



Universal Health Plan Committee Straw Proposal

Committee:

Date submitted:

Date to be reviewed by the board:

High-level summary:

(What does the end result look like?)

Focus of recommendation:

(What deliverable or work stream aligns with this recommendation? What problem or question does the recommendation address? Refer to Phase II work streams below.)

Does the recommendation align with the preliminary structure of the board?

How does this recommendation align with the values and principles of the board?

How does the recommendation relate to the committee's deliverables?

(If not, why?)

Recommendation champion:

(This person will address board questions about the recommendation; can be someone other than the committee chairperson):

Dependencies:

(Will the work of other committees be affected by this recommendation? If so, how and by which committee? Do you need deliverables completed from another committee before this recommendation can be built? Does this recommendation build on previous deliverables completed by the committee or work completed by the board?)

Resources needed:

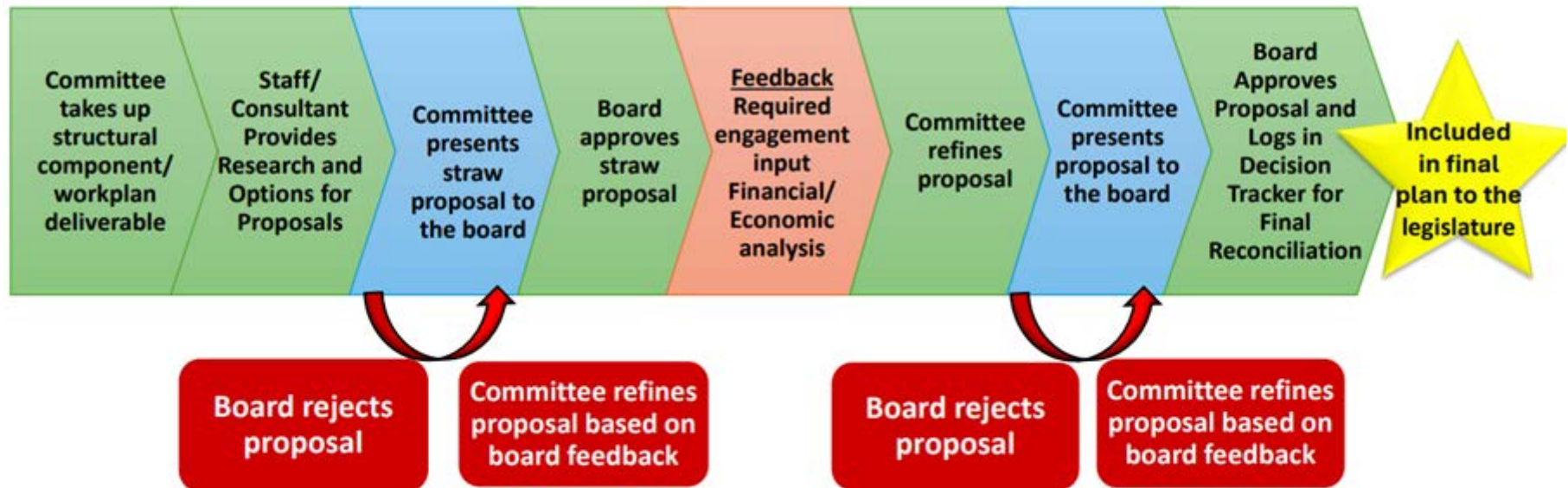
(What does the committee need in terms of research or resources to create a detailed project plan?)

Board feedback:

Approved: Board agrees with the direction of this recommendation.

Returned for revision. Please redirect your focus in the following way:

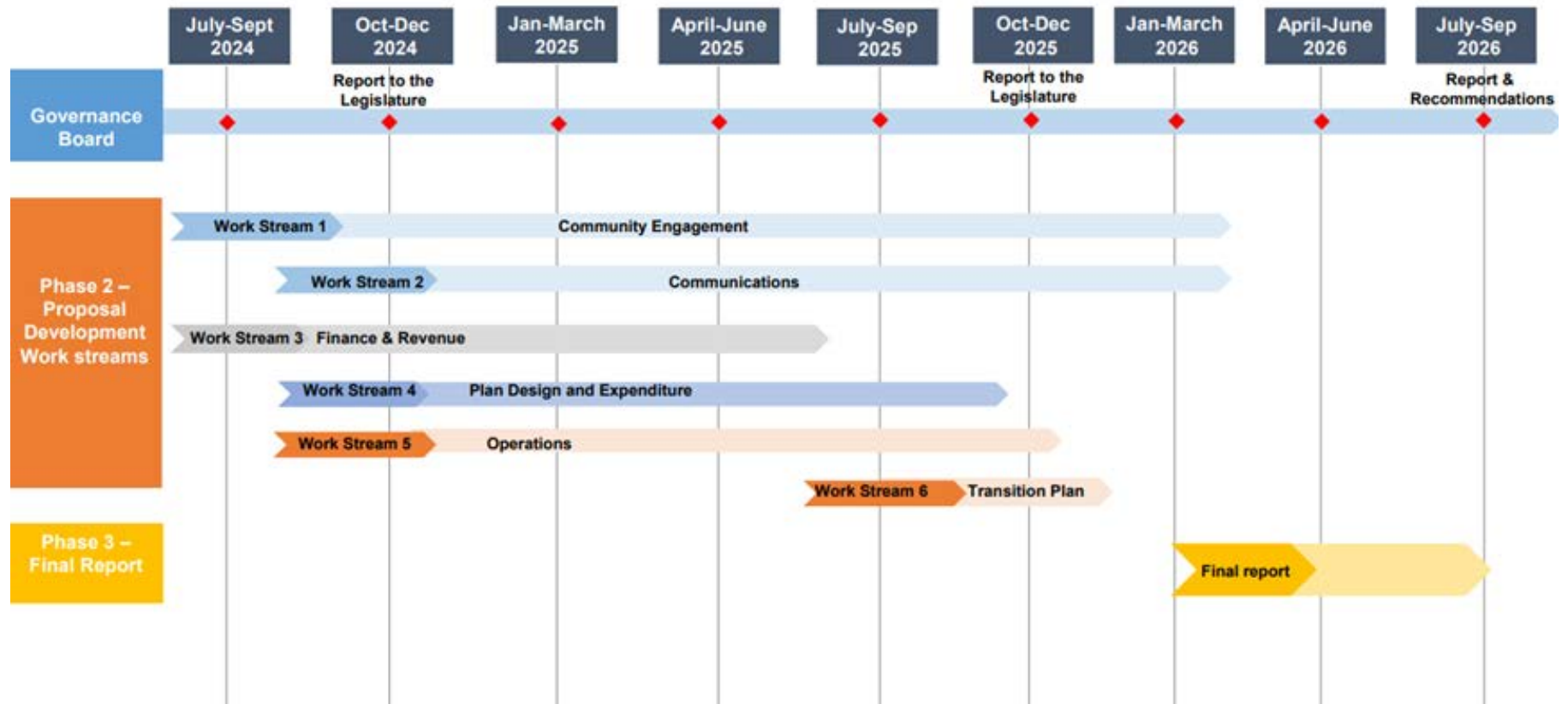
Board Decision Making Process



UHPGB Work Plan – Phase II Work Streams

Work Steams 1/2	Work Stream 3	Work Stream 4	Work Stream 5	Work Stream 6
Communications & Community Engagement	Finance & Revenue	Plan Design and Expenditure	Operations	Transition and Implementation
Community Engagement Deliverable: <ul style="list-style-type: none"> Use existing mechanism to get feedback and identify gaps Community engagement plans for different industries – business, health care, and consumers At a minimum, present workstream recommendations to relevant community partners following each workstream to get feedback on recommendations prior to board review Communications Deliverables: <ul style="list-style-type: none"> A communications plan, including messaging strategy with a suite of materials developed Minimum of ten presentations on the plan throughout Oregon Dissemination plan 	Deliverables: <ul style="list-style-type: none"> Unified financing strategy for the Universal Health Plan that may include an income tax, a payroll tax, or other options and can survive an ERISA challenge, and has support from large and small employers. Analysis of the impact of the Universal Health Plan on Oregon's economy 	Deliverables: <ul style="list-style-type: none"> Final recommendations on Universal Health Plan benefits, eligibility, provider reimbursements, workforce, and cost containment strategies Financial modeling and actuarial analysis of plan options that include expenditures and savings 	Deliverables: <ul style="list-style-type: none"> Recommendations on administrative structure Recommendations on statutory authority, workforce and information technology needs for plan operations Plan to create a Trust Fund in the State Treasury Plan to create an independent corporation to run the Universal Health Plan Identify federal waivers needed to implement plan Create federal waiver guidance document on necessary steps to engage CMS on federal waivers 	Deliverables: <ul style="list-style-type: none"> Report on the readiness of key agencies and partners and plan for needed next steps for transition Develop implementation strategies including workforce challenges Interim strategy and legislative recommendations for transition Create a comprehensive transition plan and timeline and steps needed from status quo into the Universal Health Plan Identify transition costs and structure
Expertise: Community engagement	Expertise: Health spending/ Oregon tax / finance, ERISA	Expertise: Health plan. Health finance and expenditures.	Expertise: Business Admin, IT, Operations and Health Plan	Expertise: Workforce, Information Systems, Health plan organization
Board Lead: Michelle Glass & Amy Fellows Staff Support: Jenny Donovan	Board Lead: Cherryl Ramirez Staff Support: Morgan Cowling	Board Lead: Debra Diaz Staff support: Morgan Cowling & OHA Policy Analysts	Board Lead: Bruce Goldberg Staff Support: Jenny Donovan & OHA Policy Analysts	Board Lead: TBD Staff Support: Jenny Donovan
Committee: Community Engagement	Committee: Finance & Revenue	Committee: Plan Design and Expenditure	Committee: Operations	Committee: Transition
Timeline: July 2024 – March 2026	Timeline: July 2024 – August 2025	Timeline: September 2024 – November 2025	Timeline: September 2024– December 2025	Timeline: July 2025 – December 2025

Workplan Timeline for Phase 2 and 3



Preliminary structure:

1. All people who live in Oregon qualify for the Universal Health Plan. The plan will clarify eligibility requirements, including for people who live out of state but work in Oregon.
2. The plan will use PEBB benefits as a starting point and will expand behavioral health benefits and other services, as identified.
3. People who qualify for long-term supports and services will continue to receive benefits and services through Medicaid and the Oregon Department of Human Services. The plan will explore coverage of some skilled nursing and home health care.
4. The plan will not require patients to pay when receiving care. There shall be no copays, deductibles, or coinsurance. Instead, there will be new revenue sources that will fund the services while protecting families and businesses from financial hardship.
5. The plan will aim to eliminate discrepancies in provider payments that disincentivize equitable access and to maintain current benefit levels, regardless of whether federal waivers can be obtained.
6. The plan will work with any individual, group practice, or institutional provider (including hospitals and health systems) that are licensed or authorized to practice in Oregon, in good standing, and that provide services covered by the plan.
7. The plan will pay providers, or provider networks, directly. The rates of pay will be set up by the board and will account for regional differences in health care needs and costs in consultation with regional entities.
8. Health insurance companies would only be able to offer insurance to cover benefits or services not offered by the Universal Health Plan. The plan will need to clarify the role of workers' compensation insurance.
9. The Universal Health Plan will uncouple health insurance from employment.
10. The plan will seek, whenever possible, to address social determinants of health.
11. Members of the nine federally recognized tribes, including tribal providers in Oregon, have the option to participate in the plan.
12. The plan will be overseen by a nonprofit organization.