

SB 704-1
(LC 1249)
2/13/23 (LHF/ps)

Requested by Senator MANNING JR

**PROPOSED AMENDMENTS TO
SENATE BILL 704**

1 On page 1 of the printed bill, line 5, delete “nine” and insert “11”.

2 Delete lines 6 through 13 and insert “ernor who must:

3 “(a) Support the objective of the board described in section 2 (2)(a) of this
4 2023 Act;

5 “(b) Support the values and principles expressed in section 2 (3)(a) and (b)
6 of this 2023 Act; and

7 “(c) Represent a variety of health care professionals and community per-
8 spectives, including individuals with experience:

9 “(A) As enrollees in the state medical assistance program or Medicare;
10 and

11 “(B) Being without health insurance coverage.

12 “(2) Of the membership of the board:

13 “(a) Five members must have expertise in health care delivery, health
14 care finance, health care operations or public administration;

15 “(b) Four members must be focused on public engagement; and

16 “(c) Two or more members must have experience as advocates for or have
17 involvement in the planning of a single-payer health care system.”.

18 On page 2, delete lines 24 through 45.

19 On page 3, delete lines 1 through 8 and insert:

20 **“SECTION 2. (1) As used in this section, ‘single payer health care
21 financing system’ means a universal system used by the state to pay**

1 **the cost of health care services and goods in which:**

2 **“(a) Institutional providers are paid directly for health care services**
3 **or goods by the state or paid by an administrator that does not bear**
4 **risk in contracting with the state;**

5 **“(b) Health care providers are paid with global budgets that sepa-**
6 **rate capital budgets, established through regional planning, and oper-**
7 **ational budgets;**

8 **“(c) Group practices are paid directly for health care services or**
9 **goods by the state, by an administrator that does not bear risk in**
10 **contracting with the state, by the employer of the group practice or**
11 **by an institutional provider; and**

12 **“(d) Individual health care providers are paid directly for health**
13 **care services or goods by the state, by their employers, by an admin-**
14 **istrator that does not bear risk in contracting with the state, by an**
15 **institutional provider or by a group practice.**

16 **“(2) The Universal Health Plan Governance Board established in**
17 **section 1 of this 2023 Act shall:**

18 **“(a) Create a comprehensive plan to finance and administer a Uni-**
19 **versal Health Plan with a unified payment process using a single payer**
20 **health care financing system that is responsive to the needs and ex-**
21 **pectations of the residents of this state by:**

22 **“(A) Improving the health status of individuals, families and com-**
23 **munities;**

24 **“(B) Defending against threats to the health of the residents of this**
25 **state;**

26 **“(C) Protecting individuals from the financial consequences of ill**
27 **health;**

28 **“(D) Providing equitable access to person-centered care;**

29 **“(E) Removing cost as a barrier to accessing health care;**

30 **“(F) Removing any financial incentive for a health care practitioner**

1 to provide care to one patient rather than another;

2 “(G) Making it possible for individuals to participate in decisions
3 affecting their health and the health system;

4 “(H) Establishing measurable health care goals and guidelines that
5 align with other state and federal health standards; and

6 “(I) Promoting continuous quality improvement and fostering
7 interorganizational collaboration; and

8 “(b) Oversee the implementation and administration of the plan,
9 including but not limited to designing benefit packages, processing
10 claims and building reserves to sustain the financing of the plan.

11 “(3) In developing the plan and overseeing the administration of the
12 plan, the board shall:

13 “(a) Consider, at a minimum, the following values:

14 “(A) Health care, as a fundamental element of a just society, must
15 be secured for all individuals on an equitable basis by public means,
16 similar to public education, public safety and public infrastructure;

17 “(B) Every individual must have access to available health care re-
18 sources and services where the individual is located, according to the
19 individual’s needs;

20 “(C) Race, color, national origin, age, disability, wealth, income,
21 citizenship status, primary language, genetic conditions, previous or
22 existing medical conditions, religion or sex, including sex stereotyping,
23 gender identity, sexual orientation and pregnancy and pregnancy-
24 related medical conditions including the termination of pregnancy,
25 may not create barriers to health care nor result in disparities in
26 health outcomes due to the lack of access to care;

27 “(D) The components of the Universal Health Plan must be ac-
28 countable and fully transparent to the public regarding information,
29 decision-making and management through meaningful public partic-
30 ipation in decisions affecting individuals’ health care; and

1 **“(E) Funding for the Universal Health Plan is a public trust and any**
2 **savings or excess revenue must be returned to the public trust;**

3 **“(b) Consider, at a minimum, the following principles:**

4 **“(A) A participant in the Universal Health Plan may choose any**
5 **individual provider who is licensed, certified or registered in this state**
6 **or may choose any group practice;**

7 **“(B) The plan may not discriminate against any individual health**
8 **care provider who is licensed, certified or registered in this state to**
9 **provide services covered by the plan and who is acting within the**
10 **provider’s scope of practice;**

11 **“(C) A participant in the plan and the participant’s health care**
12 **provider shall determine, within the scope of services covered within**
13 **each category of care and within the plan’s parameters for standards**
14 **of care and requirements for prior authorization, whether a service**
15 **or good is medically necessary or medically appropriate for the par-**
16 **ticipant; and**

17 **“(D) The plan shall cover health care services and goods from birth**
18 **to death, based on evidence-informed decisions as determined by the**
19 **board;**

20 **“(c) Assess the readiness of key health care and public institutions**
21 **to carry out the plan and collaborate with state agencies, including the**
22 **Department of Consumer and Business Services and the Department**
23 **of Human Services, to determine how the agencies’ existing systems**
24 **will integrate with the Universal Health Plan;**

25 **“(d) Identify statutory authorities and information technology**
26 **infrastructure needed for overall plan operations;**

27 **“(e) Evaluate how to work with existing boards, commissions and**
28 **councils concerned with health care and health insurance;**

29 **“(f) Work collaboratively with partners across the complexities of**
30 **the health care system, including hospitals, health care providers,**

1 **insurers and coordinated care organizations, to build a sustainable**
2 **health care financing system that delivers care equitably;**

3 **“(g) Engage with regional organizations to identify strategies to**
4 **reduce the complexities and administrative burdens on participants in**
5 **the health care workforce and to otherwise address workforce chal-**
6 **lenges;**

7 **“(h) Study and address the impacts of the Universal Health Plan**
8 **with respect to specific types of employers;**

9 **“(i) Design the administrative and financing structure for the Uni-**
10 **versal Health Plan;**

11 **“(j) Engage with the Governor’s office, the Oregon Health Author-**
12 **ity and federal authorities to ascertain and describe, if not yet in fed-**
13 **eral or state law, necessary federal waivers or other options to secure**
14 **federal and state funding; and**

15 **“(k) Ensure that the proposed plan will include all Oregon residents**
16 **equitably.**

17 **“(4) No later than September 15, 2025, the Universal Health Plan**
18 **Governance Board shall present to the interim committees of the**
19 **Legislative Assembly related to health, in the manner provided in ORS**
20 **192.245, and to the Governor, a comprehensive plan for the implemen-**
21 **tation of the Universal Health Plan beginning in 2027.”.**

22 After line 16, insert:

23 **“(3) Moneys in the Universal Health Plan Trust Fund at the end of a**
24 **biennium are retained in the Universal Health Plan Trust Fund and do not**
25 **revert to the General Fund.”.**

26 In line 20, delete “Two” and insert “Three”.

27 In line 21, delete “Two” and insert “Three”.

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