Memo: Updates to the Technical Summary

To: Joint Task Force on Universal Health Care

From: Project SB 770 Staff

Updated: September 27, 2022

Having distributed a draft version of the Final Report to members of the Task Force and the public on September 9, 2022, and having received comments through September 19, 2022, the SB 770 Project Team has incorporated the following suggestions to the Final Report of the Joint Task Force on Universal Health Care:

- Optumas agreed to one specific change to its report, on page 36: Single payer will result in fewer choices of Medicare insurance plans; however, the Task Force anticipates that availability and choice of providers will not be impacted.
- Staff incorporated multiple edits and suggestions regarding language based on inline comments from members who provided them.
- The following language has been added to the executive summary and the discussion of funding: “The Task Force did not recommend or approve specific tax strategies and acknowledged that more analysis is needed.”
- The discussion of eligibility has been updated to clarify that employers will still have to provide coverage for out-of-state employees. Text from footnote 35 in the draft version has been moved into the main document to highlight that Oregon-based employers may continue to administer health insurance benefits for out-of-state employees, including those who live near the Oregon border.
- The policy analysis for Long Term Services and Support has been reorganized and updated to reference benefits available in PEBB plans currently.
- The following footnote has been added to the section on provider participation: “This language is not intended to exclude providers who are not required to become licensed or authorized in the current system (for example, lactation consultants), and whose services may be covered by the Universal Health Plan.”
- Added to the section on health care providers: “While the Task Force proposes a publicly funded health care system, it is important to note that decisions about health care will be made by health care providers and by the individuals receiving services.”
- Language in the discussion of provider reimbursement has changed from “reduce” to “eliminate” with regard to differences in reimbursement based on populations served.
- Updated language regarding Medicare Advantage: “Alternatively, the state could offer its own MA plan without restricting commercial MA offerings and might induce enrollment by covering more benefit categories at a lower cost.”
- Employees and Employers section has been updated to include, with appropriate citations: “Some public entities that provide health benefits to public employees have passed resolutions in support of a universal health care system.”
- Funding section has been updated to clarify that bottom line savings apply to Oregon and that federal contributions may result in a different bottom line: “While

the Universal Health Plan is projected to reduce the cost of health care to Oregonians by $980 million in 2026, this assumes an increase in federal contribution in the amount of $2.35 billion. This federal contribution must be secured for the state to reduce its health care costs and the impact on overall health care costs may be different than the $980 million estimate." Additionally, Optumas review of the funding section found that increase in federal contribution is $1.13 billion (the $2.35 billion figure was from an earlier estimate).

- The following sentence has been added to the section on Funding: "Estimates also reflect the cost of tracking eligibility for federal programs such as Medicare and Medicaid."
- The following footnote has been added to the section on Funding: Optumas, Presentation to the Task Force (May 19, 2022) (identifying distributional impacts based on age, health status, employment status, family status, income level, and other factors).
- Table 8 has been updated for clarity.
- Omitted: appendix that included the "Questions and Answers" and "Top 10 Changes" documents
- Removed language in two places saying that an amendment to Oregon's constitution may be needed to accumulate necessary reserves. This issue will require further attention from the governance board.
- Deleted: *An emerging demonstration offered by CMS, the Realizing Equity, Access, and Community Health (REACH) model, encourages states to form accountable care organizations (ACOs) for Medicare that emphasize underserved communities. This concept aligns with Oregon's existing health equity efforts.*

The Project Team has made additional changes to language and formatting with the goal of providing clarity to the reader.