

Chair Goldberg and members of the Task Force,

I am a member of the Legislative Committee of Mid-Valley Health Care Advocates (MVHCA), and have been following the work of the Task Force with keen interest.

After viewing the last Task Force meeting, I wish to present a few observations concerning the effort to engage the public in outreach efforts:

- 1) With respect to TF public outreach efforts, addressing six city regions is not nearly extensive enough to cover the many regional demographics across the state. Right now, OHA has established 9 regions that are based around hospital systems that serve public health needs during the current Covid pandemic. This should be the minimum number of regions that should be covered; a merging of the OHA regions (<https://www.oregon.gov/oha/PH/PREPAREDNESS/PARTNERS/Documents/AllState.pdf>) and CCO regions (<https://www.oregon.gov/oha/OHPB/CCODocuments/Coordinated-Care-Organization-2.0-Service-Areas.pdf>) would provide 10-12 well-defined regions that would be more representative of Oregon communities.
- 2) Limiting regional participation to a small group (25 was mentioned as a possibility) would mean that the proposed 2-phase approach would necessarily involve under 200 people in helping determine the course of future healthcare in Oregon. This does not appear to allow for nearly enough public participation.
- 3) As desirable as in-person meetings are, meetings via Zoom are more cost-effective and allow for much more widespread participation. Also, if regional participation turns out to be below what is thought to be required, Zoom meetings can easily be expanded to bring in out-of-region members of the public.
- 4) The suggested meeting length of 4 hours, while desirable for more in-depth conversations, is unreasonable. Most members of the public (especially those with families or small businesses) will not have the luxury of spending that kind of time. A 2-hour meeting is more reasonable.
- 5) The suggested payment of a \$50/hr stipend for participants, a CBO stipend, and payment for multiple facilitators at each session threatens to deplete the meager outreach budget that the TF has been allocated. This will limit the ability of the TF to effectively communicate/collaborate with the public in crafting an acceptable plan to a wide range of Oregonians.

Many thanks to all of you for your ongoing commitment to this important work. Now, more than ever, Oregonians are desperately in need of a single-payer system that provides affordable, accessible, and equitable universal health care.

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