



Oregon
Tina Kotek, Governor



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To: UHP Governance Board
Fr: Morgan D. Cowling, MPA
Re: Additional Values & Principles

Ballot Measure 111 and SB 1089 (2023) establish values and principles (page two of this document) for the governance board to support and use in developing a Universal Health Plan for Oregon. In addition to those established values and principles here are some discussion questions for the board to consider:

1. Are there any missing principles the board would like to add?
2. *Ethical Priority Setting for Universal Health Coverage: Challenges in Deciding Upon Fair Distribution of Health Services* by Ole Norheim (included in the meeting materials) includes three principles: promote health maximization, fair distribution and protection against poverty (page 2 or 4). Should any or all of those be considered?
3. Should there be an additional principle addressing cost?
4. Should there be a principle around local health care delivery?

If there is not consensus at the board meeting does the board want to consider a short-term workgroup to develop recommendations for the board to consider at the June meeting?

There are already established principles that we will consider in our work.

Measure 111 amended Article I of the state constitution in 2022. The following text was added:

SECTION 47. (1) It is the obligation of the state to ensure that every resident of Oregon has access to cost-effective, clinically appropriate and affordable health care as a fundamental right.

(2) The obligation of the state described in subsection (1) of this section must be balanced against the public interest in funding public schools and other essential public services, and any remedy arising from an action brought against the state to enforce the provisions of this section may not interfere with the balance described in this subsection.

Principles articulated in SB 1089 which created this governance board state:

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:

(b) Support the values and principles expressed in section 2 (3)(a) and (b) of this 2023 Act

2(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;