

TASK FORCE ON UNIVERSAL HEALTH CARE

<b>Attendees</b>	Sen. Anderson, Sen. Manning,, Chad Chadwick, Glendora Claybrooks, Dwight Dill, Claire Hall, Warren George, Chair Bruce Goldberg, Vice-Chair Zeenia Junkeer, Commission Meieran, Sam Metz, Cherryl Ramirez, Les Rogers, John Santa, Chuck Sheketoff, Christy Simila, Jeremy Vandehey, TK Keen
<b>Absent</b>	Rep. Hayden; Rep. Wilde, Michael Collins
<b>Date/Time</b>	May 19, 2022; 1pm-4pm ( <a href="#">link</a> to video recording)
<b>Meeting Purpose</b>	<ul style="list-style-type: none"> <li>Review expenditure and revenue estimates prepared by Optumas and Legislative Revenue Office (LRO)</li> <li>Consider the plan design for public engagement, including confirming the next steps.</li> </ul>
<b>Discussion of Key Issues</b>	<p><b>Projected Health Care Expenditures - Optumas</b></p> <ul style="list-style-type: none"> <li>Consideration of health equity from a shift in funding among current coverage programs (e.g., Medicaid, PEBB, OEBB).</li> <li>Estimated savings from administrative efficiency with an assumed administrative saving rate of 4-6%. The potential difference between 4% and 6% is approximately \$1 billion in funding or additional revenue need.</li> <li>Interest in requesting from the Oregon Health Authority (OHA) funding required to support behavioral health services in Oregon adequately.</li> <li>Similarly, there’s a need to increase access for specific populations, including tribal members and rural residents.</li> <li>Two proposed sources of revenue: (1) payroll tax and (2) personal income tax – to generate \$21.35 billion in 2026. One consideration is progressivity and a brief explanation that the Expenditure and Revenue Analysis Work Group opted not to propose a sales tax as it is not considered progressive.</li> <li>The proposed tax rate structure for personal income tax was modeled after the federal poverty level (FPL), a different tax bracket than the one used for federal income taxes. In addition, the federal tax code grants family households one or more deductions if they have dependents (e.g., children).</li> <li>Optumas assessed who may benefit based on the proposed expenditure and revenue approach put forward by the Task Force.</li> <li>A potential concern for specific provider types may be affected negatively based on the proposed tax schedule. Optumas modeled changes to providers at the aggregate model. Optumas also modeled distributional impacts on individuals (see <a href="#">slides 14-16</a>).</li> <li>Concern whether increases on a payroll tax will be passed along to employees, including if the payroll tax will impact lower-income employees more than higher-income wage earners. Furthermore, Optumas estimated small businesses would subsidize large businesses; individuals will subsidize families depending on household income. Similarly, will employers who experience an increase in payroll tax pass along the tax in the form of higher prices for goods and services.</li> </ul> <p><b>Public comment</b> (no public comment, starts at 2:04:10-2:09:00 in the <a href="#">recording</a>)</p> <ul style="list-style-type: none"> <li>Comment about Canada’s health system.</li> </ul>

	<p><b>Proposed Plan Proposal - Summary</b></p> <ul style="list-style-type: none"> <li>• Clarification request on slide 49 - will the aggregate change in total spending under the single payer plan be less than the estimated total expenditures for the status quo.</li> <li>• Comment from members that federal law does not currently allow states to create single-payer proposals inclusive of all federal funding available through Medicaid and Medicare.</li> </ul>
<p>Follow-up Questions</p>	<ul style="list-style-type: none"> <li>• Members requested clarification on what are “institutional” providers beyond the language that in Senate Bill 770 (2019).</li> <li>• Clarification that out-of-state providers will be reimbursed on a fee-for-service basis.</li> <li>• Do the Optumas estimates include current funding for the Oregon State Hospital.</li> <li>• Clarification of state funding of Medicaid and where current state general funds are captured in the Optumas estimates. Discussion of ensuring any existing or new revenue sources are dedicated to the trust fund. Members requested a further breakdown of household contribution and employer payroll tax (see <a href="#">slide #7</a>).</li> <li>• Members requested clarification on “institutional” providers beyond the language in Senate Bill 770 (2019).</li> </ul>
<p>Revisit Later</p>	<ul style="list-style-type: none"> <li>• Transformation efforts in the plan should include increasing reimbursement for primary care and behavioral health providers, among other reform proposals not discussed by members.</li> </ul>
<p>Meeting Materials</p>	<ul style="list-style-type: none"> <li>• Agenda (<a href="#">link</a>)</li> <li>• Presentation slide deck (<a href="#">link</a>)</li> <li>• Expenditures and Revenue Analysis – Optumas and Oregon Legislative Revenue Office (<a href="#">slides</a>)</li> </ul>