



Oregon
Tina Kotek, Governor



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Governance Board Meeting Materials #9.1

Universal Health Plan Governance Board Welcome Packet April 2024



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Universal Health Plan Governance Board Established by SB 1089 (2023)

Background

The 2019 Oregon Legislature passed Senate Bill 770 which created a Joint Task Force on Universal Health Care (Task Force). The Task Force met throughout the COVID-19 pandemic and eventually released a report outlining a set of recommendations to move forward developing a universal health care plan in Oregon. While the Task Force's work was complete the Task Force acknowledged there was more work to be done to transition from the current system to a universal health care system. Thus, the Task Force recommended the establishment of a Governance Board to complete the charge of developing an implementation plan for review and consideration by the Oregon Legislative Assembly prior to the 2025 session. SB 1089 (2023) is a result of the Task Force's recommendations and discussions and negotiations during the legislative session.

About Senate Bill 1089

SB 1089 creates the Universal Health Plan Governance Board in the Department of Consumer and Business Services. The governance board is charged with developing a comprehensive plan to finance and administer a Universal Health Plan that is due to the Oregon Legislature's health care committees by September 15, 2026.

The Universal Health Plan developed will be responsive to the needs and expectations of the residents of the state by:

1. Improving the health status of individuals, families, and communities.
2. Defending against threats to the health of the residents of this state.
3. Protecting individuals from the financial consequences of ill health.
4. Providing equitable access to person-centered care.
5. Removing cost as a barrier to accessing health care.
6. Removing any financial incentive for a health care practitioner to provide care to one patient rather than another.
7. Making it possible for individuals to participate in decisions affecting their health and the health system.
8. Establishing measurable health care goals and guidelines that align with other state and federal health standards.
9. Focusing on coverage of evidenced-based health care and services.

Governance Board Membership and Terms:

The Universal Health Plan Governance Board consists of nine members, who serve at the pleasure of the Governor for four-year terms.¹ The Governance Board members must support the objective of the governance board and the values and principles as outlined in SB 1089. In addition, as outlined in SB 1089, the governance board must represent a variety of health care professionals and community perspectives, including individuals with experience as enrollees in Medicare or Medicaid; and experience being without health insurance. Of the nine members:

¹ Initial terms of the Governance Board vary from one to four years, staggered for board continuity.

- Five members must have expertise in health care delivery, health care finance, health care operations or public administration; and
- Four members must be focused on public engagement.

Universal Health Plan Governance Board Deliverables:

A comprehensive plan to finance and administer a Universal Health Plan for Oregon to the health care committees of the legislature no later than September 15, 2026. In developing the plan the Governance Board will:

- Design the financing and administrative structure for the Universal Health Plan.
- Identify statutory authority and information technology infrastructure needed for plan operations.
- Include a plan to create an independent public corporation that shall exercise and carry out all the powers, rights and privileges that are: expressly conferred upon the board; incident to such powers, rights and privileges; or implied by law; and ensure that the proposed plan will include all Oregon residents equitably.
- Include a plan to create a Universal Health Plan Trust Fund in the State Treasury, separate and distinct from the General Fund.

State Agency, and Partner Outreach

- Evaluate how to work with nine federally recognized Indian tribes in Oregon and health care boards and commissions.
- Assess the readiness of key health care and public institutions to carry out the plan.
- Work collaboratively with partners across the complexities of the health care systems including hospitals, health systems and providers, insurers and coordinated care organizations.

Other Important Considerations: Workforce, Employers, Federal Permissions

- Consider the recommendations from the Joint Task Force on Universal Health Care.
- Engage with regional organizations to identify strategies to reduce the complexities and administrative burden on participants in the health care workforce.
- Study and address the impacts of the Universal Health Plan with respect to specific types of employers.

Interim Legislative Updates

Annual updates, no later than December 1st, beginning in 2024 must be given by the Universal Health Plan Governance Board to the interim health committees on the development of the comprehensive plan and any needed legislative changes.



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Universal Health Plan Governance Board Members, Counsel & Staff

The Universal Health Plan Governance Board consists of nine members. The members were appointed by Governor Kotek and confirmed by the Oregon Senate in February, 2024. There are five members representing health care delivery, finance operations or public administration and four members who are focused on public engagement. Initial terms were set when the members were confirmed and vary from one to four years, staggered for board continuity.

Amy Fellows, MPH, **Public engagement member**

Amy Fellows is a lifelong Oregonian currently living in Eugene. Amy has a master's degree in public health and has spent much of her career working with safety net clinics supporting health information technology efforts. Amy has led We Can Do Better, a small health care civic engagement organization, since 2013. She has hosted civic engagement events focused on health equity and systems change and was instrumental in bringing OpenNotes to Oregon, which has allowed greater transparency for patients. Amy is passionate about disability justice and addressing systemic ableism and racism so all Oregonians can live their best lives.

Term ends: January, 2028

Cherryl Ramirez, MPA/MPH, **Public engagement member**

Cherryl Ramirez has served as executive director of the Association of Oregon Community Mental Health Programs (AOCMHP) for 12 years. The association represents community mental health programs that manage and provide services for people with mental health and substance-use disorders and community developmental disabilities programs that provide case management services for people with intellectual and developmental disabilities.

The association also provides a wide array of trainings in the areas of mental health promotion and clinical services, suicide prevention and post-suicide intervention, and mobile crisis services, and it houses the Alliance to Prevent Suicide. Cherryl advocates for policies and resources to support and improve the community behavioral health and developmental disabilities systems, in collaboration with behavioral health associations, human service advocacy organizations, and other system partners.

Cherryl served four years as president of the National Association of County Behavioral Health and Developmental Disabilities Directors Board and four years as its past president. She also represented the public behavioral health system on the Joint Task Force on Universal Health Care. Before her position with AOCMHP, Cherryl served as the executive Director of the Association of Community Mental Health Authorities of Illinois for eight years.

Term ends: January, 2028

Michelle Glass, **Public engagement member**

Michelle Glass is the policy and advocacy coordinator at the Regional Health Equity Coalition of Southern Oregon. She is a community organizer with two decades of community engagement and grassroots policy experience at the local and state levels. Her experience includes working

and volunteering with community-based organizations, chairing her local planning commission, serving on statewide rulemaking advisory committees, and participating in Oregon Health Authority advisory committees related to health and health care.

Michelle's passion for expanding health care access to all Oregonians comes from lived experience with chronic health conditions and health care access barriers, as well as from years of working directly with communities experiencing these barriers. She is proud of the innovation and determination that Oregon is known for and believes our state can and must continue expanding access to affordable, high-quality health care as a key part of achieving health equity for all Oregonians.

Term ends: January, 2026

Warren George, **Public engagement member**

Warren George is a retired titanium production plant manager and business consultant living in Corvallis, Oregon. He is an independent analyst and frequent speaker on the design of universal health care finance systems. In 2019, he commissioned Oregon's only professional poll dedicated to voter interest in funding universal health care. He was a governor-appointed member of the Oregon Legislature's Joint Task Force on Universal Health Care, which presented its findings during the 2023 legislative session.

Term ends: January, 2026

Bruce Goldberg, MD, **Health Care member**

Bruce Goldberg, M.D., is a professor at the Oregon Health & Science University-Portland State University School of Public Health and a nationally recognized health policy expert.

Over the past four decades, Bruce's career has spanned leadership roles across a number of health care organizations in the public and private sector. He served two Oregon governors as the director of the Oregon Office for Health Policy and Research and the director of the Oregon Department of Human Services. He was also the founding director of the Oregon Health Authority.

Bruce and his team led Oregon's nationally recognized health reforms, helping to transform Oregon's Medicaid system to one based on a model of coordinated care. In addition, he established Oregon's Healthy Kids program, which provided health coverage for all children and transformed the delivery of public human services to enhance efficiency and effectiveness. He recently chaired the Oregon Legislature's Joint Task Force on Universal Health Care. His experiences include being the administrator of large complex organizations, a practicing clinician, a teacher/academician, a county health officer, the medical director for a Medicaid managed care organization, and the clinical director for U.S. Public Health Services in Zuni, New Mexico.

Term ends: January, 2028

Chunhuei Chi, MPH, ScD, **Health Care member**

Chunhuei Chi is a professor at the Oregon State University College of Health and affiliated with its Health Management and Policy Program and Global Health Program. He completed his master's degree in international public health from the University of Texas School of Public Health in Houston and holds a Doctor of Science in health policy and management from Harvard T.H. Chan School of Public Health. His doctoral research was focused on health system finance, health insurance coverage, and access to health care.

Chunhuei has helped promote universal health care in Oregon and the United States. He testified three times before the Oregon Legislature to support universal health care in the state. He also contributed to establishing Taiwan's universal health care system and continues to serve as a policy advisor and give workshops in Taiwan. He continues to research the universal

health care systems of Chile, South Korea, and Taiwan. He published peer-reviewed papers focused on community ownership and health governance, equity in health, health care, and the financial burden of health care in Bangladesh, Chile, Ecuador, and Taiwan.

During the COVID-19 pandemic, Chunhuei also developed expertise in international comparative pandemic control policies and was interviewed by U.S. and international media more than 400 times.

Term ends: January, 2028

Debra Diaz, PA-C, **Health Care member**

Debra Diaz was born and raised in Miami, Florida, and graduated with a bachelor's degree in psychology from Florida International University. She went on to graduate with a master's degree in health sciences from The George Washington University Physician Assistant Program in Washington, D.C., in 2014. She worked in the emergency departments at The George Washington University Hospital, Walter Reed National Military Medical Center, and Washington Veterans Affairs Medical Center. She relocated to California and took a position at Stanford Hospital's emergency department observation unit before relocating to Portland, Oregon, in 2018. In Portland, she worked at the emergency department at Legacy Good Samaritan Hospital in Northwest Portland before transitioning to its outpatient clinics. She is a member of the faculty at the Oregon Health & Science University (OHSU) Physician Assistant Program. She recently accepted a clinical position at OHSU's Richmond clinic, a primary care clinic and Federally Qualified Health Center in Southeast Portland.

Her clinical experience has highlighted the gaps in our current health care system. She is committed to improving access to care in Oregon and looks forward to serving on the Universal Health Plan Governance Board.

Term ends: January, 2025

Helen Bellanca, MD, MPH, **Health Care member**

Dr. Helen Bellanca is a family physician who has been practicing in Oregon since completing her residency at Oregon Health & Science University in 1999. For most of that time, she has worked as a primary care physician in Federally Qualified Health Centers, serving primarily uninsured Oregonians and those on Medicaid. She was honored as Oregon's Rural Health Practitioner of the Year in 2004. She currently provides clinical care through Northwest Permanente.

After completing a master's degree in public health and a Robert Wood Johnson Fellowship, Helen became engaged in health policy and advocacy, first with the Oregon Public Health Institute, where she worked on the prevention of childhood obesity. She then was medical director for the Oregon Foundation of Reproductive Health, where she was the co-creator of the One Key Question initiative promoting pregnancy intention screening in primary care.

When the coordinated care organization model was created, she joined Health Share of Oregon and served as its associate medical director. Her focus there was integration of behavioral health services and physical health care, and she collaborated with partners to create Project Nurture, which integrates substance-use treatment and maternity care for pregnant and postpartum women. The success of that program led to statewide expansion as Nurture Oregon.

Helen has valuable experience working with complex systems and alternative payment strategies to help communities get the care they need, and she is committed to working for universal health care with a single-payer strategy.

Term ends: January, 2027

Judy Richardson, MD, MBA, **Health Care member**

Dr. Judy Richardson is a family physician and the academic program director in the Division of Management at Oregon Health & Science University (OHSU). She has practiced medicine in Oregon for the past 20 years and was active with the implementation of the Columbia Gorge Health Council and Clinical Advisory Panel. During the COVID-19 pandemic, she helped support the Oregon Health Authority as the deputy director for clinics and health centers in its COVID Recovery and Response Unit. She became involved with the economic evaluation of Medicaid through her role as a project manager in the evaluation of the Washington Medicaid Transformation Project at the Center for Health Systems Effectiveness at OHSU. She currently works full time in the Division of Management where she teaches courses in health systems, business strategy, and health economics.

Term ends: January, 2025

Universal Health Plan Governance Board Counsel

Jacob Gill, Department of Justice

Universal Health Plan Governance Board Staff

Executive Director Morgan D. Cowling, MPA

Morgan Cowling has been selected as the executive director of the Universal Health Plan Governance Board. Morgan has more than 12 years of experience as an executive director, first at the Oregon Coalition of Local Health Officials (CLHO) in Portland and most recently at the Oregon Community College Association (OCCA) in Salem. Overall, she has nearly 20 years of service in the nonprofit and local government sectors working to support health and economic prosperity for those living in Oregon.

Morgan has a Bachelor of Science in political science and a minor in environmental studies from the University of Oregon and a Master of Public Administration from New York University. She lives in Portland with her husband and son. When she is not watching the Oregon Ducks, she's on the court playing recreational tennis.

Senior Policy Advisor Jennifer Donovan, J.D.

Jennifer Donovan is honored to join the team serving the Universal Health Plan Governance Board at DCBS. Jennifer has 10 years of legislative and state agency experience. Most recently, Jennifer led the Safe and Inclusive Schools team at the Oregon Department of Education (ODE). She has previously served as the legislative coordinator at ODE and the legislative director and interim deputy director at the Oregon Department of Veterans' Affairs. Jennifer holds a Bachelor of Arts from Loyola University in New Orleans and a Juris Doctor from Vermont Law and Graduate School. After growing up in the Midwest, attending college in the South, law school in New England, and a stint as an expat, Jennifer is proud to call Oregon home. When not reading legislation or policy briefs, she enjoys exploring the Pacific Northwest with her two young daughters, husband, and their newest family member, a schnauzer/Labrador puppy named Gravy.

Assistant to the Executive Director and Governance Board Katy DeLuca

Katy DeLuca brings a wealth of administrative specialist knowledge and expertise to the team. She has more than seven years experience in the executive assistant role, most recently supporting the director of Aflac. Katy grew up in Oregon and currently lives in Salem with her husband of 15 years, their 11-year-old daughter, and their family dog, Maci. Katy enjoys spending time with her family and frequenting their favorite restaurants, watching movies, hiking, bike riding, and exploring Oregon.

Oregon Health Authority Staff

The Oregon Health Authority has two limited duration positions funded to support the work of the Universal Health Plan Governance Board. Until those positions are hired Devlin Prince a Senior Policy Analyst in the Office of Health Policy and Analytics at OHA will be working with the team.

Enrolled
Senate Bill 1089

Sponsored by Senator MANNING JR, Representative NELSON, Senators PATTERSON, DEMBROW, FREDERICK, GOLDEN, JAMA, MEEK, PROZANSKI, STEINER, TAYLOR; Senators CAMPOS, GELSER BLOUIN, GORSEK, LIEBER, WOODS, Representatives BOWMAN, BYNUM, CHAICHI, DEXTER, GAMBA, GRAYBER, HELM, HOLVEY, LIVELY, MARSH, NOSSE, PHAM K, REYNOLDS, TRAN, WALTERS

CHAPTER

AN ACT

Relating to the Universal Health Plan Governance Board; and declaring an emergency.

Be It Enacted by the People of the State of Oregon:

SECTION 1. (1) **The Universal Health Plan Governance Board is established in the Department of Consumer and Business Services, consisting of nine members appointed by the Governor who must:**

(a) **Support the objective of the board described in section 2 (2) of this 2023 Act;**
(b) **Support the values and principles expressed in section 2 (3)(a) and (b) of this 2023 Act;**
and

(c) **Represent a variety of health care professionals and community perspectives, including individuals with experience:**

(A) **As enrollees in the state medical assistance program or Medicare; and**
(B) **Being without health insurance coverage.**

(2) **Of the membership of the board:**

(a) **Five members must have expertise in health care delivery, health care finance, health care operations or public administration; and**

(b) **Four members must be focused on public engagement.**

(3) **The term of office of each member of the board is four years, but a member serves at the pleasure of the Governor. Before the expiration of the term of a member, the Governor shall appoint a successor whose term begins on January 2 next following. A member is eligible for reappointment. If there is a vacancy for any cause, the Governor shall make an appointment to become immediately effective for the unexpired term.**

(4) **The appointment of each member of the board is subject to confirmation by the Senate in the manner prescribed in ORS 171.562 and 171.565.**

(5) **A member of the board is entitled to compensation and reimbursement of actual and necessary travel and other expenses incurred by the member in the performance of the member's official duties in accordance with ORS 292.495.**

(6) **The board shall select one of its members as chairperson and another as vice chairperson, for terms and with duties and powers necessary for the performance of the functions of the offices as the board determines.**

(7) A majority of the members of the board constitutes a quorum for the transaction of business.

(8) The board shall meet at a time and place determined by the board. The board also may meet at other times and places specified by the call of the chairperson or of a majority of the members of the board.

(9) In accordance with applicable provisions of ORS chapter 183, the board may adopt rules necessary for the administration of the laws that the board is charged with administering.

(10)(a) The board may establish any advisory or technical committees the board considers necessary to aid and advise the board in the performance of its functions. The committees may be continuing or temporary committees. The board shall determine the representation, membership, terms and organization of the committees and shall appoint the members of the committees.

(b) Members of the committees are not entitled to compensation but, in the discretion of the board, may be reimbursed from funds available to the board for actual and necessary travel and other expenses incurred by the members in the performance of official duties in the manner and amount provided in ORS 292.495.

(11)(a) The board shall appoint an executive director to serve at the pleasure of the board, to be responsible for the administrative operations of the board and to perform such other duties as may be designated or assigned to the executive director from time to time by the board. The board shall fix the compensation of the executive director in accordance with ORS chapter 240.

(b) Subject to any applicable provisions of ORS chapter 240, the executive director shall appoint staff as needed for policy analysis and administrative support.

(c) The executive director shall contract with experts and consultants as necessary to carry out section 2 (3) of this 2023 Act.

SECTION 2. (1) As used in this section, “single payer health care financing system” means a universal system used by the state to pay the cost of health care services and goods in which:

(a) Institutional providers are paid directly for health care services or goods by the state or paid by an administrator that does not bear risk in contracting with the state;

(b) Institutional providers are paid with global budgets that separate capital budgets, established through regional planning, and operational budgets;

(c) Group practices are paid directly for health care services or goods by the state, by an administrator that does not bear risk in contracting with the state, by the employer of the group practice or by an institutional provider; and

(d) Individual health care providers are paid directly for health care services or goods by the state, by their employers, by an administrator that does not bear risk in contracting with the state, by an institutional provider or by a group practice.

(2) The Universal Health Plan Governance Board established in section 1 of this 2023 Act shall create 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 by:

(a) Improving the health status of individuals, families and communities;

(b) Defending against threats to the health of the residents of this state;

(c) Protecting individuals from the financial consequences of ill health;

(d) Providing equitable access to person-centered care;

(e) Removing cost as a barrier to accessing health care;

(f) Removing any financial incentive for a health care practitioner to provide care to one patient rather than another;

(g) Making it possible for individuals to participate in decisions affecting their health and the health system;

(h) Establishing measurable health care goals and guidelines that align with other state and federal health standards;

(i) Promoting continuous quality improvement and fostering interorganizational collaboration; and

(j) Focusing on coverage of evidence-based health care and services.

(3) In developing the comprehensive plan and the recommendations to the Legislative Assembly under subsection (4) of this section, the board shall:

(a) Consider, at a minimum, the following 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;

(b) Consider, at a minimum, the following 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;

(c) Assess the readiness of key health care and public institutions to carry out the plan and collaborate with state agencies, including the Oregon Health Authority and the Department of Human Services, to determine how the agencies' existing systems will integrate with the Universal Health Plan;

(d) Consider the recommendations of the Joint Task Force on Universal Health Care in the report approved by the task force on September 29, 2022, including the recommendations to establish a single payer health care financing system that are consistent with subsection (1) of this section;

(e) Identify statutory authorities and information technology infrastructure needed for overall plan operations;

(f) Evaluate how to work with the nine federally recognized Indian tribes in Oregon and existing boards, commissions and councils concerned with health care and health insurance;

(g) Work collaboratively with partners across the complexities of the health care system, including hospitals, health care providers, insurers and coordinated care organizations, to build a sustainable health care financing system that delivers care equitably;

(h) Engage with regional organizations to identify strategies to reduce the complexities and administrative burdens on participants in the health care workforce and to otherwise address workforce challenges;

(i) Study and address the impacts of the Universal Health Plan with respect to specific types of employers;

(j) Design the administrative and financing structure for the Universal Health Plan;

(k) Engage with the Governor's office, the Oregon Health Authority and federal authorities to ascertain and describe, if not yet in federal or state law, necessary federal waivers or other options to secure federal and state funding and to implement the Universal Health Plan;

(L) Include a plan to create a Universal Health Plan Trust Fund in the State Treasury, separate and distinct from the General Fund, consisting of moneys from all sources, public and private, that are allocated to or deposited to the Universal Health Plan Trust Fund for the purpose of financing the planning for and the administration and operation of the Universal Health Plan by the Universal Health Plan Governance Board, with any moneys in the Universal Health Plan Trust Fund at the end of the biennium being retained in the Universal Health Plan Trust Fund;

(m) Include a plan to create an independent public corporation that shall exercise and carry out all powers, rights and privileges that are:

(A) Expressly conferred upon the board;

(B) Incident to such powers, rights and privileges; or

(C) Implied by law; and

(n) Ensure that the proposed plan will include all Oregon residents equitably.

(4) No later than September 15, 2026, the Universal Health Plan Governance Board shall present to the interim committees of the Legislative Assembly related to health, in the manner provided in ORS 192.245, and to the Governor, a comprehensive plan for the implementation of the Universal Health Plan.

SECTION 3. (1) The Universal Health Plan Governance Board shall provide a status report no later than December 1 of each year, beginning in 2024, to the interim committees of the Legislative Assembly related to health, on the progress in the development of the comprehensive plan and any needed legislative changes.

(2) The report need not be in compliance with ORS 192.245.

SECTION 4. (1) Notwithstanding the term of office specified by section 1 of this 2023 Act, of the members first appointed to the Universal Health Plan Governance Board:

(a) Two shall serve for terms ending January 2, 2025.

(b) Two shall serve for terms ending January 2, 2026.

(c) Two shall serve for terms ending January 2, 2027.

(d) Three shall serve for terms ending January 2, 2028.

(2) Notwithstanding section 1 (11) of this 2023 Act, the Governor shall appoint an executive director of the board and fix the compensation of the executive director in accordance with ORS chapter 240 without undue delay after the effective date of this 2023 Act who shall serve at the pleasure of the Governor until the full board has been appointed by the Governor and confirmed by the Senate.

SECTION 5. Section 2 of this 2023 Act is amended to read:

Sec. 2. (1) As used in this section, "single payer health care financing system" means a universal system used by the state to pay the cost of health care services and goods in which:

(a) Institutional providers are paid directly for health care services or goods by the state or paid by an administrator that does not bear risk in contracting with the state;

(b) Institutional providers are paid with global budgets that separate capital budgets, established through regional planning, and operational budgets;

(c) Group practices are paid directly for health care services or goods by the state, by an administrator that does not bear risk in contracting with the state, by the employer of the group practice or by an institutional provider; and

(d) Individual health care providers are paid directly for health care services or goods by the state, by their employers, by an administrator that does not bear risk in contracting with the state, by an institutional provider or by a group practice.

(2) The Universal Health Plan Governance Board established in section 1 of this 2023 Act shall create 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 by:

- (a) Improving the health status of individuals, families and communities;
- (b) Defending against threats to the health of the residents of this state;
- (c) Protecting individuals from the financial consequences of ill health;
- (d) Providing equitable access to person-centered care;
- (e) Removing cost as a barrier to accessing health care;
- (f) Removing any financial incentive for a health care practitioner to provide care to one patient rather than another;
- (g) Making it possible for individuals to participate in decisions affecting their health and the health system;
- (h) Establishing measurable health care goals and guidelines that align with other state and federal health standards;
- (i) Promoting continuous quality improvement and fostering interorganizational collaboration; and
- (j) Focusing on coverage of evidence-based health care and services.

(3) In developing the comprehensive plan [*and the recommendations to the Legislative Assembly under subsection (4) of this section*], the board shall:

- (a) Consider, at a minimum, the following 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;
- (b) Consider, at a minimum, the following 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;
- (c) Assess the readiness of key health care and public institutions to carry out the plan and collaborate with state agencies, including the Oregon Health Authority and the Department of Human Services, to determine how the agencies' existing systems will integrate with the Universal Health Plan;

[(d) Consider the recommendations of the Joint Task Force on Universal Health Care in the report approved by the task force on September 29, 2022, including the recommendations to establish a single payer health care financing system that are consistent with subsection (1) of this section;]

[(e)] (d) Identify statutory authorities and information technology infrastructure needed for overall plan operations;

[(f)] (e) Evaluate how to work with the nine federally recognized Indian tribes in Oregon and existing boards, commissions and councils concerned with health care and health insurance;

*[(g)] (f) Work collaboratively with partners across the complexities of the health care system, including hospitals, health care providers, insurers and coordinated care organizations, to **identify strategies that allow employers the choice to continue offering benefits, establish a revenue system in which employers would contribute to the cost of health care for all Oregonians while retaining the flexibility to offer self-funded health plans to employees and** build a sustainable health care financing system that delivers care equitably;*

[(h)] (g) Engage with regional organizations to identify strategies to reduce the complexities and administrative burdens on participants in the health care workforce and to otherwise address workforce challenges;

[(i)] (h) Study and address the impacts of the Universal Health Plan with respect to specific types of employers;

[(j)] (i) Design the administrative and financing structure for the Universal Health Plan;

[(k)] (j) Engage with the Governor's office, the Oregon Health Authority and federal authorities to ascertain and describe, if not yet in federal or state law, necessary federal waivers or other options to secure federal and state funding and to implement the Universal Health Plan;

[(L)] (k) Include a plan to create a Universal Health Plan Trust Fund in the State Treasury, separate and distinct from the General Fund, consisting of moneys from all sources, public and private, that are allocated to or deposited to the Universal Health Plan Trust Fund for the purpose of financing the planning for and the administration and operation of the Universal Health Plan by the Universal Health Plan Governance Board, with any moneys in the Universal Health Plan Trust Fund at the end of the biennium being retained in the Universal Health Plan Trust Fund;

[(m)] (L) Include a plan to create an independent public corporation that shall exercise and carry out all powers, rights and privileges that are:

(A) Expressly conferred upon the board;

(B) Incident to such powers, rights and privileges; or

(C) Implied by law; and

[(n)] (m) Ensure that the proposed plan will include all Oregon residents equitably.

[(4) No later than September 15, 2026, the Universal Health Plan Governance Board shall present to the interim committees of the Legislative Assembly related to health, in the manner provided in ORS 192.245, and to the Governor, a comprehensive plan for the implementation of the Universal Health Plan.]

SECTION 6. The amendments to section 2 of this 2023 Act by section 5 of this 2023 Act become operative on January 2, 2028.

SECTION 7. Section 4 of this 2023 Act is repealed on January 2, 2028.

SECTION 8. In addition to and not in lieu of any other appropriation, there is appropriated to the Department of Consumer and Business Services, for the biennium beginning July 1, 2023, out of the General Fund, the amount of \$1,442,576, which may be expended for establishing the Universal Health Plan Governance Board.

SECTION 9. In addition to and not in lieu of any other appropriation, there is appropriated to the Oregon Health Authority, for the biennium beginning July 1, 2023, out of the General Fund, the amount of \$412,870, which may be expended for supporting the work of the Universal Health Plan Governance Board.

SECTION 10. This 2023 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2023 Act takes effect on its passage.

Passed by Senate June 20, 2023

.....
Lori L. Brocker, Secretary of Senate

.....
Rob Wagner, President of Senate

Passed by House June 23, 2023

.....
Dan Rayfield, Speaker of House

Received by Governor:

.....M,....., 2023

Approved:

.....M,....., 2023

.....
Tina Kotek, Governor

Filed in Office of Secretary of State:

.....M,....., 2023

.....
Secretary of State



TINA KOTEK
GOVERNOR

August 4, 2023

The Honorable Rob Wagner
President of the Senate
S-201 State Capitol
Salem, OR 97301

The Honorable Dan Rayfield
Speaker of the House
H-269 State Capitol
Salem, OR 97301

Re: Senate Bill 1089

Dear President Wagner and Speaker Rayfield,

Today, I am signing Senate Bill 1089. I write to affirm my commitment to health care access and share my feedback on the contents of the bill and its implementation.

The Oregon Health Plan covers 1 in 4 Oregonians and has provided greater support in recent years through groundbreaking policies like Cover All Kids, Cover All People, and enhanced coverage of reproductive health and gender affirming care. I believe these programs set Oregon apart and help ensure that Oregonians can have affordable care with culturally appropriate providers in every corner of the state, something I am deeply committed to achieving and maintaining. I understand the continuous and challenging workload required of agencies to implement, resource, and manage these programs after they are penned into law. I also know the goal of this work: a healthier Oregon.

I have been clear that as we emerge from the international pandemic that thrust our communities, businesses, schools, and public institutions into crisis, we must approach new programs with great scrutiny and the highest degree of accountability. I believe that this moment calls for mission-focused discipline and a renewed commitment to making sure that state government is delivering results for Oregonians.

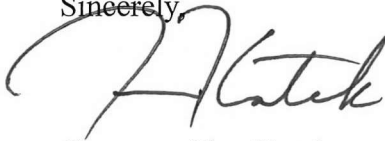
While we share the intent of Senate Bill 1089, I have implementation concerns following a thorough review process. This session the legislature invested in implementing the Basic Health Plan, 1115 Medicaid Waiver, Essential Health Care Trust expansion, and Healthier Oregon coverage expansions. All of these contribute to the goal of increased access to quality health care at lower costs based on our ability to leverage Medicaid infrastructure. As Senate Bill 1089 advances a new program that will require significant financial investments in future years, I call upon the sponsors of the bill and legislative leadership to provide clearer direction to the Governance Board on their charge when you reconvene in February.

Honorable Rob Wagner
Honorable Dan Rayfield
August 4, 2023
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The legislative record lacks a distinction between the work of the Task Force on Universal Health Care assembled through Senate Bill 770 (2019) and the new Universal Health Plan Governance Board, as well as the charge of each body. This presents a potential risk of duplicative efforts and inefficient spending of \$2 million in taxpayer funding. At the very same time, given the scope of this pending programmatic change, it is equally likely that \$2 million underestimates the resources required to fulfill the intent of the bill.

Thank you for your attention to this important matter.

Sincerely,

A handwritten signature in black ink, appearing to read "T. Kotek", written in a cursive style.

Governor Tina Kotek

cc: Representative Rob Nosse
Senator Deb Patterson
Senator Elizabeth Steiner
Senator James Manning Jr.