

Statement of the problem

Oregon's current health care is inefficient, expensive, and complex. It relies on multiple private, public, and taxpayer-subsidized insurance plans. It relies primarily on employment for health care insurance and access. It uses different benefits, different provider networks, and different insurance plans. Each year thousands of Oregonians are without insurance when their employment or family status changes.

Health care in Oregon is inequitably delivered. Too many Oregonians endure unequal access, varied care quality, and wide-ranging outcomes because of race, age, income, geography, or insurance. High health care costs generate debt and bankruptcy for many Oregonians.

Citation: Joint Task Force on Universal Health Care Final Report and Recommendations September 2022

Task Force Recommendations

- All people who live in Oregon qualify for the Universal Health Plan
- The Plan will be based on current PEBB benefits, and will include all services currently covered by Medicaid, Medicare and ACA plans
- People who qualify for long-term care will continue to receive benefits and services through Medicaid and the Oregon Department of Human Services (DHS). The Plan will cover some skilled nursing and home health care.
- The Plan will not require patients to pay when receiving care. There shall be no co-pays or deductibles. Instead, people will pay new taxes based on their ability to pay.
- People who qualify for Medicare will be covered by the Universal Health Plan to the extent allowed by federal law.
- The Plan will work with any individual, group practice, or institutional provider (including hospitals and health systems) that are licensed or authorized to practice in Oregon, in good standing, and that provide services covered by the Plan

Task Force Recommendations

- The Plan will pay providers directly. The rates of pay will be set by region to account for different health care needs and costs in parts of the state
- Health insurance companies would be only be able to offer insurance to cover benefits or services not offered by the Universal Health Plan
- The Universal Health Plan will uncouple health insurance from employment
- The Plan will seek, whenever possible, to address social determinants of health
- Members of the 9 federally recognized tribes in Oregon have the option to participate in the Plan, and tribal providers can participate in the plan
- The Plan will be overseen by a nonprofit public corporation

Next steps based on those recommendations

The board needs to:

- Create a unified financing plan that incorporates all federal and state health care dollars, as well as other revenue sources as permitted by law
- Clearly spell out covered benefits, particularly in Behavioral Health services and long term care and support services, or identify options for each
- Clarify options related to Medicare waivers that may be needed
- Create several financial models for revenue streams that will not cause financial hardship for families or small businesses
- Explore options for employers that do not violate ERISA
- Work with hospitals and clinicians on a plan for a simplified payment strategy for services that accounts for regional differences and saves money

Next steps feedback

- Determine how the Plan will define and verify residency in a way that does not undermine its intention to increase access for all Oregonians. With regard to residency, any implications for those who may telework (e.g. employed in Oregon but living elsewhere)
- Consider mention of transition planning and implementation
- First agree on some basic study parameters and attributes of a good financial plan