

Universal Health Plan Governance Board

Presenter: Morgan Cowling, Executive Director
Dec. 11, 2024



Universal Health Plan Governance Board

- Created by SB 1089 (2023)
- Charged with building on the recommendations of the Joint Task Force on Universal Care to more fully develop a plan for establishing and implementing a Universal Health Plan for Oregonians
- Annual legislative reports required
- Final report due September 2026

Why

- Health care in Oregon is inefficient, expensive, complex, and inequitably delivered
- Many Oregonians are still without coverage, unable to afford care, and foregoing needed medical or dental care
- Health care costs threaten the financial well-being of families, businesses, and the state

Background

Senate Bill (SB) 770 (2019) Creates Joint Task Force on Universal Care

- 20 members: 4 legislators, 13 governor-appointed members, 2 executive branch, and 1 local government
- Charged with making recommendations for functional single-payer health care system responsive to needs of residents of Oregon
- Over a two-year period, the joint task force:
 - Met for more than 250 hours
 - Created six technical advisory groups
 - Sponsored Consumer Advisory Committee
 - Held 13 community listening sessions and business forums to solicit guidance and input from hundreds of people across state
 - Submitted [final report](#), with universal health plan recommendations, to legislature in September 2022; led to creation of the Universal Health Plan Governance Board (SB 1089)

Creation of board

SB 1089 creates Universal Health Plan Governance Board under DCBS

- 9 members appointed by governor and approved by legislature (comprised of health care representatives and public engagement representatives)

Deliverables (by September 2026):

- Design comprehensive plan to finance and administer universal health plan that is responsive to needs and expectations of residents of Oregon
- Consider certain values and principles
- Include plan to create Universal Health Plan Trust Fund in the State Treasury and public corporation to administer it

Board members and staff



Helen Bellanca, MD, MPH
Chair



Judy Richardson, MD, MBA
Vice-chair



Chunhuei Chi, MPH, ScD



Debra Diaz, PA-C



Amy Fellows, MPH



Michelle Glass



Bruce Goldberg, MD



Not pictured:
Cheryl Ramirez, MPA/MPH



Vacant: Public
Engagement Seat

Staff: Morgan Cowling, MPA, *Executive Director*; Jennifer Donovan, JD, *Senior Policy Advisor*; Jessica Merino, *Operations and Policy Analyst (OHA)*; Danielle Ross, *Operations and Policy Analyst (OHA)*; Katy DeLuca, *Executive Assistant*

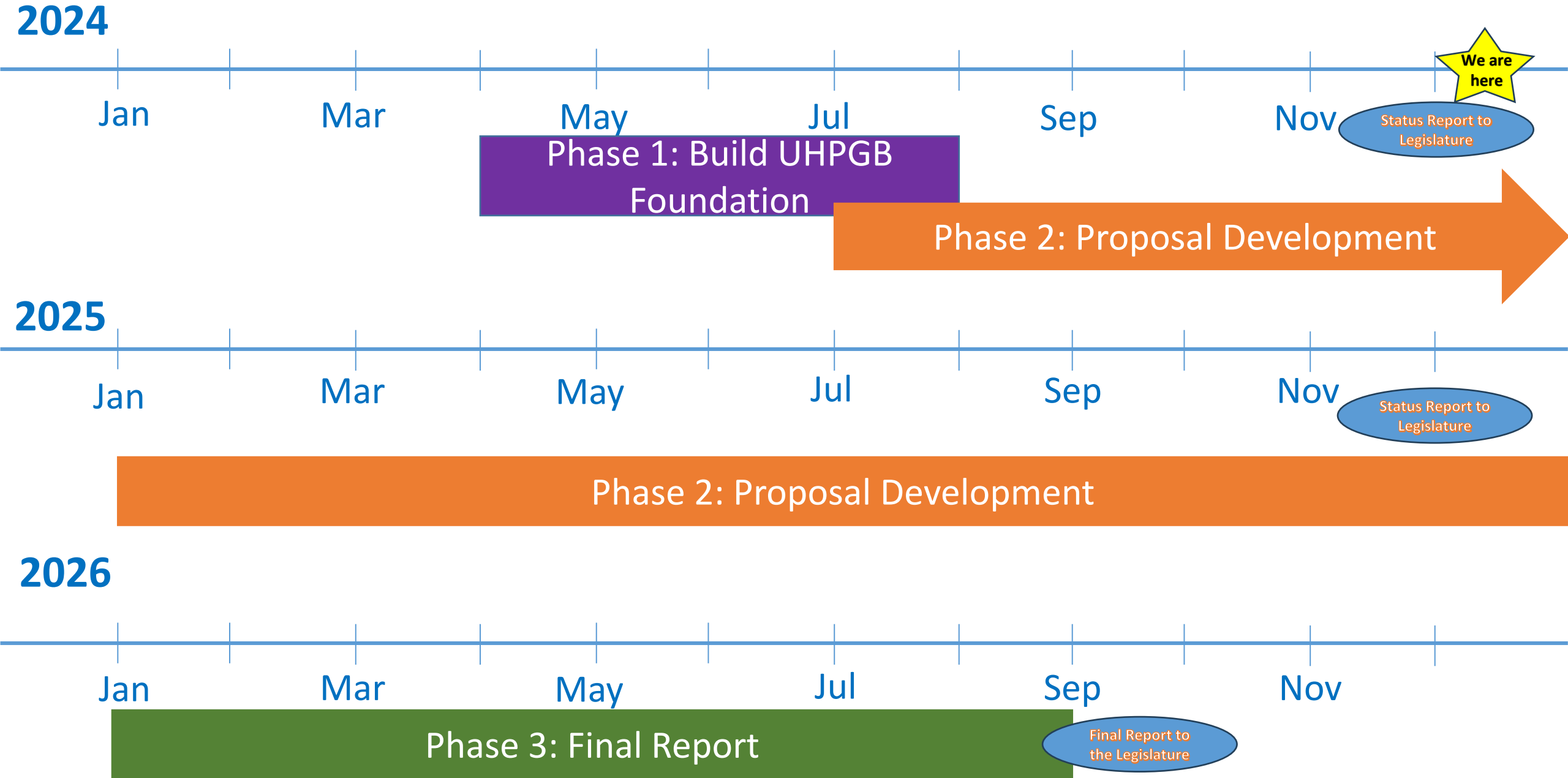
Current work

- Convened first meeting April 2024
- Established [General Policies and Procedures](#) and [Delegation Policy](#)
- Background information on OHA coverage efforts, ethical frameworks for universal health care, Joint Task Force recommendations, health care financing, single payer efforts in other states, national health care models and financing structures, behavioral health system, revenue basics, ERISA
- Developed overarching [Values & Principles](#) (including new concepts and those in SB 1089) – Approved in August 2024
- Developed [workplan](#)
- Agreed upon preliminary structure
- Established four [committees](#)

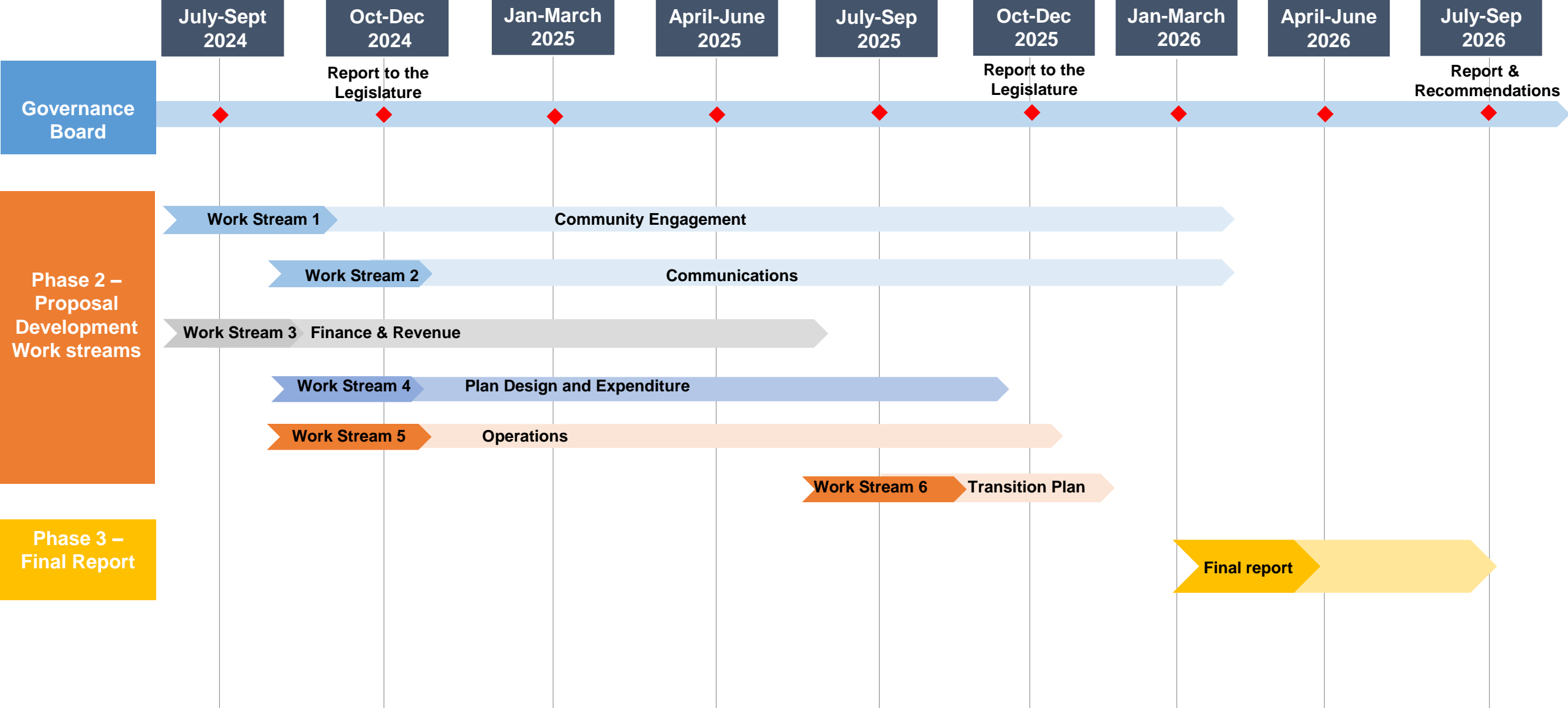
Overarching Principles Supporting Statements

1. Health Equity
2. Maximize Health
 - a) Individual Fulfillment
 - b) Population Measures
3. Fair Distribution of Medical Resources
4. Minimize the financial hardship from medical bills on individuals and families
5. Community Sense of Ownership and Governance
 - a) Community Sense of Ownership
 - b) Community Economic Stewardship
 - c) Principles of Good Governance

Universal Health Plan Governance Board Work Plan Phases



Workplan Timeline for Phases 2 and 3



UHPGB Work Plan – Phase II Work Streams

Work Steams 1/2

Communications & Community Engagement

Community Engagement Deliverable:

- Use existing mechanism to get feedback and identify gaps
- Community engagement plans for different industries – business, health care, and consumers
- At a minimum, present workstream recommendations to relevant community partners following each workstream to get feedback on recommendations prior to board review

Communications Deliverables:

- A communications plan, including messaging strategy with a suite of materials developed
- Minimum of ten presentations on the plan throughout Oregon
- Dissemination plan

Expertise: Community engagement

Board Lead: Michelle Glass & Amy Fellows

Staff Support: Jenny Donovan

Committee: Community Engagement

Timeline: July 2024 – March 2026

Work Stream 3

Finance & Revenue

Deliverables:

- Unified financing strategy for the Universal Health Plan that may include an income tax, a payroll tax, or other options and can survive an ERISA challenge, and has support from large and small employers.
- Analysis of the impact of the Universal Health Plan on Oregon’s economy

Expertise: Health spending/ Oregon tax / finance, ERISA

Board Lead: Cherryl Ramirez

Staff Support: Morgan Cowling

Committee: Finance & Revenue

Timeline: July 2024 – August 2025

Work Stream 4

Plan Design and Expenditure

Deliverables:

- Final recommendations on Universal Health Plan benefits, eligibility, provider reimbursements, workforce, and cost containment strategies
- Financial modeling and actuarial analysis of plan options that include expenditures and savings

Expertise: Health plan. Health finance and expenditures.

Board Lead: Debra Diaz

Staff support: Morgan Cowling & OHA Policy Analysts

Committee: Plan Design and Expenditure

Timeline: September 2024 – November 2025

Work Stream 5

Operations

Deliverables:

- Recommendations on administrative structure
- Recommendations on statutory authority, workforce and information technology needs for plan operations
- Plan to create a Trust Fund in the State Treasury
- Plan to create an independent corporation to run the Universal Health Plan
- Identify federal waivers needed to implement plan
- Create federal waiver guidance document on necessary steps to engage CMS on federal waivers

Expertise: Business Admin, IT, Operations and Health Plan

Board Lead: Bruce Goldberg

Staff Support: Jenny Donovan & OHA Policy Analysts

Committee: Operations

Timeline: September 2024– December 2025

Work Stream 6

Transition and Implementation

Deliverables:

- Report on the readiness of key agencies and partners and plan for needed next steps for transition
- Develop implementation strategies including workforce challenges
- Interim strategy and legislative recommendations for transition
- Create a comprehensive transition plan and timeline and steps needed from status quo into the Universal Health Plan
- Identify transition costs and structure

Expertise: Workforce, Information Systems, Health plan organization

Board Lead: TBD

Staff Support: Jenny Donovan

Committee: Transition

Timeline: July 2025 – December 2025

Four committees created

Finance and Revenue

Plan Design and Expenditures

Operations

Communications and Community Engagement

Transition (planned)

- 47 members of the public recruited to serve on these committees
- By the end of December, all four committees will have met 1-3 times

Challenges and opportunities

- Time limitations
- Limitations of public meetings laws
- Need for additional expertise
 - Technical assistance from HMA
 - Committees include 47 members of the public
 - RFPs for revenue and financial strategy consultants launching
 - Conversations with other states (WA and CA)
- One board member (vice chair) stepped down

The board, staff, committees, and consultants share a commitment to values of a universal health plan outlined in SB 1089. We are confident and optimistic that we will meet our deliverables, and we are grateful to the legislature for the opportunity to do this work.



Universal Health Plan
Governance Board

Thank you