Establish the Universal Healthcare Plan (UHP) Governance Board (2023)

The Joint Task Force on Universal Health Care recommends that the 2023 Legislative Assembly establish a governance board consistent with SB 770 (2019) to complete a full single-payer implementation plan for review and consideration by the 2025 Legislative Assembly and implementation in 2026-2027.

- The Board shall report to the Legislative Assembly and the Governor.
- Task Force recommends that the legislature establish a public trust fund separate and distinct from Oregon’s General Fund.
- The Plan will be organized as an independent nonprofit public corporation or reside within the Dept. of Administrative Services.

Board Composition, Size, and Appointment
- Nine members appointed by the Governor with a balance of expertise and perspectives, including five members with technical expertise in health care delivery, finance, operations and public administration, and four members focused on public engagement.
- Include perspectives of people who have experience as patients with the Oregon Health Plan and Medicare, and being uninsured.
- Represent a variety of health care professionals and community voices.
- Be full time state employees with appropriate staffing.

Board Authority
- Have the authority to complete the priority objectives of the plan including to secure necessary waivers from CMS and to administer federally funded health programs.
- Have authority to hire an executive director, staff, and consultants.
- Have authority to oversee the Plan which will administer benefits, process claims, and build reserves.

Agency and Partner integration
- Assess the readiness of key institutions and develop a detailed plan of action in collaboration with state agencies, including the Department of Consumer and Business Services and the Department of Human Services, to determine how their existing systems will integrate with the Universal Health Plan.
- Identify existing statutory authorities and IT infrastructure for overall plan operations.
- Evaluate how to work with existing boards, commissions, and councils with functions related to health care and insurance.
- Work collaboratively with partners across the health care system, including hospitals, providers, insurers, and coordinated care organizations, to unwind the existing health care financing system.

Workforce
- Operate in partnership with Regional Entities (within the UHP) to determine rates of reimbursement, identify innovative strategies, and reduce complexities and burdens in the current system to address workforce challenges.

Finances and Financial Analysis
- Study and address impacts specific to various employers.
- Determine details of the Universal Health Plan’s administrative structure.
- Engage with the Governor’s office, OHA, and federal authorities to secure federal funding sources and state revenues.
Recommended Governing Board Structure and Relationships

**Tribal Governments**
Government-to-government relationship with governance board.

**Regional Entities**
Advising on reimbursement rates and approaches to address geographic and cultural needs.

**Community Partners**
Advising on social determinants of health, goals, and incentives in payment arrangements.

**Governing Board**
Olivans with balance of expertise and experience would be appointed to lead transition activities and then oversee implementation and operation of the Universal Health Plan.

**Universal Health Plan Entity**
Administers and operates the UHP. Establishes a global budget for each region, manages benefits, processes claims, and reimbursements.

**Members**
All Oregonians would be eligible for the plan and served by a robust network of health care providers and community partners.

**State of Oregon**
Governor and legislature appoints and confirms governance board.

**State Agencies**
Provide the administrative home and services to the governance board along with transition support.

**Health Care Providers**
Diverse and representative range of providers will be paid directly by the Plan.

**Recommended Implementation Timeline**

<table>
<thead>
<tr>
<th>Year</th>
<th>2023</th>
<th>2024</th>
<th>2025</th>
<th>2026</th>
<th>2027</th>
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<tbody>
<tr>
<td><strong>Legislature, Governor</strong></td>
<td>Establish Governance Board</td>
<td>Enact Universal Health Plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Governance Board</strong></td>
<td>Convene board and staff</td>
<td>Priority objectives</td>
<td>Establish UHP entity</td>
<td>Implement operations</td>
<td>Oversee operations</td>
</tr>
<tr>
<td><strong>Universal Health Plan (UHP) Entity</strong></td>
<td>Hire staff to implement Plan</td>
<td>Secure funds; begin enrollment</td>
<td>Cover and pay benefits</td>
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<tr>
<td><strong>Other State Agencies</strong></td>
<td>Support transition</td>
<td>Support transition</td>
<td>Help launch UHP entity operations</td>
<td>Rulemaking, revenue</td>
<td>Support UHP operations</td>
</tr>
<tr>
<td><strong>Regional Entities</strong></td>
<td>Identify regional partners</td>
<td>Prepare to implement Plan</td>
<td>Implement operations</td>
<td>Support UHP operations</td>
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</tbody>
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Source: Legislative Policy and Research Office