



OREGON LEGISLATIVE ASSEMBLY
JOINT TASK FORCE ON UNIVERSAL HEALTH CARE

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SUMMARY

The Joint Task Force on Universal Health Care held seven *Specialty Interest Forums* for the business community and health care industry from June through August 2022 to solicit feedback on the Task Force's proposal for a Universal Health Plan (Plan) in Oregon. These two-hour virtual discussions sought input and discussion about the proposal and its potential impact on a variety of entities and sectors. The forums were planned by a subgroup of Task Force members with assistance from staff and a consultant specializing in facilitation and community engagement. In seeking broad participation, staff and Task Force members sent invitations to a variety of professional organizations, including but not limited to AFL-CIO, Oregon Business Council, and the Oregon Association of Hospitals and Health Systems.

The Task Force planned three forums for the health care industry:

- health care professionals;
- insurance carriers and coordinated care organizations (CCOs); and
- health systems and hospitals.

Similarly, the Task Force organized forums for three groups from the business community:

- large employers;
- small employers; and
- unions.

The Task Force received input from 37 participants across the seven forums. Insurance carriers opted to share their feedback via a letter in lieu of attending a forum.

In each forum, participants provided feedback about the following questions:

- 1) What excites you about the Task Force's proposal?
- 2) What challenges does the proposal present for your sector?
- 3) What changes would you like to see in the final proposal?
- 4) What do you want the Task Force to know as they move towards finalizing their recommendations?

Forum Themes

The table below outlines high-level themes from forum input.

<p>Areas of alignment with current proposal <i>Forum participants appreciated certain components of the Task Force’s proposal</i></p>	<p>Feedback for Task Force consideration <i>Forum participants provided constructive input about various aspects of the proposal</i></p>
<ul style="list-style-type: none"> • Improved access to health care • No co-pay or deductible • Full coverage and benefits • Decoupling employment and insurance • Simplifying insurance and administration • Potential to improve capacity in the system • Regional and local input and engagement • Attention to equity and social determinants of health 	<ul style="list-style-type: none"> • Prioritize a robust workforce, including focusing on health system capacity and potential provider shortage • Need for a clear transition, administration, and implementation plan • Ensure quality of health care and patient safety • Simple in-state and out-of-state payment processes • Tax burden on businesses and individuals • ERISA plausibility • Clear understanding of utilization and needs of younger adults • Inclusion of long-term care • Evidence-based decision making • Impact on multistate employers • Mitigate the impact to Oregon’s farming and agricultural industry

Source: Oregon Health Authority

Health Care Professionals/Providers

Eight providers and health care professionals shared feedback around access, workforce, information technology, and implementation. Highlights from the input included the following:

- General consensus around the benefits of streamlining administrative functions and increasing access and reducing costs to patients.
- Concern around having adequate workforce and infrastructure for the increased health care usage expected under the proposal.
- The importance of funding for information technology including Electronic Health Records (EHR) and training.
- Interest in using evidence-based decision making in the formation and future implementation of the Universal Health Plan.
- Concern around ensuring patient safety and health care quality.
 - Quality and safety shouldn’t be sacrificed as the proposal is implemented and there should be a smooth transition for patients.
- Avoid recreating current challenges in a new system.

Health Care Systems and Hospitals

Five participants provided input on a variety of topics with a focus on workforce, the transition to a Universal Health Plan, and implementation of the proposal.

- Workforce concerns centered on the challenges of ensuring a robust workforce to meet the increased utilization that would occur with universal health care. This included building a stable infrastructure and attracting and retaining providers in underserved areas of the state.
- Given the significance of the change under the Task Force's proposal, participants discussed the need for a clear and practical transition plan from the current health care system. Key considerations raised include the costs to transition the workforce, mechanisms to continue local and regional accountability and involvement, and a process to ensure collaboration and dialogue with hospitals and health systems.
- Implementation concerns included how the proposal meshed with numerous health reform initiatives underway and how the health care system would balance those efforts with the implementation of the proposal. Another implementation question was around how youth on their parent's coverage would transition to the Plan.
- There was general consensus that the proposal would need clear guidelines for navigating relationships with out-of-state insurers and managing out-of-state payments.

Insurance Carriers and CCOs

In lieu of attendance at a forum, a group of carriers and CCOs provided [written feedback](#) to the Task Force. Insurers expressed concerns with the Employee Retirement Income Security Act of 1974 (ERISA) and the plausibility of true cost savings from the Plan. Their feedback also focused on the burden of taxes, the need for a macro economic analysis of the impact of the Plan on Oregon, potential job losses, and federal approval of Medicare, among many others.

Unions

Eleven participants representing unions provided input centered on four issues: benefits, multistate employers, wages and taxes, and access and equity. Highlights of the input included the following:

- General agreement with the proposal's inclusion of a comprehensive benefits package, which includes dental and vision. Participants requested the Task Force consider expanding benefits to include culturally specific systems of care, i.e., indigenous health care systems and "alternative" health care, and additional LGBTQ+ benefits and coverage.
- Support for the proposal's focus on access and equity, including access to coverage and care for all as well as the inclusion of the social determinants of health.
- An emphasis on the strong linkage between health benefits and union contracts. Participants expressed concern that benefits under the proposal would be less, in both quantity and quality, than the benefits many unions have negotiated.

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- Feedback around the challenges some unions would have to navigate in contracts with multistate employers. Relatedly, participants shared the complexities around employment in noncontiguous states, traveling workforces, and funding and compensation connected to where a person lives rather than where they work.
- Desire that more consideration be given to the balance of wages, taxes, and costs of the proposal. Participants asked for clarity around the income breakdown for household contributions and the impact increased taxes would have on wages.
- Interest in the possibility of a progressive co-pay system where wealthier people paid more to balance concerns of younger adults who have lower utilization and may not want to be taxed more.
- Queries about the impact of costs and benefits on employers that continued to offer ERISA plans.

Small Employers

Eight participants representing small business owners and associations provided feedback around access, decoupling insurance from benefits, impacts on taxes and wages, small business costs, and competition with large businesses. Their input included the following:

- Recognition of the benefits of universal access to health care and access and decoupling insurance from employment.
- Concern about the tax burden on small businesses and how that would impact wages. Participants highlighted that increased costs would be especially challenging for those businesses that do not offer health insurance. They also felt that the burden of the business tax would fall inordinately on small businesses.
- Emphasis on the variability in taxes based on employment status -- part-time, full-time, seasonal employees, etc.
- The varying administrative and financial burden on small businesses given the variety of types of small businesses.
- Concern about competition with large businesses that might offer ERISA or supplementary plans.

Large Employers

We held two forums for large employers due to low turnout at the first session.

- The first forum for large employers was attended by an Oregon farmer and the focus was on the agricultural community in the state. Input included concern about the impact of additional taxes on the farming community, rising costs, the challenges of having seasonal workers, and how large farms have a mix of large and small business qualities. The participant asked that the Task Force consider the labor-intensive nature of farming as it considers new taxes and regulatory costs.

The second session for large employers allowed for additional input on the proposal.

- Participants were excited about the possibilities for universal health care and decoupling employment from health insurance.

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- Participants observed that the current system is unsustainable, and the proposal addressed many of the current challenges. Some participants expressed optimism about the proposal's potential to control health care cost growth.
- Major concerns included the high-income tax for some individuals, additional taxes on businesses, and ERISA plausibility and challenges. Participants also questioned the feasibility of such a large overhaul of the health care system and shared anxiety about potential repercussions on the economy, impacts on Oregonians, and possible ramifications on the growth of business in the state.
- Participants suggested the Task Force reconsider co-pays to channel people away from low-value/high-cost health care to high-value/low-cost care.
- The group also suggested further actuarial analysis on the broader financial impact for the state and a study of the political practicality of creating a single-payer system.