Universal Health Plan Governance Board

October 29, 2026
Virtual Only

Universal Health Plan
Governance Board

Helen Bellanca, Chair UHPGB

- Welcome
- Roll Call



Topics for Today's Discussion

- Updates to Main Report
- Appendices and Reference Documents
  - Appendix- List of items, Legislative Brief
  - Reference Documents- List of items
- Future Work & Conclusion
- Executive Summary
- Board Letter

Updates to Main Report- Expenditure

- Need to add cost of paying Medicare Part B + IRMAA to Status Quo- changes the difference between SQ and UHP

2032 Status Quo and Universal Health Plan Projections Summary Table (Billions)			
	Milliman Best	Milliman Low	UHPGB UHP
Status Quo	~~$78.3~~ $81.8	~~$72.8~~ $ 76.3	~~$72.8~~ $76.3
Universal Health Plan	$77.7	$69.4	$66.2
Medicare Part B Payment Including IRMAA	+$3.5	+$3.5	+$3.5
Universal Health Plan + Medicare Part B Coverage Total	$81.2	$72.9	$69.7
Difference Between SQ and UHP	~~-$2.9~~ $0.6	~~-$0.1~~ $3.4	~~$3.1~~ $6.6

Updates to Main Report

- Clarifications around Medicare Part B, D, IRMAA
- Expenditures- qualifications regarding additional analysis
- Revenue- described additional work and added LRO analyses
- Acknowledge Milliman based on Status Quo
- Acknowledge board constraints of time and resources
- Emphasized people without insurance/ under insured will be covered
- Emphasized the Board believes a UHP will cost less than the status quo
- CAT instrument added a small narrative

Updates to Main Report

- Added that Oregon should pursue redetermination Medicare rates
- Removed the number estimate in the reserve section- qualify 3-month target & one month trigger
- Added a statement about business planning and communication plans in the future work
- Added a statement about population health in future work
- Add a definition of progressivity
- “Work with provider groups to set rates” instead of “negotiate” when possible
- Ending of the report was revised (see draft)
- Added income levels with quintiles

Appendices

Appendix	Title	Author
A	Legislative Brief	UHPGB Staff
B	ECOnorthwest Consultant Report, Memoranda and Technical Papers	ECOnorthwest
C	UHPGB Supporting Documents and Presentations	Legislative Revenue Office
D	Expenditure Analysis for the Oregon Universal Health Plan	Milliman
E	Community Engagement and Public Input Summary	Amy Fellows, Michelle Glass
F	UHPGB Report: March 2026 Focus Groups with Addendum	Artemis Consulting
G	Federal Authorities Required for Universal Health Plan Implementation in Oregon	OHA
H	How OHA Systems Could Integrate with a Universal Health Plan	OHA
I	HMA Memoranda and Technical Papers	HMA
J	Wentz Jackson Consulting Supporting Documents	Wentz Jackson Consulting

Reference Documents and Technical Reports

- FAQs
- Staff Technical Report
  - Legal Roadmap
  - Implementation Sequencing
  - Administrative Burden and Workforce
  - Quality of Care Strategy
- Finance and Revenue Report- Charlie Swanson
- Scenarios- Charlie Swanson

Legislative Brief

- Expenditure Estimates- Use Milliman Figure 50 column D ($69.4B, $77.7B, $86.9B) instead of column A ($77.4-$94.0) to accurately describe expenditures
- Add in LRO projected that these options would raise $35B in 2032
- Edit formatting so the 4 legislative questions and answers are in sync
- ERISA/supplemental insurance clarification

Future Work & Conclusion

- Future Work of the Board
  - More financing analysis, statewide economic impact, transition planning, business planning, communication plan, public engagement, population health
  - Explicit reference to Medicare redetermination and a legal pathway for Medicare inclusion
  - Information system and all Oregonians have access to their health record, pull out from business planning
  - Consider future mechanism for priority setting of new covered services
- Closing Thoughts
  - 2nd paragraph: including labor/unions
  - Final paragraph: first sentence stronger – “expects people to contribute based on ability to pay…”
- Where to Find More Details

Executive Summary Notes

- 1 - Estimated Expenditures. My first reading of the paragraph indicates UHP costs more than status quo! I do not accept this as a reasonable conclusion.
- 2 - Medicaid - We have discussed that there are ways Oregon can get Federal approvals.
- 3 - Medicare - There is a Federal Medicare Path if UHP creates a Medicare Advantage Plan. It is logical that if UHP pays Part B Premium, most people would find this quite attractive.
- Question regarding clarity of Medicare population coverage as described in the implementation sequence section
- Under Implementation Pathways include Medicare with simultaneous transition

Executive Summary Notes

- “all Oregon residents….recognition that **special populations.** I think you should at least give an e.g. —VA, Native Americans, Federal Employees so readers aren’t “wondering who” is “special?
- I also have commented before that “hearing” should be listed with “plus” benefits—dental, vision **and hearing.**
- Plan governance & administration. Last sentence—“A dedicated trust fund…for oversight.” I would add “**policy" and oversight.**

Executive Summary Notes

- The Document—**Future Work of the Board—Closing Thoughts—**second paragraph that lists "discussions among lawmakers, health care leaders, etc…..**there is no mention of "labor" or "unions" and I definitely think there should be!**
- Last Paragraph of this **Closing Thoughts Section begins with a sentence:**
- "We can choose a system that asks people to contribute what they are able, rather than…"
- **This makes me visualize a person standing outside the grocery store exit with a jar asking for "donations." :-(.**
- Maybe change to something like: **We can choose a system that expects people living in Oregon to contribute to the Universal Health Plan based on their household income OR their ability to pay OR ???**

Board Letter

Proposed Motions

- Approve the executive summary, conclusion of the report and list of appendices with edits listed on previous slides
- Financing and revenue document and corresponding scenarios will be a separate technical report; supporting documents will be included on the website; supporting documents include
  - FAQs
  - Staff technical report
  - Finance report by Charlie
  - Scenarios doc by Charlie

Adjourn

- Thank you!



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)