

Universal Health Plan Governance Board

Progress to Date



Senate Bill 1089

Creates Universal Health Plan Governance Board under DCBS

Nine members to be appointed by governor and approved by legislature (comprised of health care representatives and public engagement representatives)

Deliverables (by Sept 2026):

- Design a comprehensive plan to finance and administer a Universal Health Plan that is responsive to the needs and expectations of the residents of this state
- Consider certain values and principles
- Include a plan to create a Universal Health Plan Trust Fund in the State Treasury and a Public Corporation to administer it

Values and Principles in the legislation

Values

- (A) Health care, as a fundamental element of a just society, must be secured for all individuals on an equitable basis by public means, similar to public education, public safety and public infrastructure;
- (B) Race, color, national origin, age, disability, wealth, income, citizenship status, primary language, genetic conditions, previous or existing medical conditions, religion or sex, including sex stereotyping, gender identity, sexual orientation and pregnancy and pregnancy-related medical conditions may not create barriers to health care nor result in disparities in health outcomes due to the lack of access to care;
- (C) The components of the Universal Health Plan must be accountable and fully transparent to the public regarding information, decision-making and management through meaningful public participation; and
- (D) Funding for the Universal Health Plan is a public trust, and any savings or excess revenue must be returned to the public trust

Values and Principles in the legislation

Principles

- (A) A participant in the Universal Health Plan may choose any individual provider who is licensed, certified or registered in this state or may choose any group practice;
- (B) The plan may not discriminate against any individual health care provider who is licensed, certified or registered in this state to provide services covered by the plan and who is acting within the provider's scope of practice;
- (C) A participant in the plan and the participant's health care provider shall determine, within the scope of services covered within each category of care and within the plan's parameters for standards of care and requirements for prior authorization, whether a service or good is medically necessary or medically appropriate for the participant; and
- (D) The plan shall cover health care services and goods from birth to death, based on evidence-informed decisions as determined by the board;

Board membership and staff

Helen Bellanca, MD, MPH *Chair*

Judy Richardson, *Vice-Chair*

Chunhuei Chi, MPH, ScD

Debra Diaz, PA-C

Amy Fellows, MPH

Michelle Glass

Bruce Goldberg, MD

Cherryl Ramirez, MPA/MPH

***Executive Director* – vacant; recruitment has closed, and candidates are being interviewed**

***Senior Policy Advisor* - Jennifer Donovan, JD**

***[Limited Duration] Operations & Policy Analyst* – Kim Yee**

***Executive Assistant* - Katy DeLuca**

***Operations & Policy Analyst (OHA)* – Jessica Merino**

***Operations & Policy Analyst (OHA)* – Danielle Ross**

Overview of progress to date

- Convened first meeting April 2024
- Established General Policies and Procedures and Delegation Policy
- Background information on OHA coverage efforts, ethical frameworks for universal health care, Joint Task Force recommendations, health care financing, single payer efforts in other states, national health care models and financing structures, behavioral health system, revenue basics, ERISA, and introduction to health systems financing
- Developed overarching values & principles (including new concepts and those in Senate Bill 1089) – Approved in August 2024
- Developed a workplan, agreed upon a preliminary structure and established 4 committees
- Widespread recruitment for four committees – 166 applications January 47 members appointed
- Submitted a status report to Legislation December 1, 2024
- Adopted a hiring process for new executive director in January, 2025
 - Widespread recruitment with first round interviews occurring Feb 20 – Feb 27, 2025

Overarching Principles Supporting Statements

1. Health Equity
2. Maximize Health
 - a) Individual Fulfillment
 - b) Population Measures
3. Fair Distribution of Medical Resources
4. Minimize the financial hardship from medical bills on individuals and families.
5. Community Sense of Ownership and Governance
 - a) Community Sense of Ownership
 - b) Community Economic Stewardship
 - c) Principles of Good Governance

* Approved by the Governance Board at the August 2024 meeting

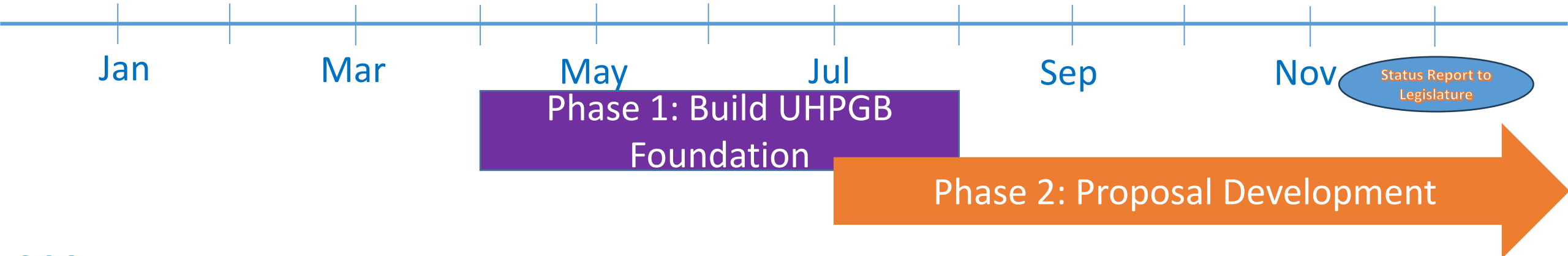
Preliminary Structure of the Universal Health Plan

The following components have been adopted by the board as a preliminary structure of the Universal Health Plan. The components are based on the Joint Task Force's recommendations in Senate Bill 1089 and are to be used as a starting point for board, committee, contractor and staff work.

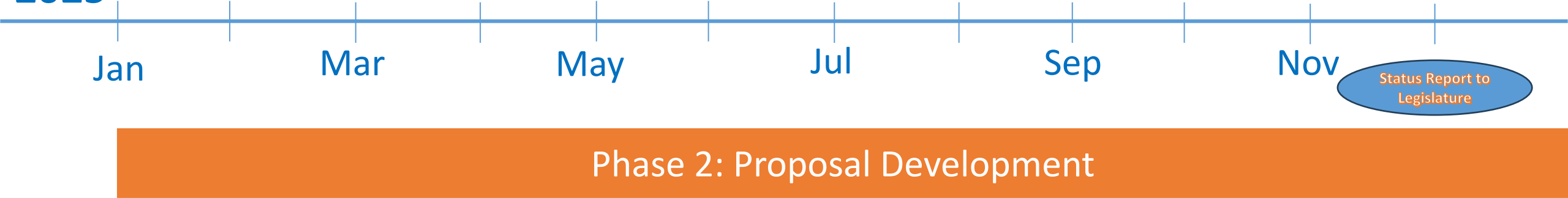
1. All people who live in Oregon qualify for the Universal Health Plan. The plan will clarify eligibility requirements, including for people who live out of state but work in Oregon.
2. The plan will use PEBB benefits as a starting point and will expand behavioral health benefits and other services, 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 co-pays, deductibles, or co-insurance. 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 healthcare 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.

Universal Health Plan Governance Board Work Plan Phases

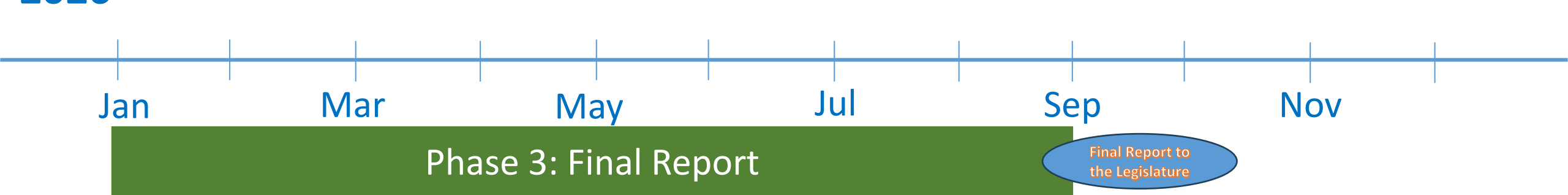
2024



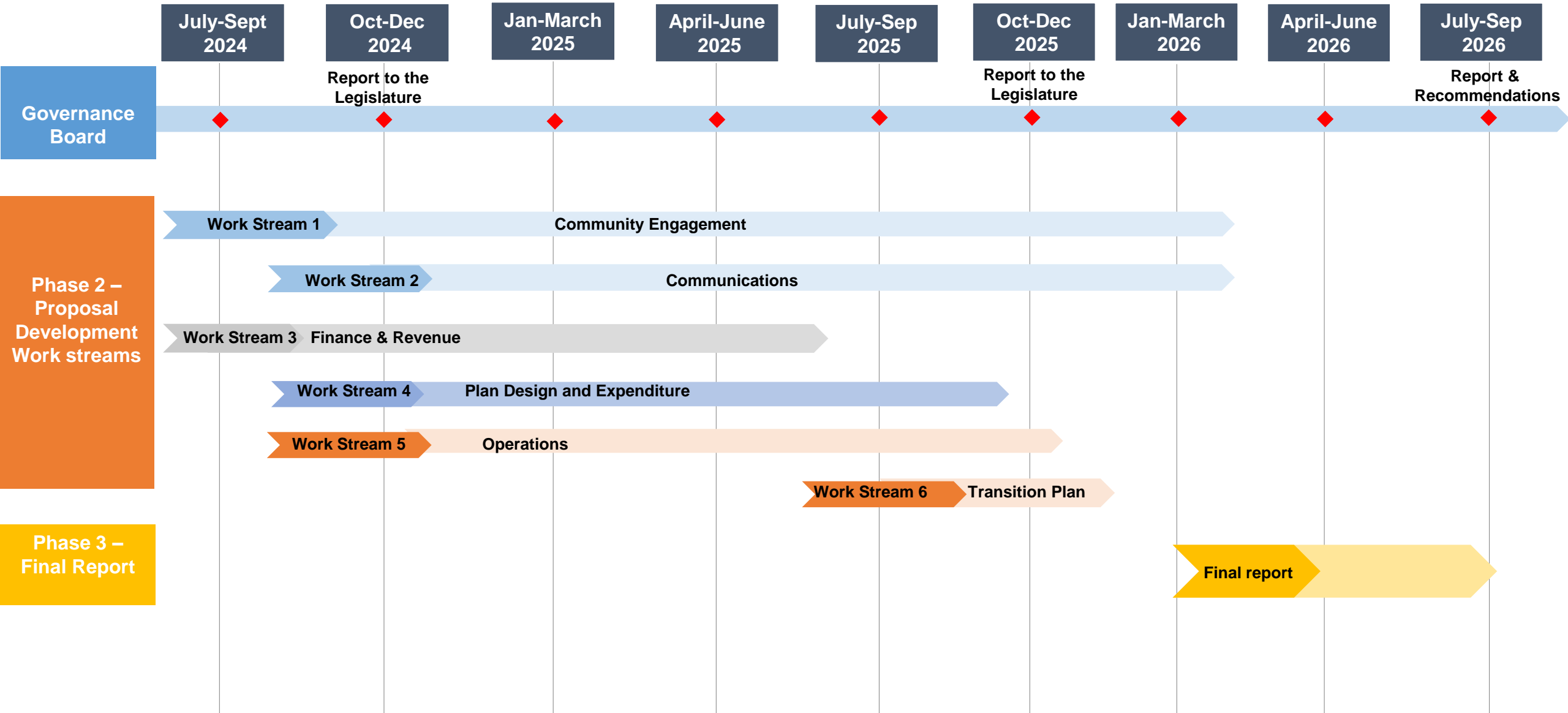
2025



2026



Workplan Timeline for Phase 2 and 3



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 gapsCommunity engagement plans for different industries – business, health care, and consumersAt 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 developedMinimum of ten presentations on the plan throughout OregonDissemination 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 strategiesFinancial modeling and actuarial analysis of plan options that include expenditures and savings	Deliverables: <ul style="list-style-type: none">Recommendations on administrative structureRecommendations on statutory authority, workforce and information technology needs for plan operationsPlan to create a Trust Fund in the State TreasuryPlan to create an independent corporation to run the Universal Health PlanIdentify federal waivers needed to implement planCreate 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 transitionDevelop implementation strategies including workforce challengesInterim strategy and legislative recommendations for transitionCreate a comprehensive transition plan and timeline and steps needed from status quo into the Universal Health PlanIdentify 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, Jessica Merino and Danielle Ross	Board Lead: Debra Diaz Staff support: Morgan Cowling, Jessica Merino and Danielle Ross	Board Lead: Bruce Goldberg Staff Support: Jenny Donovan, Jessica Merino and Danielle Ross	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

Community Engagement and Communications

Deliverables:

- Engage members of specific interest groups in the board's work (small and large businesses, health care providers and organizations, tribes and community members)
- Create a messaging strategy and materials to inform the public

Board Members:

Michelle Glass - Co-Chair
Amy Fellows - Co-Chair

Committee Members:

Grace Hocog	Jensina Hawkins
Mickie Derting	Jay Brown
Juan Pablo Villalobos Garcia	John Buzzard
Collin Stackhouse	Craig Newton
Max Brown	Juana Yesenia Hernandez-Solis
Josilyn Ogden	

Finance and Revenue

Deliverables:

- Create a unified financing strategy for the plan
- Analysis of economic impact on Oregonians

Board Members:

Cherryl Ramirez - Chair

Committee Members:

John Santa

Richard Gibson

Charlie Swanson

Bethany Stairs

Jeff Gudman

Chris Hogan

Plan Design and Expenditures

Deliverables:

- Benefits, eligibility, provider reimbursements, and cost containment strategies
- Financial modeling and actuarial analysis of plan options that include expenditures and savings

Board Members:

Debra Diaz - Chair
Helen Bellanca
Chunhuei Chi

Committee Members:

Rosemarie Hemmings
Angela Michalek
Antonio Germann
Betsey Boyd-Flynn
Brian Frank
Eve Gray
Gabriel Andeen
James McGee

Jamie Osborn
Julianne Horner
Max Kaiser
Mike Durbin
Peter Addy
Peter Merritt
Robert Fisette
Tashrique Rahman

Operations

Deliverables:

- Create a plan for an independent public corporation
- Design operational plan including organizational structure, staffing, facilities, and information technology needs
- Recommendations on statutory authority
- Plan to create a Trust Fund in the State Treasury
- Create guidance on obtaining federal waivers

Board Members:

Bruce Goldberg - Chair
Judy Richardson – Co-chair

Committee Members:

Ann Lovejoy
Douglas Flow
Laura Byerly
Paul Stanphill
Rosalind Lindsay

Michael Horey
Doris Kiragu
Sara Fouche
Paula Weldon
Lauri Hoagland

Transition (to be formed later)

Deliverables:

- Transition timeline and steps needed for implementation
- Report on effect on other state programs and steps needed for transition
- Develop implementation strategies including workforce challenges

Board Members:

TBD

Next steps

1. Committees have begun work on deliverables
2. The board is in the process of finalizing contracts with consultants and technical assistance
3. New executive director to come on board March/April, 2025
4. Second report to the legislature is due December 1, 2025

Employee Retirement Income Security Act (ERISA)

In November's meeting, the board took a deep dive into ERISA:

- ERISA is a federal law that preempts states from directly regulating employers' choice in whether to provide benefits, or the plans employers provide
- States may regulate insurance providers thus having some regulatory influence on plans purchased by employers
- States may not regulate self-funded plans provided by employers – these are plans in which the employer assumes the risk and pays out claims
- Financing a universal health plan with a payroll tax on employers is not a violation of ERISA – so long as the tax is not based on an employer's decision to provide or not provide benefits, and the tax is not exorbitant
- Though the Supreme Court has held that a payroll tax is not a violation so long as it is not exorbitant, it has not stated what would be considered too high.

An Introduction to Health Systems Financing

In February's meeting, the Board received a presentation from member, Dr. Chunhuei Chi regarding Health Systems Financing and what has to be considered when designing a financial model for a universal health plan. The presentation covered:

- The nature of health system finance
- An introduction to public finance
- Equity in financial burden of healthcare

<https://www.oregon.gov/DCBS/uhpqb/Documents/2025/022025/5.1-introduction-to-health-system-finance.pdf>



Universal Health Plan
Governance Board

Thank you

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