



Oregon
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Universal Health Plan Governance Board (UHPGB) Meeting
Thursday, July 18, 2024
Minutes

Approved by the board on August 15, 2024

Web link to the meeting video: [UHPGB July 18, 2024, 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, Amy Fellows, Cherryl Ramirez, Judy Richardson, Michelle Glass and Bruce Goldberg. Virtually: Chunhuei Chi

Absent: none

Welcome and Introductions: [00:03:06](#)
[Written public comment submissions](#)

Chair Bellanca briefly summarized and thanked the three members of the public who submitted written public comments for the board to review.

Approval of June 20, 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 Michelle Glass provided a second to the motion. There was no discussion.

Board vote:

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

No: None

Motion passed 9-0.

Executive Director's Report: [00:06:35](#)

Executive Director Morgan Cowling provided updates on her work for UHPGB since the last board meeting.

- The application process for the two limited-duration staff positions to support policy research for the board has closed and interviews will be held in August. The hired applicants are scheduled to begin in early Fall. These two employees will be stationed within the Oregon Health Authority.
- Procurement Updates:
 - Morgan has been partnering with the procurement team at DCBS (Department of Consumer and Business Services) on bringing on a contractor to support the work of the board, where specific expertise is needed. Due to the size of the

contract and the scope of work that is needed by the selected contractor, the procurement process can take 6-9 months. This contractor would be hired to support the work of the board through its final recommendation to the legislature in September 2026 with policy analysis/research, support with the financial modeling, etc.

- Due to the long wait of the larger procurement, Morgan is also partnering with our colleagues at the Oregon Health Authority (OHA) to access their “Technical Assistance Bank” (TA Bank), which is a list of contractors that the state already has contracts in place with that the UHPGB can potentially hire on more quickly. This will allow the UHPGB to bring on a contractor with a shorter agreement length (one year), with a procurement process of 1-2 months. This contractor would be focused on health system policy research and analysis.
- Staff is also working on a smaller procurement request to support Communications/Community engagement.
- Since the UHPGB is under the umbrella of DCBS, UHPGB is included in their agency request budget to the Governor’s office and the Department of Administrative Services. DCBS has been working on their agency budget request for the next biennium and the UHPGB’s budget will continue in current service level budget into the next fiscal year. The only notable change to the budget in the next fiscal year is around the three full-time staff positions that are supporting the board. In the budget adopted by the legislature for the UHPGB, it called for 2.65 FTE positions, because there was a gap from the time the board was established to when staff were hired on. In the next fiscal year, the budget will call for 3.0 FTE positions and areas of the budget will have smaller roll-up costs.

Public Engagement: [00:22:25](#)

[Materials 4.1](#)

Chair Bellanca called on board members Michelle Glass and Amy Fellows to present on public engagement. Michelle Glass and Amy Fellows volunteered to be co-chairs of the Communications and Community Engagement committee. Michelle led the board through a presentation focused on public engagement efforts done by the Joint Task Force on Universal Health Care, direction from SB 1089 for the UHPGB, as well as guiding principles around public engagement for the UHPGB going forward.

Chair Bellanca proposed to the board that all nine members have the authority to interact with the public about the board’s work, with the below caveats. A “fist to five” process was used to assess if the board agrees. Board members indicated agreement.

- Board members would use the PowerPoint presentation and PDF talking points to share the latest on the board’s work. Staff will provide these documents to board members the week after each board meeting.
- Board members must make it clear that they are not presenting on behalf of the board, but rather presenting as a board member about the board’s work.
- If a board member is asked about anything outside of what’s included in the PowerPoint/PDF, then the board member will make it clear that they are speaking as an individual and the answer provided is not representing the board at large.
- In addition to the points above, if a board member is asked to speak about the board’s work, they need to ensure that they notify Morgan Cowling and Chair Bellanca about the request so it can be tracked on the back end.

After board discussion, the following recommendations/comments were made regarding public engagement:

- What can we learn from OHA’s efforts during the pandemic to get vaccination information out to all Oregonians? If the Task Force was involved in creating a network of community-based organizations, that may or may not have been health care

touchpoints, but were instrumental in engaging a wide base and getting information out across Oregon, the UHPGB should tap into that network.

- Public engagement includes three levels – informing the public about important issues, true two-way communication by getting the public’s input about their concerns/interests/values, and public participation in policymaking. How will the UHPGB develop strategies for these three important public engagement levels?

Next steps: As a follow-up to this meeting, Chair Bellanca and staff will email the board a summary of the UHPGB’s agreed upon public engagement guidelines. The email will include the updated PowerPoint and PDF talking points about the board’s work.

Behavioral Health in Oregon: [00:49:58](#)

[Materials 5.1](#)

Chair Bellanca called upon board member, Cherryl Ramirez, to present on Oregon’s current funding structure as it relates to behavioral health. Cherryl also served as a member of the Joint Task Force on Universal Health Care.

After board discussion, the following questions or recommendations were brought up:

- Behavioral health funding is complex and will require careful consideration from the board when designing the plan, as services are funded by 30% general funds, in addition to federal grants. These health care dollars must be accounted for in the plan. The board has an opportunity to rethink how behavioral health services are paid for in Oregon and ensure it is simplified, equitable and effective.
- It might be helpful to share a document explaining Maslow’s Hierarchy of Needs so everyone can understand this concept a little better.
- Regarding the work force exodus, do you have any data to support the latest trends post 2020?
 - Cherryl responded that numbers in workforce gaps are currently being collected in preparation for the 2025 legislative session. Cherryl will come back with numbers when they are available.
- It will be important for the board to clearly define behavioral health services and to define care for people with disabilities.

State’s Single-Payer Efforts Presentation Follow-Up: [01:30:00](#)

[Materials 6.1](#)

[Materials 6.2](#)

In June’s board meeting, Senior Policy Advisor, Jennifer Donovan, presented her research and findings on universal health care/single-payer efforts in other states in the U.S. As a follow up to that presentation, Jennifer presented additional findings from Colorado, Massachusetts, Maryland, and California’s long-term care recommendations. After board discussion, the following questions were asked:

- Related to long-term care in California, is there anything regarding trying to keep people in their homes and supported in their communities, rather than institutionalizing these individuals? It’s important that we don’t have incentives that institutionalize more people.
- For the states of Massachusetts and Maryland who are doing things differently from other states, are there any statistics that show these states have a difference in cost, quality, or access compared to other states?
- In the states that were researched, was there a difference in success rate where the plans were presented as single-payer versus presented in other ways – such as universal healthcare?

Goals of Oregon’s Universal Health Plan Effort: [01:48:15](#)

[Materials 7.1](#)

Chair Bellanca shared that the board needs to be able to communicate very clearly about what it is the board is trying to create with this plan and the timeline of how it will be completed. Chair

Bellanca led the board through Joint Task Force's recommendations for the Universal Health Plan and asked the board to discuss if those are the recommendations that the UHPGB should formally adopt. The idea is to adopt the recommendations that the board agrees with and use a starting point for the board's work. It would be a living document that can be adjusted as needed, if the board chooses. After board discussion, the following recommendations were made:

- PEBB Benefits and long-term care will have to be determined by plan design, because the first step is figuring out the revenue plan and what can fit within that plan.
- Are the recommendations stating that everyone gets the Medicaid benefit? Recommend changing recommendation number two to "The plan will be based on current PEBB benefits." And it should also be added to this recommendation that the plan will expand mental health services and that no current eligible Oregon Health Plan (OHP) or Medicare/Medicaid benefits will be lost.
- Relating to long-term care, put something in there about "To Be Determined".
- Because we have not had any discussion about revenue, the following recommendation needs to be broader – "The plan will not require patients to pay when receiving care. There shall be no co-pays or deductibles. Instead, people will pay taxes based on their ability to pay." Without discussing revenue first, this recommendation feels premature.
- Regarding the plan paying providers directly, no discussion has been had about how providers will get paid, so this recommendation feels premature.
- Regarding the federally recognized tribes, need to include a statement that current tribal healthcare systems will remain intact.
- To recommendation number one, add "The plan will clarify eligibility and residency requirements, including for people who live out of state but work in Oregon."
 - The board will have to define how the plan will treat folks who rely on Oregon employers for their insurance but live out of state.
- The suggestion was made to avoid calling these "recommendations" but rather "starting points for modeling and research".
- Language should be added to the document, when provided to the public, that it is a working document and subject to change.

Next Steps:

- The board tabled the discussion for now, in the interest of time. Chair Bellanca will email the board the recommendations with agreed upon edits (so far) and then board members need to carefully review and send their feedback/edits to Director Cowling.

Values & Principles Workgroup Recommendations: [02:12:55](#)

[Materials 8.1](#)

[Materials 8.2](#)

Vice-Chair George presented the recommendations made by the Values and Principles Workgroup:

- Recommendation #1 – adopt the Health Equity Committee's definition of 'Health Equity'
 - Amy Fellows requested adding "past and current" bias under recommendation #1.

Bruce Goldberg made the motion to adopt the definition of 'health equity' and Debbie Diaz seconded the motion.

During board discussion, the following suggestion was made to consider adopting Tom Sincic's principles and values document that he submitted through [public comment](#). Another suggestion was made that the Values and Principles workgroup will need to meet to discuss Tom Sincic's submission and come back to the board with an updated recommendation in August.

Bruce Goldberg withdrew his motion for a vote to adopt the 'health equity' definition.

Review and Approve Workplan: [02:19:30](#)

[Materials 9.1](#)

Director Cowling reviewed the changes to the workplan that were made based on feedback from the board.

- The timeline for the Transition Plan has been updated.
- The deliverables and expertise needed have been updated.
- The Operations and Transition committee will now be two separate committees: Operations Committee and Transition Plan Committee.
- Changes to tasks, deliverables, and/or timeline were made to Workstream #3 – “Financing the Universal Health Plan”, Workstream #5 – “Operations”, and Workstream #6 – “Transition and Implementation Plan”.
- This will be an iterative document and the board will be able to make changes along the way. But staff recommends reviewing the workplan, at least quarterly, to track progress and identify additional tasks/deliverables as needed.

Vice-Chair George requested that two tasks be added to Phase I of the workplan:

- Select the general financing structure(s) for the plan
- Clarify how any potential savings would be applied

There was additional discussion by the board on the value of adding those tasks to the workplan and questions about how to operationalize those recommendations. After discussion, agreed upon next steps are that staff come to the August Board meeting with an overview of financing structures and the board can decide to create a workgroup to further discuss, if needed.

Vice-Chair George made the motion to approve the workplan, with the two additional tasks added to phase I and Bruce Goldberg seconded the motion. There was no further discussion.

Board vote:

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

No: None

Motion passed 9-0.

Establish Committees: [02:33:23](#)

[Materials 10.1](#)

Director Cowling reviewed the changes that were made to the committee charters based on feedback from the board:

- Language has been added to all charters outlining how committees will make decisions on recommendations to the board.
- Language has been added to all charters that committees can be dissolved by the board and committee members can be removed, or replaced, by the board and that committees have no authority to make decisions for the board.
- New tasks have been added to the Finance Committee Charter and Operations Committee Charter.
- Since the Operations and Transition Plan committee has been split into two, the recommendation is to establish the Operations committee today, but the Transition Plan committee will be established later.

Chair Bellanca called for a motion to establish the following committees: Community Engagement and Communications, Finance and Revenue, Plan Design and Expenditures and Operations.

Cherryl Ramirez made the motion to approve the committees and Michelle Glass seconded the motion. There was no further discussion.

Board vote:

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

No: None

Motion passed 9-0.

Committee Recruitment: [02:37:25](#)

Director Cowling shared an update about ongoing efforts for UHPGB committee recruitment.

- DCBS shared a state-wide press release and created a LinkedIn post
- Staff sent out a bulletin to the 250 subscribers of the UHPGB updates
- Director Cowling, Chair Bellanca and Vice-Chair George have been meeting to identify organizations to reach out to and have begun these reach outs
- Currently, we have 21 applicants with interest spanning across all four committees

After board discussion, the decision was made to extend the deadline for the committee application to Monday, August 12. The following suggestions were made:

- Can DCBS and OHA share this with their distribution lists?
- All board members need to share this with their networks.
- Can staff create a recruiting email that can be forwarded?

Next steps: Staff will come to the August board meeting with the final tally of the number of applicants and a high-level summary of the applications. At that time, the board will then decide if they want to extend the deadline or not. If the board decides NOT to extend the deadline, a special (shorter) board meeting will be scheduled in late August/ early September to appoint selected applicants to the committees. Prior to that special meeting, staff will provide their recommendations on committee member selections, as well as the full list of applicants for each committee to the committee chair(s) to review and make their recommendations. Committee chairs will share their recommendations to the full board, in the special meeting, for appointment.

Public Comment: [02:50:08](#)

Three members of the public submitted written [public comment](#) and requested to provide oral comments as well. One member of the public signed up to give oral testimony in-person.

- Richard Walsh provided in-person testimony regarding how to get a universal health plan passed with all Oregon voters.
- David Ladwig, attending virtually, shared oral testimony regarding measurement toward a better health system.
- Dr. Vern Saboe Jr, attending virtually, shared oral testimony regarding reimbursement, coverage and participation.
- Tom Sincic, attending virtually, shared oral testimony regarding healthcare costs, principles and values, budget, and community engagement.

Adjournment:

Debra Diaz shared the following quote: “Of all the forms of inequality, injustice in health care is the most shocking and inhumane.” – Rev. Dr. Martin Luther King Jr.

Judy Richardson volunteered to provide the adjourning quote/poem/story for the August board meeting.

Chair Bellanca adjourned the meeting at 12:07 p.m.