



Oregon
Tina Kotek, Governor



350 Winter Street NE
P.O. Box 14480
Salem, OR 97301-0405
971-701-1750
uhpgb.info@dcbs.oregon.gov
oregon.gov/uhpgb

April 8, 2026

The following document was prepared in March 2026, to provide focus groups with a summary of the preliminary recommendations agreed upon by the Universal Health Plan Governance Board (UHPGB) at that time. The UHPGB is continuing to make additions and adjustments to the draft proposal, and the contents of the following document are subject to change prior to the final proposal submitted to the Oregon Legislature in September 2026.

Miriam D. McDonell, MD, MPHSM
Executive Director, UHPGB



Universal Health Plan Vision:

Everyone should be able to get care when they need it – no matter where they live, what job they have, or how much they earn.

Universal Health Plan Governance Board

Mission:

We're creating a strong, workable plan so everyone in Oregon can get the high-quality, equitable health care they deserve. This new system will be simpler, more affordable, and more sustainable—cutting costs for families and businesses while building a healthier, more stable future for our state.

Thank you for participating in one of the Universal Health Plan Governance Board Focus Groups. Your feedback is essential to the Board's work toward developing recommendations to the legislature for a comprehensive plan to finance and administer a universal health plan for Oregon residents.

Please review this material before your group session. The packet provides background on the work of the Board and its committees, including summaries of their early recommendations and key considerations. There will be time in each meeting for you to ask clarifying questions and then we will ask you to weigh in on key questions that will help the Board finalize the recommendations to the legislature that will be submitted in September 2026.

Background:

Health care costs more in America than other industrialized countries and it's hurting Oregon. Across our state, families, employers, providers, and communities are feeling the strain of rising costs, workforce challenges, and a system that is fragmented and difficult to navigate. For many years, Oregon has been working toward a more equitable, affordable, and sustainable approach to health care.

In 2022, the Universal Health Plan Task Force conducted [extensive statewide public engagement](#) and set a vision shaped by Oregonians' values. Building on that work, in 2023, lawmakers created the Universal Health Plan Governance Board ("the Board") with the passage of Senate Bill 1089. The Board is charged with developing preliminary recommendations to the legislature on how to finance and administer a universal health plan for Oregon residents.

The recommendations will be submitted to the legislature no later than September 15, 2026.

Oregonians across the state - employers, workers, health care providers, patients, and community leaders - have been living with a system that is increasingly expensive, complicated, and difficult to navigate. Many families experience these challenges every day: rising premiums, workforce strain, billing complexity, administrative burden, gaps in coverage, and uncertainty about long-term sustainability.

The people closest to the system understand its strengths and its flaws better than anyone. Your insight into how coverage works in practice, how care is delivered, how costs are managed, and where barriers show up is essential.

This draft plan builds on years of conversations across Oregon and is meant to reflect what we've heard from people working within and relying on the current system. It is not a finished product. We are asking for your candid feedback to help us pressure-test the design, identify unintended consequences, and strengthen what works. Your expertise will help ensure any future system reflects real-world experience and practical realities.

The Board's mandate from the legislature is to:

- **Design** publicly funded, statewide health plan options that guarantee coverage for all Oregon residents.
- **Recommend** how the plan should be governed, financed, implemented, and evaluated
- **Address** federal and state legal requirements, including Medicaid waivers, ERISA considerations, and alignment with existing state health reforms.
- **Identify** strategies for cost control, quality improvement, and equitable access that reflect Oregon's longstanding commitment to fairness, inclusion, and sustainability.

As the Board works toward delivering plan recommendations in 2026, it must do so in the context of a dramatically changed health care landscape — one shaped by reduced federal funding for Medicaid, new eligibility restrictions, and the profound post-pandemic upheaval affecting providers, workforce, patient access, and the financial viability of hospitals and clinics. These realities make the Board's charge both more challenging and more urgent.

A new urgency to act

Proposed federal policy changes — including Medicaid funding caps, stricter eligibility and reporting requirements, and reduced support for safety net programs — have caused thousands of Oregonians to lose coverage. Without state-level reform:

- **Coverage gaps will continue to widen**, especially for rural and low-income residents.
- **Cuts in coverage will continue to drive up overall costs**, as more people delay needed care until their conditions become more serious and expensive to treat.
- **Health systems will be further strained**, with hospitals, clinics, and providers facing higher uncompensated care costs and greater pressure on already limited capacity.
- **Health care costs are expected to continue to rise faster than income**, worsening affordability for families, employers, and communities.

It is clear that the current system is not sustainable.

- **Spending growth:** Per-person health spending in Oregon has risen nearly 40% since 2015, now topping \$9,000 per year — outpacing wages, inflation, the state's health care cost growth target, and the economy overall.¹
- **Financial insecurity:** In 2023, 1 in 8 households reported that medical bills used up most or all of their savings.
- **Barriers to care:** 15% of Oregonians delay or skip needed care due to cost; in several rural counties, the figure rises to 20%.
- **Provider stress:** Workforce shortages and burnout are widespread.²
- **Reduced access:** Health care users are facing delays in getting care, birth centers are shutting down in rural Oregon, and rural hospitals are at risk.^{3,4}
- **Employer strain:** Small businesses are squeezed between rising premiums and the need to retain staff — often forced to reduce benefits or absorb higher costs at the expense of wages and investment.⁵

1. ["Impact of Health Care Costs on Oregonians,"](#) June 2025, Oregon Health Authority.

2. [Oregon's Health Care Workforce Needs Assessment 2025,](#) January 2025, Oregon Health Authority.

3. [Oregon hospitals on the brink,](#) Hospital Association of Oregon, 2024 hospital utilization and financial analysis.

4. [Rural hospitals are closing maternity wards. People are seeking options to give birth closer to home | AP News,](#) September 17, 2023.

5. [Rising health care prices burden Oregon employers and residents](#) 2017-2021, Health Care Cost Institute.

Oregon's Five Overarching Principles for the Universal Health Plan

As the Board does its work, it is following these five principles. They reflect long-standing values in Oregon's health system and guide how decisions should be made. They were adopted by the Board in 2024.

The principles are: Health equity | Maximize health | Fair distribution of medical resources | Minimize financial hardship for individuals and families | Community sense of ownership and governance

More background on the history of universal health care in Oregon can be found [in this summary document](#) and in the [Board's 2025 annual report to the legislature](#).

In this packet:

This packet outlines the following recommendations from the Universal Health Plan Governance Board:

- Who would be covered
- What would be covered
- How it would be financed
- How it would be governed

Snapshot of UHP preliminary recommendations:

Eligibility. All people who live in Oregon qualify for the plan.

Guaranteed Coverage. Health care coverage is not connected to employment.

Benefits. Plan benefits will be based on state employee health plans with enhanced behavioral health coverage.

Choice of Provider. Individuals covered by the plan will be eligible to see any authorized provider.

High Quality. A streamlined and efficient health care quality policy and strategy will be developed.

Affordability. Minimal to zero cost-sharing will be required at the point of care.

Patient Centered. Delivery systems will be centered on the well-established Patient Centered Primary Care Home model and the Certified Community Behavioral Health model, and build on the innovations of Coordinated Care Organizations.

Behavioral Health. Additional funding will be provided for behavioral health services.

Structure. An Oregon-based, nonprofit public corporation will administer the plan, retaining public accountability with operating flexibility. Funds will be held in a trust in the State Treasury, and exempt from the kicker laws.

Governance. A Board of Directors, appointed by the Governor and confirmed by the Senate, will govern the public corporation.

Oregon Universal Health Plan Recommendations as of February 2026

Who would be covered under the Universal Health Plan:

Oregon residents of all ages would be covered, as defined by ORS 316.027: persons maintaining a permanent place of abode in Oregon and spending more than 200 days of the taxable year in the state (ORS 316.027(1)(a)(B)).

This includes:

- Residents regardless of housing status.
- Residents regardless of immigration status, including seasonal farmworkers, defined in ORS 652.145(2).

Also,

- Out-of-state students attending school in Oregon.
- Oregon students who are under 26 and attending school in other states would be covered by a universal health plan working with a national carrier network.
- People who are in Oregon carceral settings, i.e., jails and prisons.

Who would not be covered:

- People who work in Oregon but reside in another state or country. Their employers may provide an alternate method for covering their health care costs.
- People who temporarily reside in Oregon, or who travel or visit her

People with options to be covered:

Members of the nine federally recognized Indian tribes, including tribal providers, would have the option to participate in a universal health plan in addition to Indian Health Service coverage.

People living in Oregon who travel out of state and need urgent, or emergency care would be covered by a universal health plan via a contract with a national carrier network.

Enrollment:

The Board proposes making enrollment accessible for individuals and more streamlined than today's system for public and private coverage.

The current proposal is:

1. New member enrollment would occur immediately after stating intent to reside in Oregon, with verification required within 90 days.
2. Only the minimum necessary documentation would be required for enrollment, including items that establish residency, determine eligibility for Medicaid or Medicare, and allow a universal health plan to communicate with the member.
3. Members would be automatically re-enrolled in the universal health plan based on filing an Oregon tax return or participation in other state programs. Affirmative member re-enrollment would be required only if all other verification attempts were unsuccessful.

Benefits:

What would be covered in the Universal Health Plan

All licensed or credentialed providers in the state would be eligible to provide services covered by a universal health plan, with no network restrictions. The recommendations include a comprehensive benefits package that includes:

Physical and behavioral health:

Services ordered or provided by any participating provider in Oregon, including:

- Primary care
- Physical and behavioral health visits
- Therapies (such as physical or speech therapy)
- Diagnostic tests and treatments
- Specialty care
- Outpatient procedures and surgeries (where you don't have to stay overnight in a hospital or surgery center)
- Inpatient care (hospitalizations and stays in skilled nursing facilities)
- Behavioral health and substance use disorder treatments, including crisis care, peer support specialists and detox treatment
- Durable medical equipment (for example ankle braces or wheelchairs) that are ordered by licensed health care practitioners
- A limited amount of fertility care

Primary care: The Board recommends dedicating 15% of total health care expenditures to primary care services.

Prescription drugs: A universal health plan would cover a specific list of prescription medications. The formulary list would be created by an independent board of pharmacists and health care clinicians, working with a research entity such as the Center for Evidence Based Policy, similar to how the Oregon Health Plan formulary is created now. There **may** be an additional cost for medications that are not on the list.

Dental health: Routine dental care and a limited amount of orthodontic care.

Vision: Routine vision care, with limited coverage of glasses or contacts.

Long term services and supports: A limited amount of long-term services and supports would continue to be offered. Most would be financed and administered separately from the UHP.

People eligible for long-term services and supports through Medicaid (OHP) would continue to receive those services through the Oregon Department of Human Services. Others would likely need to purchase long-term care insurance or pay out of pocket.

Medicaid: People who are eligible for Oregon Medicaid services (OHP) would receive any additional benefits that are covered for that population per Oregon law and federal regulations. For example, non-emergent medical transportation would be covered for OHP/Medicaid-eligible participants.

To reduce the cost of a universal health plan for all Oregonians, a universal health plan is considering revising the above list of benefits. Benefits that **may be excluded include vision, dental, and/or fertility services.*

Cost and Funding for a Universal Health Plan

A universal health plan would enable all those living in Oregon to have health care coverage, regardless of whether they have a job or how much they earn. Instead of private insurance companies, health care would be delivered through a unified financing system.

Preliminary analysis shows most individuals would pay less for their health care under a universal health plan, and most businesses would also pay less in health care costs for employees.

Overall costs:

The goal is to provide coverage to everyone who today is covered by their employer, on the Exchange, covered by Medicaid, Medicare, the OHP Bridge Plan, Healthier Oregon and the uninsured.

Preliminary analysis of total cost to deliver the recommended level of benefits to everyone in Oregon would be between \$69.7 billion and \$76.9 billion per year. The estimate includes - at this time - a conservative 10% reduction in administrative costs to the system. The Board is continuing to review academic and industry research regarding plan administration to further incorporate opportunities for cost reductions.

Estimated cost comparisons

These numbers are estimates for comparison.^{6 7} The Board continues to work on how the plan will be administered and financed, and is reviewing academic and industry research to build a proposal that reduces administrative complexity and lowers overhead compared to today's fragmented system.

Individuals with employer-provided health insurance⁸

Income	Current Cost Per Year	UHP Cost Per Year
\$35,000	\$2,813	\$0
\$55,000	\$3,063	\$0
\$75,000	\$3,313	\$1,111
\$100,000	\$3,313	\$2,556
\$150,000	\$3,313	\$5,446

Household of four with employer-provided health insurance

Income	Current Cost Per Year	UHP Cost Per Year
\$65,000	\$7,938	\$0
\$105,000	\$9,688	\$890
\$150,000	\$10,688	\$4,678
\$195,000	\$10,688	\$8,580
\$250,000	\$10,688	\$11,759

6. Annual costs including premiums, co-pays, co-insurance, deductibles.

7. Wage income is assumed to be equal to Federal Adjusted Gross Income, on which the HCPIT is based.

8. All employers are assumed to be medium to large employers with payrolls of at least \$5 million.

Individuals with ACA coverage.⁹ Self-employed: Aged 30

Income	Current Cost Per Year*	UHP Cost Per Year
\$35,000	\$2,576	\$311
\$55,000	\$5,478	\$2,331
\$75,000	\$6,000	\$4,351
\$100,000	\$6,000	\$6,876
\$150,000	\$6,000	\$11,926

Couples with ACA coverage. Self-employed: Age 55

Income	Current Cost Per Year*	UHP Cost Per Year
\$65,000	\$6,474	\$2,399
\$105,000	\$20,904	\$7,381
\$150,000	\$20,904	\$12,104
\$200,000	\$20,904	\$17,154
\$250,000	\$20,904	\$22,204

Household of four with ACA coverage. Principle: Age 40

Income	Current Cost Per Year*	UHP Cost Per Year
\$65,000	\$4,220	\$0
\$105,000	\$10,458	\$4,829
\$150,000	\$21,600	\$11,458
\$195,000	\$21,600	\$17,004
\$250,000	\$21,600	\$22,559

*Because of the wide differences between plans, this doesn't include out-of-pocket costs.

9. "Silver plan" for the ACA plans.

Couple with Medicare Advantage coverage

Social Security	Other Income	Total Income	Current Cost Per Year (Status Quo)	UHP Cost Per Year
\$50,000	\$50,000	\$100,000	\$8,961	\$4,082
\$60,000	\$75,000	\$135,000	\$8,961	\$4,082
\$70,000	\$100,000	\$170,000	\$8,961	\$6,759
\$70,000	\$150,000	\$220,000	\$10,910	\$12,104
\$70,000	\$165,000	\$235,000	\$10,910	\$12,104
\$70,000	\$250,000	\$320,000	\$13,830	\$22,204

Couple with Medicare Supplemental coverage

Social Security	Other Income	Total Income	Current Cost Per Year	UHP Cost Per Year
\$50,000	\$50,000	\$100,000	\$11,246	\$4,082
\$60,000	\$75,000	\$135,000	\$11,246	\$4,082
\$70,000	\$100,000	\$170,000	\$11,246	\$6,759
\$70,000	\$150,000	\$220,000	\$13,195	\$12,104
\$70,000	\$230,000	\$300,000	\$16,116	\$20,184
\$70,000	\$250,000	\$320,000	\$16,166	\$22,204

There is a wide variation between employers when it comes to health care offerings. Nearly 40% of Oregon workers currently do not have coverage through their job. Employers can determine the change in the costs to them by looking at the funding proposals below.

Funding:

When considering how a universal health plan would be paid for, the Finance and Revenue Committee followed these principles:

Funding must be: Dedicated to UHP | Progressive & Broad Based | Easy to Understand | Stable and Predictable | Adequate and Scalable | Designed to leverage federal funds

For individuals: Reduced or eliminated cost-sharing

A universal health plan would reduce or completely eliminate payment at the point of care. The following types of costs would be eliminated or significantly reduced under a universal health plan:

- Insurance Premiums
- Deductibles
- Co-Pays
- Co-Insurance
- Balance Billing

For employers: No more insurance administration

According to the Kaiser Family Foundation, the average annual premium for single coverage in Oregon is \$8,382 per employee, with employers covering approximately 85 percent of that cost.¹⁰ That represents a significant and ongoing expense tied directly to workforce size.

Under a universal health plan, employers would no longer be responsible for sponsoring or administering health coverage for employees. Instead of absorbing rising premiums year after year, businesses would gain cost predictability and be relieved of the administrative responsibilities that come with negotiating insurance contracts.

In practical terms, this would allow employers to redirect time, capital, and leadership focus toward core operations, workforce development, and growth, rather than serving as intermediaries in the health insurance system.

Because of the Employee Retirement Income Security Act of 1974 (ERISA) preemption, employers retain the right to provide health coverage to their employees, however, they would be required to pay the employer tax regardless.

10. [Average Annual Single Premium per Enrolled Employee For Employer-Based Health Insurance](#), KFF.

Revenue Proposal Objectives

Economic	Financial	Legal
Achieve universal health care for all Oregonians Cut administrative costs and save money by using one public plan instead of many different insurance companies. Health coverage would stay with the person, not the employer. Slow the rise in health care costs over time.	Keep federal Medicaid and Medicare funding streams. Keep current Oregon business tax deductions where they apply. Ensure the plan is fully funded, built to last, and practical to operate.	Avoid ERISA preemption by relying on broad-based, non-employer-specific levies and universal coverage mandates.

Funding Sources:

Proposed revenue sources are estimated as of February 2026. These figures will change as the Board continues its analysis of administrative savings.

Proposed Financing Breakdown

Replacing Today's Employer and Individual Health Spending

Federal Funding Foundation

If Oregon received approval from CMS, dollars from the Federal Government for programs such as Medicaid (OHP), Medicare, and other sources would continue to fund health care in Oregon.

Business Contributions

Designed to replace employer premium spending and ensure stable business participation

- **Employer Payroll Contribution**
~9.6% payroll rate. First \$500,000 in payroll exempt from the contribution
- **Corporate Income Tax Adjustment**
+3.0% surcharge on existing 7.6% rate
- **Corporate Activity Tax Adjustment**
+0.10% add-on to existing 0.57% rate

Household Contributions

Instead of premiums, deductibles, and copays

- **Health Care Personal Income Contribution**
- Income up to 200% of the FPL will not be taxed. Households earning under that limit will pay nothing. Households above that limit will pay a person income tax of 10.1%, but **only on the portion of their income above the 200% FPL amount**. This creates a progressive tax structure.

Supplemental Contribution

- **Lodging Tax Adjustment (<0.1%)**
+0.2% surcharge on existing statewide rate

Built-In Protections for Individuals

- **Employer Payroll Tax Credit**
A tax credit for people employed by businesses paying the payroll tax. Amount would be 50% of the payroll tax
- **Medicare Part B Credit (100%)**
Offsets premiums paid by Medicare beneficiaries

Governance and Structure

Under the Board's current framework, a universal health plan would be administered by a legislatively created public corporation. A public corporation is an entity that is created by the state to carry out public missions and services. SAIF, Oregon's workers' compensation insurance company, is an example of a public corporation.

Public corporations offer:

- Increased operating flexibility (as compared to a state agency) to best ensure its success, while retaining the principles of public accountability.
- A board of directors, appointed by the Governor and confirmed by the Oregon State Senate, would govern the public corporation and have the authority to set policy and manage the operations of the public corporation.
- A centralized administrative structure under the public corporation, to maximize consistency and simplicity for health plan users and providers.

How it would work:

Provider payments: Providers would be paid directly by a universal health plan using a standardized fee schedule, significantly reducing the administrative burden on clinics and hospitals.

- Primary care payments would include population-based payments to support infrastructure and care coordination as well as fee-for service payments. Fifteen percent of the UHP budget would be allocated to primary care.
- Specialty care payments would be largely fee-for-service, with some value-based payments that have evidence of effectively improving quality and reducing costs. Strategies would be implemented to protect payments for highly specialized services so that payment reductions do not cause out-migration of those specialties.
- Behavioral health payments would include population-based payments to support infrastructure, outreach and non-reimbursed services as well as fee for service payments. Behavioral health funding and payment amounts will be integrated with primary care funding as much as possible, County Financial Assistance Agreements (CFAA) treatment dollars that cover crisis and forensic services should not be integrated into a universal health plan, as they fund functionally distinct and capacity based services closely tied to public safety.

Global budgets for hospitals:

Many hospitals would operate with global budgets, giving them more control over operations and predictability in financing. It would help contain costs, eliminate cost-shifting, and protect services in rural areas.

Prescription drugs: A standardized pharmacy list (formulary) would be fully covered by the plan, likely with a tiered system (brand name drugs and specialty drugs would be offered with partial or complete cost sharing).

Benefits administration: Everyone in Oregon would have the same level of benefits, with the option to purchase supplemental insurance for any benefits not covered under the plan.

Regional Advisory Councils: The administrative structure would include the creation of regional advisory councils, with the current proposal recommending seven regions that are aligned with public health and behavioral health collaboration patterns. The regional councils would provide input on community engagement, provider education, member outreach, local innovation, health resource planning and prioritization, and workforce development. Regions would not constitute networks, but sites for local engagement with patients and providers.

Trust fund: A universal health plan Trust Fund would be created within the Oregon State Treasury separate and distinct from the general fund. The Board recommends a hybrid trust structure, with investment funds managed by the Oregon Treasury and appropriate operational funds managed via non-Treasury banking services for flexibility and administrative efficiency.

How would things be different under the recommendations in the universal health plan?

Individuals eligible for UHP

Today	Under UHP
Cost	
Today: Costs are disconnected from income. Unpredictable premiums, co-pays, co-insurance, deductibles, out-of-pocket costs, surprise billings.	Under UHP: Progressive income tax: - Below 200% of federal poverty level: No charge - Above 200% of federal poverty level: a progressive income tax based on income level
Experience of care	
Today: Care is delayed or deferred due to unaffordable copays. People have to search for services that are in their network.	Under UHP: People get the care they need, when they need it, and costs do not factor into their decision of whether to access needed care.
Provider access	
Today: Network limits and referrals	Under UHP: All licensed clinicians in good standing who offer services covered under the UHP
Whole Person Access	
Today: Payment policies and network rules can limit the use of certain provider types.	Under UHP: Broader integration of behavioral health, oral health, and other licensed providers within a unified system.
Coverage access	
Today: Coverage and costs are based on ability to pay, employment status and utilization of health care services. Coverage comes primarily from employer plans. Others who are not covered by federal and state programs pay out of pocket for health care.	Under UHP: Everyone, no matter how much they earn or how much health care they use, would have comprehensive health care. Everyone, no matter their job status or income level would have comprehensive health care.

Employers

Today	Under UHP
Cost	
Today: Health care costs account for significant expenditures, dictated by rising and unsustainable costs. High costs for contract negotiations and plan administration. Employers compete with other employers in recruiting based on robustness of benefits and increasing costs.	Under UHP: No costs for plan administration or expanding workforce. Costs are predictable. Employers will be able to draw workers to Oregon with an offer of universal care. Businesses will be incentivized to locate in Oregon due to lower health care costs that employer is responsible for. Smaller businesses can afford to be more competitive to hire talent.

Providers

Today	Under UHP
Clinician recruitment, retention, and well-being	
Today: Shortage of clinicians due to burnout, moral injury, and frustration with a system that doesn't meet their patients' needs or their needs for a reasonable workload and enjoyment of their profession. A system built around financial incentives and profit instead of caring for the community.	Under UHP: A rational, simpler and less frustrating plan that ensures everyone can get the care they need. An environment that lets clinicians do clinical work instead of administrative work. A return to medical care as a service and a public good.

Cost and Administration

Today: High administrative costs and overhead due to contracts with multiple payers with different billing systems, rules, contracts, benefits, prior authorization standards and formularies. Significant staff resources devoted to billing, coding, contract management, prior authorizations, and denial appeals.

Under UHP: Reduced administrative burden due to single payer for all UHP covered lives. One unified payment system with standardized rules, benefits, billing processes, and coverage policies. Potential reallocation of staffing toward care coordination, patient engagement, and clinical services.

Coverage Churn

Today: Patients frequently move between OHP, Marketplace coverage, employer coverage, and uninsured status, disrupting provider relationship and continuity of care.

Under UHP: Continuous coverage reduces churn and supports stable, long-term patient-provider relationships.

Quality Measurement

Today: Different insurers require numerous and various reporting metrics and value-based payment models.

Under UHP: Aligned quality measures, performance expectations, and payment models across the system.

Whole Person Care

Today: Payment policies and network rules can limit the use of certain provider types.

Under UHP: Broader integration of behavioral health, oral health, and other licensed providers within a unified system.

Steps to implementing a Universal Health Plan for Oregon

Achieving universal health coverage for all Oregonians will be a lengthy process involving approvals from the state and federal government and massive transitions from the current system. Here are some key steps necessary.

Stage 1 — Design & Authorization

- Board will submit recommendations to legislature September, 2026.
- Statutory change: Legislation is passed by lawmakers or by voters (if lawmakers refer it to the ballot). Earliest dates of passage would be 2027 for legislation or 2028 for referral.
- Federal approval: Public corporation seeks federal waiver approval to bring Medicaid and Medicare into a universal health plan.

Stage 2 — Building the System

- Establish public corporation
- Stand up a governance board
- Contract with claims vendor
- Establish reserves/legal entities
- Establish an eligibility/enrollment process
- Build a universal IT platform for every hospital and clinic to communicate with the public corporation
- Determine payment rates and methods for hospitals, primary care clinicians and specialty care clinicians
- Transition hospitals to global budgets
- Work with providers and communities to prepare for transition

Stage 3 — Implementation

- Transition members from current plans to UHP
- Adjust as needed based on real-world experience

The Board encourages everyone in Oregon to stay engaged in the work to move our state towards universal health care. The Board has monthly public meetings and accepts public comment. See the schedule and get notified of all public meetings by the Board and committees at <https://www.oregon.gov/uhpgeb/>.