



Oregon
Tina Kotek, Governor



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July 15, 2024

To: Universal Health Plan Governance Board (UHPGB)
Fr: Morgan D. Cowling, MPA, UHPGB Executive Director
Re: Review and Approve Four Committees of the Board

Background

The UHPGB General Policies and Procedures outlines the ability of the board to establish committees. According to the policies, the board needs to establish membership, terms, organization of the committees and appoint members. The board reviewed the draft workplan and committee charters at the June board meeting, which together establish the organization and responsibilities of the committees.

Board members who volunteered for each committee provided an additional review of the draft Committee Charters and proposed additional edits to staff. The changes that have been suggested since the last review at the June board meeting are highlighted in yellow.

Approve the following four committees, as governed by the applicable charters dated July 15th, 2024:

Community Engagement and Communications Committee (CECC)

Chair(s): Michelle Glass and Amy Fellows
Additional board members: Warren George

Plan Design and Expenditures Committee (PDEC)

Chair(s): Debra Diaz
Additional board members: Helen Bellanca, Chunhwei Chi, Cherryl Ramirez

Finance and Revenue Committee (FRC)

Chair(s): Warren George
Additional board members: Cherryl Ramirez

Operations Committee (OC)

Chair(s): Bruce Goldberg
Additional board members: Judy Richardson, Warren George

New: Transition Committee (TC) – to be separated from the operations-related work and established at a later date. Board members assigned to the Operations Committee are recommending that the Operations and Transition work be separated as the transitions functions will need different expertise and support.

DRAFT Community Engagement DRAFT Committee Charter

The Community Engagement Committee will be responsible for both community engagement and communications workstreams.

Committee Membership:

Board Members: Amy Fellows and Michelle Glass (Co-Chairs); Warren George

Non-Board Members:

Tasks

Community Engagement Tasks:

- Review Joint Task Force Final Report's appendices on community engagement, understand existing feedback that communities have given and identify gaps in engagement including, but not limited to, behavioral health consumers and providers
- Identify strategies to engage with communities and stakeholders using existing structures and meetings
- Engage with key partners including: federally recognized tribes in Oregon, businesses, Providers, Clinics, CCOs, community-based organizations (CBOs), disability-led organizations and insurance carriers
- Develop plan for general public outreach to engage throughout the Finance and Operations committees
- Engage with small and large businesses particularly in the development of the revenue and finance development of the Universal Health Plan
- Present feedback received through community engagement efforts to the Governance Board committees and board to inform decisions

Communications Tasks:

- Identify communication materials needed and develop strategies for using the materials
- Identify the best messages to communicate the value of a Universal Health Plan

Deliverables:

Community Engagement Deliverables: [Section 2(3) f, g, h]

- Use existing mechanisms to get feedback and identify gaps
- Community engagement outreach plans for business, health care industry and health care consumers throughout Oregon
- At a minimum, present workstream recommendations to relevant community partners following each workstream to get feedback on recommendations prior to board review

Communications Deliverables:

- Develop a communications plan, including a message strategy, that includes materials – PowerPoint, talking points, and one-pagers – developed at major benchmarks of the project available for outreach community engagement

- A minimum of ten presentations of the comprehensive plan to finance and administer a Universal Health Plan open to communities throughout Oregon to hear the final work prior to submission to the legislature
- Create a dissemination plan to the final report to ensure full public knowledge

Process Considerations

The committee will provide recommendations to the board and has no authority to make decisions for the board. The committee will exist until it is dissolved by the board. Committee members serve at the pleasure of the board and by a vote of the board may be removed, or replaced.

The committee will be making recommendations on specific outreach efforts that will impact the other committee's work timelines. Keeping the board aware of the timelines for communications and community engagement will be very important.

Recommendations Guidance: Committee Decision – Making Process

Quorum: A simple majority of committee members.

Consensus: A consensus decision-making approach will be used to facilitate the committee's deliberations and to ensure that the committee receives the collective benefit of the individual views, experiences, backgrounds, training, and expertise of its members.

Voting: Recommendations to the board made by the committee, including when there is consensus, must be taken by public rollcall vote of all members present. Voting should flexibly follow the process set forth in Robert's Rules of Order. Absent compelling circumstances (e.g., as mandated by applicable conflict of interest laws and policies), committee members should not abstain from voting. Voting can be used when consensus is not achieved, and any committee member is eligible to make a motion. If there are votes in the minority, those members voting in the minority may submit an explanation of their vote and provide alternative proposals.

Timeline and Meeting Frequency: July 2024 – March 2026

Committee will meet every two – three weeks and provide monthly updates to the Governance Board on progress.

June: Governance Board review and approve committee charter

July: Recruit non-board member committee members

August/ September: Foundation building. Review prior community engagement during the Joint Task Force and identify existing meetings and structures to use for outreach efforts.

October /November: Develop communications plan and materials to assist with additional listening and outreach efforts to supplement the Joint Task Force work and increase the public's understanding of the work of the Governance Board. Develop outreach plans to assist with workstream engagement.

December 2024-December 2025: Implement outreach and communications efforts as recommended by the committee and approved by the board.

October 2025: Create dissemination plan and develop communication materials.

January, 2026 – March, 2026: Give a minimum of ten presentations on comprehensive plan throughout Oregon. Disseminate final report to increase public understanding of the plan.

Subject Matter Expertise

Community engagement strategies. Knowledge of health care, business, and health care consumers to engage with this effort.

Resources Needed

Communications and messaging. Language translation. Community engagement specialist to support engagement efforts.

Staff

Jenny Donovan, Senior Policy Specialist, and Katy DeLuca, Executive Assistant, UHPGB

DRAFT Finance and Revenue Committee DRAFT Committee Charter

Committee Membership

Board Members: Warren George (Chair); Cherryl Ramirez

Non-Board Members:

Tasks:

- **Develop a list of attributes of a sound financial plan**
- Review and understand current health spending in Oregon
- Develop an annual Universal Health Plan cost target that can be supported with new revenue and existing health spending
- **Review methods of revenue collection to withstand an ERISA challenge**
- Review, **update and build on** revenue options to pay for universal health plan as outlined in the Joint Task Force Report
- Describe the impact of revenue or taxes on large and small businesses and households
- Identify required startup costs and plan reserves and develop strategies for building the needed reserves
- **Compare and contrast current mechanisms for funding for health care with the proposed financing strategy**

Deliverables: [SB 1089 Section 2(3) i and j]

- Unified financing strategy for the Universal Health Plan that may include an income tax, a payroll tax, or other options that take into considerations ERISA and has support from large and small employers
- Analysis of the impact of Universal Health Plan on Oregon's economy

Process Considerations:

The committee will provide recommendations to the board and has no authority to make decisions for the board. The committee will exist until it is dissolved by the board. Committee members serve at the pleasure of the board and by a vote of the board may be removed, or replaced.

As the committee is developing recommendations engagement with the business community, as recommended by the Community Engagement Committee, will need to be built into the timeline.

Recommendations Guidance: Committee Decision – Making Process

Quorum: A simple majority of committee members.

Consensus: A consensus decision-making approach will be used to facilitate the committee's deliberations and to ensure that the committee receives the collective benefit of the individual views, experiences, backgrounds, training, and expertise of its members.

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not abstain from voting. Voting can be used when consensus is not achieved, and any committee member is eligible to make a motion. If there are votes in the minority, those members voting in the minority may submit an explanation of their vote and provide alternative proposals.

Timeline and Meeting Frequency: July 2024 – August 2025

Committee will meet every two – three weeks and provide monthly updates to the Governance Board on progress.

June: Governance Board review and approve committee charter

July: Recruitment for non-board members

August-October: Foundation building. Build understanding of current health spending and revenue options in Oregon and review revenue options discussed by the Joint Task Force

November-January, 2025: Develop revenue options and strategies for startup costs and reserves

February-April, 2025: Outreach and engagement on revenue options being developed

May – July, 2025: Discuss input with committee and board and revise unified financing strategy

August, 2025: Present committee deliverables to the board

Subject Matter Expertise

Staff will invite experts on Oregon’s current methods of taxation and options for financing a Universal Health Plan. State and/or National experts will be brought in to provide analysis of the impact of taxes on large and small businesses.

Resources Needed

Health spending. Legal and Oregon tax/ finance policy support. Revenue analysis and impact.

Staff

Morgan Cowling and Katy DeLuca, UHPGB

DRAFT Plan Design and Expenditures Committee DRAFT Committee Charter

Committee Membership

Board Members: Debra Diaz (Chair) Helen Bellanca; Cherryl Ramirez; Chunhwei Chi

Non-Board Members:

Tasks:

- Review benefit plan outlined in the recommendations of the Joint Task Force Report
- Update expenditure estimates on the plan designed by the Joint Task Force
- Evaluate benefit plan and provider reimbursement plan relative to cost targets outlined by the Finance and Revenue Committee
- Review and discuss options for cost containment in a Universal Health Plan
- Identify strategies to address quality of care for consumers
- Discuss workforce needs and develop recommendations to meet health care provider and other workforce needs in the Universal Health Plan

Deliverables: [SB 1089 Section 2(3) d, k]

- Final recommendations on Universal Health Plan benefits, eligibility, provider reimbursements, **workforce** cost containment strategies
- Financial modeling and actuarial analysis of various plan options that include expenditures and savings

Process Considerations

The committee will provide recommendations to the board and has no authority to make decisions for the board. The committee will exist until it is dissolved by the board. Committee members serve at the pleasure of the board and by a vote of the board may be removed, or replaced.

As the committee is developing recommendations engagement with the health care provider community, as recommended by the Community Engagement Committee, will need to be built into the timeline.

Recommendations Guidance: Committee Decision – Making Process

Quorum: A simple majority of committee members.

Consensus: A consensus decision-making approach will be used to facilitate the committee's deliberations and to ensure that the committee receives the collective benefit of the individual views, experiences, backgrounds, training, and expertise of its members.

Voting: Recommendations to the board made by the committee, including when there is consensus, must be taken by public rollcall vote of all members present. Voting should flexibly follow the process set forth in Robert's Rules of Order. Absent compelling circumstances (e.g., as mandated by applicable conflict of interest laws and policies), committee members should not abstain from voting. Voting can be used when consensus is not achieved, and any

committee member is eligible to make a motion. If there are votes in the minority, those members voting in the minority may submit an explanation of their vote and provide alternative proposals.

Timeline and Meeting Frequency: September 2024 – November 2025

Committee will meet every two – three weeks and provide monthly updates to the Governance Board on progress.

June- July: Governance Board review and approve committee charter

August: Recruit and appoint non-board committee members

September- October: Foundation building. Review Joint Task Force recommendations and identify areas that need additional clarity or further recommendations updates to the plan design – benefits, cost containment, eligibility, provider reimbursements

November - February 2025: Refine plan and develop options for staying within the cost targets as establish

March – August 2025: Financial analysis of the plan

August – October, 2025: Outreach and engagement on proposal for Universal Health Plan and on-going discussion with committee and board

November 2025: Committee deliverables to the board

Subject Matter Expertise

Staff will support plan design conversations and bring in health care experts to discuss topics of design with the committee.

Resources Needed

Legal and health policy support. Actuarial analysis of Universal Health Plan model.

Staff

TBD, Policy Analysts, OHA; Morgan Cowling, and Katy DeLuca, UHPGB

DRAFT Operations Committee DRAFT Committee Charter

Committee Membership

Board Members: Bruce Goldberg (Operations Chair); Judy Richardson, Warren George

Non-Board Members:

Tasks:

Operations Tasks:

- Review other public corporations in Oregon and understand administrative structures
- Identify information technology needs and systems that can accommodate needs
- Review complex health care organizations including approaches to claims management, quality control, population health and security
- Determine how to manage eligibility and enrollment
- Recommend admin structure, i.e., central, regional, one payer, multiple etc., with clarity around administrative role in eligibility, rate setting, claims payments.
- Determine operational costs

Deliverables:

Operations Deliverables:[SB 1089 Section 2(3) e, l, m]

- Recommendations on administrative structure
- Recommendations on statutory authority and information technology needs for plan operations
- Plan to create a Trust Fund in the State Treasury and how to route revenue to the fund
- Determine start-up costs and source of funding
- Plan to create an independent public 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

Process Considerations

The committee will provide recommendations to the board and has no authority to make decisions for the board. The committee will exist until it is dissolved by the board. Committee members serve at the pleasure of the board and by a vote of the board may be removed, or replaced.

Committee will take on the tasks and deliverables relating to operations however, some of the tasks from operations may lead to further recommendations for implementation.

The operations committee will be dependent on the work of other committees and resultant board decisions on recommendation. This will impact the work of the Operation and Transitions committee and may require additional planning, subject matter expertise and resources.

Recommendations Guidance: Committee Decision – Making Process

Quorum: A simple majority of committee members.

Consensus: A consensus decision-making approach will be used to facilitate the committee's deliberations and to ensure that the committee receives the collective benefit of the individual views, experiences, backgrounds, training, and expertise of its members.

Voting: Recommendations to the board made by the committee, including when there is consensus, must be taken by public rollcall vote of all members present. Voting should flexibly follow the process set forth in Robert's Rules of Order. Absent compelling circumstances (*e.g.*, as mandated by applicable conflict of interest laws and policies), committee members should not abstain from voting. Voting can be used when consensus is not achieved, and any committee member is eligible to make a motion. If there are votes in the minority, those members voting in the minority may submit an explanation of their vote and provide alternative proposals.

Timeline and Meeting Frequency: September 2024 – December 2025

Committee will meet every two – three weeks and provide monthly updates to the Governance Board on progress.

June- July: Governance Board review and approve committee charter

August: Recruit and appoint non-board member committee members

September/October: Build understanding of public corporations and the information technology needs for a universal health plan

November/June, 2025: Address and make recommendations on administrative structures for public corporation and Trust Fund needed for Universal Health Plan

July -August, 2025: Develop and implement key partner readiness assessment. Identify workforce challenges and identify strategies to address in the transition

Subject Matter Expertise

Staff will bring in partners from public corporations, large health care organizations, claims payers and other health care system participants in Oregon to explain structures. are organizations, claims payers etc.

Resources Needed

Legal and policy analysis. Health care administration experience, Third Party Administrator.

Staff

Policy Analysts, OHA; Jenny Donovan, Senior Policy Specialist, and Katy DeLuca, Executive Assistant, UHPGB

DRAFT Transition Committee DRAFT

Committee Charter

The Transitions Committee will be responsible for the transition and implementation workstreams.

Committee Membership

Board Members:

Non-Board Members:

Tasks:

Transition & Implementation Tasks:

- Identify transition steps needed to move from status quo into the Universal Health Plan system
- Develop and conduct a readiness assessment of key partners and state agencies including the Department of Human Services and the Oregon Health Authority
- Review existing reports on health care workforce challenges and identify strategies to mitigate those transition into a Universal Health Plan
- Develop and conduct readiness assessment of health care system/industry. Including but not limited to health plans, doctors, medical groups, hospitals, counties etc.
- Identify the impact of plan on current health system workforce
- Determine transition costs...for both transition to the plan and to partners, and where source of funding

Deliverables:

Transition & Implementation Deliverables:[SB 1089 Section 2(3) c, j, g, h]

- Report on readiness assessment and plan for needed next steps for key partners and state agency to transition to a Universal Health Plan
- Develop implementation strategies including addressing workforce challenges
- Interim strategy and legislative recommendations for building the Universal Health Plan in Oregon
- Create a transition timeline and steps needed from status quo into the Universal Health Plan – comprehensive transition plan
- Transition Costs, operational costs and structure

Process Considerations

The committee will provide recommendations to the board and has no authority to make decisions for the board. The committee will exist until it is dissolved by the board. Committee members serve at the pleasure of the board and by a vote of the board may be removed, or replaced.

Committee will take on the tasks and deliverables relating to transition and implementation. However, some of the tasks from operations may lead to further recommendations for implementation.

Recommendations Guidance: Committee Decision – Making Process

Quorum: A simple majority of committee members.

Consensus: A consensus decision-making approach will be used to facilitate the committee's deliberations and to ensure that the committee receives the collective benefit of the individual views, experiences, backgrounds, training, and expertise of its members.

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Timeline and Meeting Frequency: July 2025 – December 2025

Committee will meet every two – three weeks and provide monthly updates to the Governance Board on progress.

July 2025: Recruit for Transitions Committee

August, 2025: Identify workforce challenges and identify strategies to address in the transition

September – December, 2025: Develop implementation timeline and transition steps needed to move from status quo to the Universal Health Plan system

Subject Matter Expertise

Staff will bring in partners from public corporations in Oregon to explain structures and Information Systems specialists to explain system requirement considerations.

Resources Needed

Legal and policy analysis. Transition and change management, health care administration experience, Third Party Administrator.

Staff

Policy Analysts, OHA; Jenny Donovan, Senior Policy Specialist, and Katy DeLuca, Executive Assistant, UHPGB