

Values and Principles Workgroup

May 29, 2024



Universal Health Plan
Governance Board

Agenda

- Welcome, Agenda Review and Roll Call
- Identify Facilitator
- Values and Principles Discussion
- Adjourn

Role of the Facilitator

- Ensure all members are aware of the goal of the Work Group
- Recognize individuals to speak
- Keep the conversation on topic
- Move conversation forward
- Identify and note any recommendations or decision points to present to the Board
- Present decision points or recommendations to the Board at the next Board meeting

Values and Principles - Established

Ballot Measure 111 and SB 1089 (2023) establish values and principles for the governance board to support and use in developing a Universal Health Plan for Oregon.

Values and Principles - Ballot Measure 111

Measure 111 amended Article I of the state constitution in 2022.
SECTION 47.

(1) It is the obligation of the state to ensure that every resident of Oregon has access to cost-effective, clinically appropriate and affordable health care as a fundamental right.

(2) The obligation of the state described in subsection (1) of this section must be balanced against the public interest in funding public schools and other essential public services, and any remedy arising from an action brought against the state to enforce the provisions of this section may not interfere with the balance described in this subsection.

Values – SB 1089

Codified at ORS 751.001 – 751.002, SB 1089 articulated the following **values**:

- (A) Health care, as a fundamental element of a just society, must be secured for all individuals on an equitable basis by public means, similar to public education, public safety and public infrastructure;
- (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;
- (C) 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
- (D) Funding for the Universal Health Plan is a public trust and any savings or excess revenue must be returned to the public trust;

Principles – SB 1089

Codified at ORS 751.001 – 751.002, SB 1089 articulated the following **principles**:

- (A) 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;
- (B) 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;
- (C) 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; and
- (D) The plan shall cover health care services and goods from birth to death, based on evidence informed decisions as determined by the board

Values and Principles - Questions

1. Are there any missing principles the board would like to add?
2. *Ethical Priority Setting for Universal Health Coverage: Challenges in Deciding Upon Fair Distribution of Health Services* by Ole Norheim includes three principles: Should any or all of these be considered?
 - promote health maximization,
 - fair distribution, and
 - protection against poverty
3. Should there be an additional principle addressing cost?
4. Should there be a principle around local health care delivery?



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ADJOURN