Five Overarching Principles for the Universal Health Plan

Equity Principle:

1. Health care is a fundamental element of a just society, and must be secured for all individuals on an equitable basis by public means, similar to public education, public safety and public infrastructure. (SB 1089 Section 2(3)(a)(A))
    a. "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." (HEC)
    b. Race, color, national origin, age, disability, wealth, income, citizenship status, primary language, genetic conditions, previous or existing medical conditions, religion or sex, including sex stereotyping, gender identity, sexual orientation and pregnancy and pregnancy-related medical conditions may not create barriers to health care nor result in disparities in health outcomes due to the lack of access to care; (SB 1089 Section 2 (3)(a)(B))
        i. Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:
            1. The equitable distribution or redistribution of resources and power; and
            2. Recognizing, reconciling, and rectifying historical and contemporary injustices.
            (HEC)

Maximize Health:

1. Maximize health includes individual satisfaction and agency in care, public health concerns and population measures as follows:
    a. Improving the health status of individuals, families and communities; (SB 1089 Section 2 (2)(a))
    b. Defending against threats to the health of the residents of this state; (SB 1089 Section 2 (2)(b))
        i. In the case of specifically identified community contagion, community, state and national interests to protect the population at large outweighs individual decision making for reaction to that contagion. (V&P Final Recommendations 7.9.24 1(c))
    c. Is responsive to the needs and expectations of the residents of this state as follows: (SB 1089 Section 2 (2))
        i. A primary measure of success should be the attainment of every individual resident to be satisfied in their opportunity to make and act on timely, well informed health decisions for themselves, unimpeded by external forces of bias, location, or financial impediments to access; (V&P 6.13.24 1(a))
        ii. Making it possible for individuals to participate in decisions affecting their health and the health system; (SB 1089 Section 2 (2)(g))
        iii. A participant in the Universal Health Plan may choose any individual provider who is licensed, certified or registered in this state or may choose any group practice; and (SB 1089 Section 2 (3)(b)(A)

iv. A participant in the plan and the participant's health care provider shall determine, within the scope of services covered within each category of care and within the plan's parameters for standards of care and requirements for prior authorization, whether a service or good is medically necessary or medically appropriate for the participant. (SB 1089 Section 2 (3)(b)(C)

Fair Distribution of Medical Resources:

1. Providing equitable access to person-centered care; (SB 1089 Section 2 (2)(d))
2. Removing any financial incentive for a health care practitioner to provide care to one patient rather than another; (SB 1089 Section 2 (2)(f))
3. Focusing on coverage of evidence-based health care and services; (SB 1089 Section 2 (2)(j))
4. The plan may not discriminate against any individual health care provider who is licensed, certified or registered in this state to provide services covered by the plan and who is acting within the provider's scope of practice; and (SB 1089 Section 2 (3)(b)(B)
5. Give voice to the patient population in setting fairness such that:
    a. Matters of defining fairness and how it is applied to distribution of care should be informed by the community itself, taking care to use a process that is inclusive and based on consensus. (V&P 7.9.24 2(a) – substituting "and based on consensus" for "equitable")

Minimize Financial Hardship for Individuals and Families from Medical Costs

1. Protecting individuals from the financial consequences of ill health; and (SB 1089 Section 2 (2)(c))
2. Removing cost as a barrier to accessing health care. (SB 1089 Section 2 (2)(e))
    a. There shall be no copays or deductibles (This is plan design more than a principle)

Community Ownership and Governance:

1. The Universal Health Plan shall have community ownership and governance to include:
    a. The plan shall cover health care services and goods from birth to death, based on evidence-informed decisions as determined by the board; (SB 1089 Section 2 (3)(b)(D)
    b. Establishing measurable health care goals and guidelines that align with other state federal health standards; (SB 1089 Section 2 (2)(h))
    c. Promoting continuous quality improvement and fostering interorganizational collaboration; (SB 1089 Section 2 (2)(i))
    d. The components of the Universal Health Plan must be accountable and fully transparent to the public regarding information, decision-making and management through meaningful public participation; and (SB 1089 Section 2 (3)(a)(C))
    e. Funding for the Universal Health Plan is a public trust and any savings or excess revenue must be returned to the public trust. (SB 1089 Section 2 (3)(a)(D)