



**OREGON LEGISLATIVE ASSEMBLY  
TASK FORCE ON UNIVERSAL HEALTH CARE**

<b>Attendees</b>	Sen. Manning, Rep. Wilde, Director P. Allen, Chad Chadwick, Glendorda Claybrooks, Michael Collins, Dwight Dill, Bruce Goldberg, Claire Hall, Zeenie Junkeer, Ed Junkins, Sam Metz, Cherryl Ramirez, Deborah Riddick, Les Rogers, John Santa, TK Keen, Chuck Sheketoff, Sharon Stanphill
<b>Absent</b>	None
<b>Date/Time</b>	October 14, 2020; 1-4pm

<b>Meeting Purpose/Desired Outcome</b>	<ul style="list-style-type: none"><li>• Explore states' efforts to achieve universal coverage in the U.S. and identify lessons learned</li><li>• Review key components for a state-based universal system of coverage</li><li>• Identify aspects of the existing system that work well in Oregon</li><li>• Start to organize design considerations relevant to inform and guide the Technical Advisory Groups (TAGs)</li></ul>
<b>Discussion of Key Issues</b>	<ul style="list-style-type: none"><li>• Highlighted key challenges and obstacles members foresee in designing the Health Care for All Oregon Plan: Federal Employee Retirement Income Security Act (ERISA), payroll tax to fund the health care plan, whether there are policies to advance single-payer that do not require federal waivers, or new revenue models dependent on new tax sources; informing and educating Oregonians on the final proposal recommended by the Task Force.</li><li>• Shared insights from other states' efforts that included: acknowledging the concept of endurance – designing a sustainable model for the long run; revenue generation, broad base of support, and opportunities to garner buy-in among Oregonians</li><li>• Identified critical decisions for the Task Force to address: (1) interdependencies of the different design elements, (2) address cost-sharing for individuals, (3) provider reimbursement, (4) revenue structure a broadest tax base, (4) educating Oregonians on how and who funds their current health insurance coverage, (5) inclusion of equity lens in designing in the benefit coverage, (6) tribal sovereignty, &amp; (7) public trust and public acceptance.</li><li>• Briefly discussed what components of the system work well in Oregon, currently: coverage expansions through Medicaid and the Affordable Care Act (ACA) and comprehensive benefit package offered in Medicaid.</li></ul>
<b>Actions Items (e.g., data requests, next meeting agenda)</b>	<ul style="list-style-type: none"><li>• Consideration of health equity.</li></ul>
<b>Follow-up Questions</b>	<ul style="list-style-type: none"><li>• None.</li></ul>
<b>Revisit Later (Parking Lot)</b>	<ul style="list-style-type: none"><li>• None.</li></ul>
<b>Task Force Guidance to</b>	<ul style="list-style-type: none"><li>• None.</li></ul>



TAGs and/or CAC	
Meeting Materials	<ul style="list-style-type: none"><li>• <a href="#"><u>The Commonwealth Fund, <i>Considering “Single Payer” Proposals in the U.S.: Lessons from Abroad</i></u></a></li><li>• <a href="#"><u>The New England Journal of Medicine, <i>The Demise of Vermont’s Single-Payer Plan</i></u></a></li><li>• <a href="#"><u>The New England Journal of Medicine, <i>State-Based Single-Payer Health Care — A Solution for the United States?</i></u></a></li><li>• <a href="#"><u>American Journal of Public Health, <i>States as Policy Laboratories: The Politics of State-Based Single-Payer Proposals</i></u></a></li><li>• <a href="#"><u>Journal of General Internal Medicine, <i>What is Single-Payer Health Care? A Review of Definitions and Proposals in the U.S.</i></u></a></li><li>• <a href="#"><u>Staff presentation</u></a></li><li>• <a href="#"><u>Staff Proposed Technical Advisory Group Project Statements</u></a></li></ul>

Upcoming Meetings:

- November 18, 1pm
- December 10, 9am
- January 6, 1pm

