

# June 20<sup>th</sup> Meeting of the Universal Health Plan Governance Board



**Universal Health Plan**  
Governance Board

# Welcome Remarks – Chair Bellanca

- Tech Check
- Introductions and Roll Call
- Written Public Comment
- Agenda Review

# June 20 Agenda

- Welcome Remarks
- Approve Meeting Minutes – May 16, 2024
- Executive Director’s Report
- UHPGB General Policies and Procedures
- Executive Director Evaluation Committee Recommendations
- Single-Payer Background
- State’s Efforts for Single-Payer Health Care
- ***Break***
- Values & Principles Workgroup Recommendations
- Workplan Development Workgroup Recommendations
- Draft Committee Charters Review
- Public Comment

# Executive Director's Report

*- Executive Director Cowling*

# **UHPGB General Policies and Procedures**

*- Director Cowling*

# **Executive Director Evaluation Committee**

## **– ED Expectations**

*- Chair Bellanca*



# The SB 770 Task Force Single-Payer Model

Vice-Chair Warren George  
June 20, 2024



**Universal Health Plan**  
Governance Board

## SB 770 TASK FORCE MEMBERS

**Lionel “Chad” Chadwick**, Rural Health Representative

**Glendora Claybrooks**, Public Member Representative

**Michael Collins**, Tribal Representative

**Dwight Dill**, Social Services Representative

**Warren George**, Fiscal Management and Change Management Representative

**Dr. Bruce Goldberg**, Licensed Health Care Professional

**Dr. Zeenia Junkeer**, Alternative Therapy Services Representative

**TK Keen**, Department of Consumer and Business Services (nonvoting member)

**Dr. Sharon Meieran**, Association of Oregon Counties (nonvoting member)

**Dr. Samuel Metz**, Medical and Surgical Services Representative

**Cherryl Ramirez**, Behavioral Health Representative

**Leslie Rogers**, Services for Persons with Disabilities Representative

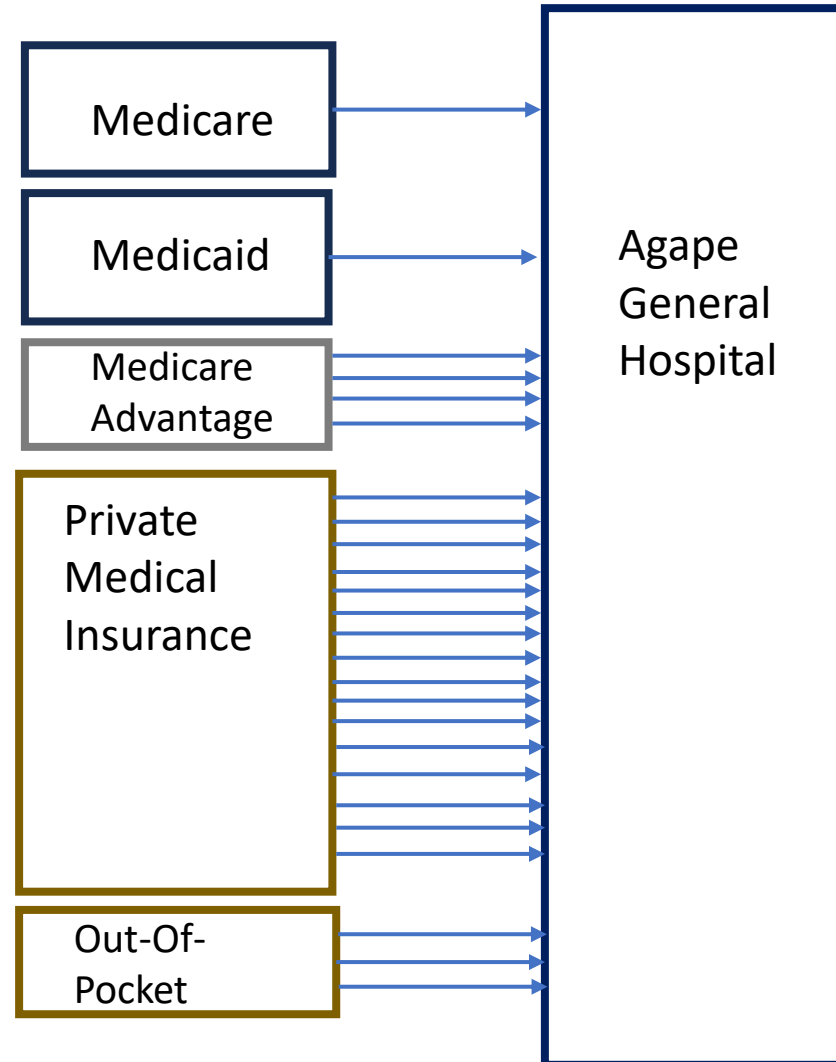
**Dr. John Santa**, Quality Assurance and Healthcare Accountability Representative

**Chuck Sheketoff**, Public Member Representative

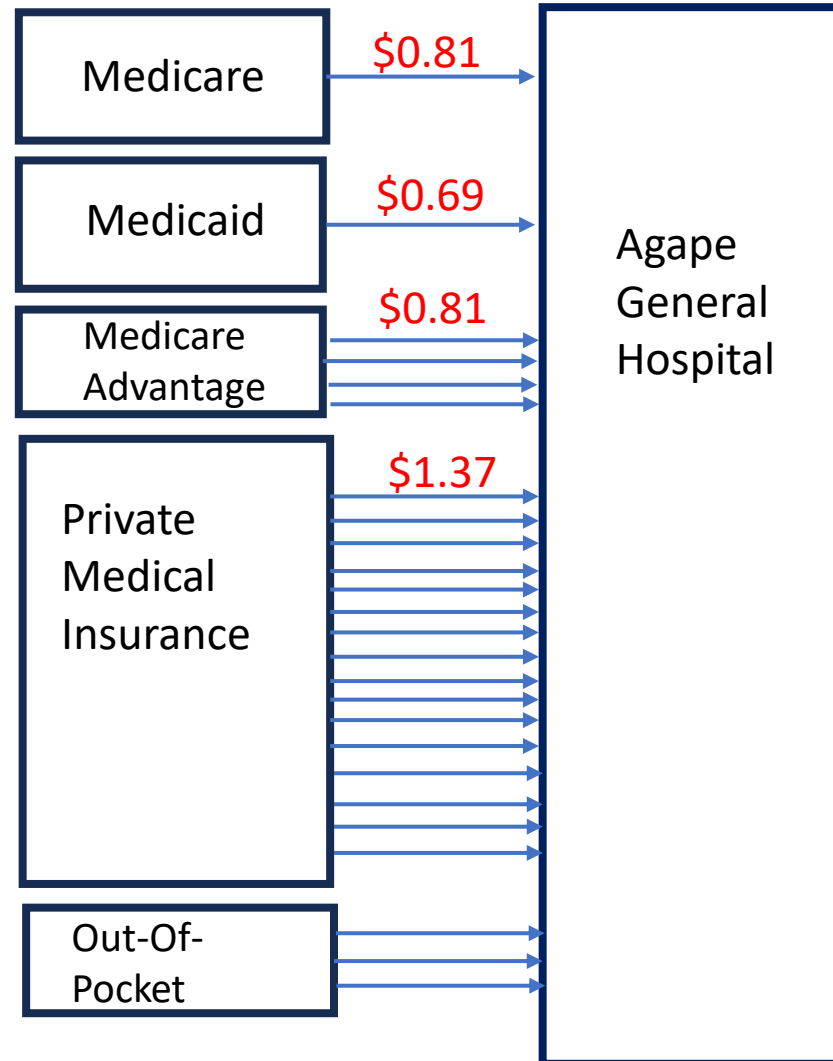
**Christy Simila**, Nursing Services Representative



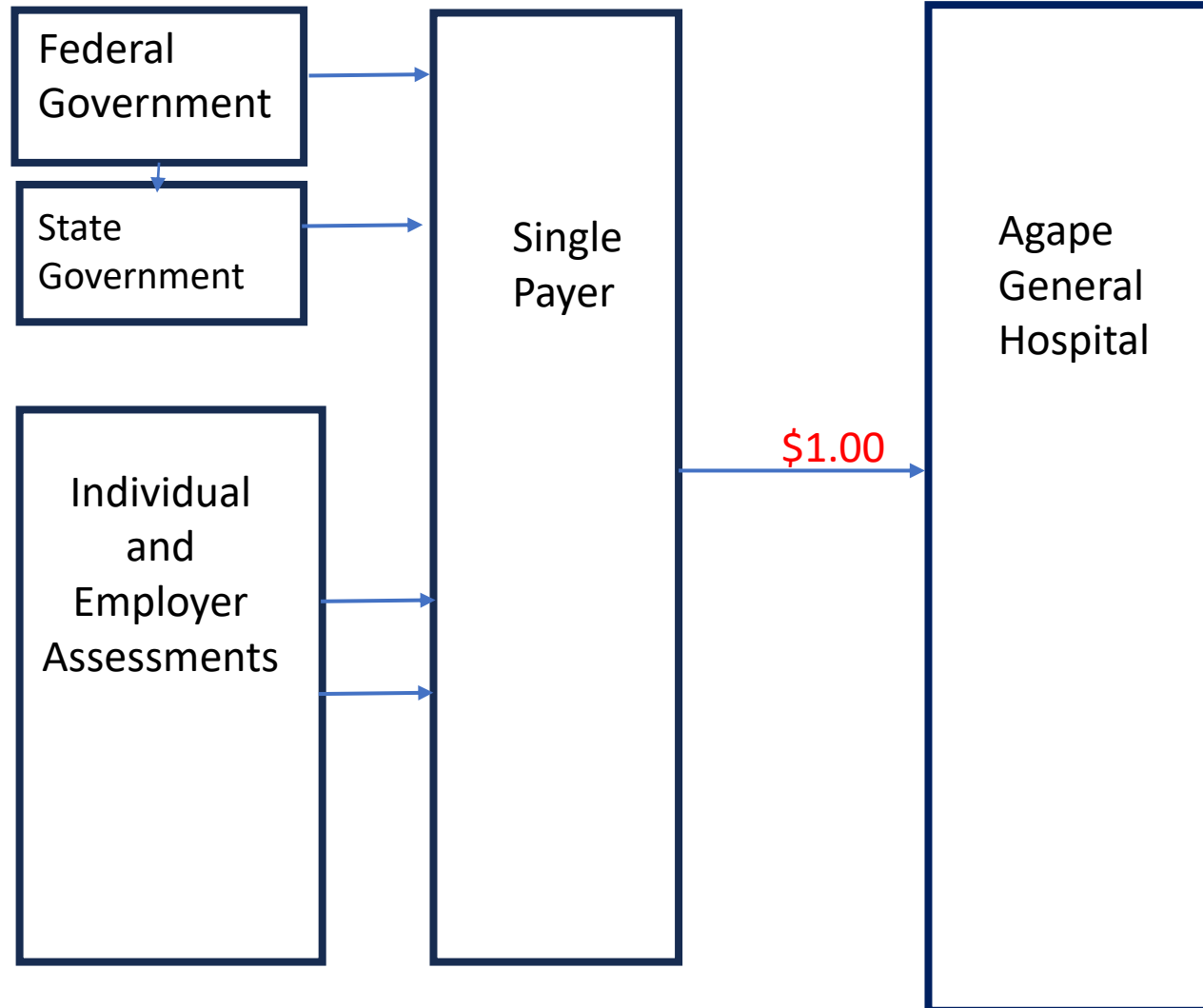
# CURRENT PAYMENT STRUCTURE



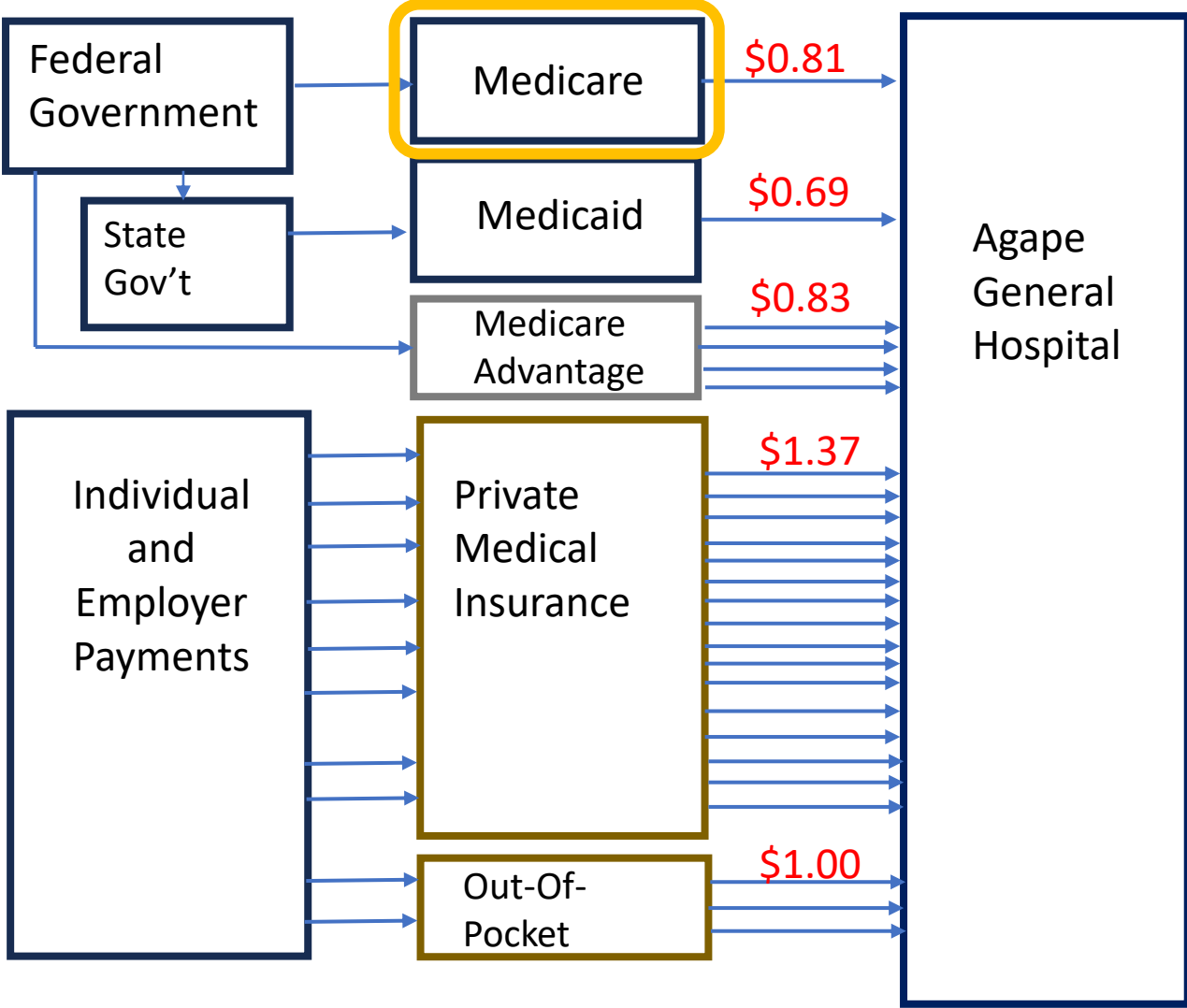
# CURRENT PAYMENT STRUCTURE



# SINGLE PAYER STRUCTURE

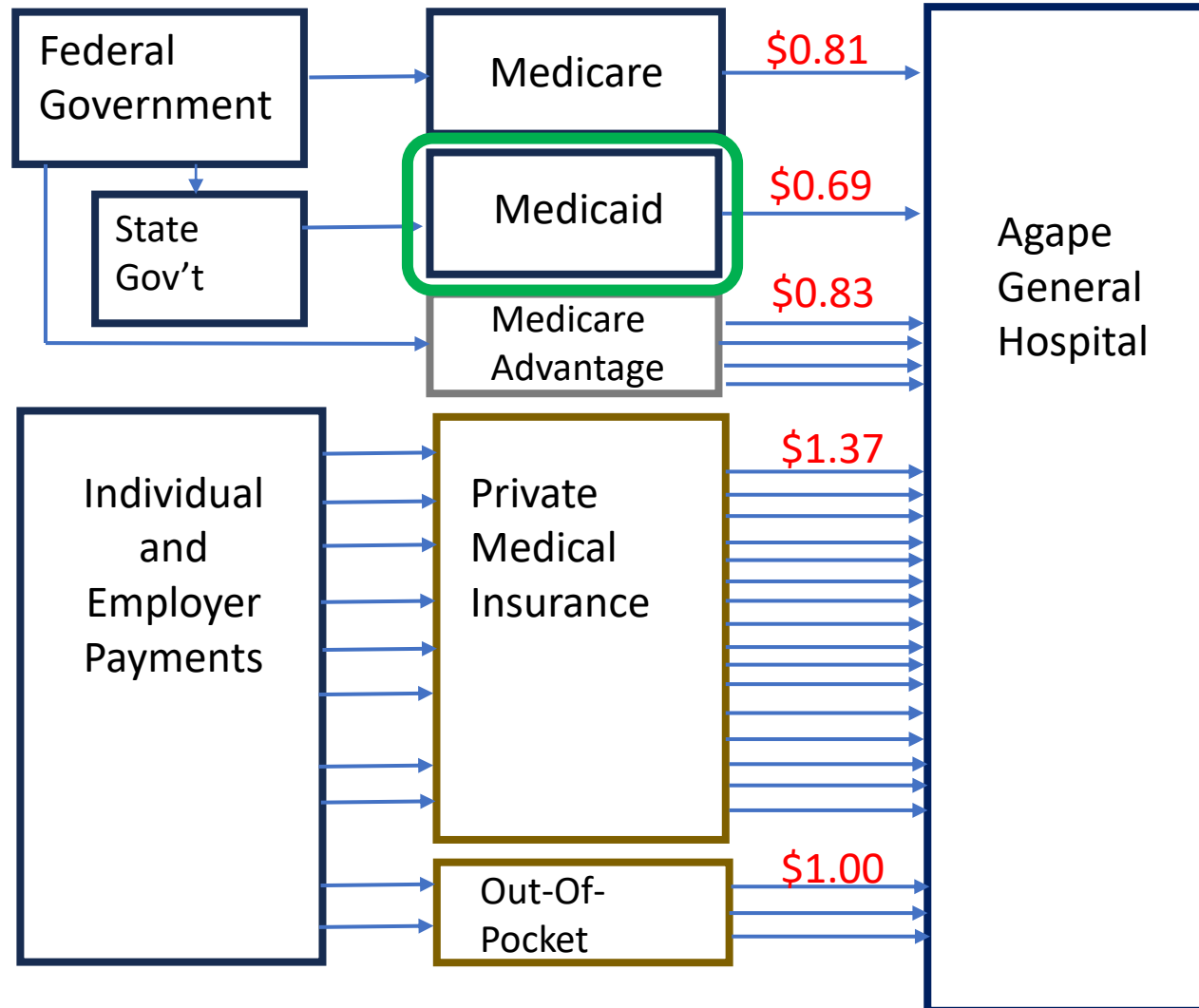


# BUILDING A SINGLE PAYER STRUCTURE

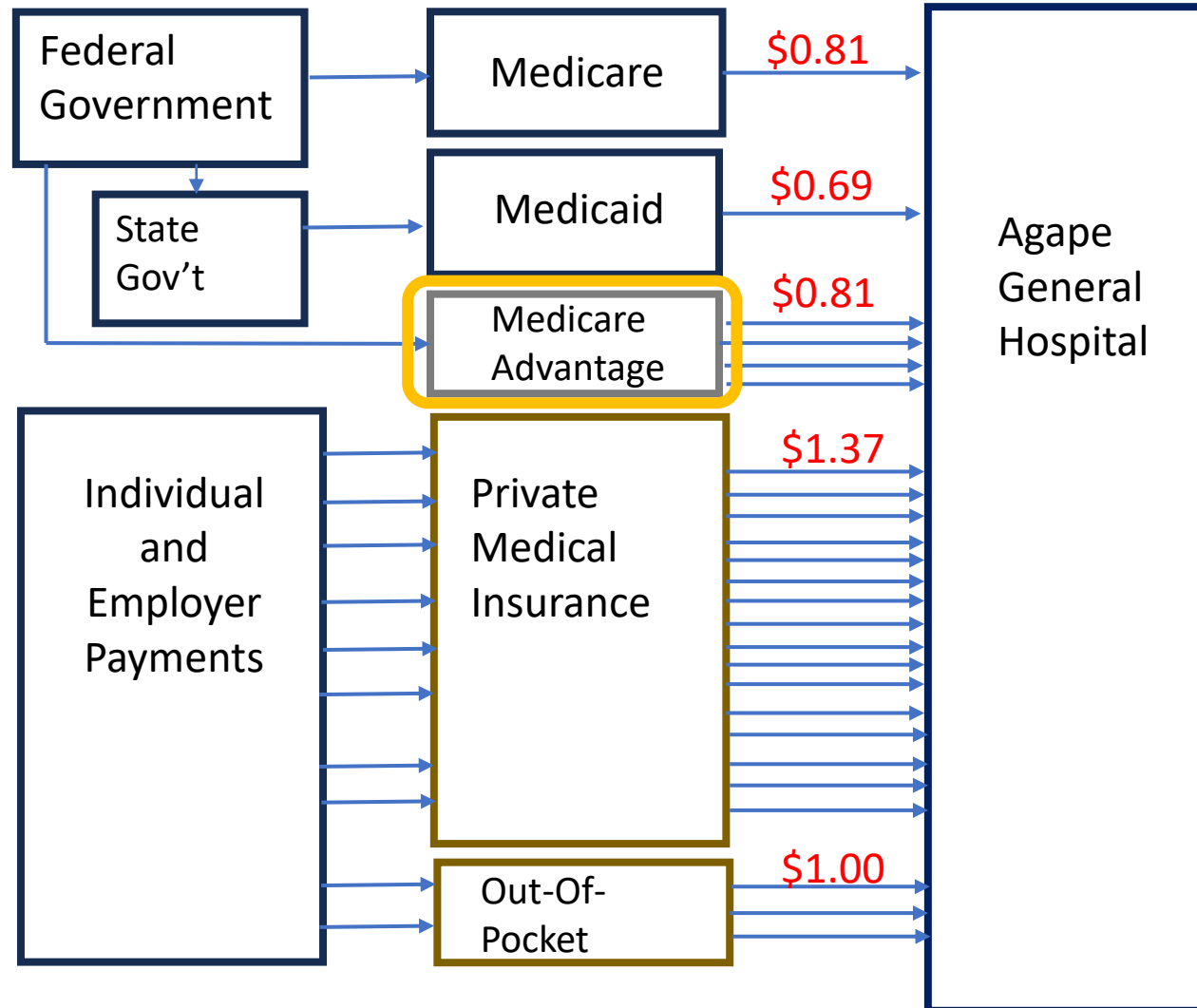




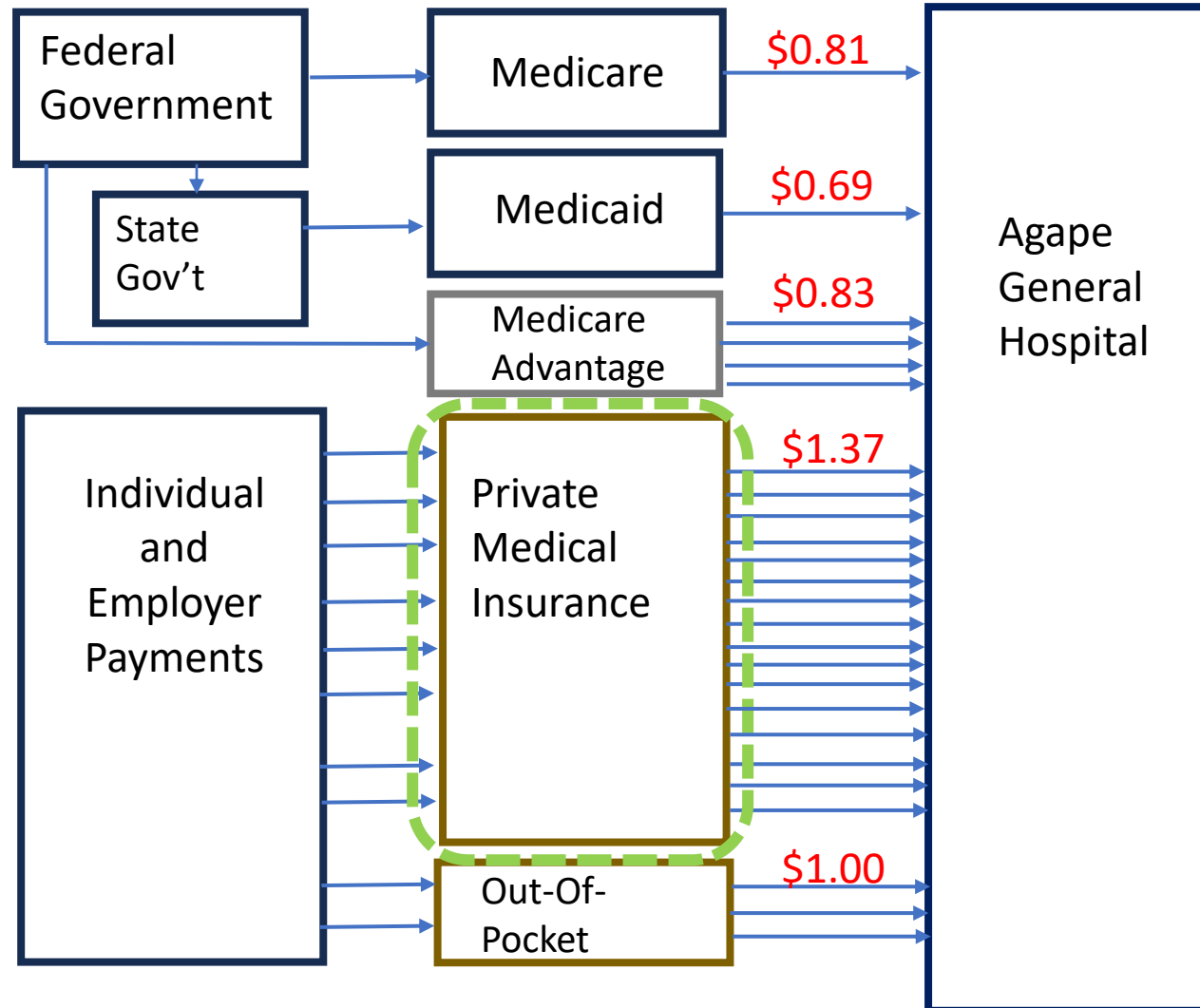
# BUILDING A SINGLE PAYER STRUCTURE



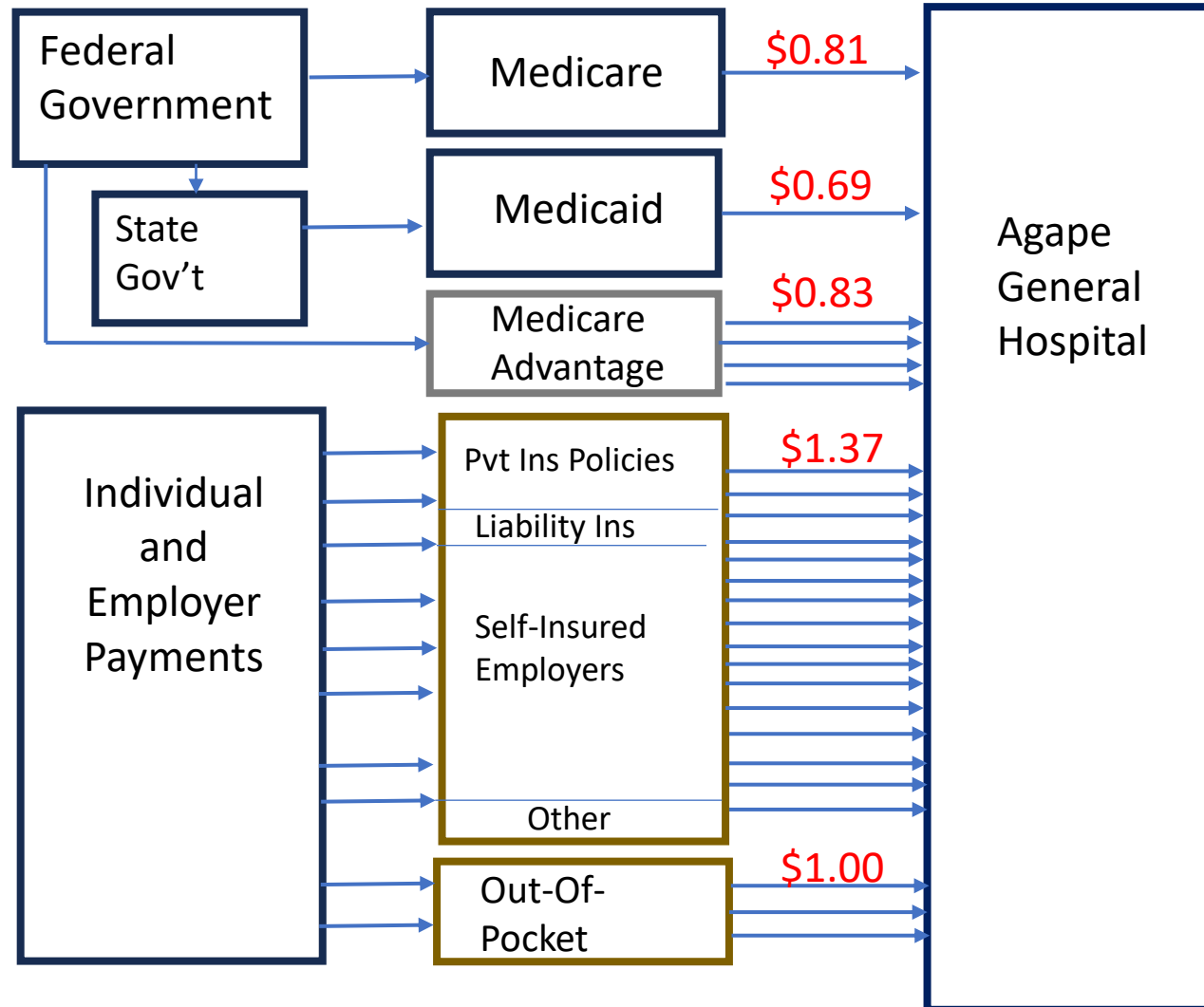
# BUILDING A SINGLE PAYER STRUCTURE



# BUILDING A SINGLE PAYER STRUCTURE

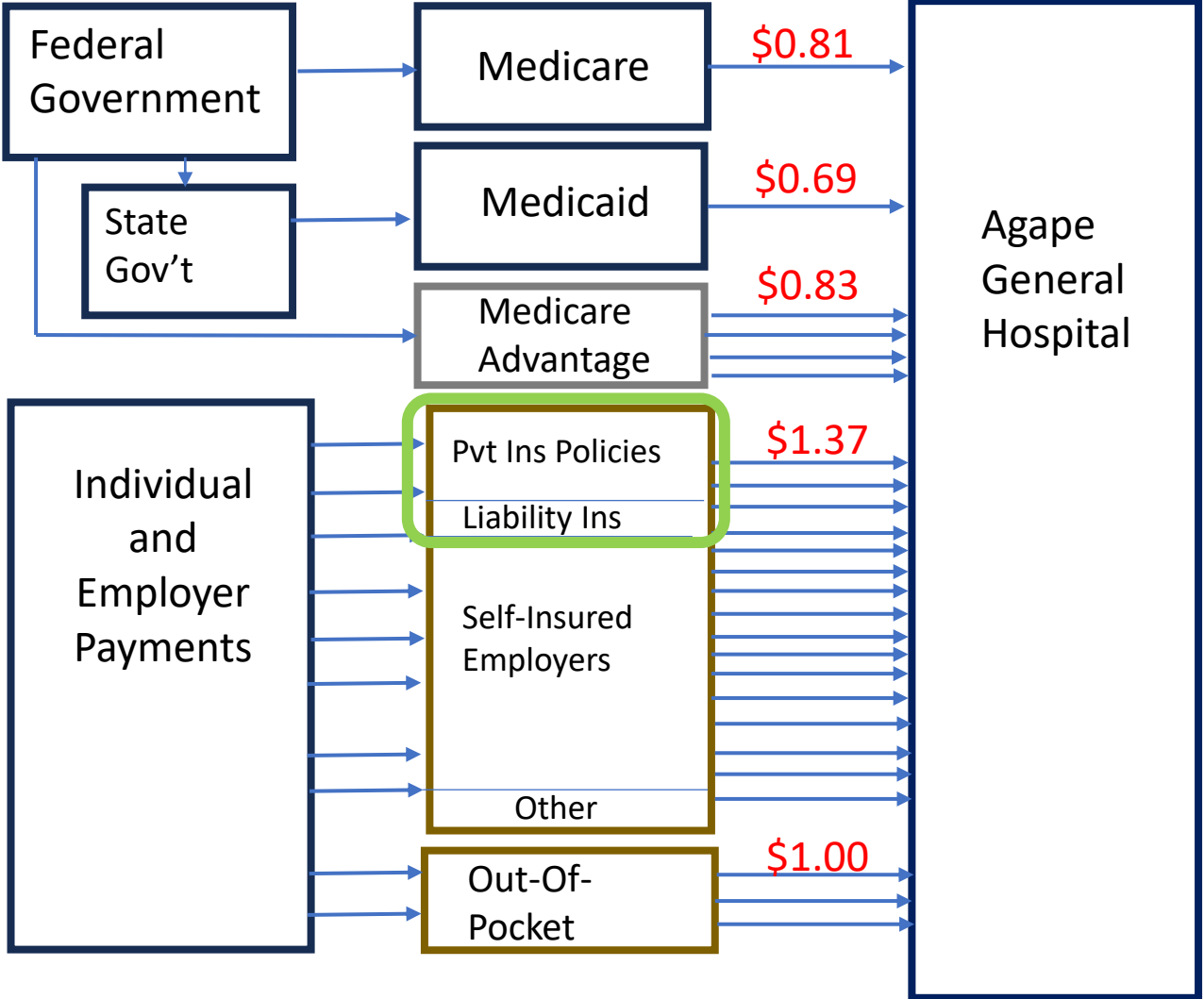


# BUILDING A SINGLE PAYER STRUCTURE

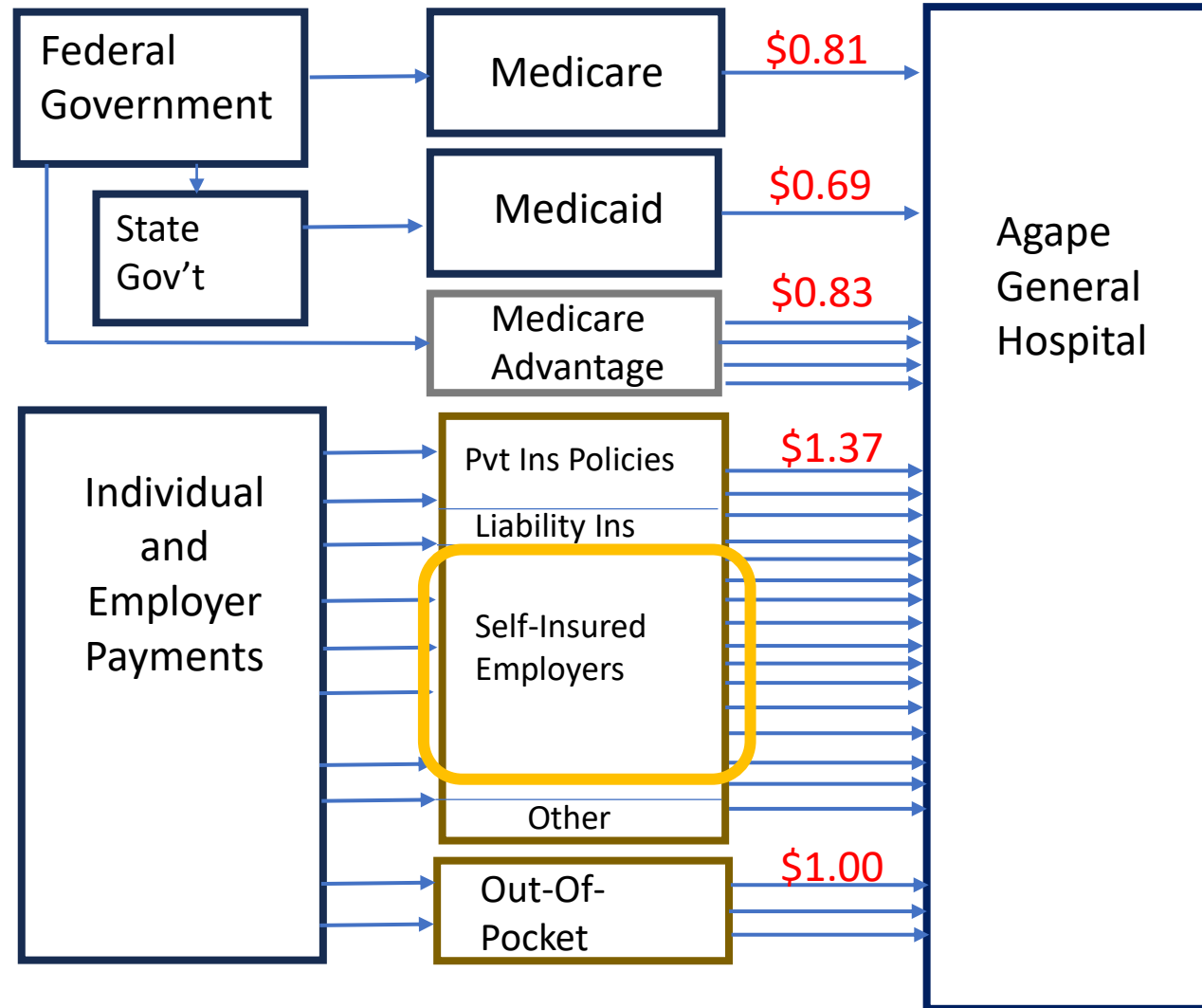




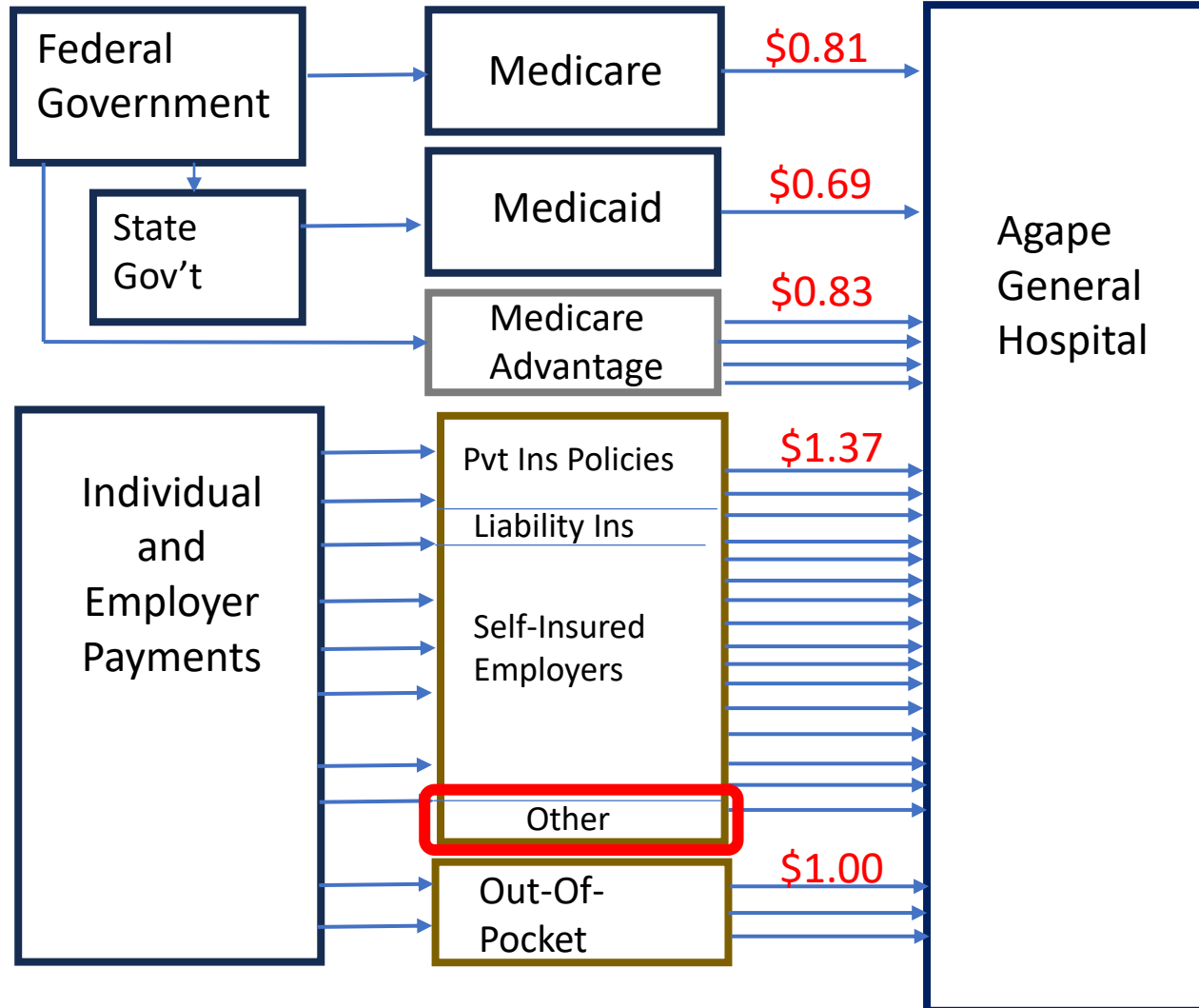
# BUILDING A SINGLE PAYER STRUCTURE



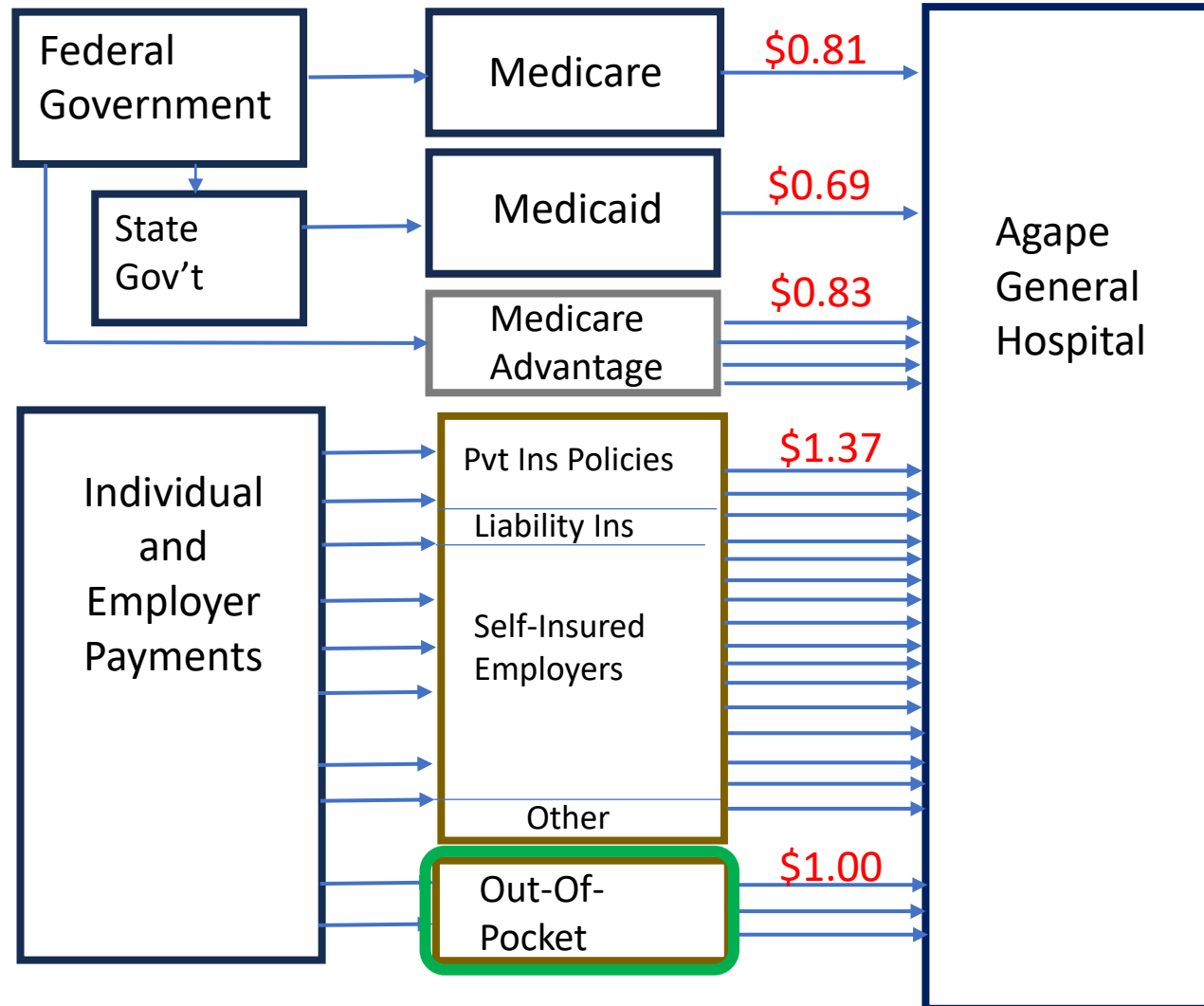
# BUILDING A SINGLE PAYER STRUCTURE



# BUILDING A SINGLE PAYER STRUCTURE

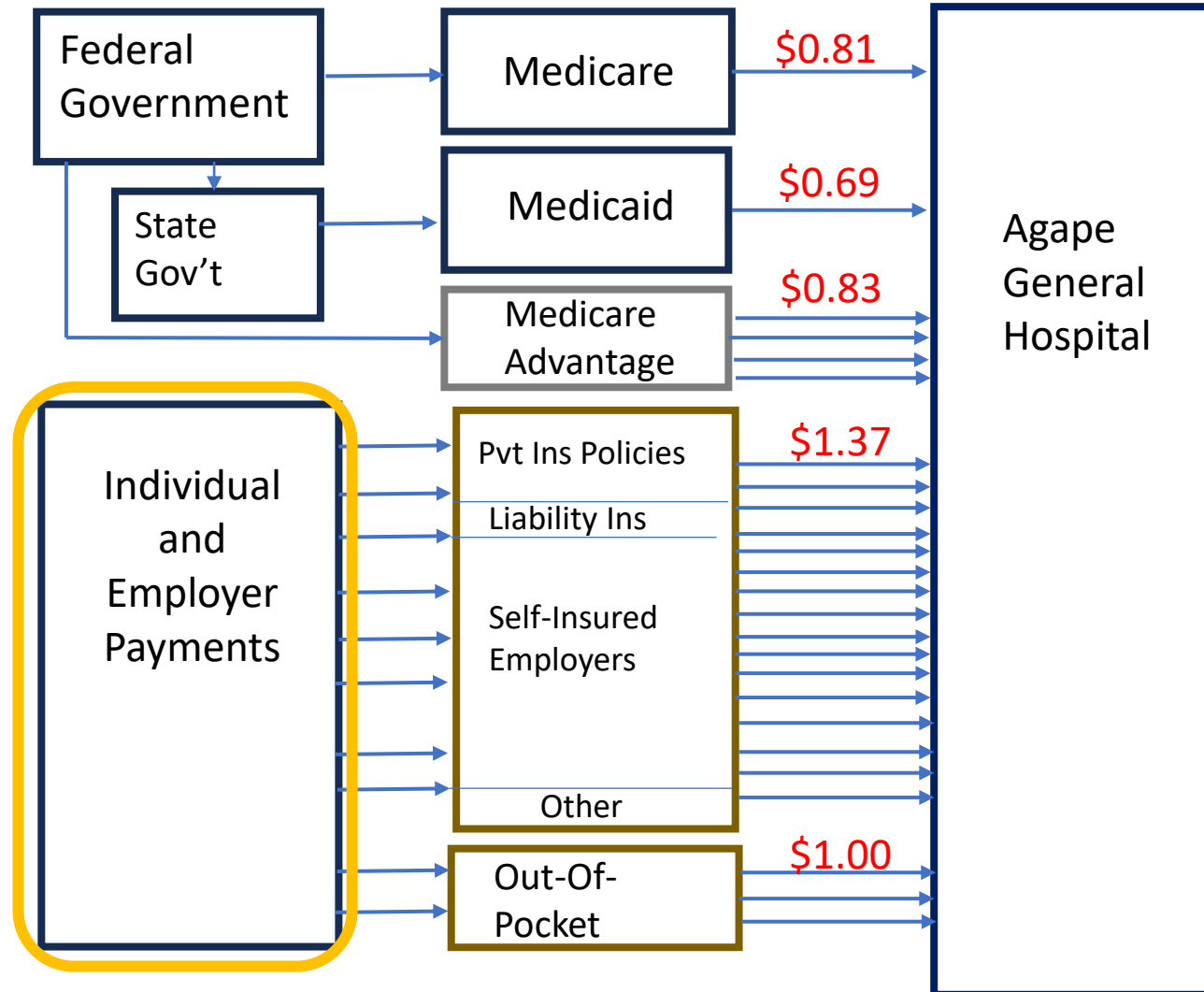


# BUILDING A SINGLE PAYER STRUCTURE

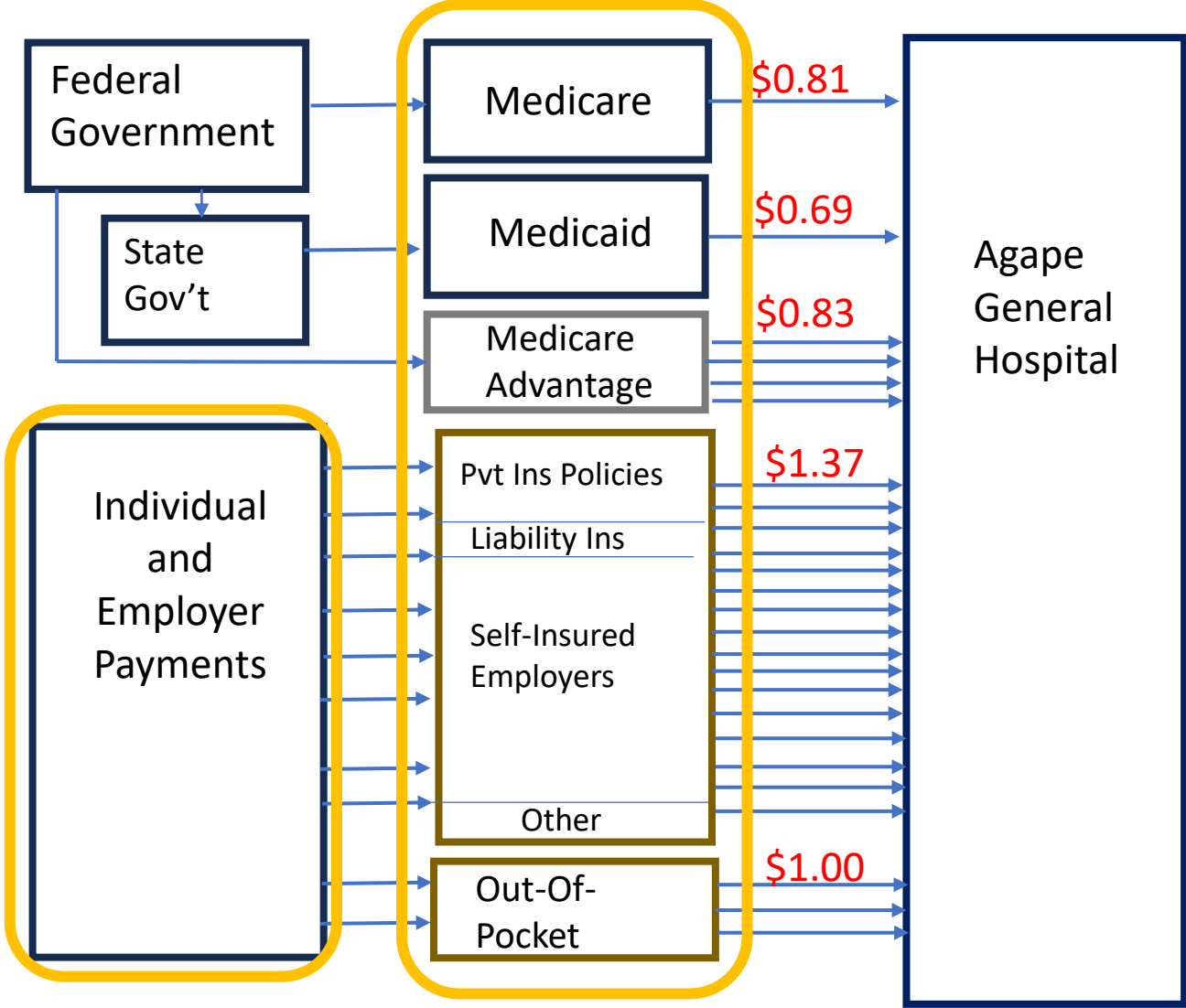




# BUILDING A SINGLE PAYER STRUCTURE



# BUILDING A SINGLE PAYER STRUCTURE





---

**Universal Health Plan**  
Governance Board

---

Thank you

# Multi-State Comparison of Universal Health Plans

Jennifer Donovan, Senior Policy Analyst  
June 20, 2024



---

**Universal Health Plan**  
Governance Board

---

# Why a States Comparison

- Vermont
- California
- Washington
- Oregon

# Plan Components Compared

- Enacting Legislation
- Eligibility
- Benefits
- Cost Sharing
- Governance
- Estimated Cost
- Financing

# Enacting Legislation

**Vermont:** H.202 Act 48 (2011)

**California:** AB 1810 (2019) Healthy California for All Commission; SB 770 (2023)

**Washington:** HB 1109 (2019-2020) Universal Health Care Work Group; SB 5399 (2021) Universal Health Care Commission

**Oregon:** SB 770 (2019) Created Task Force; SB 1089 Created Universal Health Plan Governance Board



# Eligibility

**Vermont:** All Vermont residents including out-of-state residents coming into the state for work. Excluded TRICARE and Medicare recipients

**California:** All California residents including individuals without a federally recognized immigration status

**Washington:** All state residents, Medicare, including individuals without a federally recognized immigration status

**Oregon:** All state residents including individuals without a federally recognized immigration status



# Benefits

**Vermont:** Primary, preventive, mental health and chronic care. Hospitalization, rehabilitation, labs, prescription drugs. Dental and vision for children. No dental and vision for adults or long-term care

**California:** Comprehensive: medical, behavioral health, pharmaceutical, dental and vision, which includes primary, preventive and wellness. Including a package for LTSS.

**Washington:** Essential health benefits, plus vision for all participants; Dental and long-term care for Medicaid

**Oregon:** Comprehensive. Includes dental and increased funding for behavioral health. Single drug list. LTSS not included.

# Cost-Sharing

**Vermont:** Minor cost-sharing coverage (94 percent actuarial value insurance)

**California:** No cost-sharing for essential services and treatments covered under the program, including primary, preventive and wellness care services.

**Washington:** No cost sharing

**Oregon:** No cost sharing

# Governance

**Vermont:** Board to oversee a program operated as a public-private partnership between the state and a private sector partner under either a designated public utility or a designated facilitator model

**California:** Undetermined

**Washington:** Undetermined

**Oregon:** Nonprofit public corporation with a board that reports to the legislature and Governor

# Financing

**Vermont:** 11.5% payroll tax, sliding scale “public premium” up to 9.5% Adjusted Gross Income, some cost-sharing, existing state funds and federal waiver funds

**California:** Sliding-scale progressive tax based on income. Federal waivers. Repurposing of current health system expenditures.

**Washington:** Under review by the Commission’s Finance and Technical Advisory Committee

**Oregon:** Payroll tax, a health care income tax on households with income above 200 percent of the federal poverty level.

# Estimated Cost/Population

**Vermont:** \$4.3 billion in the first year (2017);  
Estimated 2017 population: 626,299.

**California:** \$527 billion (No cost-sharing, direct payment to providers,  
expanding LTSS);  
Estimated 2022 population: 39,028,571

**Washington:** Plan A \$58.9 billion / Plan B \$60.6 billion (2022);  
Estimated 2022 population 2022: 7,564,000

**Oregon:** \$54.62 billion in the first plan year (2026);  
Estimated 2026 population 2026: 4,432,700

# Takeaways

**Vermont's Green Mountain Board.** The Green Mountain Board and its staff have continued to make important policy achievements related to all-payer concepts and Medicare rates.

**California's LTSS decision.** There are compelling policy reasons for UHC to include the LTSS system. It also increases the magnitude and cost of the reform.

**West Coast is a hub of activity:** California, Washington and Oregon are all currently working on universal health care plan design. We can learn from other states in real time.

# Resources

**Vermont:** [Act 48 \(2011\)](#)

[What Other States Can Learn from Vermont's Bold Experiment](#)

**California:** [SB 770 \(2023\)](#)

[Key Design Considerations for a Unified Health Care Financing System in California](#)

**Washington:** [SB 5399 \(2021\)](#)

[Universal Health Care Work Group Final Report](#)

**Oregon:** [SB 1089 \(2023\)](#)

[Joint Task Force on Universal Health Care Final Report and Recommendations](#)



---

**Universal Health Plan**  
Governance Board

---

**Questions?**



# Break

We will reconvene at 10:30 am

There is a “grab ‘n go” café located on the basement level

# Values and Principles Workgroup Recommendations

Vice-Chair Warren George  
June 20, 2024



---

**Universal Health Plan**  
Governance Board

---

# Work Group Members

Warren George, Facilitator

Michelle Glass

Amy Fellows

Debra Diaz

Dr. Chunhwei Chi

[May 29, 2024, meeting minutes](#)

[June 5, 2024, meeting minutes](#)

[June 12, 2024, meeting minutes](#)

# General Recommendation

The Work Group recommends the Board adopt the Health Equity Commission's statement of Health Equity.

*Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.*

- *Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:*
  - *The equitable distribution or redistribution of resources and power; and*
  - *Recognizing, reconciling, and rectifying historical and contemporary injustices.*

<https://www.oregon.gov/oha/EI/Pages/HEC%20Plan%20Definitions.aspx>

# Recommendation: Four Overarching Principles

1. Maximize Health
2. Fair Distribution of Medical Resources
3. \*Minimize Financial Hardship on Individual Patients\*
4. Community Ownership and Governance



# Maximize Health

- Individual Fulfillment
- Population Measures
- Community action against Contagion

# Fair Distribution of Medical Resources

- Distribution Fairness is Complex
- Give Voice to the Patient Population

# Minimize Financial Hardship from Medical Costs

- Spread out cost of significant illness and injury
- Ability to pay should be considered in cost distribution
- Reduce risk of high-cost events
- Reduce Complexity and Improve Transparency
- Financial Stress impacts health and recovery



# Community Ownership and Governance

- Financial Stewardship
- Principles of Good Governance
- Community ownership

# Operationalizing Principles

- Maximize Health
- Fair Distribution of Medical Resources
- Minimize Individual Financial Hardship from Medical Bills
- Community Ownership and Governance



---

**Universal Health Plan**  
Governance Board

---

**Questions?**

# Universal Health Plan Workplan & Committees

Director Cowling  
June 20, 2024



---

**Universal Health Plan**  
Governance Board

---

# Work Group Members

Helen Bellanca

Warren George

Amy Fellows

Debra Diaz

Michelle Glass

Bruce Goldberg

Cherryl Ramirez

[May 30, 2024, meeting minutes](#)

[June 13, 2024, meeting minutes](#)

# Universal Health Plan Workplan



# Workplan Development Process

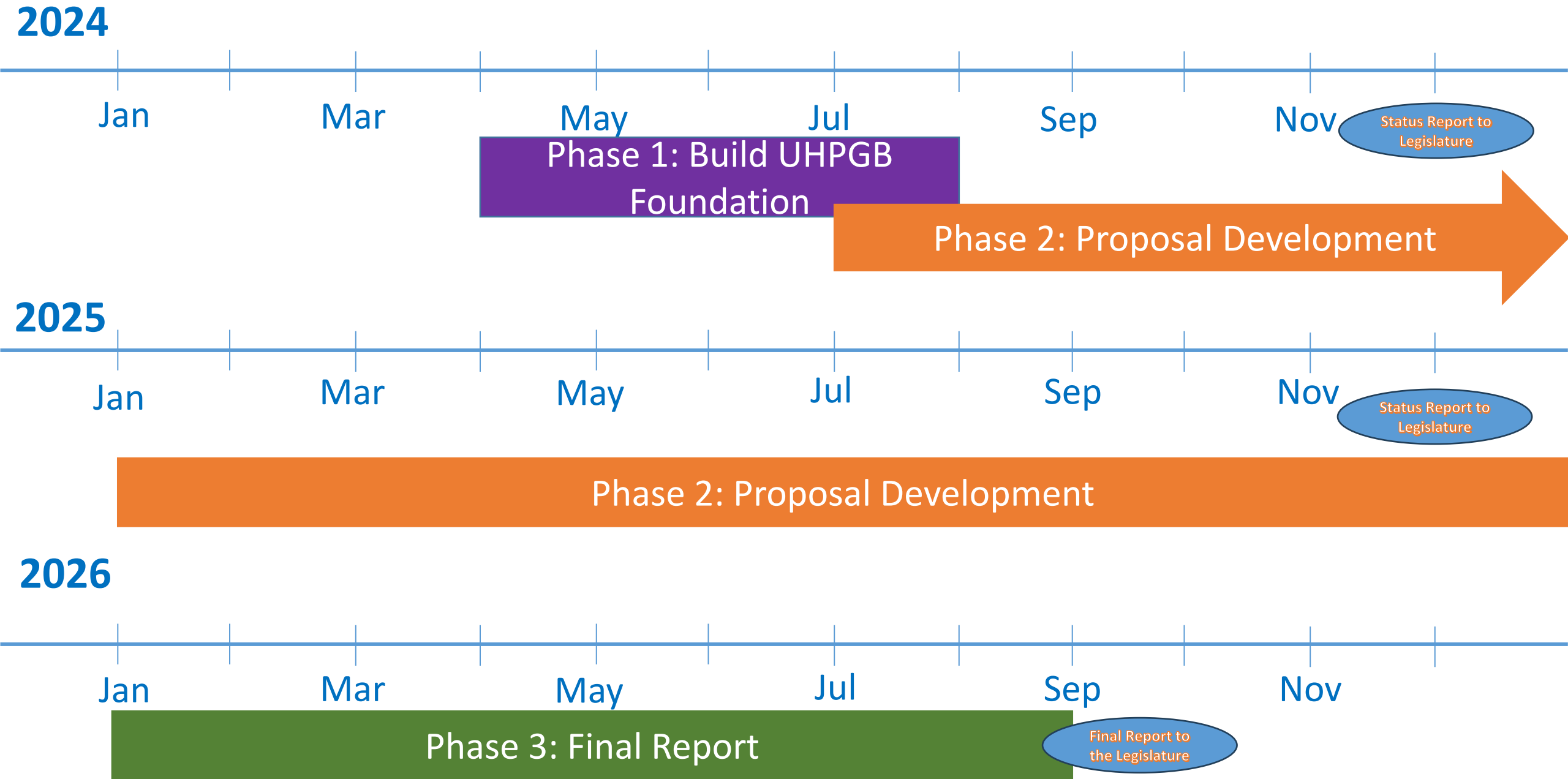
1. May Board Meeting - Governance Board established workplan workgroup to review a staff developed workplan and draft a charter for the Finance Committee
2. Draft developed - Staff worked with Chair and Vice-Chair and OHA staff to develop a workplan framework that meets the deliverables outlined in SB 1089
3. Workgroup – Workgroup met twice to review and give feedback on the draft to staff. Feedback included starting all committees sooner.
4. Committee Charters – Four committee charter drafts were developed and available to review and discuss today

# Workgroup feedback

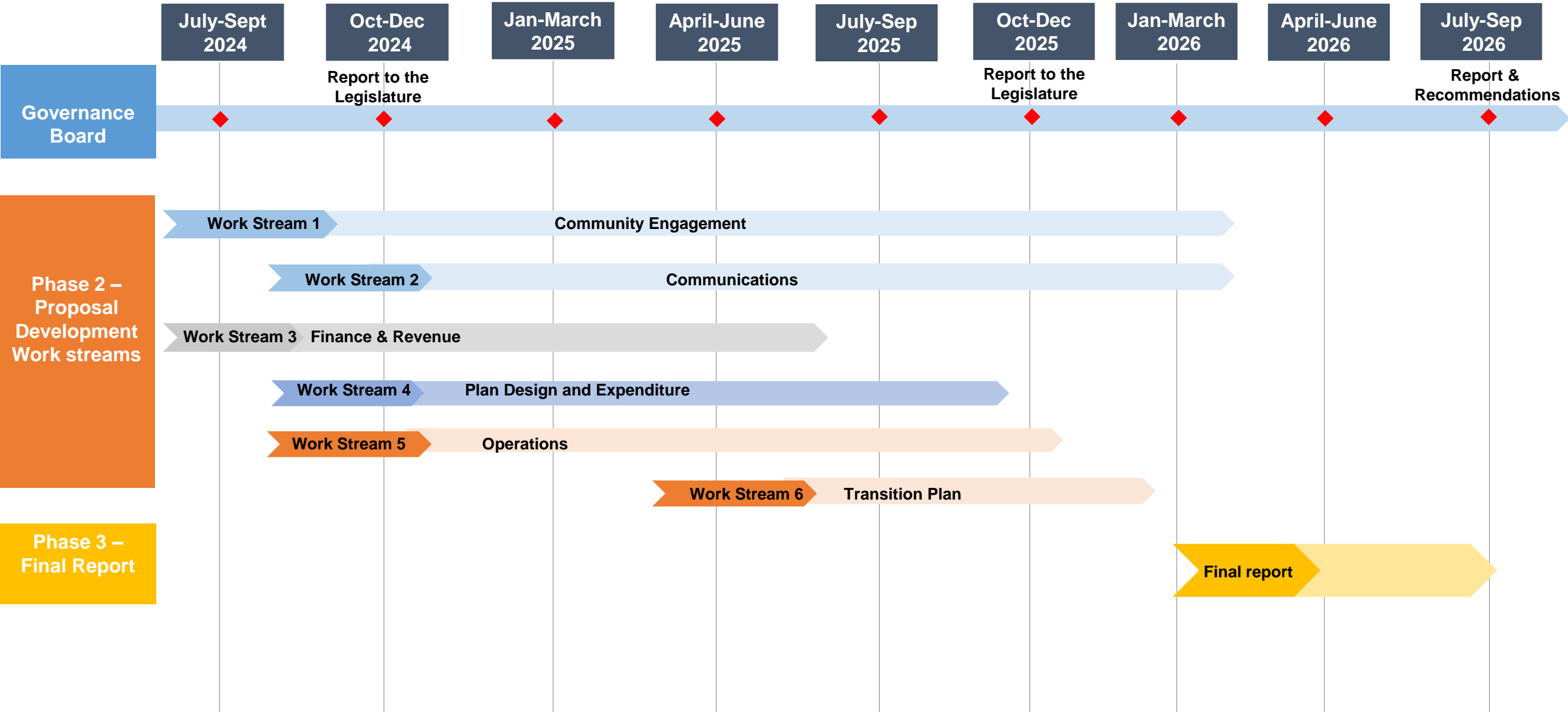
- Restructured to lead-off the workplan with the community engagement workstream
- Workgroup identified missing bodies of work – communications and transition planning – to be called out in new workstreams which were added to existing committees
- Expanded the community engagement workstream to include more listening at the beginning specifically using existing feedback and identifying gaps that need additional outreach
- Workgroup recommended starting all the work sooner that was originally proposed



# 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:

- 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:** TBD  
**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:** TBD  
**Staff Support:** Morgan Cowling

**Committee:** Finance

**Timeline:** July 2024 – August 2025

## Work Stream 4

### Plan Design and Expenditure

#### Deliverables:

- Final recommendations on Universal Health Plan benefits, eligibility, provider reimbursements, 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:** TBD  
**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 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:** Legal and Policy State gov’t admin structures.

**Board Lead:** TBD  
**Staff Support:** Jenny Donovan & OHA Policy Analyst

**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
- Transition timeline and steps needed from status quo into the Universal Health Plan

**Expertise:** State agency and key partners. Change management.

**Board Lead:** TBD  
**Staff Support:** Jenny Donovan & OHA Policy Analyst

**Committee:** Operations

**Timeline:** July 2025 – December 2025

# Review and approve workplan

- Questions?
- Any additional feedback?
- Is the board ready to approve the workplan today?

# Committee Charters

# Committee Charters: components

- Each Committee Charter includes:
  - Tasks and Deliverables from the workplan
  - Process considerations
  - Timeline and meeting frequency – continue work with the board liaisons
  - Subject Matter Expertise
  - Resources Needed
  - Staff assigned to committee

# Workgroup discussions: Committees

Workplan development workgroup discussed:

- Each committee should have a range board members and non-board members of 6 – 10 people
- Perspective and expertise are more important than a specific number
- Larger rather than smaller would be better. There were concerns about the committees being too small
- Maximizing opportunities to participate in the committees including evening and weekend meetings should be options. Look into innovative feedback mechanisms for the committees.
- Minimum of two board members for each committee (Chair and Vice-Chair will have to help recruit if we don't have two for each committee)



# Timeline for Committee Recruitment

June 20 <sup>th</sup>	Approval of workplan and committee charters (pending board action) Identify board liaisons to each committee
June 21 <sup>st</sup> – June 28 <sup>th</sup>	Develop recruitment materials / set up website Discuss committee membership and charters with board liaisons for each committee
July 1 <sup>st</sup> Open recruitment	Post application materials on website
July 1 <sup>st</sup> – July 18 <sup>th</sup>	Recruit- board members share information w/ networks, outreach
<b>July 19<sup>th</sup></b>	<b>Applications due</b>
July 22 <sup>nd</sup> – July 26 <sup>th</sup>	Staff review applications for expertise, regional and diverse representation. Chair/ Vice-Chair work with board liaisons for each committees to make recommendations to the board on membership.
July 29 <sup>th</sup> – August 2 <sup>nd</sup>	Additional follow-up, if needed
August 15 <sup>th</sup>	<b>Governance Board meeting - approve committee membership</b>



# Actions:

1. Feedback on the committee recruitment process?
2. Approve DRAFT Committee Charters - establishing four committees
3. Appoint two members from the board for each committee – recommendation from the workgroup is that the chair of each committee is a board member, to be determined in July

# Public Comment

# Adjourn

“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*