deck (<a href="#">link</a>)</li> <li>• Medicare Outstanding Design Element (ODE) – <a href="#">Revised Draft</a></li> <li>• Medicare ODE – <a href="#">Member Feedback</a></li> <li>• Lara Media – Roundtable Findings <a href="#">Report</a></li> <li>• Preliminary Expenditure Estimates (<a href="#">slides</a>)</li> </ul>