

# Plan Design & Expenditure Committee

Thursday, November 7, 2024  
1 – 4 p.m.



---

**Universal Health Plan**  
Governance Board

---

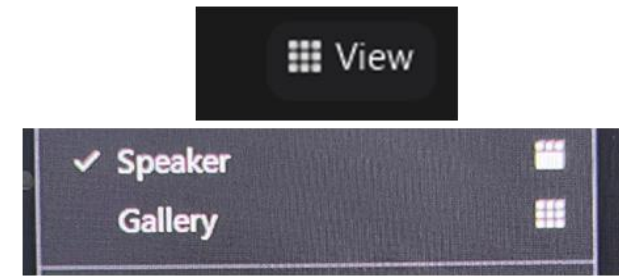
# Welcome Remarks – Chair Diaz

- Tech Check
- Roll Call and Introductions
- Agenda Review

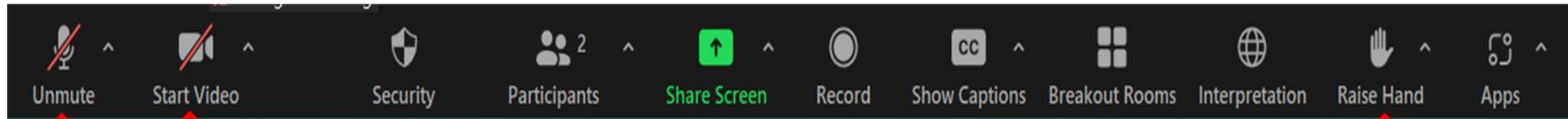
# Tech Check / Zoom Navigation

- In the upper right corner:

- Select “View”
  - Choose between Gallery or Speaker view at any time during meeting
    - Gallery – shows all participants at the same time
    - Speaker - shows active speaker



- At the bottom of screen:



- Please stay muted when not speaking
- Please start video, if you are able
  - Members of the public are invited to attend, but they are unable to connect audio or video. By having committee members on camera, it makes it easy to distinguish who committee members are
- There is no meeting chat. Please select “Raise Hand” when you would like to speak

# Agenda

- Welcome
- Roll call – Committee Member Introductions
- Committee Administration
- Workplan Review
- Review Committee Charter, Process & Timeline
- Break
- Review of Board Adopted Values and Principles
- Joint Task Force Overview of Universal Health Plan Recommendations
- Committee Member Reflections and Next Steps
- Public Comment
- Adjourn



# Documents Guiding Committee Work

- Board Policies & Procedures
- Board Adopted Workplan
- Committee Charter
- Board Adopted Values and Principles

# Relevant Board Policies

7. The board will conduct its activities and make its records available in accordance with the Oregon Public Meetings Law and the Oregon Public Records Laws

8. General Operating Procedures

f. Participation

13. Unless expressly authorized by the board, no member of the board has any authority to speak on behalf of the board. The board operates as a single entity when communicating with external parties

14. Unless otherwise specified by the board, all workgroups and committees are subject to and governed by all relevant board policies and procedures

# Committee Member Agreements

## **Board Policies and Procedures – Participation**

All board members agree to act in good faith in all aspects of board participation. This includes being honest and refraining from undertaking any actions that will undermine or threaten the deliberative process. Expectations of board members include:

- Speaking respectfully, efficiently, and nonrepetitively during board discussions.
- Listening to all points of view with an open mind and with a goal of understanding the interests of other board members and staff.
- Working toward consensus as a vital community responsibility while respecting minority points of view.
- Representing the activities of the board, and the positions of others in fair and balanced manner.
- Not misrepresenting the positions of others.

**Any Additional agreements to add?**

# Committee Decision-Making Process

**Quorum:** A simple majority of committee members.

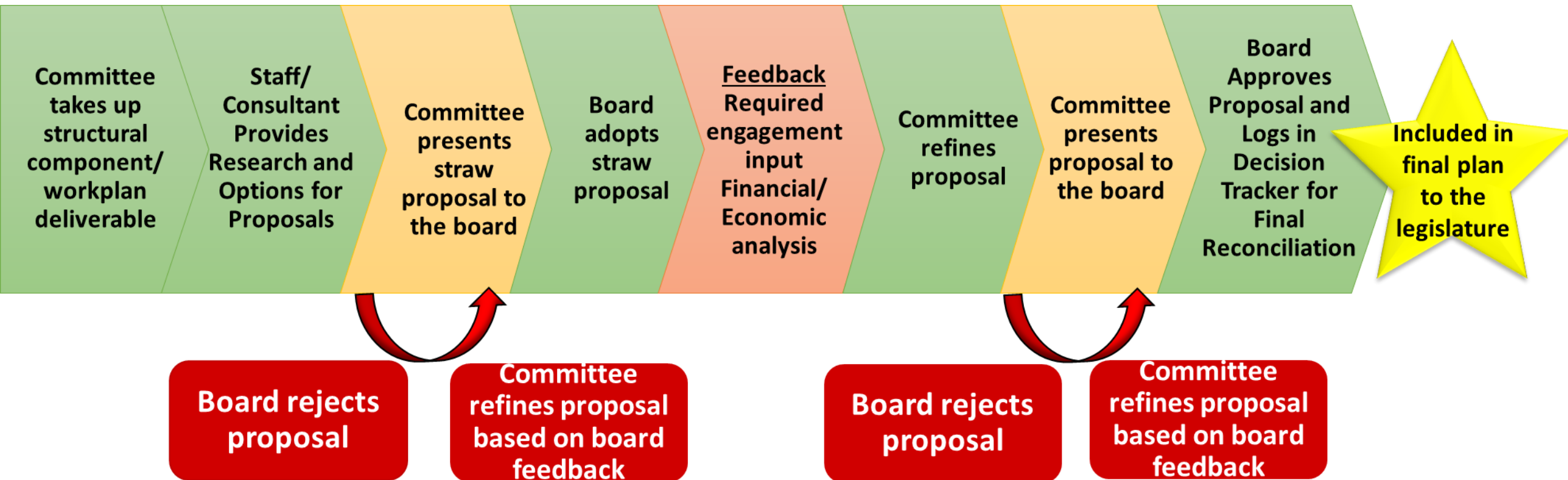
**Consensus:** A consensus decision-making approach will be used to facilitate the committee's deliberations and to ensure that the committee receives the collective benefit of the individual views, experiences, backgrounds, training, and expertise of its members.

**Voting:** Recommendations to the board made by the committee, including when there is consensus, must be taken by public roll call 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. .



# Committee-> Board Decision Making Process



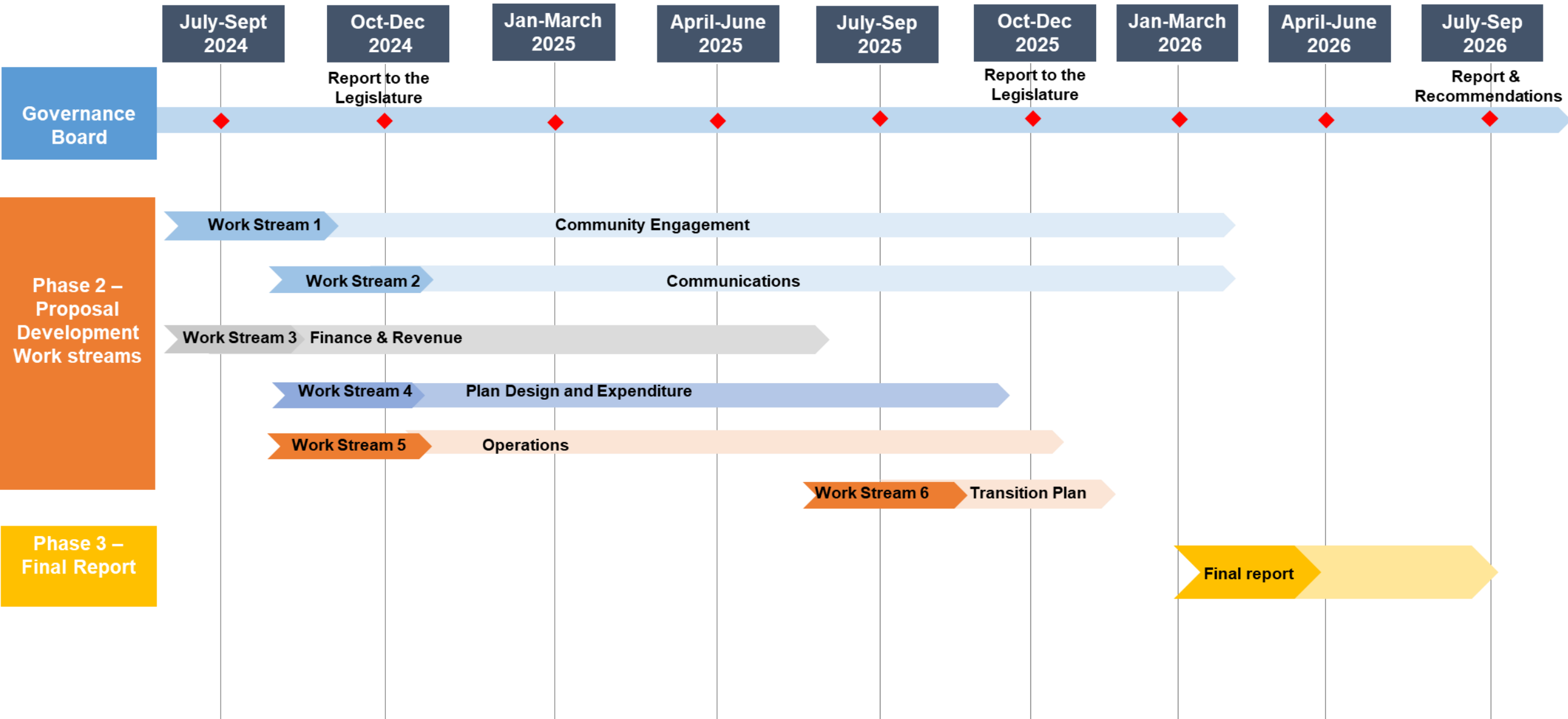
# Committee Meeting Schedule

- The first Thursday of every month from 1 – 4 p.m.
  - December 5th, 1 – 4 p.m.
  - January 2nd, 1 – 4 p.m.
  - February 6th, 1 – 4 p.m.
  - March 6th, 1 – 4 p.m.
  - April 3rd, 1 – 4 p.m.
  - And so on

# **Workplan Review**

*- Chair Diaz*

# Workplan Timeline for Phase 2 and 3





# UHPGB Work Plan – Phase II Streams

## Work Steams 1&2

### Communications & Community Engagement

#### Community Engagement Deliverable:

- Use existing mechanism to get feedback and identify gaps
- 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:** Michelle Glass & Amy Fellows  
**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:** Warren George  
**Staff Support:** Morgan Cowling

**Committee:** Finance & Revenue

**Timeline:** July 2024 – August 2025

## Work Stream 4

### Plan Design and Expenditure

#### Deliverables:

- Final recommendations on Universal Health Plan benefits, eligibility, provider reimbursements, workforce, 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:** Debra Diaz  
**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, workforce 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:** Business Admin, IT, Operations and Health Plan

**Board Lead:** Bruce Goldberg  
**Staff Support:** Jenny Donovan & OHA Policy Analysts

**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
- Create a comprehensive transition plan and timeline and steps needed from status quo into the Universal Health Plan
- Identify transition costs and structure

**Expertise:** Workforce, Information Systems, Health plan organization

**Board Lead:** TBD  
**Staff Support:** Jenny Donovan

**Committee:** Transition

**Timeline:** July 2025 – December 2025

# **Committee Charter, Process and Timeline**

*- Committee Staff*

# Committee Charter –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

# Committee Charter – Deliverables

- 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



# Committee Process

Goal of this committee: Review and make recommendations to the board on any needed changes from the Joint Task Force/Preliminary Structure to benefits, eligibility and provider reimbursement plan design to stay within cost estimates and revenue projections determined by the Finance Committee.

## **Phase 1:**

Step 1 – Orient the committee to the Joint Task Force recommendations and Preliminary Structure adopted by the Governance Board

Step 2 – Spend time reviewing and discussing priorities in the major plan design components: benefit plan, eligibility, provider reimbursement, cost containment.

Step 3 – Discuss workforce needs and develop recommendations to the board on workforce

Step 4 - Joint meeting with Finance and Revenue Committee to discuss how plan compares with financing and make recommendations together on strategy.

## **Phase 2:**

1. Identify any plan design change recommendations
2. Community engagement
3. Actuarial analysis of the plan(s) to stay within the budget

# Plan Design & Expenditure Committee Workplan 2024-2025



November:  
Committee  
Orientation



December:  
Review  
Benefits



January:  
Eligibility



February:  
Provider  
Reimbursement



March:  
Cost  
Containment  
& Cost Sharing



April:  
Workforce



May- June:



July:  
Finance &  
Revenue

# Committee process – Phase 2

## If needed, how should the committee recommend making changes to the Universal Health Plan Preliminary Structure?

- Changes in benefits?



- Change provider rates?

- Cost containment strategies?

- Introduce co-pays?

# Break

*We will reconvene at 2:50 p.m.*



# Values and Principles

- *Chair Diaz*

# Overarching Principles Supporting Statements

1. Health Equity
2. Maximize Health
  - a) Individual Fulfillment
  - b) Population Measures
3. Fair Distribution of Medical Resources
4. Minimize the financial hardship from medical bills on individuals and families.
5. Community Sense of Ownership and Governance
  - a) Community Sense of Ownership
  - b) Community Economic Stewardship
  - c) Principles of Good Governance

# Adopted by UHPGB on August 15, 2024

**Meaningful public participation:** Community engagement should always seek to:

- a. Be inclusive of all people
- b. Provide the community details on the background and current thinking relating to a particular issue or project.
- c. Present community members with and asks them to consider alternatives and make a judgment as to the most attractive alternative for the community
- d. Consider community feedback as the guiding perspective in defining terms and decision making

**Targeted Universalism:** Within a targeted universalism framework, universal goals are established for all groups concerned. The strategies developed to achieve those goals are targeted, based upon how different groups are situated within structures, culture, and across geographies to obtain the universal goal.

# Joint Task Force on Universal Health Care Recommendations

- *Cherryl Ramirez (Former Task Force member)*

# Context

- Our current health care system is financially unsustainable, harmfully complex and socially unjust.
- Health care in Oregon is inequitably delivered and paid for.
- Too many Oregonians because of their race, age, income, geography or insurance endure vastly different health care access, varied health care quality and wide-ranging health outcomes.



# Public Engagement

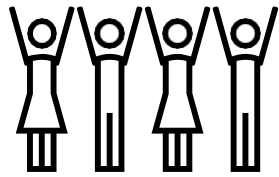
- Consumer Advisory Committee
- Seven roundtables with underserved communities
- Six regional community listening sessions (incl. Spanish)
- Forums with
  - Health care professionals
  - Hospitals and health systems
  - Large employers
  - Small employers
  - Unions

# Universal Health Plan Summary

- All Oregonians are covered
- Robust universal benefit for all
- Eliminates deductibles, co-pays, co-insurance and any other out of pocket costs
- Same payment system for all providers - eliminates current structurally inequitable system
- Providers bill one entity
- Oregonians can seek services from any provider in the state
- Cost is less than our current system



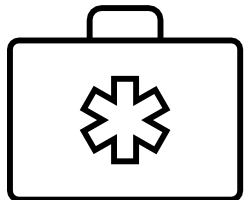
Key elements



**Eligibility and Enrollment.** All people who live in Oregon will qualify no matter their job, income, or immigration status.



**Affordability.** No payment at the point of care. No co-pays or deductibles. No more medical debt.



**Covered Benefits.** Based on the benefits available now through Oregon's Public Benefits Employee Board (PEBB). Includes dental. Enhanced behavioral health (to be determined)

# Health Care Professionals

- Any licensed or authorized practitioner in Oregon who provides health care services that are covered by the Universal Health Plan is a “participating provider”
- Can see any participating provider
- Participating providers in the Universal Health Plan will not be allowed to give preferential treatment to private-pay patients, or to charge more for their care
- The Universal Health Plan will prioritize recruitment of a diverse and representative workforce with sufficient geographic and cultural distribution of providers



# Provider Reimbursement

- Universal Health Plan will reimburse providers directly
- Methods and rates of reimbursement will be regionally based
- Capitated models and other alternative payment methodologies may be used to improve outcomes and value
- Opportunity for clinicians to work in collaboration with Universal Health Plan re: payment methodologies, utilization review and quality improvement programs.

# Governance

## Governance

- The Universal Health Plan will be administered by a state single payer entity and governed by a non-profit public corporation subject to public records and public meetings laws
- Board members will be appointed by the Governor and confirmed by the Legislative Assembly
- Regional entities within the Universal Health Plan, will advise the Plan on how to respond to unique needs of diverse communities across Oregon
- Government-to-Government relationship with tribes

# Private Insurance

- Private insurance will have a limited role in the new system
- Insurers will be able to offer complementary insurance for benefits not offered by the Universal Health Plan (e.g., certain prescription drugs, services with coverage limits, LTC)
- Insurance companies will be prohibited in offering substitutive and supplementary insurance—to the extent permitted by law
- The Universal Health Plan may contract with third parties, including private carriers, for benefit administration

# Equity

- Universal Health Plan removes obstacles to equitable care
  - Everyone covered, same benefit, no cost sharing, provider payments no longer vary by payor.
- Universal Health Plan removes structural inequities in our current payment system
  - No longer are providers paid more to see well insured and less to see low income and elderly
- Contributions based on ability to pay
- Plan works to address issues that affect health outcomes, including housing, education, nutrition, violence, and racism (SDOH)

# Finance and Revenue Recommendations

- The Joint Task Force did not make any final recommendations on a financing system for the Universal Health Plan they designed.



# Governance Board Adopted a Preliminary Structure based on the Joint Task Force Recommendations:

1. All people who live in Oregon qualify for the Universal Health Plan. The plan will clarify eligibility requirements, including for people who live out of state but work in Oregon.
2. The plan will be based on current PEBB benefits and will expand behavioral health benefits.
3. People who qualify for long-term supports and services will continue to receive benefits and services through Medicaid and the Oregon Department of Human Services (DHS). The plan will explore coverage of some skilled nursing and home health care.
4. The plan will not require patients to pay when receiving care. There shall be no co-pays, deductibles, or co-insurance. Instead, there will be new revenue sources that will fund the services while protecting families and businesses from financial hardship.
5. People who qualify for Medicare will be covered by the Universal Health Plan to the extent allowed by federal law.

# Preliminary Structure Recommendations cont.:

6. The plan will work with any individual, group practice, or institutional provider (including hospitals and health systems) that are licensed or authorized to practice in Oregon, in good standing, and that provide services covered by the plan.
7. The plan will pay providers, or provider networks, directly. The rates of pay will be set up by region to account for different health care needs and costs in parts of the state. The plan will consider the role of TPAs and regional payment authorities.
8. Health insurance companies would only be able to offer insurance to cover benefits or services not offered by the Universal Health Plan. The plan will need to clarify the role of workers compensation insurance.
9. The Universal Health Plan will uncouple health insurance from employment.
10. The plan will seek, whenever possible, to address social determinants of health.
11. Members of the 9 federally recognized tribes, including tribal providers, in Oregon have the option to participate in the plan.
12. The plan will be overseen by a nonprofit corporation.

# Thank you!

## QUESTIONS?

- Final Report submitted to the Oregon legislature on September 30
- Report available at:

<https://www.oregon.gov/oha/HPA/HP/Pages/Task-Force-Universal-Health-Care.aspx>

# **Committee Member Reflections and Next Steps**

*- Chair Diaz and Committee Members*

# Public Comment





---

**Universal Health Plan**  
Governance Board

---

Thank you