

Community Listening Sessions



Bruce Goldberg, Chair
Zeenia Junkeer, Vice-Chair

Task Force on Universal Health Care

- Created by Legislature in 2019 (SB 770)
- 20 members, including 4 Legislators
- Report due in **September 2022**

Task Force Membership

Senator James Manning (District 7)

Representative Cedric Hayden (District 7)

Senator Dick Anderson (District 5)

Representative Marty Wilde (District 11)

Bruce Goldberg, Chair, *Licensed Health Care Professional*

Zeenia Junkeer, Vice-Chair *Alternative Therapy Services Representative*

Jeremy Vandehey, Director, *Oregon Health Authority (non-voting member)*

Lionel “Chad” Chadwick, *Rural Health Representative*

Glendora Claybrooks, *Public Member Representative*

Michael Collins, *Tribal Representative*

Dwight Dill, *Social Services Representative*

Warren George, *Fiscal management and change management*

TK Keen, Administrator, *Division of Financial Regulation, Dept. of Consumer and Business Services (non-voting member)*

Sharon Meieran, *Association of Oregon Counties (non-voting member)*

Sam Metz, *Medical and Surgical Services Representative*

Cherryl Ramirez, *Behavioral Health Representative*

Leslie Rodgers, *Services for persons with disabilities*

John Santa, *Quality Assurance and Healthcare Accountability Representative*

Chuck Sheketoff, *Public Member Representative*

Christy Simila, *Nursing Services Representative*



Senate Bill 770 (2019)

- Coverage for all residents
- High-quality care
- Uncouple from employment
- Single-payer financing



Policy Choices for Universal Health Plan



Access and Affordability



Insurance Companies



Payment to Providers



Benefits



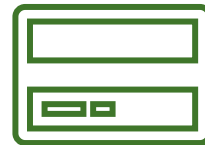
Employers and Employees



Governance



Cost and Funding

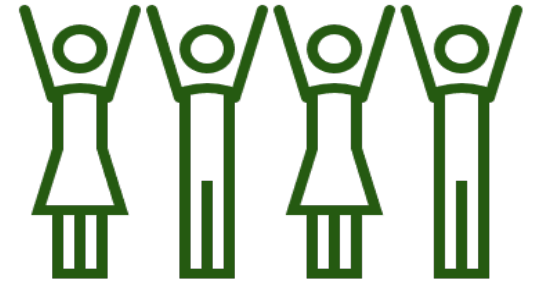


Medicare and Medicaid



Joint Task Force on Universal Health Care

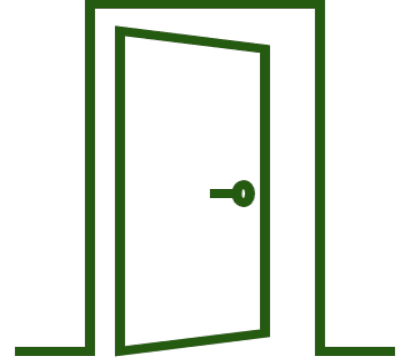
Eligibility



- Everyone in Oregon is eligible
- Enrollment—as simple as possible
- Medicare & Medicaid eligible individuals included
- Out-of-state residents who work for Oregon-based employers, and their dependents, are eligible for the plan

Access and Affordability

- See any participating health care professional
- No co-pay, co-insurance or deductible
- No delay of care due to cost or fear of medical debt



Benefits



- Public employee benefits for all

Robust benefit that includes: primary care, dental, prescriptions, vision, hospital, specialists, etc.

Improved behavioral health (To Be Determined)

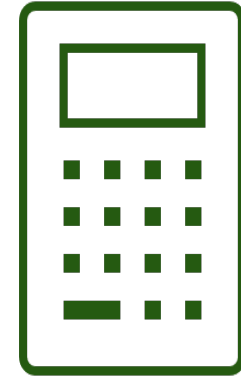
- Long-Term Care: Provided by Department of Human Services for those eligible for Medicaid

Health Care Providers



- Recruit & retain a diverse health care workforce
- Any licensed or authorized practitioner in Oregon who provides health care services that are covered by the Universal Health Plan is a “participating provider”
- Participating providers not allowed to charge more for private patients

Payment to Providers



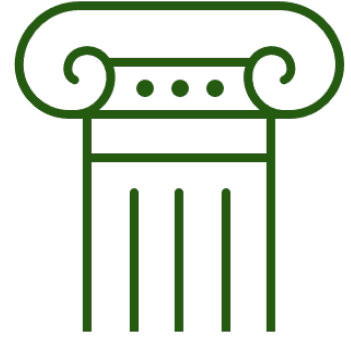
- One source pays all claims
- Payment rates based on region
- May include value-based payment – pay for quality care and better health
- Enhanced investments behavioral health, rural networks, primary care

Insurance Companies



- Private insurance has a limited role
- Can cover benefits not included the Universal Health Plan
 - May not cover the same benefits offered by Universal Health Plan
- The Universal Health Plan may contract with third parties, including private carriers, for benefit administration

Governance



- Governed by a non-profit public corporation
- Subject to public records and public meetings laws
- Members with wide range of expertise and perspectives
- Appointed by Governor and confirmed by Legislature
- Regional entities will advise on community needs
- Government-to-Government relationship with tribes

Focus on Equity

The Plan is designed to improve health

This means:

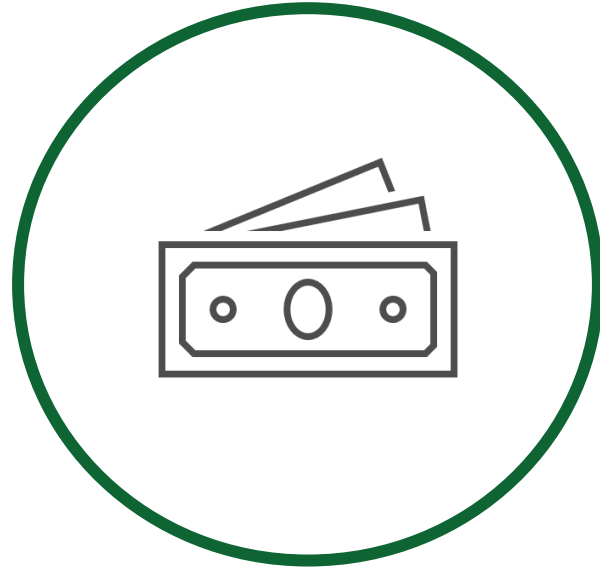
- All people get quality care
- Contribution based on ability to pay
- The Plan works to address issues that affect health outcomes, including housing, education, nutrition, violence, and racism (SDOH)



In Summary

- Everyone residing in Oregon is eligible
- No payment when you get care
- Health insurance no longer tied to employment or change in life circumstances
- PEBB benefits for all and coverage for all services required for people who are eligible for Medicaid or Medicare
- “Normalized” provider reimbursement rates – no longer different based on who you are or your insurance
- Investments in behavioral health, primary care and rural providers as needed to assure access to care

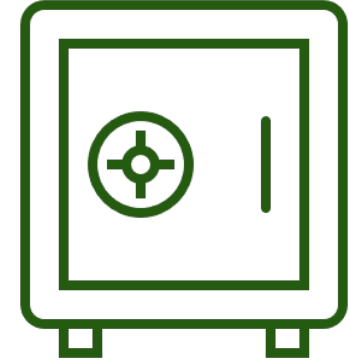




How is it paid for?



Funding



- All health care funds are combined
- Will need federal approval for Medicaid, Medicare and the Marketplace
- Employers contribute via payroll tax
- Households contribute % of income, through the state's tax system

Employers



- All employers will pay a payroll tax based on the wages they pay
- Employers no longer need to provide health benefits, though they will have the option to continue to offer self-funded (“ERISA”) plans
- All employees will be eligible for the Universal Health Plan regardless of whether their employer offers an ERISA plan

Household Contribution



- No premiums, co-pays, deductibles
- Contribution through the tax system
- Only Households with income above 200% FPL contribute.
- Will increase “progressively” – higher income families will contribute more.
- In 2022, 200% FPL for household of four people = \$55,500

Expenditure and Revenue Analysis

Preliminary Estimates of Program Funding

Implementation Year 2026

	Total Cost (2026 \$)*
Current System	\$58.12 (Billion)
Universal Health Plan	\$57.13 (Billion)
Projected Savings (Year 1)	\$990 (Million)

Key Cost Drivers – Actuarial Model

Single Payer Assumption	Change from Current System
More People Using Care	↑
Improved benefits	↑
Covering the Uninsured	↑
Improved Purchasing Power	↓
Administrative Savings	↓
Decreased Fraud, Waste, and Abuse	↓
Year 1 Savings	\$990 Million*

↑ Costs More
↓ Costs Less

*Estimates produced by CBIZ Optumas for model year 2026.

Top Ten Changes

1. **Every Oregon resident is eligible**
2. **No premiums, deductibles, or co-pays**
3. **Contribute based on how much you make**
4. **See any participating provider**
5. **Funding for equitable, high-quality health care**
6. **Everyone gets comprehensive health benefits**
7. **Better access to behavioral & alternative care**
8. **Dental coverage for all Oregonians**
9. **Insurance does not depend on employment**
10. **Transparent, public board focused on equity & health**

Thank you!

Tell us what you think...

- Task Force will use your input to refine its proposal
- Future Task Force meetings (for additional info click on the [link](#))
 - July 28 1-5 pm
 - August 18 1-5 pm
 - September 1, 15, and 29 1-5 pm
- Final Report will be submitted to the Oregon legislature on September 30
- Submit written comments by email: jtfuhc.exhibits@oregonlegislature.gov

