



**Oregon**  
Tina Kotek, Governor



350 Winter Street NE  
P.O. Box 14480  
Salem, OR 97301-0405  
503-378-4100  
uhpgb.info@dcbs.oregon.gov  
oregon.gov/uhpgb

Universal Health Plan Governance Board (UHPGB) Meeting  
Thursday, August 15, 2024  
Minutes

Adopted by the board on September 19, 2024

Web link to the meeting video: [August 15, 2024, UHPGB Meeting Recording](#)

Web link to the meeting materials:

- [Agenda](#)
- [PowerPoint presentation](#)

**Call to order:**

Chair Helen Bellanca called the meeting to order at 9 a.m.

**Board members present:**

Chair Helen Bellanca, Vice-Chair Warren George, Debra Diaz, and Bruce Goldberg.  
Virtually: Amy Fellows, Judy Richardson and Michelle Glass

**Absent:** Chunhuei Chi and Cheryl Ramirez

**Welcome and Introductions:**

[Written public comment submissions](#)

After board member introductions and agenda review, Chair Bellanca briefly summarized and thanked the three members of the public who submitted written public comments for the board to review. Chair Bellanca also thanked members of the public who have written emails to board members. Each email is read by board members, and per [section 10](#) of the board's general policies and procedures, board members are to forward those emails to Executive Director Cowling to respond. Chair Bellanca reminded attendees that the best way to interact with the board is through [public comment](#) submissions on the board's website.

**Approval of July 18, 2024, Board Meeting Minutes:**

Chair Bellanca asked if board members had any changes to the minutes and there were none.

*Vice-Chair George made the motion to approve the minutes and Bruce Goldberg provided a second to the motion.* There was no discussion.

Board vote:

Yes: Chair Helen Bellanca, Debra Diaz, Amy Fellows, Vice Chair Warren George, Michelle Glass, Judy Richardson, and Bruce Goldberg

No: None

*Motion passed 7-0.*

**Executive Director's Report:** [00:07:55](#)

Director Cowling provided updates on staff's work in supporting the UHPGB since the last board meeting.

- Staff have been focused on committee recruitment, outreach, and application review.
- Staff have been partnering with Oregon Health Authority (OHA) to bring on two limited duration positions to support the work of the board. Those two positions are expected to start in early Fall.

- Staff are continuing to work with OHA to access their “Technical Assistance Bank” (TA Bank), to bring on contractor support for the board. This contractor will support the board through technical assistance and strategic guidance to the committees, in addition to supporting the preparation of the legislative status report. The goal is a start date of September 1, and Director Cowling will advise the board when the contract is finalized.
- The Department of Consumer and Business Services (DCBS) submitted to the Department of Administrative Services (DAS) the paperwork for delegation to manage and execute the Request for Proposal (RFP) to bring on a longer and larger term contractor to support the work of the board. Staff also worked with DCBS to release a Request for Information (RFI), so that information can be obtained from potential contractors about things the board and staff may want to consider as staff are developing the scope of work for the contractor.

**Universal Health Care Financing Models: [00:11:29](#)**  
[Materials 4.1](#)

Chair Bellanca reminded the board that in the last meeting, the board agreed to add two additional elements to the current (foundational) phase of the workplan: 1.) to review different financing models for a universal health plan and 2.) After reviewing the models, decide if a workgroup needs to be created to further research the pros and cons of each model, and would make a financial model recommendation to the board in the September meeting. Chair Bellanca called on Jenny Donovan, senior policy advisor, to present the different financing models for board consideration.

Jenny led the board through a presentation on four models of health care financing: the Beveridge model, the National Health Insurance model, the Bismark model, and the Fee for Service model. She then reminded the board of the definition of single payer articulated in Senate Bill (SB) 1089 and reviewed a newer framework of “unified financing” being used in California and Washington.

During board discussion, the following question was posed:

- Do we need a workgroup (comprised of board members) to do further research on the pros and cons of each model or can we charge that to the Plan Design and Expenditure and Finance and Revenue committees?
  - Clarity was added that the workgroup would meet 2-3 times before the September board meeting and further delve into the advantages and disadvantages of each model and present their recommendations to the board.

Through board discussion, there was no disagreement that the National Health Insurance model most aligns with the work of this board, however many questions remain regarding:

- For profit vs nonprofit entities
- Inclusion of Medicare
- Consideration of the effect on utilization and quality of care from different models
- Where risk is borne in the system
- Whether there is capitation, global budgets or fee for service

The board considered whether these questions should be worked through in advance with a new workgroup, or whether we should charge the committees with making recommendations on these issues (with the board clarifying the questions for the committee).

A ‘fist to five’ vote was held regarding whether a workgroup was needed. There was one vote of 5, one vote of 3 and the rest were 1s and 2s. Therefore, there was no motion to create a new workgroup.

## **Values and Principles Review and Approval: [00:51:45](#)**

### [Materials 5.1](#)

### [Materials 5.2](#)

In July's board meeting the board agreed that the Values and Principles Workgroup would meet to consider the public comment that was submitted regarding the board's values and principles. Chair Bellanca introduced board member and Values and Principles Workgroup member, Michelle Glass, to present the Values and Principles Workgroup's updated recommendations. Michelle led the board through a presentation that discussed the updates that have been made to the workgroup's recommendations:

- Further definition and supporting statements
- How public comment submission has been incorporated
- Overarching health equity statement is now included as the first principle
- Additional workgroup considerations

After board discussion, the following points and clarifications were made:

- When we are talking about community involvement, there are situations where the word "fairness" is hard to define. Citizen Juries (previously discussed by board member Chunhwei Chi) and other techniques are used that allow the public to help set priorities or policies. Part of the spirit of what is being recommended to the board, is finding a way to allow for this type of community involvement, including allowing community to define the term "fairness".
- How will we know if we are following the proposed values and principles and targeted universalism well and if the board is engaging the public in a meaningful way?
  - This can be measured by the engagement by the public with the work of the board, such as through public comment and applications to join committees. The board needs to continue to ensure that the public feels heard and provide opportunities for the public to participate.
  - Targeted universalism can be measured through ensuring adequate diverse representation (geographic, income, race and ethnicity, gender, etc), in the four committees of the board and making sure we don't leave our most vulnerable populations behind. All Oregonians must be represented. The Community Engagement and Communications Committee (co-chaired by Michelle Glass and Amy Fellows) is committed to ensuring our most vulnerable populations feel supported and included.

*Vice-Chair George made the motion to approve the Values and Principles recommendations, linked above in Materials 5.1 and dated August 15, 2024, and Bruce Goldberg provided a second to the motion. There was no discussion.*

Board vote:

Yes: Chair Helen Bellanca, Debra Diaz, Amy Fellows, Vice Chair Warren George, Michelle Glass, Judy Richardson, and Bruce Goldberg

No: None

*Motion passed 7-0.*

## **Preliminary Structure of the Universal Health Plan: [01:18:43](#)**

### [Materials 6.1](#)

The purpose of the "Preliminary Structure of the Universal Health Plan" is a communication tool for the board to clarify for outside parties, such as contractors and new committee members, where the board envisions the plan is going and to ensure recommendations from SB 1089 are incorporated. This preliminary structure will be used as a starting point for the board and committee work. Chair Bellanca reviewed the updated problem statement and lead the board through each preliminary structure component.

Through board discussion, the following edits were made:

- #2 now reads - The plan will use PEBB benefits as a starting point and will expand behavioral health benefits and other services, as identified.
- #5 now reads - The plan will aim to eliminate discrepancies in provider payments that disincentivize equitable access and to maintain current benefit levels, regardless of whether federal waivers can be obtained.
- #7 now reads - The plan will pay providers, or provider networks, directly. The rates of pay will be set up by the board and will account for regional differences in healthcare needs and costs in consultation with regional entities.

The twelve components agreed upon in discussion will be charged to the committees as early committee work to further explore and make recommendations to the board on, in addition to what is laid out in current committee charters.

*Debra Diaz made the motion that the Governance Board suggests the following components for consideration as a preliminary structure for the Universal Health Plan, and Bruce Goldberg provided a second to the motion. There was no discussion.*

1. All people who live in Oregon qualify for the Universal Health Plan. The plan will clarify eligibility requirements, including for people who live out of state but work in Oregon.
2. The plan will use PEBB benefits as a starting point and will expand behavioral health benefits and other services, as identified.
3. People who qualify for long-term supports and services will continue to receive benefits and services through Medicaid and the Oregon Department of Human Services (DHS). The plan will explore coverage of some skilled nursing and home health care.
4. The plan will not require patients to pay when receiving care. There shall be no co-pays, deductibles, or co-insurance. Instead, there will be new revenue sources that will fund the services while protecting families and businesses from financial hardship.
5. The plan will aim to eliminate discrepancies in provider payments that disincentivize equitable access and to maintain current benefit levels, regardless of whether federal waivers can be obtained.
6. 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.
7. The plan will pay providers, or provider networks, directly. The rates of pay will be set up by the board and will account for regional differences in healthcare needs and costs in consultation with regional entities.
8. Health insurance companies would only be able to offer insurance to cover benefits or services not offered by the Universal Health Plan. The plan will need to clarify the role of workers compensation insurance.
9. The Universal Health Plan will uncouple health insurance from employment.
10. The plan will seek, whenever possible, to address social determinants of health.
11. Members of the 9 federally recognized tribes, including tribal providers, in Oregon have the option to participate in the plan.
12. The plan will be overseen by a nonprofit corporation.

Board vote:

Yes: Chair Helen Bellanca, Debra Diaz, Amy Fellows, Vice Chair Warren George, Michelle Glass, Judy Richardson, and Bruce Goldberg

No: None

*Motion passed 7-0.*

The board discussed which component should be assigned to each committee, knowing that there will be overlap and collaboration between committees on many. Through discussion it was decided that there needs to be coordination between committee chairs on which components best fit each respective committee. Staff will be meeting with committee chairs the week of August 26 to discuss committee applicant recommendations and will also discuss the component assignment with chairs at that time. The suggestion was also made to add an agenda item at each committee meeting to discuss what questions each committee has for their own work and what questions they may have for other committees so that lines of communication are open, and nothing is being missed.

**Committee Recruitment Update:** [02:18:26](#)

Director Cowling shared the following updates about the recruitment efforts for the four committees:

- The application window closed on Monday, August 12, 2024, at 11:59 pm.
- 166 applicants applied.
- Kudos to the board for their recruitment and kudos to OHA for sharing the opportunity with their distribution lists.
- Applicants were asked what their first choice of committee would be that they'd like to serve on: 40 applicants indicated Communications and Community Engagement, 20 applicants for Finance and Revenue, 26 applicants for Operations, 76 applicants for Plan Design and Expenditures and 4 applicants did not specify a committee.
- Staff developed a scoring methodology for applications and have begun reviewing.
- The board has received applications from many different providers, community-based organizations, health care associations, and many individual consumers who are interested in being part of the work.
- Next Steps:
  - Through the scoring system, staff will be proposing a slate of applicants to each committee chair to approve that will ensure professional expertise and lived experience is represented in each committee to align with their respective tasks and deliverables.
  - Committee chairs will make their preliminary selections and a preliminary list of selected applicants will be posted to the board's website one week in advance of the September board meeting. The list will be preliminary, because the board will make the final decision on committee members.
  - The board will finalize the committee appointments at the September board meeting.
  - Shortly after the September board meeting, there will be a virtual orientation scheduled for all selected committee members (that will be recorded) that will include training on public meetings, public records, task force recommendations, etc. Then regularly scheduled committee meetings will begin after that initial orientation.

**Status Report Due to Legislature:** [02:36:35](#)

[Materials 8.1](#)

SB 1089 requires the board to provide annual status reports to Legislature. The first report is due to the chairs of the Interim Committees on Health by December 1, 2024. Director Cowling reviewed staff's proposed timeline (see Materials 8.1) and asked the board for any feedback. The board supports the proposed timeline, and no feedback was given.

**Board Outreach: Meeting Take-Aways and Outreach:** [02:28:23](#)

It was agreed upon in July's board meeting to take time at the end of each board meeting to capture key talking points from the meeting that should be included in the approved monthly

PowerPoint and talking points for board members to use when speaking on the board's work. Staff will then work with chair and vice-chair to update the PowerPoint and talking points with the agreed upon additions and email that out to board members to use. The following key points will be added to the monthly update:

- The board approved the recommended Values and Principles
- The board has agreed upon the twelve components of the preliminary structure of the Universal Health Plan
- The board had a successful committee recruitment process, and the application window is now closed. 166 applications were received, and final applicants will be selected at the September board meeting.
- The process to hire a technical assistance contractor and an RFP for a longer-term contractor is well underway.

The other item the board agreed to discuss at the end of each board meeting is to share any outreach opportunities board members have received to share updates on the board's work.

- Vice-Chair George shared that he was asked to speak to Mid-Valley Health Care Advocates in July, and it was a good discussion.
- Judy Richardson shared that she will be bringing the four health care models that Jenny Donovan presented to her MBA students and get them to think about how the models would work in Oregon and then share an update on the board's work with those students.
- Amy Fellows shared that she and Michelle Glass are both part of the Allies for Healthier Oregon and may look at getting on a September or October agenda in one of these meetings to share board updates.
- Michelle Glass will be following up with groups who have reached out to her for board updates over the last few months, specifically the southern chapter of Healthcare for All Oregon as well as the statewide Regional Health Equity Coalitions.

Chair Bellanca reminded the board that outreach by the board is encouraged, and please remember to advise Director Cowling any time you are asked to speak on behalf of the board so staff can track engagement. The board also needs to utilize the speaking guidelines that the board has agreed upon.

**Public Comment:** [02:33:25](#)

Bruce Goldberg suggested that as the board moves towards more decision making, it may be helpful to have public comments at the beginning of the meeting, to allow the public to share their thoughts on items that may be voted on, before the vote. Michelle Glass also shared that potentially the board could allow agenda specific public comment at the beginning of the meeting and non-agenda related public comment at the end of the meeting.

Chair Bellanca called upon those members of the public that signed up to provide oral testimony. Three members of the public submitted written [public comment](#) for board consideration and two of those individuals requested to provide oral comments as well.

- Charlie Swanson, attending virtually, shared oral testimony regarding long-term care, Medicare and early community engagement around the possibilities of a tax structure.
- Tom Sincic, attending virtually, shared oral testimony regarding an example of administrative waste in the current health care system, as well as the suggestion to further discuss the budget needs of the board as a future agenda item.

**Adjournment:**

Judy Richardson shared the following quote: "Since the world is round, there is no way to talk away from each other, for even then we are coming back together. Some distances, if allowed to grow, are merely the greatest proximities." – Amanda Gorman, *Call Us What We Carry*

Amy Fellows volunteered to provide the adjourning quote/poem/story for the September board meeting.

Chair Bellanca adjourned the meeting at 11:59 a.m.