



Oregon
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Universal Health Plan Governance Board (UHPGB) Meeting
Thursday, June 20, 2024
Minutes

Web link to the meeting video: [UHPGB June 20, 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, and Chunhwei Chi. Bruce Goldberg arrived at 9:10 a.m. Virtually: Michelle Glass

Absent: Judy Richardson

Welcome and Introductions: [00:03:53](#)

[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 May 16, 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 Debra Diaz provided a second to the motion. There was no discussion.

Board vote:

Yes: Chair Helen Bellanca, Chunhwei Chi, Debra Diaz, Amy Fellows, Vice Chair Warren George, Michelle Glass, and Cherryl Ramirez

No: None

Motion passed 7-0.

Executive Director's Report: [00:06:12](#)

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

- Implementing the Workplan Development workgroup's feedback for the board's workplan and finalizing the draft for charters.
- Meeting with outside experts to ensure the board has the appropriate resources to support the workplan.
- Working with Oregon Health Authority (OHA) on posting the two limited duration policy analyst positions that will support the research work of the board. These positions are expected to start in late summer/early fall.

- Partnering with members of the Department of Consumer Business Services (DCBS) on the procurement process for contracting needs of the board to support the workplan.
- Director Cowling has been attending a weekly mandatory training course, facilitated by the Department of Administrative Services (DAS), for managers that work for the State of Oregon.

UHPGB General Policies and Procedures: [00:09:13](#)

[Materials 4.1](#)

Director Cowling reviewed the changes that were made to the General Policies and Procedures draft document based on the feedback provided by the board. Those changes were:

- In the Consensus Process, Decisions and Voting section, the board requested language to be included that allows board members who are in the minority the opportunity to share their perspective.
- In the Advisory, Technical Committees and Workgroups section, the board requested language around non board members participating in UHPGB committees and clarifying language between workgroups and committees and who can participate in each.

Vice-Chair George made the motion to adopt the general policies and procedures and Debra Diaz seconded the motion. There was no discussion.

Board vote:

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

No: None

Motion passed 8-0

Executive Director Evaluation Committee – ED Expectations: [00:12:30](#)

[Materials 5.1](#)

Chair Bellanca asked the board if there are any questions or feedback for the executive director expectations that the Executive Director Evaluation Committee drafted.

Vice-Chair George made the motion to approve the executive director expectations as written and Cherryl Ramirez seconded the motion. There was no discussion.

Board vote:

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

No: None

Motion passed 8-0.

Single Payer Background: [00:14:07](#)

[Materials 6.1](#)

Vice-Chair George led the board through one example of a single-payer health care model and how the fiscal pieces tie together in such a plan. The example presented is consistent with what the Joint Task Force on Universal Health Care (which was created by Senate Bill (SB) 770 in 2019 and included current UHPGB members Vice-Chair George, Bruce Goldberg and Cherryl Ramirez) was working with as a model. The single-payer model is just one option for the UHPGB to explore, however; it was recommended by the Task Force. After board discussion, the following questions were asked:

- Did the Task Force decide to exclude the VA (Veteran Affairs) and Tricare from the single-payer model? Vice-Chair George clarified that yes, as it relates to what the Task Force recommended, they proposed that VA members will still be able to use their VA benefits or choose to utilize

Universal Health Care benefits. It was assumed that the funding for VA and IHS (Indian Health Service) would continue as they are.

- Cheryl Ramirez noted that Behavioral Health Services currently provides benefits for Veterans that are not covered by the VA or Tricare.
- Would members of OHP (Oregon Health Plan) stay on OHP or would they become part of the Universal Health Plan?
 - This is to be researched and determined by the UHPGB. The ultimate goal is to ensure that no one loses any benefits.
- Do you have any information on the status of this legislation with congress? Is there energy behind it?
 - There are numerous sponsors in the House and Senate that tend to not be bipartisan. But there are republican senators who are interested in sponsoring it.

State's Efforts for Single-Payer Health Care: [00:39:30](#)

[Materials 7.1](#)

UHPGB Senior Policy Analyst provided a presentation on what's been happening in the country around single-payer and universal health care attempts. The presentation covers efforts in Vermont, California, Washington, and Oregon. After board discussion, the following questions were asked:

- Can the board get information about Maryland? They pay a single rate for hospital care, and it would be important to know how they did that and how they got that authority.
- What does the long-term care coverage looks like for California? (i.e. is there a limit on coverage regarding dollars and time?)
- Why is Washington's estimate not a lot higher than Oregon's, considering the population difference?
- How are other states defining long-term care? In Oregon Disability Services (ODS) there is a service category of long-term care that has nothing to do with age/seniors/nursing homes, but rather, disabled Oregonians who live with family who may qualify for long-term care support.
 - What determines eligibility for long-term care in other states working towards Universal Health Care?
- Are there are other states getting ready to work towards launching Universal Health Care?
- Can the board get information on Massachusetts and Colorado's efforts?
- Chunhuei Chi recommended that board members read the book: *Priced Out* by Uwe E. Reinhardt. A fantastic analysis of the US Healthcare System and its problems.

Values & Principles Workgroup Recommendations: [01:30:00](#)

[Materials 8.1](#)

[Materials 8.2](#)

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

- To adopt Oregon Health Authority's definition of Health Equity
- To adopt and add the following 4 principles to guide the board's work:
 - Maximize Health
 - Fair Distribution of Medical Resources
 - Minimize Financial Hardship on Individual Patients
 - Community Ownership and Governance

After board discussion, the following recommendations and questions were asked:

- Regarding the verbiage of "Minimizing Financial Hardship on Individual Patients"
 - The suggestion was made to NOT use the word "patient" but rather use "individuals"
 - Financial hardship affects families of individuals who may depend on them, so recommending changing verbiage to "Minimize financial hardship to individuals"

- and their families related to health care costs” or “Minimize medical financial hardship to individuals and their families”
 - Suggestion to define all terms laid out in the board’s values and principles that are subject to interpretation
- Suggestion was made to include “attempts to minimize the harms from health care” as it relates to Maximizing Health

The Principles and Values Workgroup will schedule an additional meeting to implement the board’s feedback and come back to the July board meeting for potential adoption.

A “fist to five” process was used to assess if the recommendations by the workgroup are headed in the right direction. Board members indicated 4s and 5s.

Workplan Development Workgroup Recommendations: [02:03:05](#)

[Materials 9.1](#)

[Materials 9.2](#)

Director Cowling walked the board through the workplan draft that will be the guide for the work of the board. The workplan includes tasks, deliverables and timelines for big buckets of work that is at hand for the board and is broken up into six workstreams: Community Engagement, Communication, Finance and Revenue, Plan Design and Expenditures, Operations, and Transition Plan. These six workstreams will be what make up the four committees the board will be launching: 1. Community Engagement and Communications, 2. Finance and Revenue, 3. Plan Design and Expenditures, and 4. Operations and Transition Plan

After board discussion, the following recommendations and questions were asked:

- For Communications – it would be important to show the contrast of the Universal Health Plan to the current system. Show that some expenses will go up, but high deductibles and out of pocket expenses will be eliminated. A side by side of this information will be helpful for Oregonians to see.
- Suggestion to add “listening sessions” with the public to the Communications/Community engagement specific deliverables.
- Is there an opportunity to specifically call out unions in the communications plan and ensure we are engaging them?
- For Operations – include workforce needs in addition to calling out IT needs regarding the newly created entity that will be handling Universal Health Care
- Transition plan – what are the specifics around how the plan gets officially approved?
- For Plan Design and Expenditures – explicitly call out workforce readiness
- For Operations – we are not creating a new state agency, we are creating a brand-new entity that will be managing this plan – so expertise needed in the workplan needs to reflect that
- For Plan Design – expertise needed should include consumers, health care providers, health plan organizations, what new workforce do we need, what current workforce will no longer exist, etc.
- For Communications/Community Engagement – when using existing reports and data that have already been done to determine communities needs assessment – ensure to use the most up to date versions and be aware that different community assessments ask very different questions.

Chair Bellanca advised the board that the plan is to vote to adopt the workplan as an iterative document, knowing things will be added as needed when approved by the board. Next steps will be to create the four committees with each committee being made up of at least two board members and then members of the public that apply and are appointed by the board to serve. Each committee will have a board member as chair to be the liaison to the board. The first order of business will be the board members that sign up for each committee will meet just among themselves to review the deliverables, expertise needed, and charter for their committee and recommend any changes, if necessary, and decide on committee chair. Then the chair of each committee will present their charter recommendations to the board in July.

The board used the “fist to five” to assess if the workplan is going in the right direction. The board gave 4s and 5s to the right direction with the caveat that it is a living/working document and that the recommendations provided in this meeting will be applied.

Draft Committee Charters Review: [02:28:18](#)
[Materials 10.1](#)

Director Cowling talked through the Workplan Development Workgroup’s recommendations for the committees and the timeline for committee recruitment. After board discussion, the following recommendations and questions were asked:

- Suggestion was made to have flexibility in member count of each committee...rather than having to adhere to the recommendation of 6-10 people.
- Open committee recruitment will begin Monday, July 8th, as opposed to July 1st, which is listed in the meeting materials.
- The board will need to send out the committee application to their networks to ensure we cast as wide of a net as we can.
- The board discussed if the committee applications can be open to anyone, whether they live in Oregon or not. Board members did not raise objections.
- It will be important to have guidance on the decision-making process for committees. For instance. Is there an expectation that committee’s have to 100 percent agree on recommendations to present them to the board?
 - The board suggested using the language from the general policies and procedures around decision making process for the committees.
- Suggestion to ensure that the application timeline is not rushed or cut short if the roll out date is pushed back.
- Suggestion for board to send staff a list of their networks that each board member plans on reaching out to recruit for committees. That way the staff can compile a list and will be helpful in identifying gaps between who is missing or what regions in Oregon are not represented.

The board discussed the status of the charters, and that they are a good starting point to launch the committee process. The board members who volunteered for each committee will review the charters, and any changes will still need board approval.

Chair Bellanca asked board members which committees they would like to participate in, and the following members volunteered:

Community Engagement/Communications – Amy Fellows and Michelle Glass

Finance and Revenue – Vice-Chair George and Cherryl Ramirez

Plan Design and Expenditures – Chair Bellanca, Debra Diaz, Cherryl Ramirez, Vice-Chair George, Chunhuei Chi

Operations and Transition – Bruce Goldberg

- Bruce Goldberg stated he would serve on the Operations workstream and serve as chair for that workstream, with the caveat but that he shares the Transition workstream with another board member and that member serve as chair.

Public Comment:

No oral public comment requests.

Adjournment:

Debra Diaz shared the following quote: “If we can really understand the problem, the answer will come out of it, because the answer is not separate from the problem” – Jiddu Krishnamurti *Life Ahead: On Learning and the Search for Meaning*

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