For Meeting with OHA
August 6, 2021

From Testimony to the Task Force November 18, 2020
This is still applicable.

**Missing—Public Participation TAG]**

- The components of the system must be accountable and fully transparent to the public with regard to information, decision-making and management through meaningful public participation in decisions affecting people's health care. This starts with the development of the Plan. **[Value 3] [This is a listening process.]**
- A statewide public input process.
- Responsive to the needs and expectations of the residents of this state.
- The task force's recommendations must ensure:
    - (a) Public access to state, regional and local reports and forecasts of revenue expenditures;
    - (b) That the reports and forecasts are accurate, timely, of sufficient detail and presented in a way that is understandable to the public to inform policy making and the allocation or reallocation of public resources; and
    - (c) That the information can be used to evaluate programs and policies, while protecting patient confidentiality.
- In developing recommendations to the Legislative Assembly for the plan, the taskforce shall engage in a public process to solicit public input on the elements of the plan described in subsections (1), (4), (7) and (8) of this section. The public process must:
    - (a) Ensure input from individuals in rural and underserved communities and from individuals in communities that experience health care disparities;
    - (b) Solicit public comments statewide while providing to the public evidence-based information developed by the task force about the health care costs of a single payer health care financing system, including the cost estimates developed under subsection (2) of this section as compared to the current system;
    - Solicit the perspectives of:
        - (A) Individuals throughout the range of communities that experience health care disparities;
        - (B) A range of businesses, based on industry and employer size;
        - (C) Individuals whose insurance coverage represents a range of current insurance types and individuals who are uninsured or underinsured;(D)
        - Individuals with a range of health care needs, including individuals needing disability services and long term care services who have experienced the financial and social effects of policies requiring them to exhaust a large portion of their resources before qualifying for long term care services paid for by the medical assistance program.

Testimony provided to the JTFUHC for January, 2021 Meeting
Submitted Jan. 15, 2021
This is still applicable

To Members of the JTFUHC

Thanks for the positive direction forward. As you take up the task of public engagement necessary for success. I provide these thoughts.

First--if the word stakeholder is to be introduced, it must be clearly defined so that those individuals, families, and communities most impacted are centered in this definition. This term is often used in an exclusionary way. Everyone needs access to health care.

I will start by adding clarity about the intent of the Task Force composition--those with entrenched financial interests in maintaining current system--namely insurers--were intentionally left out of the decision making part of the Task Force. The insurers already have a significant place at the table with the *Sustainable Health Care Cost Growth Target Committee*. I suggest that the Task Force get reports from the Committee and carefully monitor what is coming out of it as it tries to work under the same flawed business model. Historically, in other states and in Oregon, the insurers have often derailed processes that were meant to move forward with the real transformation needed.

Independent hospital representation was not left out of selection. There was an effort to have them apply.

While the CAC membership was partially prescribed, it was not limited. In addition, the TAG's should include non Task Force members as ongoing participants to improve expertise (anyone could be invited).

**For the public engagement process**
We suggest setting up a system of public input based on certain groups. Could start by asking their thoughts on Purposes, Values and Principles, but also to any portion of items outlined in the legislation. These groups could be:

- General public engagement especially marginalized.
- Regional Health Equity Coalitions/Alliances--a place that could be started very soon. Suggest making those contacts now.
- Tribal Communities. Suggest making those comments now.
- Disability communities which may vary. Suggest putting a list together.
- Hospitals. Suggest putting a list together.
- Those seeking access to mental health and substance use issues
- Small Businesses including smaller nonprofits who can't afford insurance. HCAO has a long list.
- Large nonprofits such as AARP who are also buying insurance
- Larger businesses including the self-insured

- Provider types of all licenses and group practices, and speciality societies.  Suggest putting a list together.
- Governmental bodies such as cities, counties, school districts, and public universities.
- Nonprofit Insurers
- Independent Insurance Agents
- Retirees
- PERS Retirees
- Others to be brainstormed

Mechanisms for engagement could be any of those suggested in the presentation to be based primarily on community need or what fits best with each group.