

Universal Health Plan Governance Board

Committee Charters

July 2024 – March 2026

July 15, 2024. Version 2

Approved by the Board, [July 18, 2024]

Plan Design and Expenditures Committee 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