

Universal Health Plan Committee Straw Recommendation

Committee:

Date Submitted:

Date to be reviewed by the Board:

High level summary: *(what does the end result look like?)*

Focus of Recommendation: *(what deliverable / workstream is aligns with this recommendation? What problem or question does the recommendation address? See Phase II workstreams below)*

Does the recommendation align with the preliminary structure of the Board?

How does this recommendation align with the values and principles of the Board?

How does the recommendation relate to the committee's deliverables? *(if not, why?)*

Recommendation Champion:

(if not the committee chair. This is the person who will address board questions):

Dependencies:

(Will the work of other committees be impacted by this recommendation? If so, how and which committee? Do you need deliverables completed from another committee before this recommendation can be built with details? Does this recommendation build on previous deliverables completed by the committee or work completed by the board?)

Resources Needed: (What does the committee need in terms of Research / Needs to create detailed project plan?)

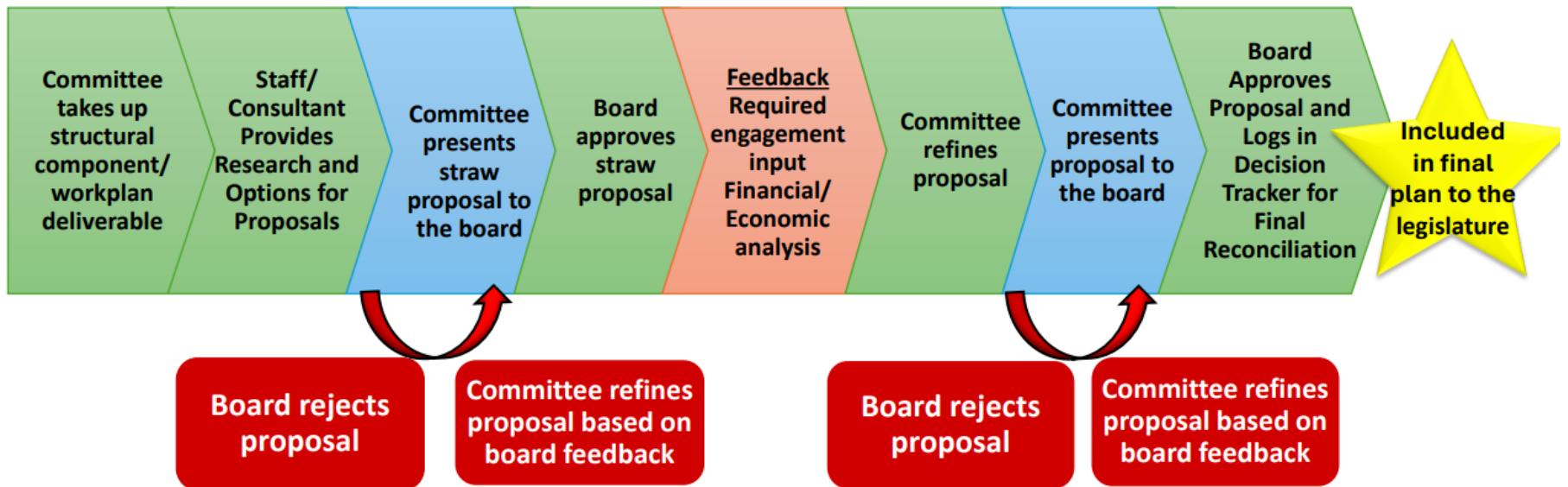
Board Feedback:

Approved: Board Agrees with the direction of this recommendation.

Returned for revision. Please redirect your focus in the following way:

Resources (from November Board meeting and Committee Orientation Materials):

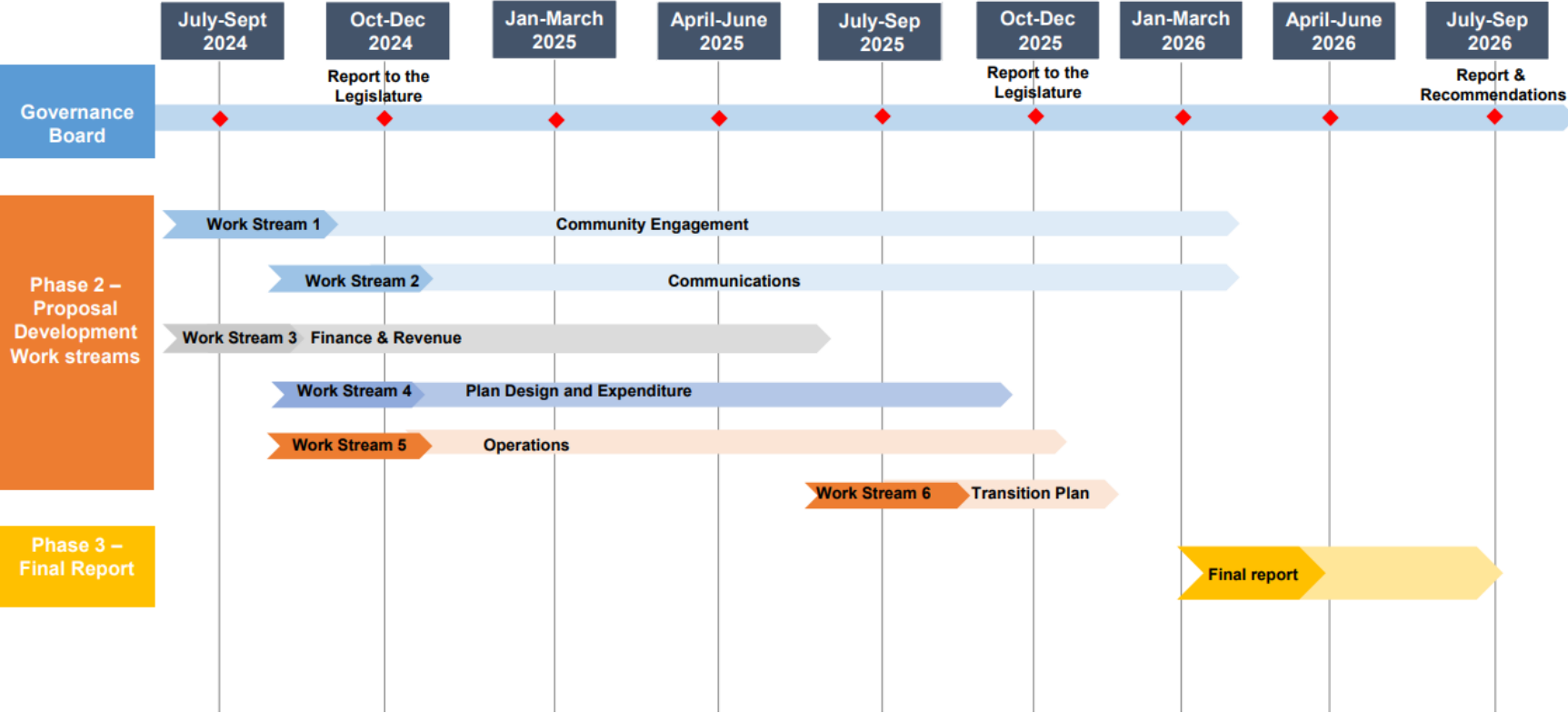
Board Decision Making Process



UHPGB Work Plan – Phase II Work Streams

<h2>Work Steams 1/2</h2> <h3>Communications & Community Engagement</h3>	<h2>Work Stream 3</h2> <h3>Finance & Revenue</h3>	<h2>Work Stream 4</h2> <h3>Plan Design and Expenditure</h3>	<h2>Work Stream 5</h2> <h3>Operations</h3>	<h2>Work Stream 6</h2> <h3>Transition and Implementation</h3>
<p>Community Engagement Deliverable:</p> <ul style="list-style-type: none"> • 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 <p>Communications Deliverables:</p> <ul style="list-style-type: none"> • A communications plan, including messaging strategy with a suite of materials developed • Minimum of ten presentations on the plan throughout Oregon • Dissemination plan 	<p>Deliverables:</p> <ul style="list-style-type: none"> • 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 	<p>Deliverables:</p> <ul style="list-style-type: none"> • 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 	<p>Deliverables:</p> <ul style="list-style-type: none"> • 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 	<p>Deliverables:</p> <ul style="list-style-type: none"> • 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
<p>Expertise: Community engagement</p>	<p>Expertise: Health spending/ Oregon tax / finance, ERISA</p>	<p>Expertise: Health plan. Health finance and expenditures.</p>	<p>Expertise: Business Admin, IT, Operations and Health Plan</p>	<p>Expertise: Workforce, Information Systems, Health plan organization</p>
<p>Board Lead: Michelle Glass & Amy Fellows Staff Support: Jenny Donovan</p>	<p>Board Lead: Cheryl Ramirez Staff Support: Morgan Cowling</p>	<p>Board Lead: Debra Diaz Staff support: Morgan Cowling & OHA Policy Analysts</p>	<p>Board Lead: Bruce Goldberg Staff Support: Jenny Donovan & OHA Policy Analysts</p>	<p>Board Lead: TBD Staff Support: Jenny Donovan</p>
<p>Committee: Community Engagement</p>	<p>Committee: Finance & Revenue</p>	<p>Committee: Plan Design and Expenditure</p>	<p>Committee: Operations</p>	<p>Committee: Transition</p>
<p>Timeline: July 2024 – March 2026</p>	<p>Timeline: July 2024 – August 2025</p>	<p>Timeline: September 2024 – November 2025</p>	<p>Timeline: September 2024– December 2025</p>	<p>Timeline: July 2025 – December 2025</p>

Workplan Timeline for Phase 2 and 3



Preliminary Structure:

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.
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