

**SB 770: Health Care for All Oregon Bill**

**Establishes the Task Force on Universal Health Care**

- Plans a universal single payer healthcare system for Oregon based on a set of values and principles with a statewide public input process. (See reverse side for Purposes.)
- Has 13 Governor appointed voting seats from the public representing diverse sectors and including rural health, public health, social services, and services for those with disabilities. 7 non-voting seats including 2 Democrats and 2 Republicans named by Speaker of the House and President of the Senate and 1 seat each to Oregon Health Authority, Association of Oregon Counties, and Oregon Department of Consumer and Business Affairs.
- Creates an Advisory Committee to the Task Force comprised of users of care, providers of care, and advocates for care.

**Directs Oregon Health Authority (OHA) to Design a Medicaid Buy-in Program or Public Option**

- Interim effort to allow a more affordable option for those that do not have access.
- This is an effort of the OHA independent from the Task Force.

**Health Care for All Oregon Plan Design Considerations**

- Adheres to Values and Principles: See reverse side.
- Single Payer Financing System.
- Removes Cost as a Barrier to Accessing Health Care.
- Choice of Provider: Participants may choose any health care provider or prepaid group practices with members who are licensed, certified, or registered in Oregon.
- Eligibility: All residing in Oregon, all non-residents of Oregon who work full-time in Oregon, and all dependents of either of the former groups listed will be eligible.
- Scope of Coverage: A comprehensive array of physical, mental, dental, and long-term health services and treatments.
- Revenue Streams: may include a redirection of current federal and state agency expenditures, employer payroll taxes, progressive income taxes, or other.
- Dollars Held as a Public Trust.

**Timeline**

- **July 2019-** OHA begins developing a Medicaid Buy-in Program/Public Option.
- **May 2020-** OHA presents developed Medicaid Buy-in Program/Public Option to Legislature with recommendations.
- **May 2020-** Senate confirms the Governor's 13 appointments to the Universal Health Care Task Force.
- **2021 Legislative Session-** Task Force presents Health Care for All Oregon Plan to Legislature including covered services, revenue options with cost containment and any needed federal waivers.

**Get Involved or Bill details: [www.hcao.org](http://www.hcao.org)  
For further inquiry: [legislative@hcao.org](mailto:legislative@hcao.org)**

**Purpose.** The Task Force on Universal Health Care shall produce findings and recommendations for a well-functioning single payer health care financing system that is responsive to the needs and expectations of the residents of this state by:

- (1) Improving the health status of individuals, families, and communities;
- (2) Defending against threats to the health of the residents of this state;
- (3) Protecting individuals from the financial consequences of ill health;
- (4) Providing equitable access to person-centered care;
- (5) Removing cost as a barrier to accessing health care;
- (6) Removing any financial incentive for a health care practitioner to provide care to one patient rather than another;
- (7) Making it possible for individuals to participate in decisions affecting their health and the health system;
- (8) Establishing measurable health care goals and guidelines that align with other state and federal health standards; and
- (9) Promoting continuous quality improvement and fostering inter-organizational collaboration.

**Values.** The Task Force on Universal Health Care, in developing its recommendations to the Legislative Assembly for the Health Care for All Oregon Plan, shall consider, at a minimum, the following values:

- (1) Health care, as a fundamental element of a just society, is to be secured for all individuals on an equitable basis by public means, similar to public education, public safety and other public infrastructure;
- (2) Access to a distribution of health care resources and services according to each individual's needs and location within the state should be available. Race, color, national origin, age, disability, wealth, income, citizenship status, primary language use, genetic conditions, previous or existing medical conditions, religion or sex, including sex stereotyping, gender identity, sexual orientation and pregnancy and related medical conditions, including termination of pregnancy, may not create any barriers to health care nor disparities in health outcomes due to access to care;
- (3) The components of the system must be accountable and fully transparent to the public with regard to information, decision-making and management through meaningful public participation in decisions affecting people's health care; and
- (4) Funding for the Health Care for All Oregon Plan is a public trust and any savings or excess revenue are to be returned to that public trust.

**Principles.** The Task Force on Universal Health Care, in developing its recommendations for the Health Care for All Oregon Plan, shall consider at a minimum the following principles:

- (1) A participant in the plan may choose any individual provider who is licensed, certified or registered in this state or any group practice.
- (2) The plan may not discriminate against any individual provider who is licensed, certified or registered in this state to provide services covered by the plan and who is acting within the provider's scope of practice.
- (3) A participant and the participant's provider shall determine, within the scope of services covered within each category of care and within the plan's parameters for standards of care and requirements for prior authorization, whether a treatment is medically necessary or medically appropriate for that participant.
- (4) The plan will cover services from birth to death, based on evidence-informed decisions as determined by the Health Care for All Oregon Board.

**Get Involved or Bill details:** [www.hcao.org](http://www.hcao.org) or For further inquiry: [legislative@hcao.org](mailto:legislative@hcao.org)



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### SB 770-A4: Health Care for All Oregon Bill

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#### 1. Establishes the Universal Health Care Commission

- 13 Voting Seats

- Governor-appointed, Senate-confirmed appointments that must:

- Be as socially diverse as possible (race, ethnicity, gender, gender non-conformance, sexual orientation, economic status, disability or health status).
- Represent, at minimum, a collective knowledge of rural health, quality assurance and health accountability, fiscal and change management, social services, public health services, medical and surgical services, alternative therapy services, services for those with disabilities, and nursing services.
- Explicitly include:
  - 1 actively-licensed health care provider.
  - 1 actively-licensed mental health care provider.
  - 1 advocate for equity in health care.
  - 1 person with experience in receiving care for complex or multiple chronic diseases.

- 7 Non-Voting Seats

- 4 Legislators (Bicameral, bipartisan representation and appointed by the President of the Senate or the Speaker of the House).
- 1 seat to represent the Oregon Health Authority
- 1 seat to represent the Association of Oregon Counties
- 1 seat to represent the Oregon Department of Consumer and Business Services

#### 2. Tasks of the Commission

- Assess the costs of the Health Care for All Oregon Plan:

- Eligibility: All residents of Oregon, all non-residents of Oregon who work full-time in Oregon, and all dependents of either of the former groups listed are eligible for the Plan.

- Scope of Coverage: The Plan must cover a comprehensive array of physical, mental, dental, and long-term health services and treatments.
- Choice of Provider: Participants in the Plan may choose any health care provider or prepaid group practices with salaried members who are licensed, certified, or registered in Oregon.
- No Patient Cost-Sharing: No premiums. No copays. No deductibles.
- Federal Waivers: The Plan will equitably and seamlessly include all residents by obtaining federal waivers as necessary, or the commission will make recommendations regarding other approaches to do so.
- Cost-Containment Features: The commission will explore the design of pre-approval and pre-authorization policies under the Plan.
- Attend to concerns of prior studies and design logistics:
  - Respond to concerns raised in the RAND (2017) study.
  - Consider how the Plan will affect existing federal, state, county, and local governing structures and entities.
  - Address the need for regional and community-based system integration.
- Design revenue streams to finance the plan:
  - May include, but not limited to, a redirection of current agency expenditures, employer payroll taxes, and progressive income taxes.
- Educate and solicit input from the public on the above items to inform the design of the Plan.

### **3. Findings Reported to the Legislature**

- The Commission will convene no later than November 1, 2019.
- The Commission will provide an interim progress report to the Legislative Assembly by March 15<sup>th</sup>, 2020.
- The Commission will provide a comprehensive report on its plan recommendations to the Legislative Assembly by February 1<sup>st</sup>, 2021.

### **4. Anticipated Fiscal Impact of SB 770-A4**

- Approximately \$800K-\$900K to pay typical committee fees and to allow the Legislative Policy and Research Office to hire additional support staff to conduct the research and analysis necessary for the Commission's report.

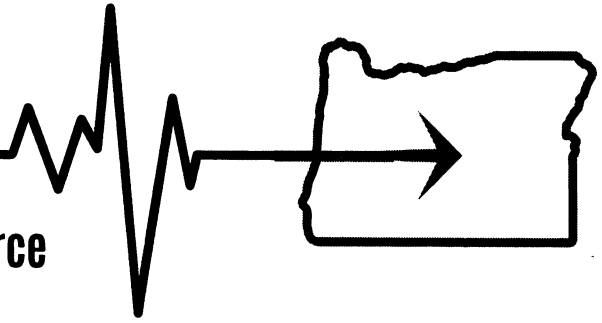
### **5. Emergency Clause:**

- To allow for the approval of Commission appointments and the hiring of support staff by the November 1, 2019 deadline for the Commission to convene, this bill has an emergency clause.



# SB 770-A8

Medicaid Expansion Plan &  
Universal Health Care Task Force

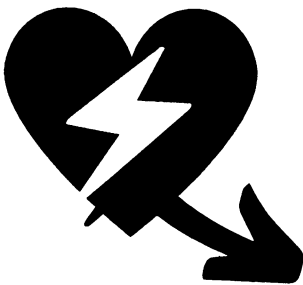


**6 %** of Oregonians were uninsured in 2017.<sup>1</sup>

**10 %** of covered Oregonians were uninsured at one point during between 2016 and 2017.<sup>2</sup>

**36 %** of uninsured Oregonians had incomes that made them ineligible for OHP.<sup>3</sup>

**Too Many** Oregonians are uninsured, under-insured, and crushed by heavy patient cost-sharing.



## Enter SB 770-A8

A two-step solution

**STEP 1: Medicaid Buy - In**

**July 2019**

The Oregon Health Authority (OHA) begins developing a Medicaid Buy-In program to get the 6% of Oregonians who are uninsured covered.

**May 2020**

OHA presents its developed program to the Legislature and prescribes necessary actions.

1. "Uninsurance Fact Sheet," Oregon Health Authority, 2017

2. Ibid.

3. "New report: Many Oregonians who lack health coverage are eligible for premium subsidies, Oregon Health Plan," Oregon Health Authority, 2017.

## **STEP 2: Universal Health Care Task Force**

**May 2020**

The Senate confirms the Governor's 13 appointments to the Universal Health Care Task Force. These members will be joined by 4 non-voting legislators and non-voting representatives from the OHA, the Assoc. of Oregon Counties, and the Dept. of Consumer and Business Services.

**Sept 2020**

The Task Force, with assistance from OHA and LPRO, will present a work plan to the Legislature outlining how the Task Force will, with input from state-wide public input, design, fund, and implement the Health Care for All Oregon Plan.

**2021 Session**

The Task Force presents its findings to the Legislature, which must address:

- concerns raised in the RAND (2017) Study,
- cost containment features, including patient cost-sharing, pre-authorizations, and pre-approvals,
- obstacles of federal waivers and existing government policies,
- revenue options for funding the Plan.



## SB 770 Will Help All Oregonians

Establishes the “Universal Health Care Task Force” to develop findings and recommendations regarding implementing an equitable, affordable, comprehensive, high quality and publicly funded health care system for everyone residing in Oregon.

**Foundational and Organizing Principles of Task Force:** Based on foundational principles of World Health Organization pertaining to a well-functioning system.

**Charges the Task Force with Explicit Tasks:** Design and assess the costs for a health care system that includes everyone, is comprehensive in services, and allows choice of providers.

### Establishes a Timeline for the Task Force

- Appointed by May 31, 2020
- Reports to the 2021 Legislature

**Public Comment and Education Effort:** The Task Force will solicit public comment and educate the public on its findings to drive the subsequent work.

**Task Force Members:** Four legislators and thirteen Governor-appointed members of the public. They will come from social-economic diversity and diversity of expertise and knowledge. (There will be an advisory committee comprised of users of care, providers of care, and advocates for care.)

**Scope of the Task Force:** The Task Force will produce information and develop recommendations regarding important issues for a health care system including the following:

1. Initial cost estimates for a single payer system with the following characteristics
  - a. All residing in Oregon are eligible, as are non-residents who work full time in Oregon.
  - b. Participants may choose any health care provider or prepaid group practices who are licensed, certified or registered in Oregon, without preapproval.
  - c. A plan with and a plan without the coverage of long term care services.
2. Nature of the governing Board.
3. Legal issues that may constrain implementation.
4. Economic sustainability, operational efficiency, and cost control measures.
5. Features necessary to continue to receive federal funding.
6. Options for revenue streams for a publicly financed system.
7. Fiduciary recommendations for the revenue generated.
8. Guiding criteria to determine which health care services are necessary

**A Medicaid Buy-In program or a public option will be developed as an interim step to provide an affordable health care option to Oregon residents earning too much to qualify for Medicaid.**

**Get involved and get further bill details at [hcao.org](http://hcao.org).**



## The Current State of Health Care in Oregon and the Nation



### Out-of-Control Prices & Poor Outcomes

Oregon families are choosing between rent and food; filing for bankruptcy; rationing their medications; and going without the treatment they need. The increased stress and anxiety of health care costs can create additional medical issues. Working with patients who can't afford their medical care and who often have poor outcomes additionally creates provider burnout.



### Delays & Disparities in Care

Out-of-control prices and other barriers to care often cause Oregonians to wait too long to get the care they need, causing poor health outcomes that often end up costing families thousands more dollars. According to the Center for Disease Control & Prevention, Oregon ranks 48th in the nation for preterm births and 47th for low birth rate (2016). Oregon ranked worst in the United States for prevalence of mental illness and low access to mental health care in 2018, according to the Commonwealth Fund.



### Administrative Waste

Administrative waste drives rising costs for businesses and state agencies. Many Oregonians find themselves unexpectedly out-of-network or denied for services they expected to have covered.

## Oregonians deserve better. Imagine a health care system where...

- Goals are set and achieved
- Costs are contained and financial barriers to care are removed
- Patients get the care they need when they need it, and can see the provider they want
- Providers can focus on care instead of administration
- Financial incentive to provide care to one patient rather than another is a thing of the past
- Oregonians are defended against what threatens their health
- Meaningful public participation happens
- There is seamless birth to death access to care
- Equitable access to people-centered care is a reality

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