

Adequate Health Care Task Force
Steering Committee
Meeting Minutes
Thursday, August 18, 2005
1:00 PM – 4:00 PM

Rehabilitation Institute of Chicago
446 East Ontario, Room 837
Chicago, Illinois

Illinois Public Act 93-0973, formerly House Bill 2268, creates the Health Care Justice Act and encourages the State of Illinois to implement a health care plan that provides access to a full range of preventive, acute, and long-term health care services; maintains and improves the quality of health care services offered to Illinois residents, and meets other criteria. The Illinois Department of Public Health (IDPH) is required, subject to an appropriation or availability of other funds, to enter into a contract with an "independent research entity" experienced in assessing health care reforms, financing, and care delivery models. The provisions of this legislation establish an "Adequate Health Care Task Force" with 29 voting members: five to be appointed by the Governor, and six appointments made by each of the four leaders of the General assembly (the Speaker of the House and the House Minority Leader, and the President of the Senate and the Senate Minority Leader). The Directors of the Departments of Public Health, Public Aid, Aging, and Insurance, along with the Secretary of the Department of Human Services, are to be invited to meetings of the "Adequate Health Care Task Force," but are not included in the Task Force's membership. The Department of Public Health is required to be "the primary agency in providing administrative support" to the Task Force.

This legislation provides for public hearings in each Illinois Congressional District, and a website detailing the work of the Task Force, accessible through the Governor's internet home page, is to be established and maintained. Printed copies of Task Force information are to be made available for persons who lack access to the Internet website. A Task Force report, detailing recommendations for a health care access plan as specified within the legislation, is to be submitted to the General Assembly by March 15, 2006. The bill encourages the General Assembly to consider legislation enacting the Task Force recommendations by December 31, 2006. The Act took effect July 1, 2004.

Steering Committee Members in Attendance: Robyn Gabel; David Koehler; Dr. Wayne Lerner, Chair; Joseph Roberts; Ruth Rothstein

Steering Committee Member Regrets: None

Illinois Department of Public Health Staff: David Carvalho; Mike Jones; Ashley Walter

Guests: Scott Garven; Megan Meagher; Mike Murphy; Margie Stapleton

I. Call to Order

The first meeting of the Adequate Health Care Task Force (AHCTF) Steering Committee (SC) was called to order at approximately 1:10PM by Chair Dr. Wayne Lerner. After calling the meeting to order, Dr. Lerner asked that all audience members join the Steering Committee and IDPH staff at the table and that everyone introduce him/herself.

II. Review of the Role of the Adequate Health Care Task Force Steering Committee

A discussion regarding agenda setting and the Open Meetings Act ensued. Dr. Lerner noted that once an agenda for a meeting has been posted, items on which action is to be taken cannot be added or significantly changed. David Carvalho pointed out that items for discussion may be added or changed. It was determined that an agenda with broad topics would be posted and that a more detailed agenda would be provided to Steering Committee members in preparation for meetings.

A discussion on the charge and the role of the Steering Committee followed. David Carvalho suggested that the primary role of the Steering Committee is to come up with recommendations regarding different key issues to present to the Task Force. He stressed that the Illinois Department of Public Health (IDPH) would take care of all logistics. During this discussion, concerns about communications and compliance with the Open Meetings Act (OMA) arose. David Carvalho clarified that no two members of the Steering Committee can communicate with one another on any substantive items that may fall within the realm of Steering Committee business. However, they may communicate with one another regarding logistical issues – such as availability for meetings, etc., and may communicate with one another regarding Task Force, as opposed to Steering Committee, business. Dr. Lerner suggested that the Steering Committee send all communication through the IDPH staff to ensure compliance with the Open Meetings Act. David Koehler asked if the same restrictions applied to the Task Force. David Carvalho said that they do – broadly. He noted that up to seven members of the Task Force may meet or communicate regarding Task Force business. For example, the five or six AHCTF members from the same appointing authority may meet to strategize.

Dr. Lerner asked David Carvalho whether or not Steering Committee members could talk with outside people (reporters, constituents, etc.). David Carvalho said that it is fine for Steering Committee members to speak with outside people. He mentioned that there are some ex parte rules, but that he cannot think of any circumstance where Steering Committee members cannot speak to the public. He did suggest that for purposes of appearance, Steering Committee members may not want to speak to anyone who may be a potential research entity seeking to be hired by IDPH to serve the Task Force.

David Koehler requested that the role of the Steering Committee, as opposed to the Task Force, be clarified with respect to communication. David Carvalho responded that the Steering Committee is charged with what is written in the bylaws. He added that the Steering Committee can field speculative items. For example, when the time nears for the final report to be issued, the Task Force may elect to create an editing committee. At that point, if the editing committee has five members, those members cannot talk about the draft outside of an open meeting, but there is no need for the Task Force to limit its communications regarding the report now, speculating that certain members may become members of the editing committee. Dr. Lerner pointed out that the role of the Steering Committee is outlined in Section 5-8 of the Task Force bylaws.

III. Discussion of Work Plan

Dr. Lerner then proceeded to explain the change in the ordering of the items listed on the agenda. He felt that it would be more appropriate to work “backwards”. That is, the Steering Committee needed to discuss the work plan and deliverables of this process before contemplating how to best organize the Task Force to get the work done. Dr. Lerner began discussing item 3A, “Outcomes and Deliverables” and asked Ashley Walter, IDPH, to discuss the materials distributed at the meeting. Ashley Walter briefly walked the Steering Committee members through the following documents: Health Care Justice Act Draft Request For Proposals (RFP), Key Dates for the Adequate Health Care Task Force, Spending Plan Given Budgetary Assumptions, Draft Budget – Updated 08/18/2005, Task Force Member Availability, Illinois Congressional District Maps, and About SCI.

Joseph Roberts then posed a question regarding the necessity of statutory changes with respect to deadlines and funding. David Carvalho responded that the Task Force will not be held liable, with respect to the deadlines in the statute, and that the General Assembly would understand the delay as it was the General Assembly which passed the legislation with no appropriation. David Carvalho also noted that it is the IDPH that would be held liable, if an audit occurs. David Carvalho may receive inquiries regarding the delay in the actual process with respect to the time line outlined in the legislation and that all he would have to do is write and submit a response explaining that the statute was not given an appropriation until almost a year later. In regards to funding, the appropriation awarded to the IDPH to implement the Health Care Justice Act (HCJA) was for Fiscal Year 2006. This means that if there is a portion of the appropriation that has not been spent by June 30, 2006, the IDPH will have to request that the remaining funding be appropriated again for Fiscal Year 2007.

Dr. Lerner suggested that the discussion move to item 3B, "Time Line". He suggested that the Steering Committee discuss the letters that members had received from various organizations. Dr. Lerner gave a quick overview of the requests being made by these organizations –

- Public hearings should begin no later than the week of October 3rd. Two public hearings should be held monthly from October 2005 through February 2006 and then three per month from March through May 2006.
- Public hearings begin at 4:00PM to allow working individuals the opportunity to attend and provide testimony if they so wish.
- The public should be free to discuss any component of the health care crisis at each public hearing.
- The Task Force should release a draft report on their findings by no later than June 15, 2006, with a final report to be released no later than July 15, 2006.

Dr. Lerner asked other Steering Committee members if they knew where these letters came from and why they selected these specific dates. David Carvalho replied that the letters were generated by the Campaign for Better Health Care. He added that the original statute contemplated the report being completed prior to the 2006 General Assembly session. If the dates put forth in the draft RFP are approved, the final report will still be out in time for veto period and a lame duck legislative session. He asked why the Task Force would want to rush the process and risk not doing the legislation justice. He suggested that the time line should not be accelerated by more than six months just to have the report ready for the general election, since the stated goal of the Act is to have the report ready for legislators, not elections.

David Koehler noted that the draft RFP schedule is more aggressive than the suggested schedule from letter writers with respect to the public hearings, but that it is more stretched out at the end. He suggested that the Steering Committee meet these organizations in the middle and that there may be some value in having the final report ready for a lame duck session. Dr. Lerner pointed out that many processes will be happening simultaneously – public hearings, Task Force deliberations, work done by the consultants, etc. Joseph Roberts agreed with Dr. Lerner and asked that the Steering Committee rely on the IDPH staff's expertise. He applauded the organizations for their efforts, but doesn't want to shortchange the process. Dr. Lerner further suggested that the Task Force get through the public hearings, do its research, and integrate the two. He then envisions a grassroots type of effort in "selling" the plan.

Robyn Gabel posited that the consultants will be able to do the proposed work very quickly and thoughtfully. David Carvalho responded by providing an explanation of the time line proposed in the draft RFP. He proposed that completing the public hearings in April would allow for additional hearings, should the Task Force decide to hold more public hearings. When developing the time line, IDPH staff assumed that there would be many deliberations among the Task Force members in between public hearings. He pointed out that the process is not "cookie-cutter", rather it is iterative and deliberations will be very important. Thus, it is important to allow enough time for these deliberations to occur.

Ruth Rothstein added that the IDPH staff did a great job of consolidating the time line. However, she asked that the IDPH staff please take another look at what else could be consolidated. She too wanted to know the reasons why the Campaign for Better Health Care selected July 15, 2006 as the deadline for the final report. David Carvalho said that the IDPH staff would review the time line, but added that if the time line is to be consolidated, the Task Force will be losing time allotted for the deliberative process – the time between April and October 2006. Ruth Rothstein asked if there was any give with the consultants. David Carvalho said that he believed that the consultants would be quick. Again, Dr. Lerner asked why the date of July 15, 2006 was chosen by the Campaign for Better Health Care as the deadline for the final report. Robyn Gabel pointed out that this is a very political issue. She said that part of the schedule was based on the timing of upcoming elections and that it is important to have the report out there for the public. She added that the election campaign process really kicks off after Labor Day and that waiting until October 14, 2006 for the final report would make it too late for the candidates to debate the results. She posited that if July 15, 2006 is not tenable, surely some date between July 15, 2006 and October 14, 2006 is.

Joseph Roberts argued that further compression of the time line may not be realistic. He argued that if the Task Force didn't take the time to do the job laid before it properly now, they will likely never get another chance. He said that he doesn't care about politics, but rather about doing what is best for the uninsured. Ruth Rothstein asked Joseph Roberts if he was against having IDPH staff take another look at the time line to attempt to find more room for compression. He said he was not.

David Koehler suggested condensing the public hearings, as there is likely to be much repetition from one public hearing to the next. David Carvalho suggested that he hold that thought until the discussion regarding the public hearings. He noted that the timing of the public hearings depends on what the Steering Committee wants – personal stories, technical assistance from experts, testimony, theme of the day, etc. It will also depend on what the decision is regarding the number of Task Force members who will attend each public hearing. He suggested that the Steering Committee discuss the format of the public hearings before finalizing a proposed time line.

Dr. Lerner summarized the time line discussion noting that all Task Force members want to do this justice. David Koehler added that there must be a middle ground sometime between July 15, 2006 and October 14, 2006.

Dr. Lerner asked that David Carvalho start the discussion on public hearings. David Carvalho stated that there is only one statutory requirement – that there be at least one public hearing in each of Illinois' nineteen congressional districts. Dr. Lerner asked the Steering Committee members if they were okay with at least nineteen public hearings, leaving open the possibility of having more. The Steering Committee agreed. David Carvalho stated that the format of the public hearings is a balancing act. He also noted that transcription services and travel for three Task Force members has been budgeted for. Dr. Lerner asked if the public hearings must be held for a defined period of time and whether or not testimonies are limited. David Carvalho responded that yes, the length of the public hearings and the individual testimonies will be determined by the Steering Committee and the Task Force. David Koehler suggested that individuals be limited to 2-3 minutes each and that the Task Force advocate for electronic or written testimony.

Robyn Gabel asked David Carvalho to elaborate on what he meant when he suggested technical assistance for the Task Force. David Carvalho explained that the IDPH felt that it was important for the Task Force to be exposed to what other states are doing, academic posturings, and academic research. Robyn Gabel agreed that this is a great idea. However, she argued that such technical assistance should take place outside of the public hearings, at Task Force meetings. She held that public hearings are for the community, and that 2-3 minutes per testimony is not enough time for advocacy organizations.

David Koehler stressed that the Task Force needs to make it clear that those who wish to testify need to prepare. Robyn Gabel added that the public hearing should not be theme-based. The discussion alternated between the format of the public hearings and the format of technical assistance. Mike Jones, IDPH, suggested that technical assistance presentations take place outside of hearings and that they could possibly be videotaped and streamed

from the Health Care Justice Act website. Dr. Lerner suggested that advocacy organizations with proposals for the Task Force present to the Task Force in a meeting setting, rather than at a public hearing. David Carvalho reminded the Steering Committee that while there needs to be a vehicle for relaying policy options to the Task Force, the Task Force shouldn't miss the opportunity to educate people who attend the public hearings. He then suggested that there be a 15 minute presentation at the beginning of each public hearing that provides an unbiased introduction to the uninsured, underinsured, and insurance systems in Illinois.

Dr. Lerner proposed the following format for each public hearing:

- ½ hour – Background Presentation
- 1 ½ hours – Public Testimony
- 1 hour – Advocacy Group Testimony/Proposals
- 1 hour – Thematic Presentations (no models or personal experiences)

David Koehler asked the Steering Committee and IDPH what the intended purpose of the public hearings is. He argued that technical assistance presented to the Task Force during meetings would allow the Task Force to integrate public testimony into the Task Force's deliberations. He held that the public hearings should serve as a vehicle to build momentum and awareness among the public and to allow for public testimony. Ruth Rothstein agreed. The Steering Committee agreed to propose to the Task Force that each public hearing be three hours in length – the first half hour being a presentation regarding the current state of uninsurance, underinsurance, and insurance in Illinois, with the next two and a half hours open for public testimony. The Steering Committee also decided to suggest to the Task Force that each testimony be limited to 3 minutes, with 2 minutes following for questions. However, this time allowed for questions will not be advertised.

Dr. Lerner asked the Steering Committee to next consider a schedule for the public hearings. David Koehler suggested that there be one "meeting" a week – possibly three public hearings and one Task Force meeting per month. David Carvalho thought that this was a good idea. David Koehler also proposed that the public hearings and meetings take place mid-week to increase the likelihood of Task Force member attendance. Dr. Lerner asked the Steering Committee what time the public hearings should be held. He proposed 4:00PM-7:00PM as this would allow for those who work day or evening shifts to attend at least part of the hearing. Given this plan, the Steering Committee recognized that the public hearings would span from October 2005 though April 2006, as public hearings and Task Force meetings should not take place on or near major holidays.

Other suggestions regarding the public hearings included ideas for free venues (Peoria Civic Center, Northwestern University, Carpenter's Hall), holding the Chicago public hearings in the community, and leaving open the option to plan additional public hearings for after April – possibly in Chicago, Springfield, and/or Carbondale. It was also suggested that, when it makes sense, public hearings in the same area be doubled-up. That is, have one public hearing each day, on consecutive days. Dr. Lerner asked Ashley Walter, IDPH, to develop a calendar outlining the proposed dates, times, and locations for public hearings (using the locations proposed in the draft budget), Task Force meetings, and Steering Committee meetings. He requested that this calendar be completed and emailed to Task Force members prior to the next meeting (along with Steering Committee meeting minutes), and that Task Force sign-up to attend public hearings prior to the next Task Force meeting.

Dr. Lerner asked the Steering Committee to consider Task Force member attendance at the public hearings. He felt that all Task Force members (29) attending each public hearing is not feasible. Joseph Roberts suggested that at least 3 Task Force members attend each public hearing. Dr. Lerner pointed out that this would mean that each Task Force member will have to attend at least 3 public hearings. David Koehler asked who would be chairing the public hearings. He felt that it may be the responsibility of the Steering Committee members. Dr. Lerner pointed out that if the Steering Committee members decided that in fact they would chair the public hearings, each Steering Committee member would have to attend at least 4 public hearings. There was discussion regarding how many Task Force

members were currently budgeted to travel to each public hearing (3). David Carvalho reminded the Steering Committee that Task Force members could attend at their own expense. Dr. Lerner asked David Carvalho what his preference would be, regarding who should chair the public hearings. David Carvalho said that IDPH staff could be responsible for logistics and, if no Task Force members were present, could conduct the hearings, but that it would be better for Task Force members to chair. He suggested that Task Force members sign-up to attend various public hearings and that Dr. Lerner designate chairs given who sign-ups to attend each public hearing. Dr. Lerner felt that from a presence perspective, at least one Steering Committee member should attend each public hearing. It was decided by the Steering Committee to see how the schedule falls out to determine chairs.

David Koehler asked IDPH staff what sort of advertisements regarding the public hearings and the process in general were planned and budgeted for. David Carvalho responded that press releases could be developed, and that the website will be available. Robyn Gabel felt that more effort needs to be spent increasing public awareness, and that the budget should be reexamined in an effort to allocate funds to public outreach. David Carvalho asked what the money would be spent on. David Koehler suggested that the Task Force needs to get the news/media into the mix. David Carvalho said that the IDPH staff would brainstorm with communications people at IDPH and other state agencies to develop a communications strategy. He also added that there is an email bank that could be used to distribute information and that advocacy groups will also play a role. Robyn Gabel said that she would like to see a standard flyer developed for distribution to different organizations, who can then distribute the flyer to their members. Ruth Rothstein added that radio advertisements will also be important, especially in Hispanic communities.

Joseph Roberts had to leave the meeting early, but asked the Steering Committee not to rush the time line. David Koehler said that he was thinking September 1, 2006 for the final report.

Dr. Lerner asked the Steering Committee to consider a meeting schedule for the Task Force and the Steering Committee. Dr. Lerner proposed that there be monthly Task Force meetings, and that each meeting begins with a ten minute report from those who attended the last three public hearings (thirty minutes total). The rest of the meeting would be spent reviewing models and deliberating. David Carvalho said that the Steering Committee or Dr. Lerner can work with IDPH staff to develop agendas for meetings. Dr. Lerner suggested that a subcommittee be developed to handle this responsibility. David Koehler argued that given how the Steering Committee was elected (one representative from each appointing authority), it is appropriate for the Steering Committee to develop proposals for the Task Force to consider. Dr. Lerner agreed and proposed that the Steering Committee share the responsibility with IDPH.

David Carvalho suggested that at the next Task Force meeting, IDPH staff, and possibly staff from other state agencies, present an unbiased view of what the problem is in Illinois. David Koehler added that he would like to see health care spending figures included in the presentation. He also stated that the Task Force needs to conceptually define what it is going after – an inclusive system or a carve-out program. Dr. Lerner said that the Task Force needs to start with the Act. Mike Jones, IDPH, noted that the statute is very inclusive. Dr. Lerner agreed and asked that an executive summary of the statute appear at the top of all meeting minutes, agendas, etc. so that the goal of the statute remains in the front of the minds of the Task Force members as the process gets underway.

David Carvalho suggested that presenters be solicited for the Task Force meetings. David Koehler asked that at future Task Force meetings, the seats be better arranged so that the members can see and hear one another. Dr. Lerner suggested that the Joint Commission on Accreditation of Healthcare Organizations has nice space. The group agreed that Task Force meetings should be held from 10:00AM-1:00PM to accommodate those who must travel greater distances. Dr. Lerner and David Koehler also suggested that the location of the meetings be consistent. Dr. Lerner added that Northwestern Memorial Hospital and the RIC Hospital have adequate spaces. Steering Committee meetings were then discussed. The idea of having conference calls was suggested, however, members like the interaction of face-to-face meetings. Robyn Gabel suggested that the Steering Committee try to meet before or after Task Force meetings.

Dr. Lerner asked that the Steering Committee consider forming ad hoc committees. David Carvalho suggested that at some point, an editing committee may make sense unless the Steering Committee wants the responsibility. David Koehler suggested that, given the way the Steering Committee was elected (one representative from each appointing authority), it would be the ideal group to be responsible for editing the report. Doing so would allow the Steering Committee to “manage the political nature of the report”, as relationships will be key to the process. The Steering Committee agreed not to form any ad hoc committees at this time.

Dr. Lerner asked the Steering Committee to again consider the time line. He asked if the Task Force should vote on the matter. David Carvalho answered yes and no. Ultimately, IDPH puts forth the RFP; however they would like to work with the Task Force on this issue. Dr. Lerner proposed that the final report be released on September 1, 2006 and that all other dates in the RFP be adjusted to reflect this change. David Carvalho pointed out that April and May are legislative season and that IDPH staff gets pulled into this work and that summertime is an awkward time to try to get anything done. David Carvalho is comfortable with the time line as it stands and is uncomfortable with moving up the deadlines. David Koehler asked why this is such an issue, as it will be the consultants who will be working under a tighter time constraint. David Carvalho pointed out that the recommendations are going to be a compromise and that the consultants couldn't come to that compromise, the Task Force has to.

Robyn Gabel suggested that all of the Task Force members want to get started and are ready to start deliberations. David Koehler said that his biggest concern is that if the report is released after Labor Day in the thick of the political season, it won't get noticed. David Carvalho pointed out that the stated objective of the statute is to generate a proposal for consideration by the General Assembly, not to make a “political football” out of this. Robyn Gabel asked David Carvalho why he was reluctant to move up the deadline for the final report. David Carvalho replied that the statutory deadline was April 30, 2006, the process had been delayed by one year due to lack of funding, and that October 30, 2006, or November would have been a halfway point between the statutory date and a year's delay, but that October 14, 2006 was offered as a compromise. Ruth Rothstein asked David Carvalho if the time line could be squeezed anywhere. David Carvalho proposed an October 1, 2006 deadline. Dr. Lerner said that he naively did not figure politics into the time line. He argued that if the Task Force does the right job, that it will get done this year or next. He argued that the report cannot be rammed down peoples' throats. He proposed that the RFP be revised to reflect an October 1, 2006 deadline and be distributed to Task Force members for their consideration. However, the RFP should still be sent out.

Dr. Lerner added that time can always be picked up by extending meetings. David Koehler suggested that the meetings be extended to set expectations. He argued that the Task Force is one variable that can be controlled and that the Task Force needs to step up. Ruth Rothstein added that the Steering Committee and Task Force also control the consultants with respect to timing. David Koehler proposed that the Task Force meetings be held from 10:00AM to 4:00PM. Dr. Lerner said that this idea should be presented to the Task Force. David Koehler argued that it should be a recommendation to the Task Force. After reviewing known Task Force member availability, the Steering Committee determined that the next Task Force meeting will be held on Wednesday, September 14th from 10:00AM to 1:00PM, subject to the availability of a venue.

Mike Jones, IDPH, presented to the Steering Committee on technical assistance opportunities that have already been identified for the Task Force. He gave a brief overview of the HRSA State Planning Grant project (the results of which are available online) as a way of giving context for the introduction of the State Coverage Initiative (SCI). SCI has offered to put together a day and half (or thereabouts) “summit” of expert speakers and presentations covering policy options and what other states are doing to expand coverage. He also stressed the importance of a web presence. He distributed several articles and book reviews to the Steering Committee members, and noted that IDPH has requested CDs from the IOM containing its series of papers on the uninsured. The Steering Committee was very receptive to all of IDPH's suggestions regarding technical assistance. Dr. Lerner added that executive summaries of key articles as well as an annotated bibliography would be helpful.

IV. New/Other Business

Dr. Lerner suggested that the Steering Committee meet via conference call sometime next week to discuss the draft RFP, after all of the Steering Committee members have had an opportunity to review it in light of today's discussion. The conference call will be held from 10:45AM to 11:45AM on Wednesday, August 24th. Ashley Walter, IDPH, will email the Steering Committee and the Task Force call-in information.

V. Adjournment

Dr. Lerner closed the meeting by inviting audience members to make any brief comments they saw fit. Margie Stapleton, of the Sargent Shriver National Center on Poverty Law, suggested that the Task Force members from the northern part of the state should make an effort to attend public hearings in the central, western, and southern parts of the state and vice versa, as health care is very different in these places. Michael Murphy, Task Force member, asked if the Steering Committee could have a conference call given the Open Meetings Act. David Carvalho responded that it could, but that meeting notice had to be given just as for every other meeting and that rooms must be available for members of the public to come and listen in on the call. He added that other Task Force members may be able to call in as well, depending on the availability of phone lines.

The meeting was adjourned at approximately 4:00 PM.

Action:

- IDPH staff will prepare meeting minutes.
- IDPH staff will develop a calendar outlining proposed dates, times, and locations for public hearings (using the locations proposed in the draft budget). This calendar will also include proposed dates and times of Task Force meetings and Steering Committee meetings. The calendar will be sent to Task Force members prior to the next Task Force meeting. Upon receipt of the calendars, Task Force members are to email Ashley Walter, IDPH, a list of the public hearings (at least 3) they plan to attend.
- IDPH staff will meet with communications people from various state agencies to start developing a communications strategy.
- IDPH staff, possibly with representatives from other state agencies, will prepare a presentation on uninsurance and underinsurance to deliver to the Task Force at the September 14th meeting.
- IDPH staff will also prepare an executive summary of the Health Care Justice Act, which will appear at the beginning of all future meeting minutes, agendas, etc.
- IDPH staff will revise the draft RFP so that the final report deadline is October 1, 2006 (all other related dates will be revised to reflect this change).
- IDPH staff will email the Steering Committee and Task Force members call-in information for the Steering Committee conference call on August 24th.

Next Meeting:

The Steering Committee will meet via conference call on Wednesday, August 24th from 10:45AM to 11:45AM to discuss the draft RFP. The Task Force will meet on Wednesday, September 14th from 10:00AM to 1:00PM subject to the availability of an appropriate venue.