

FREQUENTLY ASKED QUESTIONS (FAQs) ABOUT THE WORK OF THE TASK FORCE ON UNIVERSAL HEALTH CARE

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To help Oregonians understand our complex task, we created this Frequently Asked Questions (FAQ) list to help you understand our work and respond to it.

We hope to keep updating this based on questions, feedback, and future decisions by the Task Force, so please keep checking back for the latest edition.

You may submit questions and comments to us via email:

JTFUHC.Exhibits@oregonlegislature.gov

WHAT IS THE SB770 JOINT TASK FORCE ON UNIVERSAL HEALTH CARE AND WHAT IS YOUR GOAL?

In 2019, the Oregon Legislature enacted [Senate Bill 770](#) to establish the Joint Task Force on Universal Health Care. Our Task Force is responsible for the design of a statewide single payer health care system offering equitable, affordable, comprehensive, high quality, publicly funded health care to all Oregonians.

Our Task Force includes 13 voting members appointed by the Governor and confirmed by the Oregon Senate. Legislators from both chambers (why it is called “Joint”) and representatives of government agencies serve as non-voting members. The 13 voting members represent multiple geographic, ethnic, professional, and cultural perspectives.

Originally our recommendations to the legislature were due June 2021. However, the COVID pandemic delayed our work, though the Task Force has been meeting monthly for two years except when the legislature is in session. The 2021 Legislative Assembly extended our report due date to September 2022.

In June 2021, we presented an Interim Status report on our work. That report is available [\[here\]](#).

BASIC QUESTIONS AND DEFINITIONS:

1. What is Universal Health Care?

Universal health care is a system in which everyone receives health care when needed regardless of their employment, age, or how much money they have.

2. What is Single Payer?

Single payer is one method of collecting and paying money for health care. It replaces our current confusing method of multiple different policies, benefits, and networks with a single payer agency funded by progressive taxes. The single payer agency then pays for comprehensive benefits provided by a single set of providers caring for all Oregonians.

3. How would Oregonians benefit by changing to a single payer, universal health care plan?

Single payer plans provide better care to more people for less money. They achieve this by reducing complexity, encouraging patients to seek care when needed, and dramatically reducing administrative costs. We call our single payer plan the Universal Health Plan.

4. How would Oregonians pay for the Universal Health Plan?

The Universal Health Plan will receive all current funding going to Medicare, Medicaid, and other federal and state health care programs. The funding system will also replace what Oregonians already spend for family, employer, and employee premiums, deductibles, and copays with a tax structure based on ability to pay.

We expect the total additional taxes will be less than what Oregonians pay now for health care.

5. Is a single payer plan possible in Oregon?

Current federal laws do not allow states to use federal Medicare, Medicaid, and Affordable Care Act funding for a state single payer plan. Once Oregon creates a single payer plan, Oregon will need administrative waivers and Congress will need to enact additional federal legislation enabling Oregon to implement the plan.

6. Will the Universal Health Plan be designed with health equity in mind?

Consistent with the Oregon Health Authority's goal of achieving health equity by 2030, we are designing a Universal Health Plan that will cover everyone, have the same benefit plan for all, align clinician payment levels for patients across Oregon, and provide more freedom of patient choice when it comes to providers. This will take time and likely some transition phases but can be achieved with a single payer approach.

PLAN ELIGIBILITY:

1. Will I be eligible for the proposed Universal Health Plan?

All Oregon residents will be eligible. We plan to eliminate eligibility waiting periods, income limits, and financial qualifications. Visitors to Oregon will have access to the single payer's urgent and emergency health care services but will be responsible for costs incurred.

2. If I lose my job will I still have health insurance?

Your and your family's eligibility in the Universal Health Plan is determined primarily by your residency not your employment. Employment will only be a factor for people who live out of state and work for Oregon employers and pay Oregon taxes.

3. What will the enrollment process be like?

The Universal Health Plan will create a simple enrollment process that works quickly and minimizes time and expense for patients. Enrollment in most cases will be possible using existing state data on resident status. Enrollment will be possible at health care venues. To maintain federal funding for some Oregonians' health care, certain information will need to be collected from you, in as simple a way as possible.

4. Can I keep my current health insurance plan if I wish?

No, there would be no reason to pay for and keep your current health insurance plan. Your benefits will be provided by the Universal Health Plan. You may be able to purchase additional insurance for the rare service not covered.

5. Can Oregon residents opt out of the Universal Health Plan?

No. Opting out is not relevant since all residents are automatically eligible. The plan does not require anyone to make use of the medical care which is made freely available by the plan.

HEALTH CARE SERVICES AND BENEFITS:

1. What will my benefits be?

Benefits will be comprehensive, much like the comprehensive plan that state employees and employees of many other large employers currently enjoy. In addition, our plan will encourage more primary, preventive, and behavioral health care than many plans now do.

Long-term care benefits will not change. People eligible for Medicaid will continue to be eligible for long term care services beyond skilled care, while everyone else will receive skilled care benefits at the level currently provided by the state employees' health plan.

2. What if I need health care while traveling out of the state?

We anticipate that the Universal Health Plan will cover emergency and urgent health care needs of Oregonians when traveling out of state just as many good private health insurance plans now do. The Universal Health Plan Board will address the details of coverage issues like this.

3. What if I want benefits that might not be covered by our plan?

Oregonians will be able to purchase insurance or pay out of pocket for services or benefits not included in our plan.

4. Will I have to pay anything at the time I see a health care provider?

No. We plan to eliminate any patient payment at time of service such as copays and deductibles.

5. Are dental, mental, substance use, and vision services covered by the Universal Health Plan?

Yes. The Universal Health Care Task Force is working on the details of the array of benefits covered, and the benefits will be similar to those currently provided to state employees.

6. Will home health care be covered?

Yes, similar to the benefit provided by the current state employee and large employer plans today.

APPROVED PROVIDERS FOR COVERED SERVICES

1. Will I be restricted in my choice of providers?

Our plan will allow Oregonians to see any licensed or certified health care provider who is able to see them. All licensed and certified health care providers delivering covered services would be providers in the Universal Health Plan.

The Universal Health Plan Board will work to have an adequate pool of providers to provide needed services.

2. Will I be able to find a clinician who understands my needs?

The Universal Health Plan Board and its regional entities will work to have a broad pool of culturally diverse and sensitive providers.

HOW WILL THE UNIVERSAL HEALTH PLAN BE FINANCED?

1. Who will pay for my family's health care?

The Universal Health Plan will pool current spending by government programs into a single health care trust fund. Additionally, we will replace all current family, individual, and employer spending on health insurance and health care services with a yet to be determined tax and fees structure that is based on ability to pay. We are working to establish a plan in which Oregonians will pay less under these new taxes than most employers, families, and individuals currently pay in premiums and out of pocket payments.

2. Will my health care costs go up?

The Task Force is working to establish a plan that will reduce the cost of health care for most Oregonians and hopefully slow down or stop the historical growth in health care costs. Further information will be available as the financial analysis is finalized.

3. Will more taxes be required?

Yes. Some of what you today pay in premiums, out of pocket expenses such as copays and deductibles, and employer deductions, will be replaced by new taxes. We anticipate that for most Oregonians the total new taxes you will pay will be less than you and your employer's current spending on premiums, co-pays, deductibles, and some other out of pocket expenses.

4. What new taxes are being considered to replace insurance premiums, copays, and deductibles?

A payroll tax, income tax, and sales tax have been discussed. All would have features minimizing impact on low income Oregonians.

5. What will my day-to-day financial experience be with the Universal Health Plan in Oregon?

You will not need to have any financial interactions with your providers. Your care is fully paid for by the Universal Health Plan. Your provider will contact the Universal Health Plan, not you, for payment.

6. How does the Universal Health Plan help reduce future bankruptcy due to health care costs?

For services provided under the Universal Health Plan, medical debt for covered services will be eliminated because all covered services are fully paid by the Universal Health Plan

THE UNIVERSAL HEALTH PLAN AND OREGON TRIBES

1. What will be the relationship between the Universal Health Plan and Oregon tribes?

The Universal Health Plan will have a government-to-government relationship with the tribes. Oregon tribal members will have the choice to enroll in the Plan and tribal health care providers will be providers in the plan delivery system.

2. Will this Plan disrupt any services we currently have for native populations?

No. This will not disrupt any current services provided by Tribal or Indian Health Services.

3. Will the taxes imposed be more than the current funds paid by tribes into the self funded tribal health care system?

This issue will eventually be resolved in government to government consultation with Tribes.

GENERAL QUESTIONS AND SPECIAL SITUATIONS

1. I've heard that in countries with universal health care there can be long waits for some health care services. Why won't that happen here if we adopt a universal, single payer system?

Our current health care system has delays due to pre-authorization requirements and our complicated and seemingly ever-changing insurance system. The Task Force is working to establish a Universal Health Plan that reduces waiting times by making access, enrollment, and payment less complicated for providers and the people they serve.

2. Will I be able to travel out of state for health care by a specialist/expert at a nationally known facility?

The Universal Health Plan board will address when that would be covered. The Universal Health Plan will have arrangements with out of state health care organizations for unusual services or special situations.

3. If this is a government funded health care system, won't the government be making my health care decisions?

No. While the program is publicly funded, your health care decisions will be a private matter between you and your health care provider. You and your provider will together make all medical and other health decisions based on the statewide benefit package.

4. Will private health insurance be eliminated?

No. Private insurance companies will be allowed to sell policies for those health care procedures or benefits not covered by the Universal Health Plan, such as purely cosmetic surgery. Insurers will not be allowed to sell policies for procedures or benefits covered by the plan to Oregonians.

PUBLIC INPUT AND PRESENTATIONS

1. How can I contribute my opinions to the Task Force?

All meetings of the task force and its work groups are public and most meetings have time on the agenda for public comment and we encourage written comments. You may view our past meetings [*here and here (there are two separate pages on www.oregonlegislature.gov)*] and receive notices of future meetings [*here*]. You may request time during public input sections of our meetings [*here*].

We plan specific outreach to the public in upcoming months. This outreach includes:

- Multiple virtual roundtable discussions were held from January to March with 8-10 participants selected with diversity in mind. The report from these sessions is available [here](#).
- Five statewide virtual community discussions to be held in **June** with Oregonians across the state
- Multiple forums with the business community and health care industry during **June-July**.

2. Are Task Force members available for presentations?

Yes. We encourage you to invite us into your community or organization. You may request a presentation regarding our work via email: JTFUHC.Exhibits@oregonlegislature.gov