

TASK FORCE ON UNIVERSAL HEALTH CARE

Attendees	Sen. Anderson, Sen. Manning, Chad Chadwick, Glendora Claybrooks, Dwight Dill, Chair Bruce Goldberg, Vice chair Zeenia Junkeer, Ed Junkins, TK Keen, Sam Metz, Cherryl Ramirez, John Santa, Chuck Sheketoff
Absent	Rep. Hayden, Rep. Wilde, Lionel Chadwick, Michael Collins, Claire Hall, Deborah Riddick (excused), Les Rogers, Sharon Stanphill, Jeremy Vandehey (excused)
Date/Time	October 28, 2021; 1pm-4pm

Meeting Purpose	<ul style="list-style-type: none"> <li>Review revised plan for public engagement.</li> <li>Review work plan and workgroups.</li> <li>Design element: social determinants of health.</li> </ul>
Discussion of Key Issues	<ul style="list-style-type: none"> <li>Staff reviewed goals and framework of two-phased community engagement approach. Proposed phase one will include facilitated roundtable discussion with 8-10 participants reflecting populations identified in SB 770. Phase two could include forums in eight geographic communities around the state. Forums for business and industry to be hosted April - July 2022. Planning for webinar.</li> <li>Members discussed issues related to public engagement:             <ul style="list-style-type: none"> <li>plans to engage with medical providers, business community, unions (providing as much notice as possible).</li> <li>plans to integrate community feedback into single payer design.</li> <li>organizing forums by geography and/or issue area.</li> <li>Task Force role collaboration with public engagement consultant.</li> <li>representation among Oregonians with different kinds of disabilities.</li> </ul> </li> <li>Staff reviewed revised Task Force Work Plan and proposal for workgroups for public engagement, expenditure and revenue analysis, and communication.</li> <li>Members discussed goals for expenditure and revenue analysis workgroup, including: identifying status quo costs, capturing behavioral health costs, planning for reserves, projecting reimbursement rates.</li> <li>Staff and vice-chair Junkeer presented background, draft findings, and draft recommendations on Social Determinants of Health (SDOH).</li> <li>Members discussed issues related to SDOH including: framing and defining SDOH, draft language of recommendations to incorporate SDOH into single payer model, emphasizing CCO successes with health related services.</li> </ul>
Action Items	<ul style="list-style-type: none"> <li>Members to contact chair and vice chair by email to indicate interest in workgroups, no later than October 31 to participate in Expenditure and Revenue Analysis work group.</li> <li>Members to review draft findings and recommendations for SDOH in advance of November Task Force meeting.</li> <li>Public Engagement work group to consider communities represented among small groups and determine whether Phase 2 forums should be organized by geography or issue area. Will return to Task Force with any recommendations.</li> <li>Staff to research behavioral health care in single payer models.</li> </ul>
Follow-up Questions	
Revisit Later	

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Meeting Materials	<ul style="list-style-type: none"><li>• Agenda (<a href="#">link</a>)</li><li>• Presentation slide deck (<a href="#">link</a>)</li><li>• Draft Proposal and Background – Social Determinants of Health (<a href="#">link</a>)</li><li>• Draft Communication Task Force Proposal (<a href="#">link</a>)</li><li>• Ad Work Groups – Draft Proposal (<a href="#">link</a>)</li><li>• Expenditure and Revenue Work Group – Proposed Meeting Schedule (<a href="#">link</a>)</li><li>• Task Force Meeting Objectives Oct. 2021 through April 2022 (<a href="#">link</a>)</li></ul>
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