Oregon
Tina Kotek, Governor

Universal Health Plan Governance Board

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Meeting Minutes

Universal Health Plan Governance Board (UHPGB) Meeting

Approved at the August 20, 2026 UHPGB meeting.

Date

16 July 2026

Meeting Video Recording

Web link to the meeting video recording

Meeting Materials

- Agenda
- Presentation

Board Members

- Helen Bellanca (chair)
- Judy Richardson (vice chair)
- Chunhuei Chi
- Amy Fellows (virtual)
- Michelle Glass (virtual)
- Bruce Goldberg (virtual)
- Cherryl Ramirez
- Mary Lou Hennrich
- Michael Leahy

Call To Order

Chair Helen Bellanca called the meeting to order at 9:01 a.m.

Welcome and Roll Call

00:00:23

Chair Bellanca briefly summarized the agenda. Bruce Goldberg has returned from leave and will provide an update. The Board will hear from ECONorthwest about Legislative Revenue Office updates. The bulk of the meeting will be spent on the revenue plan, and this is potentially a

voting topic. There will be some quick updates on Medicaid waiver questions raised last time, and information technology.

Public Comment on Voting Topics

00:03:01
Chair Bellanca summarized the written public comments:

- Encouraged to consider sales tax over income tax.
- Concern that Death with Dignity would be expanded to those with non-terminal illnesses and asked Board to consider protections against inherent biases when making those decisions.
- General support was expressed in multiple comments.
- A senior citizen wrote opposing a universal health plan due to tax burden on seniors.
- Concern expressed about loss of direct primary care and concierge model payments. Requested UHP include a direct payment to providers to allow them to see patients.
- Comment requesting vision and dental services be included in the plan.
- Warren George provided a number of detailed comments. Noted that economic growth could help keep pace with medical costs and there may be funds from liability insurance and worker's compensation. Encouraged Board to fight for Medicare reimbursement since Oregon lags the national average. Mentioned Elway poll suggesting people would be willing pay up to 12% of income for comprehensive healthcare, and up to 2-3x of current income tax. Suggested to frame tax as income-adjusted premium.

Members of the public shared public comment on voting topics:

- Alex Polikoff: Supports levers discussed at the special meeting, particularly tiered rates, a phase-in, and lowering tax credit. Thresholds for EPT or HCPIT were not discussed. The $500k threshold for EPT is arbitrary number, could consider lowering to $300k to see the impact. Understand $200k rationale for HCPIT but consider impact of lowering that to something like $150k. Board could also consider lowering HCPIT threshold and seeing the impact of that. A broad-based low tax plan will be most palatable to the public. Support the members who have been pushing back on the Milliman numbers.
- Tom Sincic: Thank you to Board members for their work. On revenue, this will continue to be worked and reworked through the legislative session. Important to note these are initial thoughts as opposed to a final recommendation. Suggest looking at homeowner's insurance, auto insurance, and third party liability for additional dollars. Also think the Board can simplify eligibility requirements to save money via reduced administrative cost.

Chair Bellanca thanked members of the public for providing comments.

Consent Agenda

00:09:33
The consent agenda includes the June 18 and July 9 meeting minutes.

Judy moved to approve the consent agenda. Michelle seconded. 8 yes, 0 no, 1 abstention (Bruce Goldberg). Consent agenda approved.

Executive Director Report

00:10:30

Executive Director McDonell provided the Board with updates. Board member recommendations have been submitted to the Governor's office to fill the positions that will be opening this year. Announcements will be made during September legislative days. One new person will begin on October 1 and the other on January 1. Helen Bellanca has renewed her appointment beginning January 1, 2027.

DCBS has established new formatting rules to improve accessibility for individuals with low vision, and some materials have changed formatting.

UHPGB staff have been working on two legislative concepts. One for Phase 2 of the UHPGB's work to continue in 2027-29. The other is an initial framework for a universal health plan. Working in coordination with legislative champions, advocates, experts, and others. A lot of overlap with this work and the Medicaid Advisory Group that Bruce worked with.

Washinton State has also been working on universal care through Universal Health Care Commission. They do not have a deadline for their report. Have completed eligibility and services work. Working on enrollment, cost containment, and have a number of items on deck such as governance. Their model includes everyone except Medicare and federal employee health benefits. Their website has a lot of interesting information.

Budget-wise, UHPGB is still in the black.

Legislative report draft number 3 is available and has been sent to all Board members. This is the opportunity for Board members to weigh in on the substantive sections of the report. UHPGB staff are working with DCBS communications team, so time is now to make edits or bring forward significant issues. Draft 4 will come out next week, likely asking for final edits by August 10.

Board discussion:

- Mike expressed appreciation for the update on Washington state efforts and is interested in California efforts. Reminding people that this is an iterative process, this is preliminary and can continue to refine and make changes.

Community Engagement and Communications Update

00:21:17

Committee co-chair Amy Fellows provided updates. At the June 24 meeting Warren George presented on Elway public survey on universal care. It was well-received and people are encouraged to watch the recording. Submitted June public comment summary for the Board. Comments requested plain language summary of report, which is in development. In July, meeting will be focused on reviewing the focus group addendum for the Deaf and Hard of Hearing community. Public comments begin at 5pm and members of the public get 5 minutes each.

Medicaid Advisory Group Update

00:23:05

Bruce Goldberg discussed his work with the Advisory Group on Medicaid Sustainability. This group was concerned with impacts of HR 1 on Medicaid and the Oregon Health Plan (OHP). About 1.4 million Oregonians rely on OHP and 57% of kids get care through OHP. Because of

HR 1, Oregon is estimated to lose $9.41 billion total funds through the 2029-2031 budget cycle and hundreds of thousands of people will lose coverage. Governor put advisory group together to provide options as she puts her budget together.

HR 1 would change eligibility checks from every 2 years to every 6 months, which would reduce coverage as people miss deadlines. There are also federal funding cuts to provider taxes and other items. This is estimated to create a $421 million general fund budget hole in the 2027-29 biennium.

The group met every two weeks and did a thorough review of OHP funding, administration, cost drivers, and more. Group created 46 options for Governor to consider across several domains: changes to CCO structure, clinical efficiency and utilization, provider rates, pharmacy, benefit changes, and across the board budget reductions.

Encourage everyone to look at the report. Prefer looking at administrative efficiencies before rate or benefit cuts. Two key principles were not reducing coverage and maintaining access. Also prefer strong clinical review and maintaining adult dental services. The budget hole is estimated to grow to more than $800 million by the 2029-31 biennium.

Report has been delivered to the Governor, and she is not obligated to accept any of the recommendations. There will be additional forecasts made and the Governor's budget will be submitted by December 1. Then there is legislative session, and by the end of legislative session there will be a legislatively adopted budget for the new biennium.

Board member questions/discussion:

- Judy thanked Bruce for his work with the Advisory Group. Judy noted several of the recommendations are aligned with stepping stones the UHPGB has identified. Is it helpful for the Board to submit a letter or comment on that?
    - Sense is Governor would appreciate any sort of input from public or groups. If Board has strong feelings we can and should provide that.
- Chunhuei asked what the impact of these recommendations could be in terms of cost and finance for the universal health plan.
    - Biggest impact is decrease in federal support for financing purposes. UHP relies on Medicaid and Medicare funding. HR 1 will reduce some of the federal Medicaid funding the state will get. Question is timing and if a new future administration will make changes.
- Mike noted the UHP is trying to normalize rates. Oregon has been penalized for being more efficient in Medicare and having lower Medicare rates. How can Oregon get money that other states are currently getting via Medicare?
    - The UHP does have a higher hill to climb because our Medicare rates are lower than many other states.
- Mary Lou asked if there are any recommendations Bruce would suggest the UHPGB consider as stepping stones?
    - Pharmacy spending jumps out, aggregating purchasing is probably number one. A lot of talk as well about administrative simplification which is aligned with UHPGB's work.
- Helen noted the changes in HR 1 related to financing and enrollment were considered in the Milliman estimates.
- Chunhuei asked about a formulary for Medicaid.
    - Yes, the single preferred drug list is exactly that.

Legislative Revenue Office Information

00:42:27
Consultant Morgan Shook from ECONorthwest presented on Legislative Revenue Office (LRO) work on revenue replacement target (RRT). Been working with LRO on estimates and revenue collection and how to specify tax mechanisms per Oregon processes. Quite a bit of health care spending today is through wages, out of pocket costs, etc. The revenue plan would reconstitute those payments into a tax mechanism. Financing plan is trying to balance adequacy (raising enough), economic impact, and political feasibility. Still challenges ahead to address legality and administrative feasibility.

Started with Milliman estimates of 2032 health care expenditures, factored in provider and payer administrative savings, and then subtracted continuing state and federal spending to identify the remaining amount to be raised. The revised 2032 revenue replacement targets are $30-36 billion. Applied this amount to the five tax instruments and their respective contributions to the total. LRO then deduced applicable tax rates.

Board discussion:

- Helen noted the RRT has changed but the % of total for each tax instrument is the same, which results in these new rates that more accurately reflect latest estimates.
- Mike asked about the difference in estimates. If original RRT was $26 billion and now the lowest is $30 billion, couldn't we structure additional savings? Also, not sure about keeping the % of total the same. Think we need more engagement from public on how much should come from each instrument.
    - Earlier estimate was from Joint Task Force work, and Board knew they would have to recalibrate for Milliman work which is UHP-specific. The tax rates are the same to keep the level of payments more or less stable and are designed to reflect current levels of individual and employer healthcare contributions.
    - Helen noted the focus of upcoming revenue discussion is whether these contribution amounts should change and if/where more savings could accrue.
- Bruce asked about the change in administrative expense from 6% to 3%, what accounted for that adjustment? On the corporate tax piece – curious how this aligns with what corporations pay for health care today? Important to know the impact these taxes will have on businesses.
    - Administrative adjustment was made due to estimates related to Medicaid fee-for-service. Board wanted to ensure best possible administrative savings are reflected in Board's estimate. Number is based on literature reviews, not a business plan.
    - Corporate income and corporate activity tax are additional. The EPT is intended to mimic what employers are paying now. Businesses are expected to save on HR expenses, so even if their health care contributions are roughly the same as status quo, many employers will still experience savings.
- Mary Lou noted she is much more comfortable with 3% administrative rate. Sense that Milliman's estimate is based on creating another large insurer type organization, and the UHP would be something different.
- Chunhuei noted Milliman estimated 15k employees would be needed, while Taiwan only employs 4k for the entire country. Milliman also included marketing, which won't be needed. Utilization management will also be reduced under UHP.
- Charlie Swanson confirmed via chat that the EPT, CAT, and CIT were estimated to be about the same, but slightly less than what private employers pay today for health care, and that was the goal of the Finance and Revenue committee in selecting his combination of instruments.

- Michelle noted some of these slides are not the best for public-facing materials since they list high tax rates with lots of asterisks and qualifications. Entering phase of work where have to be aware of what we put into the public space. Encourage the Board to contextualize any material they are putting out there.
- ECONW is working on calculator where individuals can enter their information to understand their costs before and after a UHP. Hoping for this tool to be part of public communications push.
- Bruce concurred that work needs to be done with attention towards public understanding. Finding it hard even as a Board member getting back into it. Question is does the plan save money or not? Will people pay more or less? Need to pay attention to how this info will be consumed.

Revenue Plan

01:25:22
Chair Bellanca and Executive Director McDonell summarized the current revenue plan. The goal is for the Board to vote on elements for inclusion in the legislative report. Various revenue plan tools are available to modify the RRT: change relative contribution, revise EPT tax credit, change exemption on HCPIT, or add a sales or wealth tax. Have previously discussed a phased approach or could reduce benefits to lower expenditures. Levers can be considered on a range. Important to consider Board values and principles and remember that public input will be essential.

In the past, Board members have expressed that cost sharing should be low on list of strategies to consider. Phased implementation should be a prioritized strategy, EPT credit could be lowered but not reduced, could consider a wealth tax.

HCPIT is highly progressive because it excludes the first 200% of federal poverty level (FPL) income, so no one is paying the full rate. Effective rate for a single filer making $50k is 5.2%, effective rate if making $1 million would be 13.8% under current figures. For those with employers, the EPT tax credit would reduce this even more. Acknowledge the tax credit makes plan harder to communicate, but also makes it fairer, because it shifts burden more to non-wage income. Tradeoff between simplicity and progressivity.

Current revenue plan has very robust benefits with little to no cost sharing, highly progressive taxation, median households paying 8-9% before tax credit, predictable costs for employers, and built-in limits to cost increases. Cons include that this is a difficult economic environment for any new taxes, the public perception challenge of the tax rate, and estimates based on static environment – difficult to predict how these would change individual and business behavior.

Option 1 is to submit this strategy as outlined as best preliminary idea for RRT, with qualifications that this plan needs further analysis and input from public, businesses, etc. Option 2 is to decide on a lever to modify this revenue strategy.

Board discussion:
- Bruce asked how many people would not get the tax credit? Important to have those numbers to share when talking about this.
- Amy expressed concern that budget for communications consultants has been used, and there is no more budget for that work until the next biennium. These are public meetings, need to better contextualize the numbers whenever they are shared. Would like this context to be stated on the slides when numbers are shared.

- Chunhuei suggested the Board report should state that the current numbers are subject to revision. Also acknowledge that we don't yet have public input on the tax structure, and that this will all be changed pending that.
- Mary Lou asked if the Board has talked to unions yet? Been going back and forth on whether EPT credit should be in place. Need to hear from unions before settling on EPT tax credit.
    - Unions were included in the focus group report and there was a mix of concern and support expressed for the EPT credit.
- Need to have a decision before can have a calculator that makes it easier to explain to public. It's not always pretty to have to show our work but that is the process.
- Mike noted importance of saying this work is preliminary. Continued concern that there are much more substantial savings not being accounted for.

Judy moved to support for Option 1, recognizing the work of the Finance and Revenue committee. Cherryl seconded the motion. Discussion:

- Michelle noted support for option one given the time left. Don't believe they have enough data to further fine-tune the revenue plan, should focus on framing this thoughtfully with remaining time.
- Bruce agreed there is not enough data, but can't support option 1 because once numbers are out there, people will hold onto them. Suggest instead to not have a section on revenue in the report or to delay the report. Have a lot of questions about the complexity, progressivity, and need for five taxes in this environment.
- Chunhuei noted agreement with Bruce. If moving for option 1, would want to modify language to include recommendation that it needs further refinement of estimates and also noting that they don't have public input yet. Recommend against putting flat rate out there, say there will be a progressive rate with a given range. Suggest modifying language in option 1 or not including revenue in report.
- Mike noted feeling torn on this decision. A lot of great work has been done with resources we have, but still more that can be done.
- Mary Lou expressed not feeling ready to vote for option 1.
- Chunhuei expressed support for giving EPT credit to employees given historical origins of employer-sponsored insurance.
- Mike requested to have this vote in two weeks.
- Bruce noted option 3 would be to submit the report but not include the revenue plan. Don't believe this can be fixed in two weeks.
- Chunhuei noted it could be included as an example revenue strategy, with a note that it is not necessarily the recommended strategy.
- Michelle commented that seems to be agreement that this is preliminary and the reframing as suggested in option 1 seems aligned with option 3. Calling this the recommended revenue strategy feels too formal. Submit as preliminary acknowledging there is more work to be done. Concerned about adequately framing this is the report. Believe the Board needs to submit the report. Option 3 seems closer aligned to goals so will change vote to no on option 1.
- Helen noted option 1 and 3 could be melded together if it is not framed as a recommended strategy but more so submit a summary that this is an option the Board considered with a recommendation for further investigation and refinement.
- Amy noted agreement that option 3 seems to make most sense.
- Judy noted willing to modify motion to option 1 with combined features of option 3.
- Helen clarified the difference between option 1/3 and option 2 is whether the Board wants to continue modifying the revenue plan.

- Cherryl noted some concern with including no revenue plan; Finance and Revenue committee spent 18 months on this work. Think it can be submitted as draft.
- Helen shared the idea is to present the revenue plan with a summary of the committee work and Board discussions and concerns, but withhold as a recommendation because it needs more public input, further analysis, and more time to refine.
- Bruce expressed that option 3 is to include no specific information on revenue.

The Board edited the options to consider:

- **Option 1**: submit the revenue strategy as a preliminary structure as outlined in presentation today with heavy qualifications that it is not a formal recommendation and needs more work and vetting. Consider including the numbers only as an appendix.
- **Option 2:** Board spends next month to do its best to revise revenue strategy with different levers and adjusted numbers. (special meeting)
- **Option 3**: Do not include revenue strategy, but solely include a narrative about the various revenue instruments discussed in the report and indicate it needs further work and acknowledges it is not an exhaustive list. Submit as interim report.

Discussion continued:

- Chunhuei noted the revenue plan could be included in an Appendix.
- Michelle asked what the report would contain without the revenue plan and how the focus group feedback would be reflected since they were asked about the tax instruments and given rates.
- Bruce suggested the report should say the Board considered a lot of options, got some feedback, and more work is to come. Can say what was considered without putting any numbers next to them. How this is characterized is important.
- Helen noted that the Board has reviewed and voted on many elements of the revenue plan and has made some votes to adjust the revenue plan.
- Michelle commented that she does not feel Board has voted to approve this revenue plan, have made votes on preliminary matters to advance analysis to the next phase. Concern about presenting this as Board-approved and agreed upon, when that is not how it has been described when voting.
- Mary Lou expressed that regardless of the option selected, the Board values and principles should be emphasized.
- Mike suggested acknowledging there are tools and levers to consider and that the Board is going through an iterative process to further consider these details, that is not be framed as delaying the work.

Judy withdrew previous motion. Judy made a new motion for the edited option 1, to include the revenue strategy as preliminary structure with stated caveats. Cherryl seconded. 3 yes (Helen Bellanca, Judy Richardson, Cherryl Ramirez), 6 no (Chunhuei Chi, Amy Fellows, Michelle Glass, Bruce Goldberg, Mary Lou Hennrich, Mike Leahy). Motion fails.

- Chunhuei noted that Oregon was first state to do the prioritized list. Had to that effort delay a couple years initially.
- Amy asked about the “consider including numbers in appendix.”
    - That means numbers will be somewhere in report, and Board will need to discuss if it should be in report body or appendix.

Chunhuei moved to consider option 3. Mike seconded. 6 yes (Chunhuei Chi, Amy Fellows, Michelle Glass, Bruce Goldberg, Mary Lou Hennrich, Mike Leahy), 3 no (Helen Bellanca, Judy Richardson, Cherryl Ramirez). Motion passes.

- Cherryl asked what it will look like to put a report in front of legislators with no revenue plan after two years of work. Not sure how it will be received if the Board says we didn't complete our assignment and can we have two more years of funding, especially in current budget environment.
- Helen noted the big piece missing from the Task Force work was a revenue strategy. The Board has dedicated a lot of consultant time and resources to developing it, and agree that legislators are going to be skeptical if the Board can't deliver on this element. Potentially risks future funding to not include revenue strategy.
- Director McDonell noted that consultant reports from ECONW and Milliman contain numbers and asked if they would be be omitted from the appendixes in option 3. Those reports are already publicly available.
- Michelle commented that not bringing forward numbers the Board can't defend makes the case for further Board funding stronger. Feel that Board dropped the ball in the interim report. Could be writing press releases or communicating early about why certain choices were made in the report.
- Chunhuei suggested that the report can note that extensive work was done by the committee and Board, without specifying what the numbers are.
- Lee Hastings requested Board members review existing sections of the report and provide comments, especially on the finance section.
- Executive Director McDonell asked about including consultant reports that reference the revenue plan in the report appendices.
    - Helen suggested that if public money was spent on these reports, then they should be included.
    - Michelle noted that consultant documents are already publicly available via meeting materials. Would prefer not to include them in report because it confuses the issue and does not seem necessary given the volume of consultant materials that have been developed across presentations, memos, and reports.
    - Mary Lou expressed agreement that consultant reports should not be included.
    - Mike and Bruce suggested the reports could be provided as links.

Waivers

02:56:15
Senior Policy Advisor Hastings discussed federal waivers and approvals for the Medicaid program. Without federal approvals, administrative alignment is the best one can achieve – Medicaid remains legally distinct but could create façade that make the system appear more cohesive with a UHP.

Information Technology

03:05:42
Executive Director McDonell presented on information technology elements to include in the report. Intend to include guiding principles, desired future state, partners and ecosystem, compliance and risk framework, data governance and privacy, and financing and authority potential. Not getting into details but noting these things need to be included in an IT strategy.

There are elements or future evaluation such as detailed financial analysis, target enterprise architecture, etc. Transition committee discussed guiding principles for IT. Desired future state would be one system with many functions and secure connections, minimizing administrative burden, preserving user trust, accessible, simple, and reliable interface.

Board discussion:

- Mary Lou recalled a prior conversation on Washinton IT strategy and suggested it might be good to revisit when returning to this topic.
- Chunhuei suggested looking to British Columbia and Taiwan as models.

Future Meeting Topics

03:12:30
Board discussion:

- August 20 meeting topics:
  - ECONW white paper on economic impacts
  - Phase 2 legislative concept
  - Legislative report review and approval
  - Prioritize topics for remainder of biennium
- Helen requested Board members spend extra time reviewing the revenue section and framing in the report, to consider appendices, and identify areas where there is a need to do more research.
- Judy offered to draft a letter on alignment with Medicaid Advisory Group.
- Chunhuei noted that post-September, would like more data to refine financing and further public engagement.

Public Comments

03:15:57
Members of the public provided oral comment:

- Joanne Holland: Doctor running an independent practice. Urge Board to consider a direct primary care process for rural primary care. See written comments on this topic. Fee for service will harm rural clinics who already struggle to retain providers and rural patients will struggle with access. Cannot ask the people to pay more taxes without providing more access to doctors. Can offer incentives to small businesses in small communities. There may be providers who are tired of the current system who would rather have fewer patients but more time with them and would accept lower but acceptable and predictable pay.
- Collin Stackhouse: Work with Health Care for All Oregon (HCAO). Noted that all Board members have the common ground of wanting universal care to work. On the topic on excluding a revenue plan, think arguments from Helen, Judy, and Cherryl are really powerful. That legislators need to see a robust plan and a revenue plan. There is no guarantee that the legislature will take this work up and create a bill in the 2027 session. HCAO is circulating a petition to encourage legislators to not ignore this work. Available on HCAO.org.
- Mike Huntington: Appreciate the discussion today and support the decision to go with option 3. Letting Board know about microanalysis study to be finished shortly and available in December by the University of Colorado on individual taxes and savings that people in the state could expect, will have a template available for other states to use. Will be an interim meeting of one-payer states tomorrow with an update on the Colorado study. June 15 JAMA article discussed primary care universal health care and have seen support for this idea. Oregon and Washington HCAO groups have met twice and will have a future meeting.
- Lou Sinniger: commented that employer tax credit is confusing. Figures of that show employees will pay a flat tax is deceiving because they will not pay that much, and not clear how much they will pay. The flat tax should never be presented. There seem to be those on the Board that want a 2028 vote on this, and those that are in doubt of what they need to vote on. To remove the financing of the plan, leaves nothing in the plan.

Financing affects the benefits that can be offered. Oregon budget is already being thrashed by lack of Medicaid funds. Do you think legislators are eager to pour more funding into the Board?

- Richard Gibson: on Transition committee and formerly on Finance and Revenue committee. Offered that members of Transition committee can work on refining revenue plan options and present information to the Board. Hopeful that additional information will support the Board coming to agreement on a revenue plan that be included in the report. Options have been laid out in the discussion and with work of Transition committee and Board, hoping to get to resolution on what to recommend.

Chair Bellanca thanked the public for their comments.

Meeting Reflection

03:26:30
Bruce Golberg offered the reflection. A quote that has been attributed to many: “A crisis is a terrible thing to waste.” See the health care system in crisis and that can hopefully drive us to create something that is better.

Helen volunteered to provide the reflection for next time.

The meeting adjourned at 12:38 p.m.

Chat Transcript

01:44:33 Michelle Glass: You’re still cutting out Morgan.
01:51:46 Charlie Swanson: F&R estimated that the sum of EPT on private businesses, CAT, and CIT would be about the same as, but slightly less than, what private employers pay for ESHI in status quo.
01:58:00 Bruce Goldberg: Can we get the written documentation of that
01:58:19 Mimi McDonell Exec Director UHPGB: Reacted to "Can we get the written documentation of that" with 👍
02:23:41 Charlie Swanson: Those effective tax rates are for single filers. With any more people in the household, the effective rates are lower.
02:51:22 Charlie Swanson: The HCPIT is a tax with a rate between 0 and xx%. It should never be presented as if it were a flat rate. The lowest tax bracket is 0%.
02:52:24 Michelle Glass: Reacted to "The HCPIT is a tax with a rate between 0 and xx%. It should never be presented as if it were a flat rate. The lowest tax bracket is 0%." with 👍
03:20:04 Amy Fellows: Michelle has her hand up