Oregon Universal Health Plan

Public Enterprise Launch Canvas

Purpose: This framework is a thought exercise intended to organize workstreams contemplated by SB 1089, UHPGB work plans, committee materials, and Board deliberations. It is not intended as an assessment of readiness, completeness, or Board progress. Built entirely from statute, work plans, and official Board and committee records.

POLICY DESIGN — CURRENT PUBLIC DIRECTION ACROSS KEY DOMAINS

BLOCK 1 Public value promise

- ✓ Universal access for all Oregon residents
- ✓ No premiums, deductibles, or co-pays at point of care
- ✓ Equity regardless of income, status, geography
- ✓ Coverage decoupled from employment
- ✓ Administrative simplification
- ▶ Pharmaceutical cost-sharing — under active discussion
- ? Mission hierarchy when goals conflict

BLOCK 2 Population served

- ✓ 4.2 million Oregon residents (2025 Census)
- ✓ Immigrants regardless of documentation status
- ✓ People experiencing homelessness
- ✓ Incarcerated individuals
- ▶ Tribal members — SB 1089 requires evaluating how to work with nine federally recognized tribes; formal engagement protocols in process
- ✓ Cross-border workers — covered if OR resident, out of state working in Or not covered
- ▶ Medicare recipient integration — pathway not yet defined
- ▶ Residency verification mechanism – tax return as primary, system coordination TBD

BLOCK 3 Service model

- ✓ PEBB-level benefits — medical, dental, vision
- ✓ Any licensed Oregon provider, no networks
- ▶ Uniform provider fee schedule — under consideration, not yet decided
- ✓ 15% primary care expenditure floor — board decision Aug 2024
- ✓ Behavioral health scope — services defined
- ✓ Hospital global budgets — 70% of hospital revenue
- ✓ LTSS retained under Medicaid/ODHS
- ? LTSS coordination framework — not yet published

FINANCIAL & GOVERNANCE ARCHITECTURE — DIRECTIONAL CONCEPTS

BLOCK 4 Financing architecture

- ✓ Employer payroll tax — 11% above threshold
- ✓ Personal income tax — 10% above 200% FPL
- ✓ Per-person premium — caps at $4K/adult, $2K/dependent
- ▶ Federal funds — current planning premise; waiver strategy and Medicare integration pathway not yet secured
- ▶ Federal Medicaid funding – $3.4B reduction risk (2027-29) identified in current federal environment; contingency scenario not yet published
- ▶ Total revenue target — not yet published
- ▶ 11% administrative savings — current modeling basis; Finance Committee final meeting noted revenues may be overstated without dynamic modeling
- ? ERISA contingency mechanism

BLOCK 5 Strategic dependencies

- ✓ Oregon Legislature — authorization required
- ✓ CMS — federal waivers required
- ✓ OHA — readiness assessment received;
- ▶ DCBS — current administering agency; more work needed regarding integration of DFR, PDAB
- ▶ Nine federally recognized Oregon tribes — formal engagement and consultation framework not yet documented
- ▶ Medicare integration — requires Congressional action
- ▶ Federal Medicaid funding — transition period risk
- ▶ Federal waiver strategy — in draft

BLOCK 6 Governance & legal structure

- ✓ Public nonprofit corporation — OHSU/SAIF model
- ✓ 11-member board, Governor-appointed, Senate-confirmed
- ✓ Executive Director
- ✓ Independent Trust Fund, kicker-insulated
- ▶ Governance charter — public documentation not identified
- ? Fiduciary and audit authority — pending Board direction
- ? Procurement authority — pending Board direction
- ? Legal framework — bylaws, IGAs, MOUs — public documentation not identified
- ▶ Operating corporation formation — future implementation planning
- ▶ OHSU precedent: OHSU president wrote the public corporation model ‘can unleash excellence, but it is not a panacea’ and that public missions still need predictable, sufficient public funding. Unlike OHSU, the UHP has no clinical revenue base if tax revenues underperform.

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✓ Current public direction ▶ Still in development ? Pending info or completion | All elements sourced to official UHPGB statute, work plans, committee materials, Board records, and on-record statements.

Prepared by Mickie Derting, UHPGB Transition Committee member, June 2, 2026.

- ? Medicare integration contingency scenario

OPERATING MODEL — FUTURE ENTERPRISE DESIGN WORK

BLOCK 7 Core operating functions

- ▶ Eligibility and enrollment administration
- ▶ Provider credentialing framework
- ? Claims processing system — future implementation planning
- ? Appeals and dispute resolution — future implementation planning
- ? Fraud, waste, and abuse prevention — future implementation planning
- ? Build vs. buy — operator model decision pending

BLOCK 8 Technology architecture

- ? Claims engine architecture — future implementation planning
- ? Build vs. buy decision — pending
- ? EHR interoperability across provider systems — future implementation planning
- ▶ IT Blueprint — scheduled for June 11, 2026
- ? IT costs — Finance Committee noted estimates of several hundred million dollars with no formal analysis; Cover Oregon parallel raised on the record
- ? Procurement timeline vs. 2030 target — pending IT Blueprint

BLOCK 9 Implementation lifecycle

- ✓ Phase 1 — Policy design
- ✓ Phase 2 — Legislative consideration
- ▶ Phase 3 — Enterprise design & capitalization
- ▶ Phase 4 — Technology & operations build
- ▶ Phase 5 — Phased launch (~2030–2032+)
- ? Phase 6 — Stabilization
- ? Phase-gate criteria between phases — future implementation planning

BLOCK 10 Startup & Transition Planning Considerations

Startup-cost funding and reserve/surplus mechanisms appear designated for future planning and recommendation development. Finance & Revenue Committee Guiding Principles (Jan 2025) explicitly require the revenue plan to address all costs of operations, start-up, reserves, and transition, including bond sales.

Financial launch requirements

- Startup capitalization — funding pathway not yet defined in current public materials
- Operating liquidity before tax revenues stabilize
- Reserve target — Finance Committee voted 5-2 (Mar 2026) to recommend 3-month reserve (~$21B based on $85B annual expenditure per Milliman/ECONorthwest) with 1-month trigger; Tier 1/2/3 capital stack pathway still a work in progress
- Bond or appropriation authority — noted in Guiding Principles; not yet designed
- Governor Kotek signing statement (Aug. 2023) noted concerns that the initial $2 million appropriation may be insufficient for the scope of work assigned to the Board and emphasized the importance of building upon the extensive work already completed by the Joint Task Force on Universal Health Care.

Technology & operations build

- IT procurement — no RFP, no timeline, no budget; IT Blueprint rescheduled to June 11
- Build vs. buy decision and procurement path
- Washington State example (presented May 14): $22.4M before RFP; $240M first biennium; $200M second biennium
- OHA integration planning and implementation cost estimates — pending information or completion
- CCO, provider, and system-partner transition planning and readiness approach — pending information or completion
- Workforce transition implementation pathway — pending information or completion
- Finance Committee final meeting (Mar 2026): formally acknowledged only 5 of 8 charter tasks completed and 1 of 2 deliverables

Planning questions for this block

- *When does startup capitalization appear explicitly in the transition roadmap?*
- *Which elements are Board recommendations vs. future enterprise design?*
- *How will the September submission address the Finance Committee's six stated concerns about financial plan completeness?*
- *How are startup-phase assumptions distinguished from mature-state assumptions?*
- *What is the plan for IT procurement sequencing relative to 2030 — and how does it differ from Cover Oregon?*

Sources: SB 1089 / ORS 751 · UHPGB Work Plan (Jul 2024) · Preliminary Structure (Aug 2024) · Finance & Revenue Guiding Principles (Jan 2025) · Core Revenue Preliminary Proposal (Oct 2025) · ECONorthwest Reserves Memo (Mar 2026) · Finance & Revenue Final Meeting transcript (Mar 2026) · Operations Committee Straw Proposal (Mar 2025) · Joint Task Force Final Report (Oct 2022) · Transition Committee charters and agendas · McDonald transcript (2026) · Governor Kotek SB 1089 signing statement (Aug 2023) · IT Blueprint presentation (May 14, 2026) · Washington State HCMACS example

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