Universal Health Plan Governance Board

October 15, 2026
350 Winter Street NE Room 260
Salem, OR 97309-0405

Universal Health Plan
Governance Board

Helen Bellanca, Chair UHPGB

- Welcome
- Roll Call
- Agenda Review

October 2026 Agenda

- Consent Agenda
- Public Comment
- Executive Director’s Report
- Legislative Report Review
- Legislative Concepts
- CECC Update
- What’s Next
- Public Comment
- Reflection
- Adjourn

Up First

- Consent Agenda
  - Meeting Minutes
- Public Comment
  - Written
  - Voting Topics

Mimi McDonell, Executive Director UHPGB

- Updates
- Board Outreach
  - Mike Leahy
  - MSN.com Oregon eyes nation's first single-payer healthcare system
- Budget as of August 2026
  - Working Biennial Budget $1,868,617
  - Actuals to Date $1,327,886
  - Actuals and Planned $1,859,862
  - (Over)/Under $8,755

Legislative Report Topics

- Expenditure Section adjustment
  - Medicare Part B
- Revenue Section
  - Inclusion of quintile tables
  - CAT, Medicare reimbursement, Reserves
- Future Work of the Board
- Legislative Action
- Executive Summary
- Appendices

Expenditures

2032 Status Quo and UHP Expenditure Projections Summary Table (Billions)			
	Milliman Best	**Milliman Low**	**UHP**
Status Quo total expenditures	$78.3	$72.8	$72.8
UHP total expenditures	$77.7	$69.4	$66.2
Medical trend assumption	6.4%	5.3%	5.3%
Payer admin assumption	6%	5%	3%
Difference between SQ and UHP	**$0.6**	**$3.4**	**$6.6**
Medicare part B premiums	$3.5	$3.5	$3.5
UHP + Medicare part B premium	$81.2	$72.9	$69.7
Difference between SQ and UHP	**-$2.9**	**-$0.1**	**$3.1**

Bottom line: Expenditures

A preliminary conservative estimate is that under a UHP, Oregon could cover everyone with robust benefits plus dental and vision for about $3 billion more than the status quo system.

With additional administrative and pharmaceutical savings, it is possible that a well-established UHP would cost about $3 billion less than status quo.

It should be noted that all estimates need additional analysis and expertise to verify them

Add sentence(s) regarding Milliman modeling (and what is excluded)

Revenue Model Analysis -- Quintiles

Current

Compares share of income by quintile to:

- Share of HHCC by quintile
- Share of HHCC plus EPT paid on their behalf (more accurate representation of contributions on behalf of low income workers)
- Actual tax rates paid for HHCC
- Tax rates paid by each quintile considering both HHCC and EPT paid on their behalf

Revenue Model Analysis -- Quintiles

- Keep all 4 quintile tables? (both share of contribution and actual rates)
- Keep first 2 only? (share of contribution only)
- Keep first and third only? (share of contribution and actual rates for HHCC only)
- Is more narrative needed?

Corporate Activity Tax

- Education opposition -- Consider a strict statutory firewall indicating that the healthcare CAT is entirely separate from the education CAT, does not alter the definition of the commercial activity base, and cannot be raided or cross-funded by the education portion.
- Business opposition – Oregon already layers a CAT over an income tax, making an additional single-issue CAT a far heavier business burden than what exists in other states
- Options:
  - No changes
  - Keep CAT in RMOs, but add a sentence in narrative for legislature to consider removing and increasing other instruments
  - Plan to include it in further analysis of economic impacts of various RMOs, public engagement

Medicare reimbursement

- Add statement about pursuing higher Medicare rates in Federal Coordination section
  - Oregon ranks in bottom 4 of states for Medicare reimbursement
  - Tied to highly efficient, coordinated care and that keeps people out of the hospital
  - Malpractice is assumed to be 27-28% cheaper than nationally. Actual number is 15-20% cheaper.
  - Should pursue redetermination of rates
  - Include in

Reserves

- $21 billion of reserves (ECOnorthwest, based on $85B expenditures) may be too high
  - No changes
  - Suggest range of $16-21 B

Future work of the board and legislation

- **Board work**
  - Analysis of revenue models for impact
  - Statewide economic impact
  - Transition plan
  - Statewide public engagement

- **Legislative action**
  - Approve phase 2 funding for above work
  - Options for implementation UHP through one-step or two-step process

Inclusion in Appendices

- All Paid Consultant Reports and Memos
- Community Input Report
- Staff Legislative Brief
- Expenditure and Revenue Appendix- Developed by Charlie Swanson, reviewed by staff
- Scenarios
- FAQs

Agreed upon major edits

- Clarifications around Medicare Part B, D, IRMAA
- Expenditures- qualifications regarding additional analysis
- Acknowledging Milliman based on Status Quo
- Include statement about revising Financing (EX + Rev) in future work
- Board did what it could- limitations
- Emphasize people with out insurance/ under insured
- Board believes a UHP will cost less
- CAT instrument add small narrative
- Oregon should pursue redetermination Medicare

Agreed upon major edits

- Remove the number estimate in the reserve section- qualify 3-month target one month trigger
- Adding a statement about business planning, communications plan specifically to providers (and others)
- What should be the responsibility of this board and when should the next board be established
- Appendices Paid consultant reports and memos, community input report, FAQs for now
- Definition of progressivity-
- Work with provider groups to set rates

Agreed upon major edits

- Ending of the report
- Revised summary/conclusion –Hold back for now
  - Reiterate principles, board commitment, reflect board belief in the work and commitment for the work to continue
- Trust
- To Do
  - Adress provider shortage issue
  - Universal health care integral part of population health

Break

2026 Legislative Report

- Discussion
- Vote
- Motion- Approve the draft report with the edits from the previous 2 slides (agreed upon major edits), appendices including paid consultant reports and memos, community engagement report, FAQs !!!!!!!!!!
- Passes 9-0 ☺

Held Back- Executive Summary, Board Letter (use work group exec summary as the template), Legislative Brief, Charlie Swanson Appendix, Scenario Appendix , Report conclusion statement

Executive Summary

- Make sure the 4 points (from the legislators) are addressed
- Include hyperlinks
- Positive wording
- Make sure to use HHCC (do not use the word tax)
- (To be held back for now)

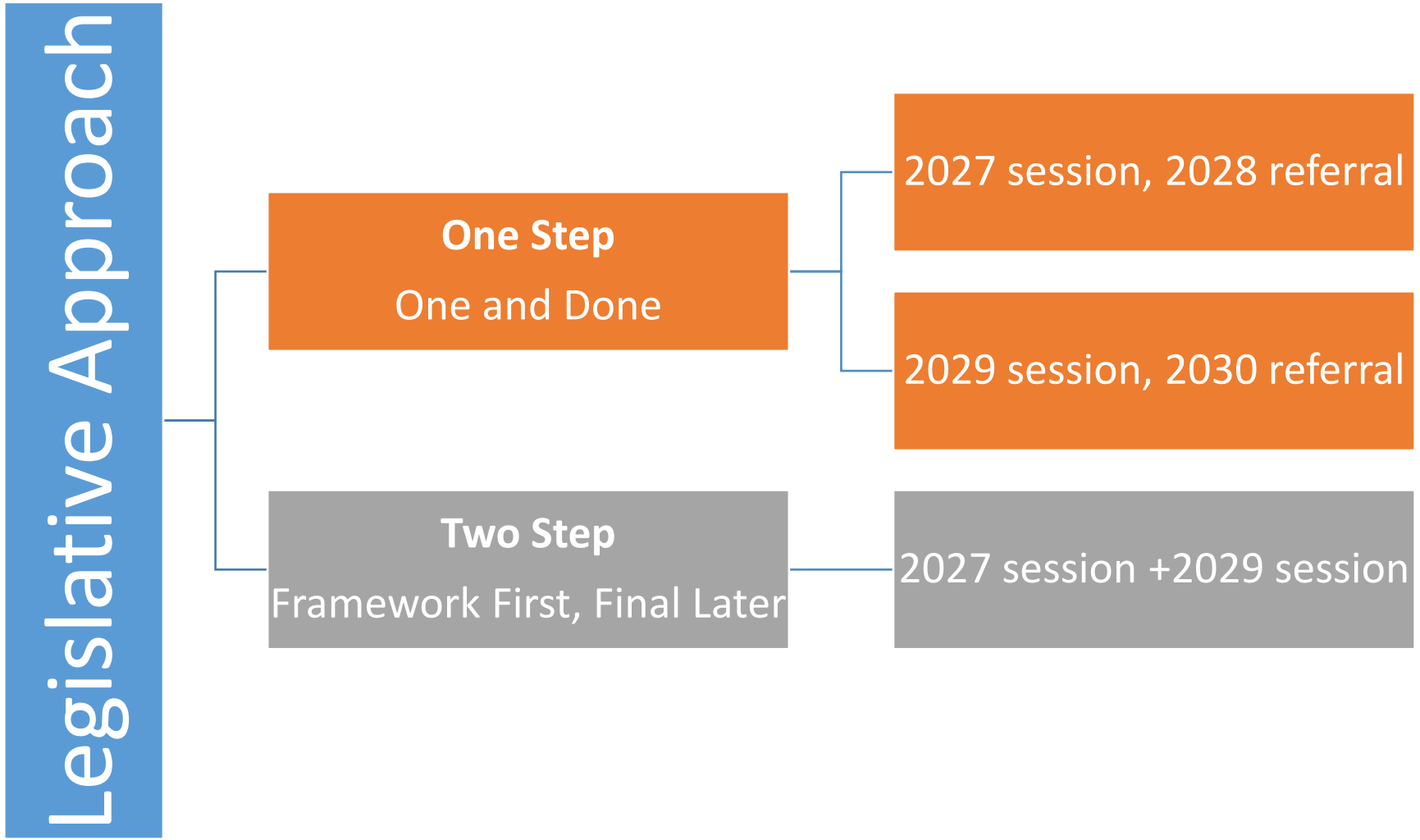
Legislative Concept Options for a UHP

Universal Health Plan Governance Board
September 2026

Universal Health Plan
Governance Board

How Should UHP Legislation Proceed?

We have been asked to consider a legislative pathway for implementation of a universal health plan



What Would a Two-Step Framework Include?

Include in Framework	Defer
• UHP policy and objectives • Public corporation and governance • Eligibility (high level) • Benefits (high level) • Provider participation • Patient choice • Trust Fund	• Financing specifics – instruments, rates, timing • Collection of revenue • Detailed eligibility and enrollment • Implementation and sequencing • Interactions with other coverage • Benefits (specific) • Federal strategy

Example for discussion purposes only

What Needs to Be Resolved for A Single Bill?

- ❑ **Program scope and eligibility.** Who is covered, sequencing, interaction with existing coverage
- ❑ **Benefits and cost-sharing.** Covered services, exclusions, member financial responsibility
- ❑ **Financing.** Revenue sources, rates/structure, federal financing assumptions, distributional impacts
- ❑ **Provider participation and payment.** Participation requirements, reimbursement methodology
- ❑ **Governance and administration.** Responsible entity, authority, contracting, regulatory structure
- ❑ **Federal strategy.** Necessary federal approvals, federal funding preservation, sequencing
- ❑ **Transition and implementation.** Employer/market transitions, enrollment, system build, implementation timeline
- ❑ **Fiscal / actuarial / legal analysis.** Cost estimates, revenue sufficiency, statutory drafting

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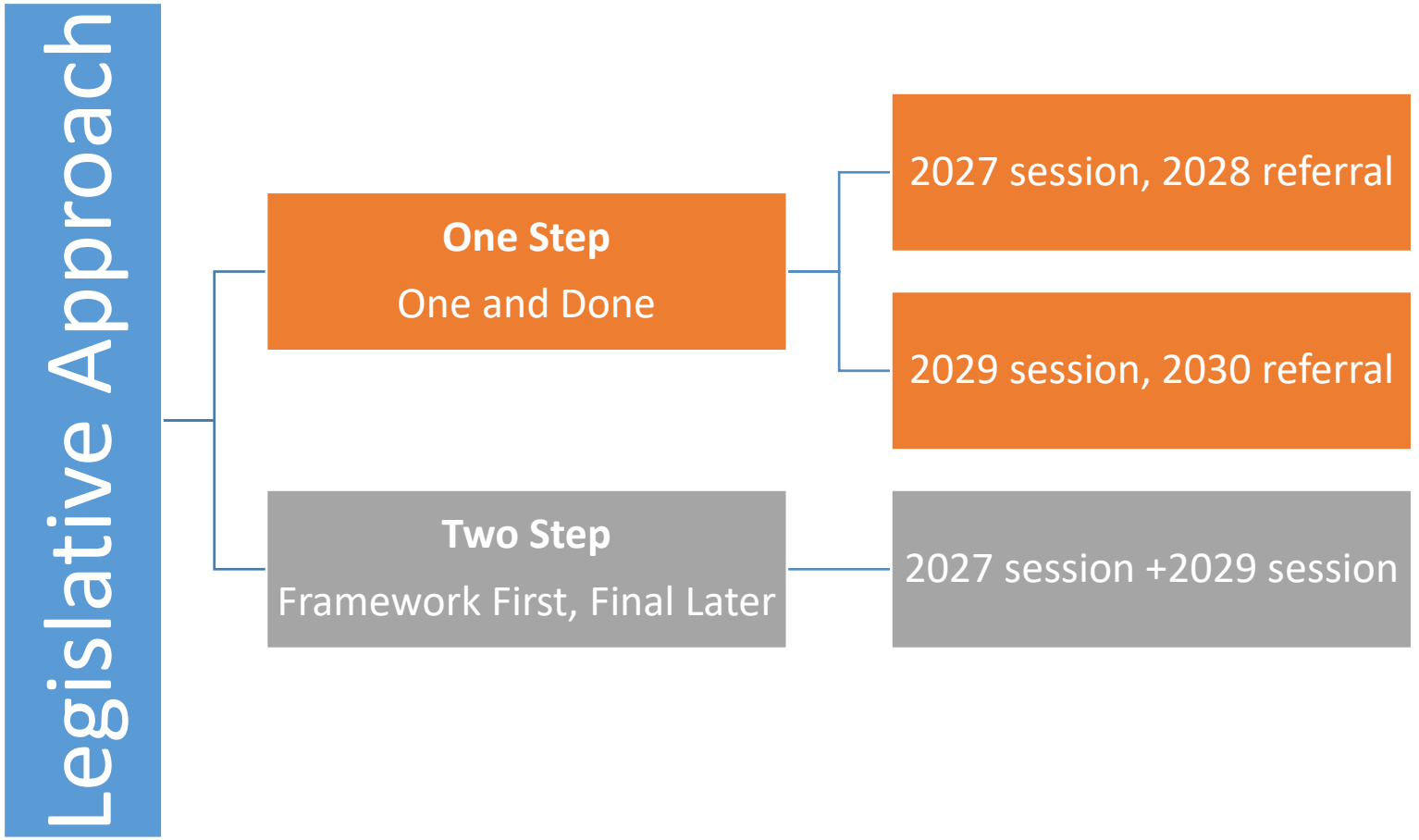
Which legislative session provides sufficient time to resolve these interdependent decisions?

- ❑ **Dec 2026 (3 mos) for 2027**
- ❑ **Dec 2028 (2 yrs, 3 mos) for 2029**

Discussion

Other Approaches?



Co-Chairs Amy Fellows & Michelle Glass

- Community Engagement and Communications Committee Update
- Next Meeting October 28, 2026

What's Next

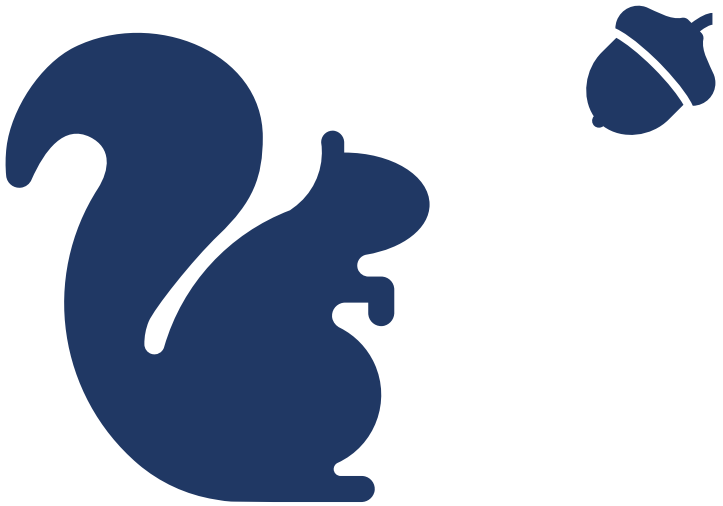
- Legislative Report Finalization
- Board Meeting Topics
  - November 19, 2026, Meeting
    - Press Release
    - Presentation to House and Senate Health Care Committees
    - Legislative Concepts
    - Prioritize topics for through June 2027
  - December 17, 2026, Meeting

Public Comment

Reflection

Adjourn

- Thank you!



Legislative Report Table of Contents

- Board Process
- Proposed Model
- Expenditure and Revenue
- Administrative Structure
- Cost Containment
- Implementation Pathways
- Risks and Tradeoffs
- Future Work of the Board