Date Submitted: December 17, 2024
Public Comment Submission from: Bruce Thomson
Organization: MVHCA
Topic: 1. SB 770 and Public Health and Cost efficiency 2. CCO Reserves in a UHC system
Will oral comments be provided as well: No

Statement/question A. – to the UHPGB ,Plan design and Expenditures, and Finance and Revenue

SB 770 (2018) Task Force of Universal Health Care serves as the basis for the more recent SB 1089 and the formation of the Universal Health Plan Governing Board.

On Page 8; SB 770 states in (7)(g) A description of how the Health Care for All Oregon Board or another entity (*aka UHPGB*) may enhance: "(E) Funding for the modernization of public health under ORS 431.001 to 431.550 as an integral component of cost efficiency in an integrated health care system;" (SB 770 pg 9).

In the work of the Plan Design and Expenditures sub-committee of the UHPGB, how does your planning recognize and value the clause in SB 770 regarding "as an integral component of the cost efficiency of Public Health in an integrated health care system".

Statement/question B – to UHPGB, Finance and Revenue, and Plan Design and Expenditures.

How does the Finance and Revenue sub-committee view how; CCO Reserves are accounted for in supporting the financing of an integrated Universal Health Care system funded through a public trust. (eg CareOregon acquisition would have allowed $1.3B of CCO reserves to be moved out of state

Date Submitted: December 19, 2024
Public Comment Submission from: Chavvah Rutherford
Organization: CareOregon
Topic: Funding options
Will oral comments be provided as well: No

Finance and Revenue Committee,

In the Governance board meeting today (12/19) the representative from the Finance committee discussed various options. I am not surprised a sales tax wasn't a popular idea. They would mean tax those below the poverty level and those who currently qualify for Medicare and Medicaid, VA.

Another possibility was mentioned to tax everyone the same amount. This would impact low-income earners so much more than high income earners.

I grew up in various countries with universal healthcare. One of these was Australia. They have a tax called the Medicare levy (Medicare is the name of their universal healthcare). Under their plan, the Medicare Levy is 2% of income. Any income within the tax-free threshold isn't taxed. This ensures low-income earners aren't disproportionally impacted. Though due to the outdated Federal poverty level and relatively low tax-free threshold in the US this may need to be examined more.

Also, those who have private health insurance in Australia are exempt from the Medicare Levy. Private health insurance in Australia is typically paid out of pocket. It is rare to have employers offer health insurance as a benefit. Under the current plan for Oregon this wouldn't be relevant, as they want single payer only.

One point about Australia is that early on there was a cap on the profit that private health insurance companies were allowed to make. There are currently calls on the government to mandate private health insurers return 90% of premiums, back to members either via benefits or rebates.

Many employers may be happy to not have to pay their share for employee's healthcare. Others may want to cover their share. I for one do not want to lose my Kaiser coverage. Allowing some private health insurance for people who need their specialists, take some pressure of the public health care option. Especially if the government can implement controls on companies to ensure medical needs are covered rather than having profit driven health insurers denying treatment to keep shareholders happy.

Are there plans to, or has there been any, research into how other countries, who have had fully functional universal healthcare for years, fund their healthcare plan?