

Joint Task Force on Universal Health Care

September 15, 2022

1 – 4:00 pm

Today's Agenda

Distribution of Final Report

Public Comment

Member Summary Update

BREAK

Review Technical Summary

Remaining Meetings

July 28 TF:
Specialty forums
& topics for clarification

August 18:
Listening sessions &
topics for clarification

September 1:
Member Summary &
Optumas Estimates

September 15:
Draft Report

September 29
Final Report

Distribution of Final Report

Draft out to public for comment by
9/19: JTFUHC@oregonlegislature.gov

By September 29: Final Report to the
Legislative Assembly

OHA to update website to highlight
Final Report, materials

Next steps: up to the Legislature

Public Comment

September 15, 2022

Written
Comment
Received

Concern about taxes

Timelines too long

Impact on retirees

Member Summary - Update

September 15, 2022



Intermission

Technical Summary

September 15, 2022

Technical Report - Process

- **Sept 9:** Report shared with members and public. Public comment through Sept 19: JTFUHC@oregonlegislature.gov
- **Today's meeting:** Member comment
- **Following today's meeting:** Staff will review comments and modify policy analysis to ensure consistency with Plan Proposal and actuarial analysis
- **Sept 29:** Staff will report back on any substantive revisions in advance of the 9/29 meeting.



Technical Report - Contents

- Table of contents
- Executive summary (2 pages on TF process, public engagement, health equity impacts)
- Plan Proposal
- Background
- Policy Analysis (incl. Plan Proposal elements)
- Public Engagement
- Addenda (ERISA, Optumas, LRO, LARA, etc)

Final Report Timelines



Clarification #1: Regional Entities

(see [February 18 ERA Meeting](#))

- Regional entities are **NOT** risk-bearing entities
- Regional entities will **NOT** manage global budgets
 - Regional entities will **NOT** be responsible for provider reimbursement
 - Regional entities will only manage budgets for “health improvement, medical capital and infrastructure projects, and ongoing stakeholder engagement”
- Regional entities will serve an advisory role, **NOT** an administrative role, and regional entity operating budgets will reflect this
- The Single Payer will be entirely operated by the state with one exception:
 - The Single Payer may contract with a regional entity as a third-party administrator **ONLY** if this approach proves to be cost effective without undermining Single Payer values

Clarification #2: State Funds and Public Employees

(see [May 13 ERA Meeting](#)). Sources: Optumas, LRO. All \$ are 2026 and estimates only.

Current System

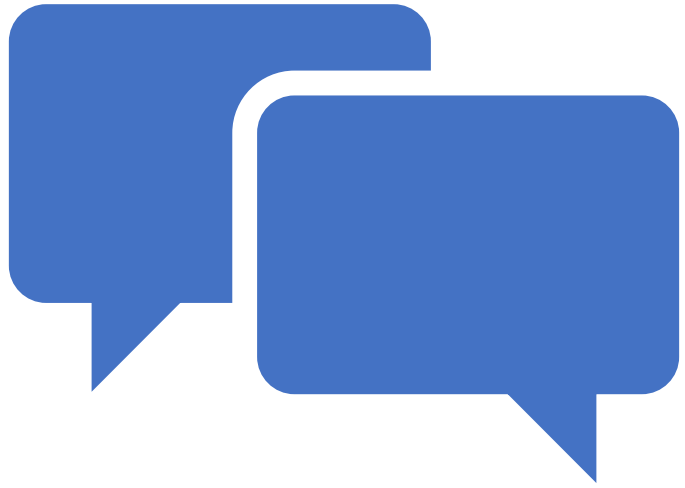
- Cost to cover all public employees (PEBB/OEBB/local gov): \$6.4b
- Employee premium contribution: \$1.1b
- Public employer contribution: \$5.3b

Universal Health Plan

- Does not assume redirection of full employer contribution (local, federal, other)
- Assumes redirection of general funds for PEBB/OEBB: \$1.2b
- Public employer contribution to payroll taxes: \$1.9b.
- Difference between current system and UHP made up by new revenues

What public funds used for health care aren't "captured"?

Approximately **\$2.2b** ($\$5.3b - \$1.9b - \$1.2b = \$2.2b$) used for employee benefits in the current system would remain with public employers under the Plan. This consists mostly of local tax dollars and federal and other funds.



Member comment



Wrapping up

Final Meeting

- September 29, late afternoon
- In person – Portland (TBD)

Comments and questions:

JTFUHC@oregonlegislature.gov