

Universal Health Plan Governance Board Committee Orientation September 26th, 2024



Welcome Remarks

- *Chair Helen Bellanca*

- Tech Check
- Introductions
- Agenda Review

Agenda

- Welcome, Agenda Review
- Overview of the Joint Task Force on Universal Health Care
- Preliminary Structure and Primary Tasks for the Universal Health Plan
- Goals of the Universal Health Plan Governance Board (workplan review)
- Committee Service Nuts 'n Bolts
- Questions
- Adjourn

Committee members, please email any questions regarding orientation to:
uhpgeb.info@dcbs.oregon.gov

Overview of the Joint Task Force

- Vice-chair Warren George

Joint Task Force on Universal Health Care

**Presentation to:
Universal Health Plan Governance Board
Committee Member Orientation**

**Warren George
Sept 26, 2024**

PURPOSE

Design a publicly financed single payer plan addressing:

- High Cost of Health Care, about \$13,000 per person compared to about half that in other countries.
- Complexity and Stress
- Inequity: Too many Oregonians because of their race, age, income, geography or insurance endure vastly different health care access, varied health care quality and wide-ranging health outcomes.

MEETINGS

Over 100 Task Force Meetings

- Citizen Advisory Committee
- Benefits & Eligibility
- Provider Reimbursement
- Finance and Revenue
- Plan Governance
- Communications

18 Special Public Engagement Meetings

Regional, Underserved populations, Health Care Providers, Business, Unions, Insurance Companies

Progress Achieved by Task Force

Benefits, Eligibility, Reimbursement Plan

Design mostly completed

Financial Modeling

Single Payer system could save ~ 10%

Task Force dedicated most savings to improve:

regional, primary, and behavioral health services

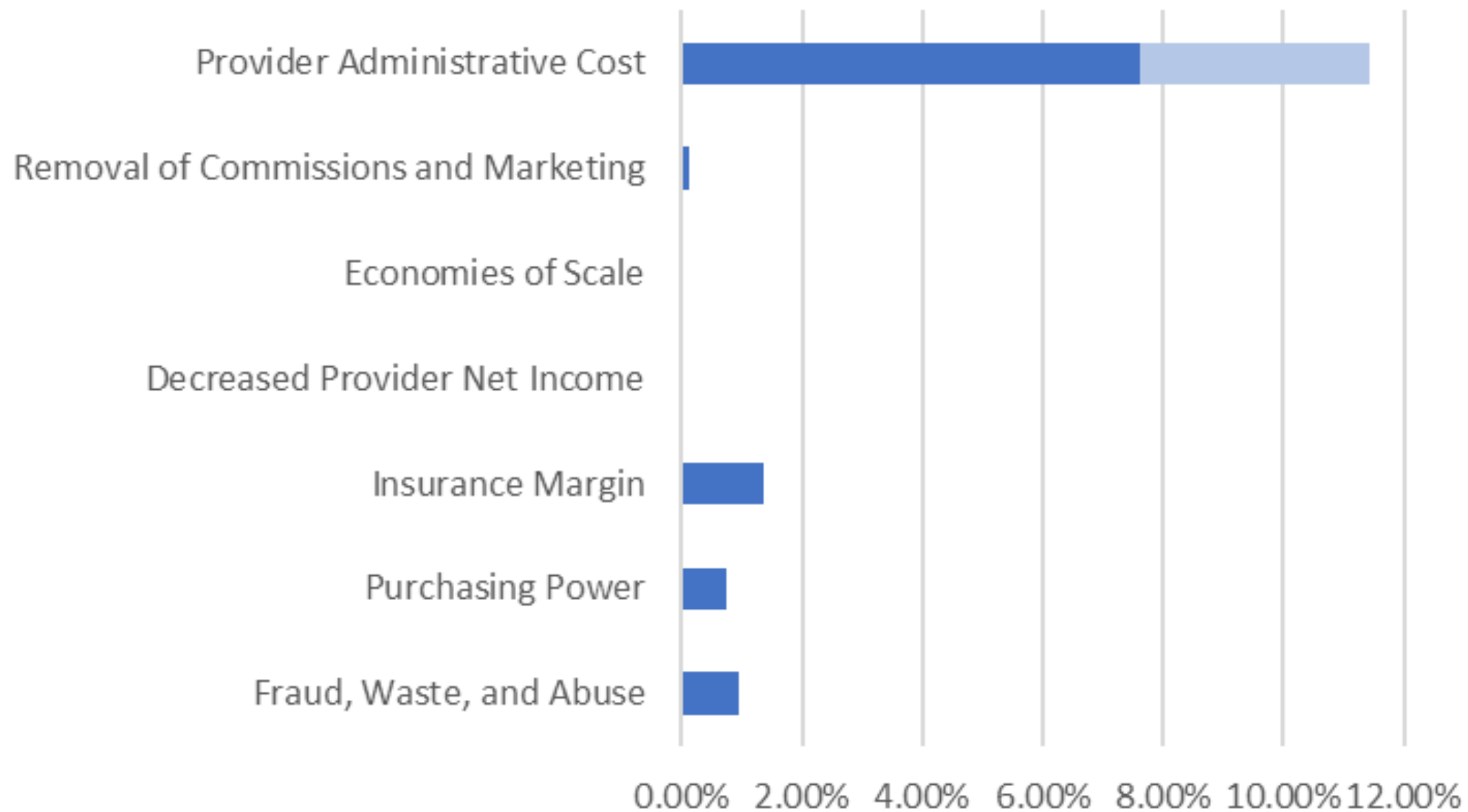
Public Funding Revenue Design

Basic research begun, but not completed

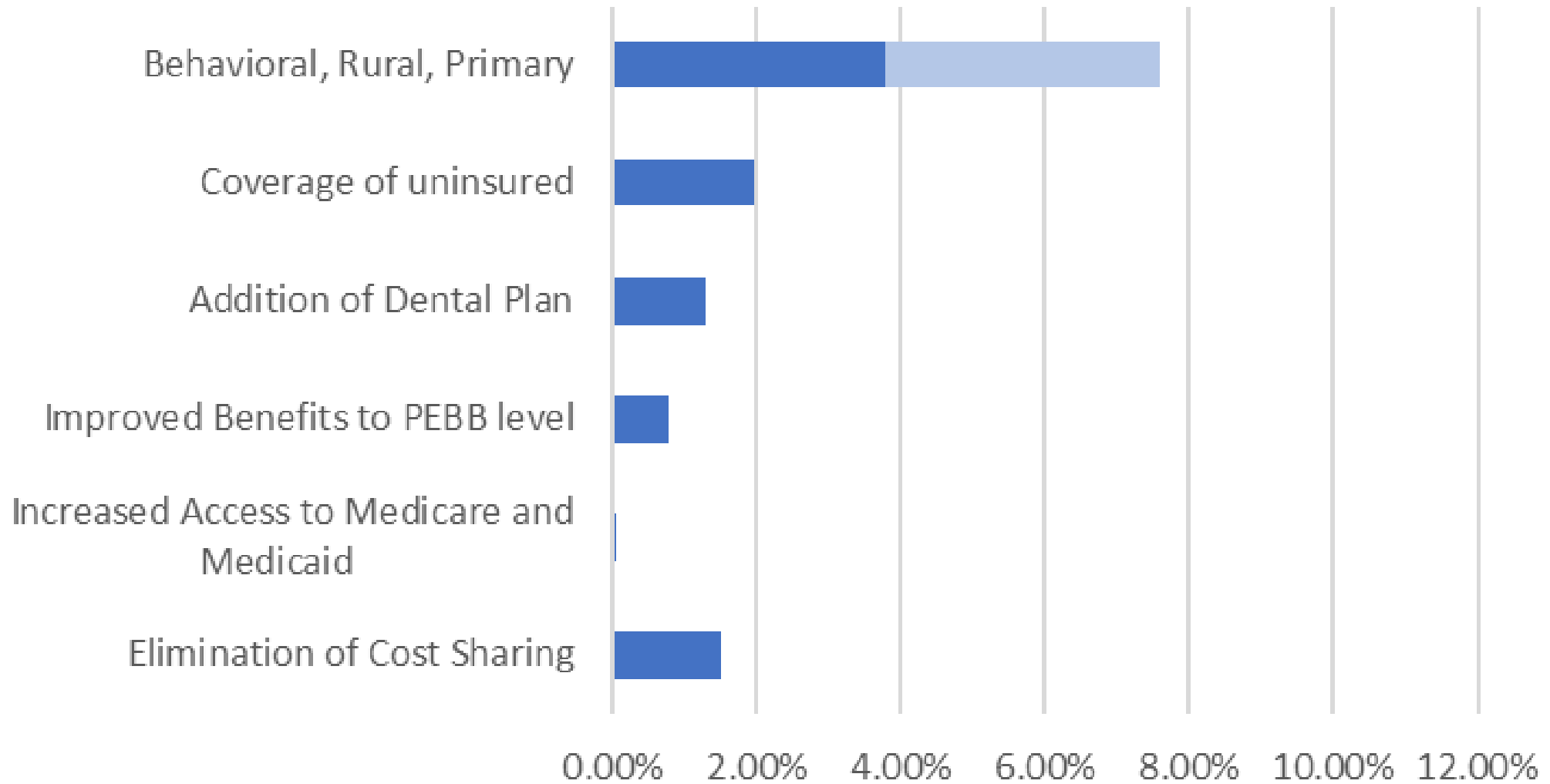
Key Elements

Universal Health Plan

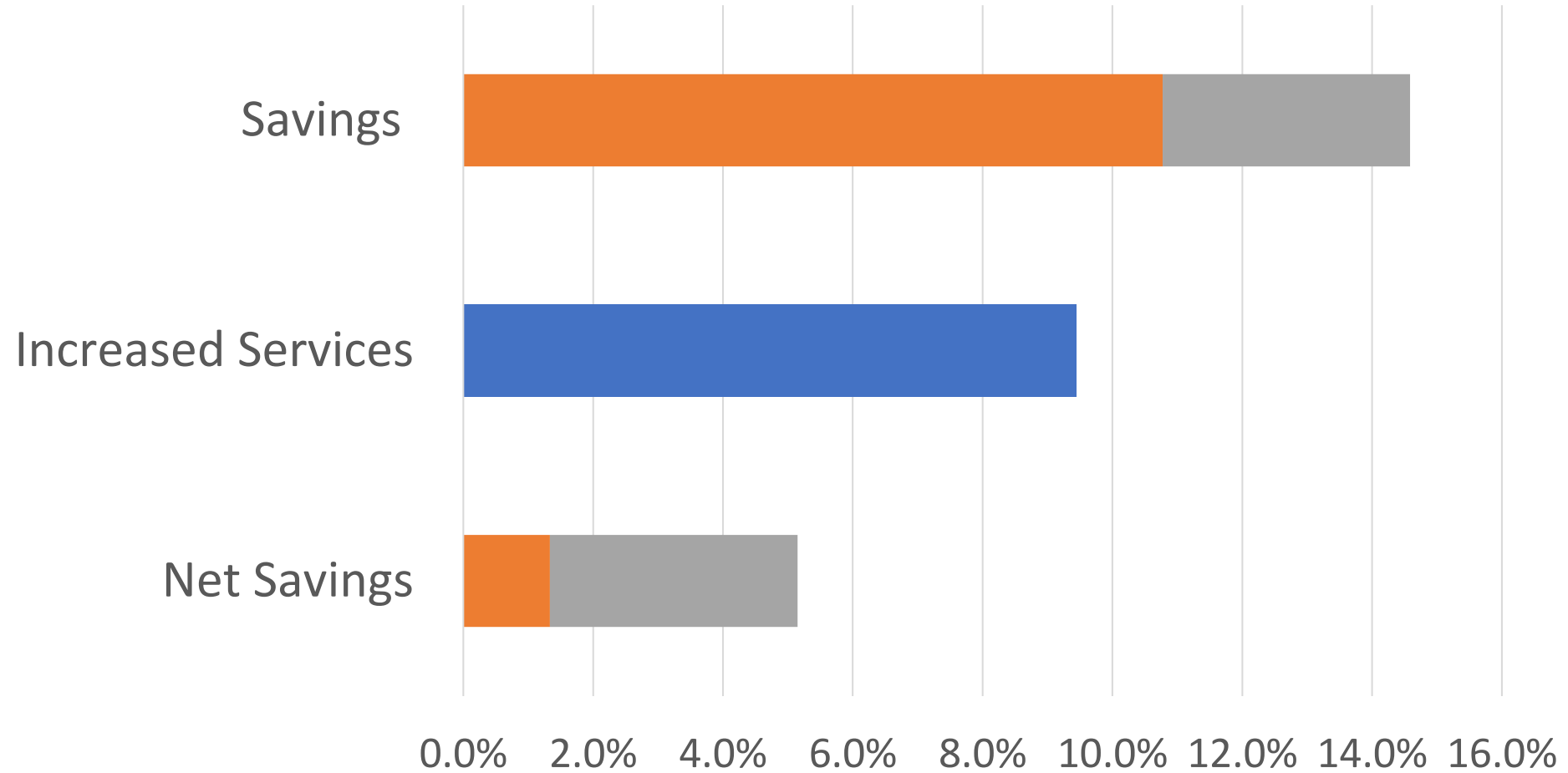
Estimate of Savings



Estimate of Increased Services



Estimates of Single Payer Savings



ERISA

PROBLEM: States can regulate insurance but federal government limits state control of self-insured employer plans

WORKAROUND:

- Payroll tax is levied on all employers unrelated to the employer's benefits plans and is not contingent on them.
- Employers still have option to offer a self funded plan, complementary coverage or no coverage
- Regulation of participating provider reimbursement

Waivers

Waivers

- Will require federal waivers or congressional enabling legislation to use federal funds.
- Oregon may be able to proceed with 1115 and 1332 waivers and CMS innovation grants.
- Task force supports congressional “super waiver” legislation.

Public Funding Revenue

- The Task Force considered a payroll and personal income tax funding combination
 - Payroll Tax 7 to 10%
 - Personal Income Tax of 0 to 8%
- The Task Force did not recommend or approve specific tax strategies
- Additional work is needed to design a public funding mechanism

Overcoming anxiety about big changes:

- Given the enormity of the change (involving over \$50 billion in spending and the health of 4.2 million people), the governing board needs to be consider designing a transition plan that builds confidence and reduces risk.

Thank you!

- **Final Report submitted to the Oregon legislature on September 30**
- **Report available at:**

<https://www.oregon.gov/oha/HPA/HP/Pages/Task-Force-Universal-Health-Care.aspx>

Or search on Oregon Joint Task Force on Universal Health Care Final Report

Universal Health Plan Governance Board

September 2024



Universal Health Plan
Governance Board

Senate Bill 1089

Creates Universal Health Plan Governance Board under DCBS

Nine members to be appointed by governor and approved by legislature (comprised of health care representatives and public engagement representatives)

Deliverables (by Sept 2026):

- Design a comprehensive plan to finance and administer a Universal Health Plan that is responsive to the needs and expectations of the residents of this state
- Consider certain values and principles
- Include a plan to create a Universal Health Plan Trust Fund in the State Treasury and a Public Corporation to administer it

Values and Principles in the legislation

Values

- (A) Health care, as a fundamental element of a just society, must be secured for all individuals on an equitable basis by public means, similar to public education, public safety and public infrastructure;
- (B) Race, color, national origin, age, disability, wealth, income, citizenship status, primary language, genetic conditions, previous or existing medical conditions, religion or sex, including sex stereotyping, gender identity, sexual orientation and pregnancy and pregnancy-related medical conditions may not create barriers to health care nor result in disparities in health outcomes due to the lack of access to care;
- (C) The components of the Universal Health Plan must be accountable and fully transparent to the public regarding information, decision-making and management through meaningful public participation; and
- (D) Funding for the Universal Health Plan is a public trust, and any savings or excess revenue must be returned to the public trust

Values and Principles in the legislation

Principles

- (A) A participant in the Universal Health Plan may choose any individual provider who is licensed, certified or registered in this state or may choose any group practice;
- (B) The plan may not discriminate against any individual health care 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;
- (C) A participant in the plan and the participant's health care 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 service or good is medically necessary or medically appropriate for the participant; and
- (D) The plan shall cover health care services and goods from birth to death, based on evidence-informed decisions as determined by the board;

Board membership and staff

Helen Bellanca, MD, MPH *Chair*

Warren George, *Vice-Chair*

Chunhuei Chi, MPH, ScD

Debra Diaz, PA-C

Amy Fellows, MPH

Michelle Glass

Bruce Goldberg, MD

Cherryl Ramirez, MPA/MPH

Judy Richardson, MD, MBA

Morgan Cowling, MPA *Executive Director*

Jennifer Donovan, JD *Senior Policy Advisor*

Katy DeLuca, *Executive Assistant*

Overview of progress to date

- Convened first meeting April 2024
- Established General Policies and Procedures and Delegation Policy
- Reviewed OHA coverage efforts, ethical frameworks for universal health care, Joint Task Force recommendations, health care financing, single payer efforts in other states, and national health care models and financing structures
- Developed overarching values & principles (including new concepts and those in Senate Bill 1089) – Approved in August 2024
- Developed a workplan, agreed upon a preliminary structure and established 4 committees
- Widespread recruitment for four committees – 166 applications received

Review of the Preliminary Structure and Primary Tasks of the Universal Health Plan

- Chair Helen Bellanca

Preliminary Structure of the Universal Health Plan

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. 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.

Preliminary Structure of the Universal Health 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 nine 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 organization.

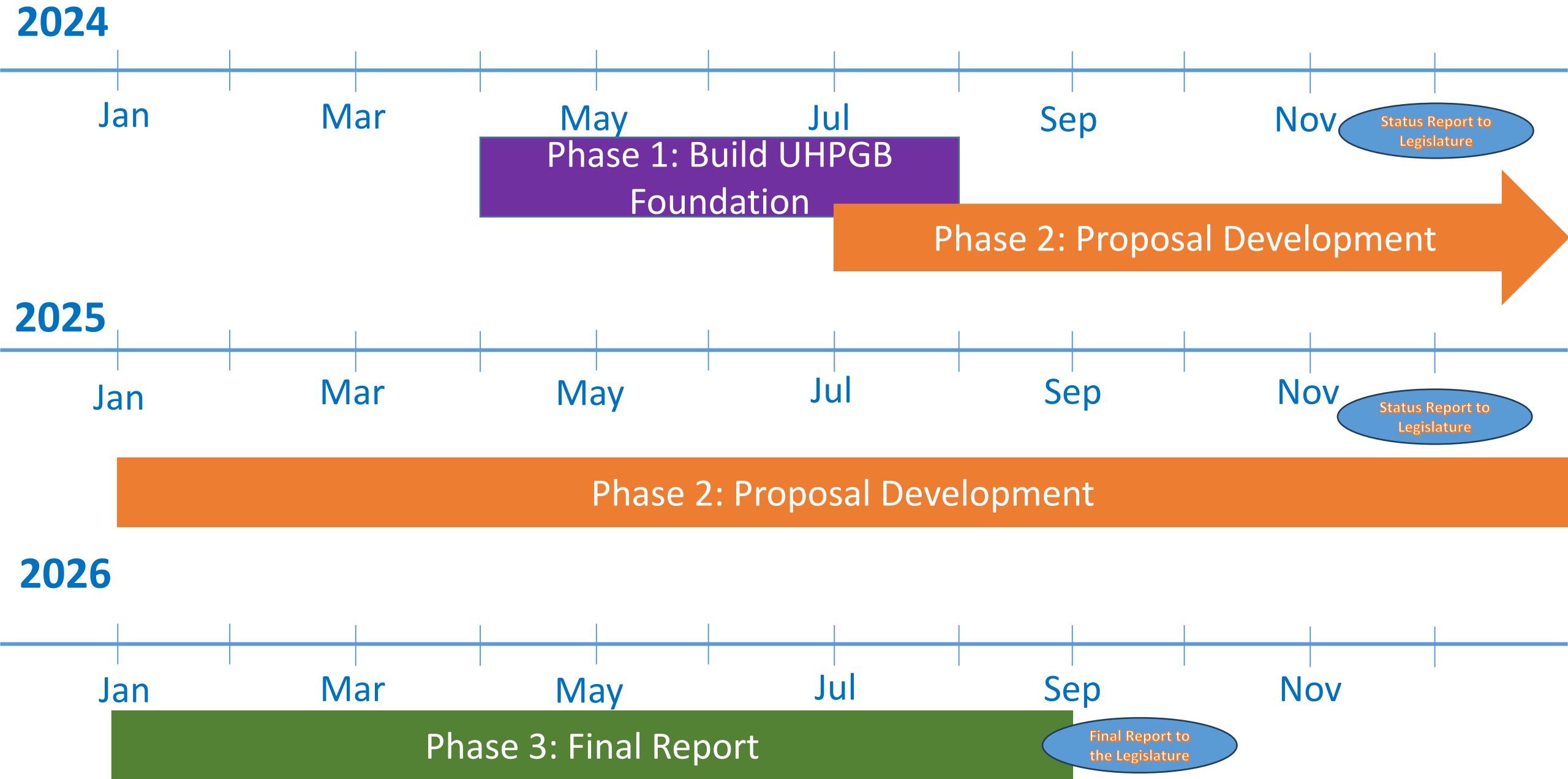
Considerations Ahead:

- Create a unified financing plan that incorporates all federal and state health care dollars, as well as other revenue sources as permitted by law
- Clearly spell out covered benefits, particularly in Behavioral Health services and long-term support services, or identify options for each
- Clarify options related to Medicare and Medicaid waivers that may be needed
- Create several financial models for revenue streams that will not cause financial hardship for families or small businesses
- Explore options for employers that do not violate ERISA
- Work with hospitals and clinicians on a plan for a simplified payment strategy for services that accounts for regional differences and saves money
- Engage health care entities, businesses, tribes and communities in the development of the plan
- Build a clear transition plan that moves the current system to the one in the plan

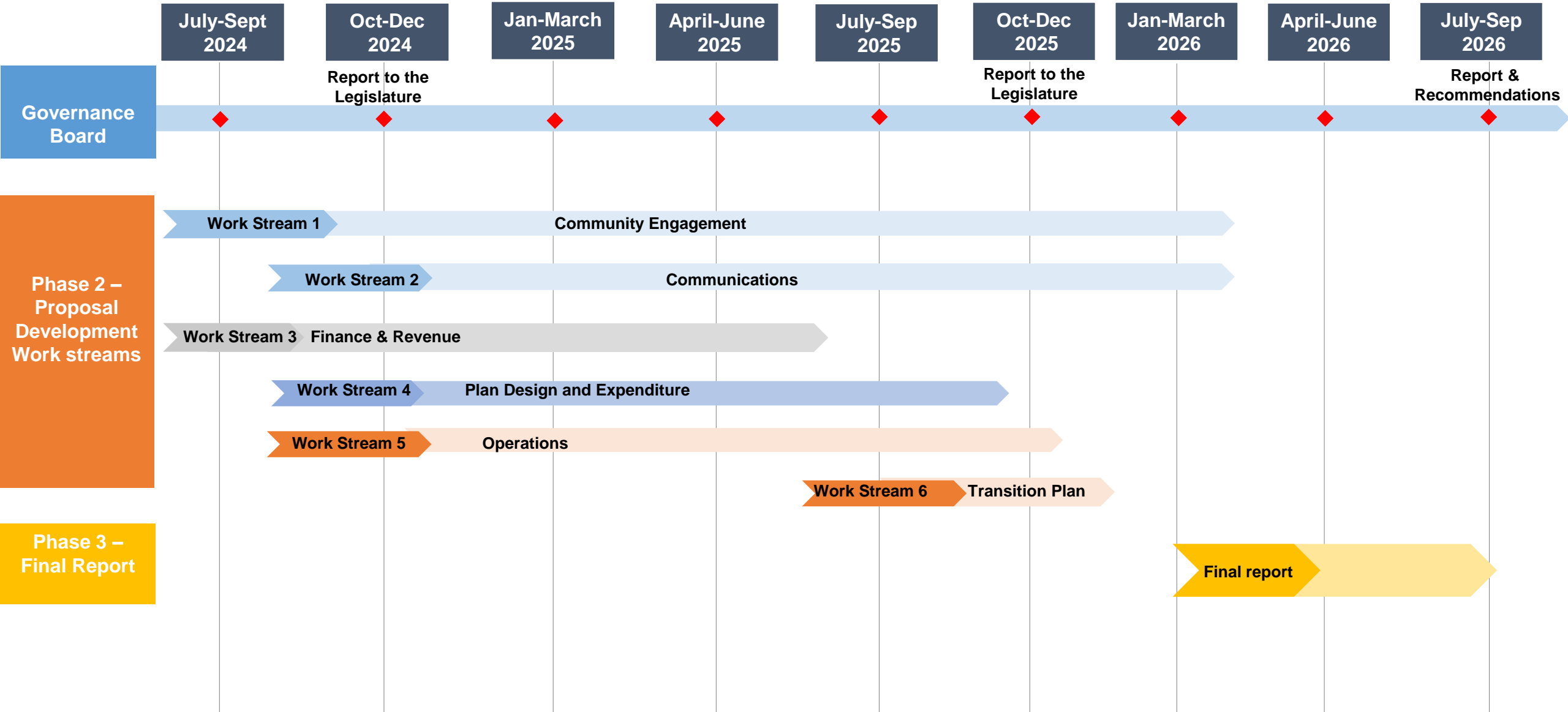
Goals of the Universal Health Plan Governance Board

- Executive Director Morgan Cowling

Universal Health Plan Governance Board Work Plan Phases



Workplan Timeline for Phase 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: Warren George

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

UHPGB Committee Service Nuts 'n Bolts

- Transparency and open government laws

- *Executive Director Morgan Cowling*

Public Meetings Law

- All committees of the board are required to follow public meetings law
- Public notice and public access are required
- Meeting is any convening of committees where there is a quorum
- House Bill 2805, which passed in 2023, creates new definition for “convening” which includes serial communications / use of intermediary
- All business and discussion of the committees needs to be conducted at public meetings
- Monthly meetings for each committee have been scheduled but additional meetings could be scheduled if more time for public discussion and deliberation is needed

Public Records law

- Applies to all public records of the committees – emails or any documents created
- Any person may request public records requests
- Requirement to retain public records

Questions?

Adjourn

Committee members, if you have any questions from today's orientation session, please email those to:
uhpgeb.info@dcbs.oregon.gov



Universal Health Plan
Governance Board
