

Public Comment

Universal Health Care

Hi,

I am reaching out to express my opinion on universal health care.

It is my belief that all humans deserve easy access to Healthcare and it would be amazing if Oregon was able to offer this service!

I am legally disabled and receive excellent Healthcare through OHP Trillium. I have had a plethora of many different health conditions ever since I became disabled due to a car accident. I take advantage of preventative and alternative care that includes PT, massage therapy, and acupuncture, along with regular visits with my doctors and sometimes a Naturopathic doctor as well.

Obviously I'm not an expert on how to implement Universal Health Care but it makes sense to me that if everyone, no matter their income level, could receive the same level of care that I receive, then basing the new UHC system on the OHP Trillium system would be beneficial to all.

I feel blessed that I receive such excellent care, yet many of my friends and family, who work hard every day, do not have access to regular health care. I certainly hope Oregon can be the first to have UHC that is the same quality of care that I receive!

Thank for your time,

Tara Rose 🌹

Name	David Hickson
Organization, if applicable	None
Topic	PLEASE END THIS DISASTROUS PLAN RIGHT HERE AND RIGHT NOW
Which UHPGB body is this public comment intended for?	Universal Health Plan Governance Board
Are written comments submitted with this form?	Yes
Do you plan to offer oral comment in addition to the written submission?	No
FOR BOARD MEETINGS ONLY: The board reserves time for general public comments and a separate time for comments specific to matters they are voting on during the meeting. Members of the public may share comments once per meeting. Please indicate if your comments are general or specific to a vote on the agenda.	Option 1
Please share your affiliation:	Business

To the Governance Board:

I don't have a lot to say about this plan, other than to urge the state and this Board to shelve the entire effort right now before you embark on a path that will utterly bankrupt the state of Oregon and its residents.

The ruinous level of taxation required for this plan to work is a complete non-starter for both businesses like mine as well as individuals required to take on an additional 12% income tax - all for a healthcare plan that will almost certainly

provide a far lesser standard of care than currently exists in Oregon through a mix of public and private insurers.

The proposed taxes on businesses will certainly lead to a massive spike in job losses as employers big and small flee the state. And who could blame them? They would be taking on a huge financial burden with no benefit in return.

In addition, a huge problem with this plan is the notion that Oregon would accept any and all comers from around the country and, indeed, the world, who wish to partake of our new and utopian health care system. How is that supposed to work? We just accept hundreds of thousand, or millions of new, and almost certainly impoverished people who would not be paying into the system to help make it work and then just let them burden the state and its remaining taxpayers even further? Where is the equity in that?

Without a strictly enforced residency requirement, this kind of plan is also a complete non-starter, and that's before you even begin to examine the financial burden placed on businesses and residents.

Then, you have the requirement that seniors currently enrolled in Medicare would be kicked off that federally funded system and forced to enroll in a new and unproven state system with even lower levels of care? Are you serious? People who have paid a lifetime's worth of federal taxes into the Medicare system are now supposed to treat that entirely as donation to the federal government and forego any of the benefits they have earned? Again, a complete non-starter, and an extremely arrogant and unrealistic presumption on the part of the state.

I could continue going on and on about all the shortcomings of this plan, but let it suffice to say that it is a complete disaster for the state in the making if this thing gets anywhere near reality. Please let it die on the vine before you utterly destroy a state that is already struggling with the highest tax burden of any state in the U.S.

Sincerely,

David Hickson
Multnomah County

Name	Teresa Combs-Fisher
Organization, if applicable	None
Topic	Oregon's universal health plan
Which UHPGB body is this public comment intended for?	Universal Health Plan Governance Board
Are written comments submitted with this form?	Yes
Do you plan to offer oral comment in addition to the written submission?	No
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Please share your affiliation:	Individual private insurance consumer

I support the goal of making health care accessible and affordable for all Oregonians. However, I am concerned about the financial impact of the proposed universal health care system on households that already have affordable employer-sponsored coverage, particularly those living in Multnomah County who are already subject to numerous overlapping taxes.

My husband and I live in Multnomah County, have no dependents, and currently have affordable employer-sponsored health insurance. Despite ongoing and costly medical expenses, our overall health care costs remain relatively manageable. Yet households like ours, particularly those without dependents, could face a disproportionate financial burden under an income-based universal health care tax, potentially paying thousands more annually without receiving a corresponding financial benefit. We could face a substantial increase in our tax burden without any guarantee of comparable or improved health care coverage, and we are far from alone.

Oregon's preliminary financing estimates suggest that a family of four earning \$150,000 annually could face nearly \$4700 in yearly universal health care contributions. Yet, as an example, some Oregon public employees pay approximately \$1500 annually in premiums for family medical coverage. Although eliminating out-of-pocket medical expenses could offset some or all of that difference, these figures raise legitimate concerns about the financial consequences for families that already have affordable coverage. A household supporting four people on \$150,000 should not automatically be assumed capable of absorbing thousands of dollars in additional expenses simply because its income exceeds a relatively low tax threshold.

These concerns are particularly significant for Portland metro residents, who already shoulder many additional local income taxes that most Oregonians do not pay, on top of substantial state and federal taxes. Adding another income-based tax without accounting for these existing obligations risks disproportionately burdening the same taxpayers. Furthermore, income thresholds that fail to reflect Oregon's high cost of living, regional differences, and ongoing inflation can unfairly characterize households as having greater disposable income than they actually possess.

I urge the Board to recommend substantially higher, annually inflation-adjusted income thresholds before any additional health care taxes apply, and to consider the cumulative impact of existing state and local taxes. Any proposal should include transparent, income-specific estimates demonstrating which households would pay more, how much more they would pay, and whether meaningful protections would exist for those already receiving affordable employer-sponsored coverage. These analyses should account for household size, regional cost-of-living differences, existing medical expenses, and the potential impact on households already subject to additional local taxation.

A universal health care system may reduce overall spending, but that does not mean it will reduce costs for individual households. While expanding access to health care is a

worthwhile endeavor, affordability must apply to all people financing the program, not just those expected to benefit financially from it.

Thank you for your consideration,

Teresa Combs-Fisher

Name	adam hawk
Organization, if applicable	n/a
Topic	UHC plan- this will cause me to move.
Which UHPGB body is this public comment intended for?	Universal Health Plan Governance Board
Are written comments submitted with this form?	Yes
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Please share your affiliation:	

Name	Angelo Medaglia
Organization, if applicable	Angelo's Building Company LLC
Topic	If this passes we're going to have to move. I'm a small business owner and there's no way we can survive with an additional 26% tax. We love Oregon, don't make us leave.
Which UHPGB body is this public comment intended for?	Universal Health Plan Governance Board
Are written comments submitted with this form?	Yes
Do you plan to offer oral comment in addition to the written submission?	No
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Please share your affiliation:	Business

Name	Bill Dahl
Organization, if applicable	None
Topic	Universal Healthcare plan
Which UHPGB body is this public comment intended for?	Universal Health Plan Governance Board
Are written comments submitted with this form?	No
Do you plan to offer oral comment in addition to the written submission?	No
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Please share your affiliation:	

I have been following the discussions surrounding Oregon's proposed state-level universal healthcare system, and I am strongly opposed to the additional tax burden this proposal could place on residents.

As someone approaching retirement, I have been carefully modeling my long-term financial future. Based on my retirement planning scenarios, an additional income tax of 10% or more could cost me **at least \$800,000 over my lifetime**, substantially more than I anticipate paying for healthcare under my current options.

I am a lifelong Oregonian and a third-generation resident. I have spent my entire life in this state and fully intended to remain here throughout retirement. However, if Oregon implements a healthcare system funded through such substantial additional income taxes, I will seriously consider leaving the state.

I urge you to consider the financial consequences for residents, particularly those approaching or entering retirement. A proposal intended to make healthcare more affordable should not create such an enormous financial burden that longtime Oregonians feel compelled to leave the state they have always called home.

I strongly oppose moving forward with this proposal under the funding approach being discussed.

Name	Haowen Chan
Organization, if applicable	Oregon resident
Topic	This proposal is completely unhinged and highlights how completely unfeasible it is to attempt to provide universal health coverage unilaterally as a single state. Around 10% payroll tax on BOTH the employee and employer side is effectively TWICE the current Oregon state tax currently levied which is already one of the highest state tax burdens in the United States. At these rates every gainfully employed worker and every corporation would be heavily incentivised to move away from Oregon, meanwhile every person needing care in the entire country would attempt to relocate here, causing the healthcare infrastructure to overload and collapse while the tax base disappears. This is clear and criminal misgovernance and any legislators that even give this the time of day are dangerously corrupt and incompetent. STOP DESTROYING OUR STATE and leave well enough alone.
Which UHPGB body is this public comment intended for?	Universal Health Plan Governance Board
Are written comments submitted with this form?	Yes

Do you plan to offer oral comment in addition to the written submission?	No
FOR BOARD MEETINGS ONLY: The board reserves time for general public comments and a separate time for comments specific to matters they are voting on during the meeting. Members of the public may share comments once per meeting. Please indicate if your comments are general or specific to a vote on the agenda.	Option 1
Please share your affiliation:	Individual private insurance consumer

Name	Ian Wilson
Organization, if applicable	n/a
Topic	Nonresidents who work in Oregon, October 5, 2026 draft legislative report
Which UHPGB body is this public comment intended for?	Universal Health Plan Governance Board
Are written comments submitted with this form?	Yes
Do you plan to offer oral comment in addition to the written submission?	No
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Please share your affiliation:	

Public Comment: Nonresident Workers and the Draft Legislative Report

To: Universal Health Plan Governance Board

Re: Nonresidents who work in Oregon, October 5, 2026 draft legislative report

I live in Grays River, Washington, and work for Clatsop Community College in Astoria, Oregon. I pay Oregon income tax on my wages. I am writing as an individual, not for any organization.

The draft report does not say how workers like me would be treated. I ask the board to resolve that before the report goes to the Legislature.

The draft excludes us from coverage but does not say whether we pay

The Eligibility section makes Oregon residency the single standard and states that people who live outside Oregon would not be eligible. The only work-based exception is for seasonal farmworkers, who are covered while employed in Oregon.

The financing sections never mention nonresident workers. That silence matters in three ways:

- **Health care personal income tax.** It would run through Oregon's existing personal income tax system, which already taxes my Oregon wages. Absent an exemption, I would appear to owe a tax of up to roughly 12% in the modeled options while being barred from the plan it funds.
- **Employer payroll tax.** The draft does not say whether wages paid to nonresident employees count toward the tax. The report itself notes that a payroll tax will likely hold wages down.
- **Employer coverage.** Employers could drop their own plans once the universal plan exists. Nonresident employees would then lose coverage with no state plan to move to.

The board has already recognized this fairness problem for Medicare enrollees, who might pay in before they can receive benefits, and discussed limiting financing to eligible groups. The same reasoning applies to nonresident workers.

What I ask the board to do

1. **State the rule.** Say in the final report whether nonresidents who work in Oregon would owe the health care personal income tax, and whether their wages count toward the employer payroll tax.
2. **Match contribution to eligibility.** Either exempt people who cannot enroll from the personal income tax, as discussed for Medicare enrollees, or let nonresident workers who pay in enroll while employed in Oregon, as proposed for seasonal farmworkers.
3. **Address the coverage gap.** Explain what happens to nonresident employees whose Oregon employer ends its own health plan.
4. **Study the group.** Add cross-border workers to the distributional and economic impact analyses listed under "What Remains to Be Done," including how many there are and how they and their employers would likely respond.
5. **Pursue reciprocity.** Treat a reciprocal agreement with Washington as a specific next step, since the draft already allows for agreements with other states.

Thank you for considering this comment.

Ian Wilson

Name	Jane Zhu
Organization, if applicable	NA
Topic	Oregon Universal Health Plan draft
Which UHPGB body is this public comment intended for?	Universal Health Plan Governance Board
Are written comments submitted with this form?	Yes
Do you plan to offer oral comment in addition to the written submission?	No
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Please share your affiliation:	Prefer not to say

Public Comment on Oregon's Proposed Universal Health Plan

I am a primary care physician and health services researcher who supports the goal of ensuring that all Oregonians can obtain needed health care without financial barriers. However, before advancing a financing model of this scale, Oregon must demonstrate that the proposed system is fiscally sustainable and can improve access to care.

My concern is particularly acute given Oregon's existing access problems. In a [study](#) I co-authored, we used simulated-patient calls to assess access to primary care across 444 clinics in Portland, New York City, Chicago, and Los Angeles. Only 35% of Portland clinics accepted new Medicare patients, compared with 82% in New York, 93% in Chicago, and

97% in Los Angeles. Among clinics accepting new patients, the median wait for a physician appointment in Portland was 61 days, compared with 8 days in New York. These findings have been replicated in ongoing national audits. They demonstrate that having insurance coverage (Oregon's coverage rate is near universal at 97% currently) and even having a substantial supply of physicians (matching the U.S. average) does not necessarily translate into timely access to care.

This should be central to the Board's deliberations. A universal plan could improve access by reducing financial barriers and administrative complexity. But at the same time, changes in provider payment, practice economics, and demand for services could affect clinicians' participation and the capacity of practices to accept patients. The direction and magnitude of these effects are entirely uncertain. Given Oregon's existing constraints with access, they should be evaluated explicitly rather than assumed to be negligible.

I am also concerned about the limitations of the proposed financing analysis. The draft acknowledges that its revenue models are static and do not account for behavioral changes by households and businesses, broader economic responses, or changes in insurance markets. While static estimates can be useful for understanding direct fiscal effects, they cannot establish long-term feasibility of a financing system that would substantially change how employers, households, and health care organizations pay for care. These are not peripheral considerations for a financing proposal of this scale.

Since the plan intends to replace much of current employer and household spending on health insurance and health care, the Board should estimate net financial effects after accounting for displaced premiums and out of pocket spending. It should also assess the distribution of these financing burdens across households, employers, and income groups. Aggregate savings would not be sufficient to demonstrate that the financing arrangement is economically sustainable.

Finally, behavioral responses are extremely important. Employers will adjust wages, benefits, or employment. Households will respond to changes in their tax burden. Clinicians and health care organizations will respond to changes in payment and practice economics. Empirical evidence has demonstrated that highly-skilled and high-income workers – including clinicians – are responsive to geographic differences in taxation. The magnitude of these effects varies with tax design, populations affected, and the availability of alternatives. Because Oregon shares a labor market and health care system with neighboring states, cross-border employment and patient flows may further complicate revenue and workforce projections. These are all important reasons to model a range of plausible responses and disclose the uncertainty surrounding estimates.

Vermont's experience with its proposed single-payer system is a relevant caution. Vermont did not ultimately implement the plan, so its experience cannot establish what a state single-payer system would have achieved. However, the state's effort was abandoned after projected financing requirements and economic concerns became difficult to reconcile with political and fiscal feasibility. Oregon should learn from that experience by stress-testing its assumptions. There is a need to allow projected savings, federal funding assumptions, revenue estimates, and behavioral responses to face rigorous scrutiny before committing to a major restructuring of health care financing.

Before advancing the plan further, I urge the Board to commission an independent, dynamic economic analysis that evaluates:

- Net financial effects, accounting for taxes alongside the premiums, out-of-pocket costs, and employer spending that the plan would replace
- Provider workforce and access effects, including potential changes in recruitment, retention, clinical effort, practice viability, provider participation, appointment availability, and wait times under alternative payment and financing scenarios
- Economic and interstate spillovers, including employer responses, labor supply, tax-base changes, and cross-border employment and health care use.
- Uncertainty and downside scenarios, with transparent sensitivity analyses for administrative savings, utilization, provider payment rates, implementation costs, and revenue projections.

Given Oregon's existing access challenges and the scale of the proposed changes, the Board should require stronger economic and workforce evidence before concluding that the proposed financing approach is feasible.

Name	Katherine Kirkham
Organization, if applicable	Hearthside Healing
Topic	With the cuts to the affordable care act, our family of four went from paying \$900/mo to \$2000/mo for a silver plan with a high deductible. We need health care for all now. In addition, we are two self employed health care providers, seeing cuts to our patients care, and a corresponding reduction in our income. The system is broken. Please pass a bill to help all Oregonians afford the basic right of access to healthcare.
Which UHPGB body is this public comment intended for?	Universal Health Plan Governance Board
Are written comments submitted with this form?	No
Do you plan to offer oral comment in addition to the written submission?	Yes
FOR BOARD MEETINGS ONLY: The board reserves time for general public comments and a separate time for comments specific to matters they are voting on during the meeting. Members of the public may share comments once per meeting. Please indicate if your	Option 1

comments are general or specific to a vote on the agenda.	
Please share your affiliation:	Individual private insurance consumer

Name	l hannigan
Organization, if applicable	none
Topic	I have serious concerns about the financial impact on oregonians and businesses in oregon to fund this health care plan. What I am seeing proposed is absolutely unaffordable to working class people and small businesses in our state.
Which UHPGB body is this public comment intended for?	Universal Health Plan Governance Board
Are written comments submitted with this form?	Yes
Do you plan to offer oral comment in addition to the written submission?	No
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Please share your affiliation:	Uninsured

Name	Megan Beck
Organization, if applicable	n/a
Topic	Revenue Model Option 5
Which UHPGB body is this public comment intended for?	Universal Health Plan Governance Board
Are written comments submitted with this form?	Yes
Do you plan to offer oral comment in addition to the written submission?	No
FOR BOARD MEETINGS ONLY: The board reserves time for general public comments and a separate time for comments specific to matters they are voting on during the meeting. Members of the public may share comments once per meeting. Please indicate if your comments are general or specific to a vote on the agenda.	
Please share your affiliation:	Prefer not to say

Dear Members of the Universal Health Plan Governance Board,

We, **188 Oregonians**, understand that the Board is about to submit The Plan and we want to thank you for all of the hard work that you have done in pursuit of Universal Healthcare for us. We particularly appreciate the Board's decision to present multiple additional revenue models for consideration. Providing a range of options will help legislators and the public better understand the choices available as Oregon works toward a universal health plan that is financially sustainable and equitable.

As advocates, we would like the record to show that we hope that any legislators and/or board members who continue this important work will prioritize and develop **Revenue Option 5**, which we feel is the most progressive funding model currently under consideration. Unlike models that rely heavily on employer-based financing, Option 5 moves toward a system where contributions are more closely tied to income and ability to pay.

We advocate to strengthen Option 5 by:

- **Increasing the top income tax rate to 15%** so those with the highest incomes contribute a larger share.
- **Adding additional employer payroll tax brackets** to create a more graduated and equitable contribution structure.
- **Providing clearer income tax bracket details by Federal Poverty Level (FPL)** so legislators and the public can better understand how costs would be distributed across income levels and family sizes.
- **Adding a 'Wealth Proceeds Tax'** based on the federal Net Investment Income Tax (NIIT), which applies to the proceeds or profits such as interest, dividends, and capital gains that are generated by the wealth holdings of high-income earners. We acknowledge that investment income is already taxed under the current HCPIT proposals.
 - Here is an analysis of a Wealth Proceeds Tax from Daniel Hauser at the Oregon Center for Public Policy: <https://www.ocpp.org/2026/05/21/wealth-proceeds-tax/>

Thank you again for taking our feedback and presenting multiple revenue options to legislators. We hope that there will be a focus on the development of **Revenue Option 5** as the work continues to make this Universal Health Plan a reality in Oregon.

Signed,

One Hundred and Eighty-Eight (188) Advocates for Universal Healthcare

	Name	City & State	Occupation
1	Megan Beck	Portland, Oregon	Dietitian
2	Nancy D'Inzillo	Portland, OR	
3	Juliette Dunn	Portland, OR	
4	Michael Riley	Portland, OR	
5	Saskia Hostetler-Lippy	Portland, OR	advocate
6	Thomas Jenkins	Astoria, Oregon	State employee (AFSCME Local 3241)
7	Cara Liddy	Reedsport, OR	RN
8	Harold Watson	Springfield, Mo.	
9	Nicole Gable	Hillsboro, Oregon	
10	Katie Westphal	Portland OR	
11	Teresa Mueller	Eugene	special education assistant, retired

12	Beverley W Parish	Eugene	bookseller, retired
13	Emily Potter	Portland OR	
14	Neall Koetje	Portland oregon	Student
15	Daniel N Revel	Portland	Retired
16	John E. Batley	Tualatin OR	Retired IBEW
17	Robin Ricker	OR	Retired occupational therapist
18	Dakota Sitts	Eugene	Student
19	Cory Shine	Portland, OREGON	
20	Malia Rain Obiesie	Lake Oswego, Oregon	
21	Mark W Kelly	Hammond, Oregon	Retired
22	Joanna Loving-Belyea	Springfield, OR	Retired
23	Loraine Baker	Eugene Oregon	

24	Nancy L Carl	McMinnville, OR	Retired Educator
25	Anne Kiley	Portland	retired graphic artist
26	Joshua Kielas	Eugene Oregon	
27	Christine Diacetis	Silverton OR	
28	Evan Bernhard	Eugene Oregon	Research Assistant
29	Gracie Campbell	Portland OR	retired
30	Pablo Martos	Portland, OR	environmental scientist
31	Heather Carver	Portland, Oregon	
32	Patrick Leyshock	Portland, OR	
33	Heather Heatlie	Portland Oregon	Clerk IBT 162
34	Nathan Johnson	Portland OR	Data Analyst (AFGE 2157)
35	Kimber Sieffert	Portland, Oregon	Clinical Services Specialist with Multnomah County Behavioral Health Division and

			a member/steward of AFSCME Local 88
36	Peggy McDaniel	OR	RN
37	Darin G. Henry	Eugene, Oregon	Retired Educator - Board Member of Oregon ClimatEd.
38	connie cloyed	Netarts, OR	retired
39	Darrien McFarlin	Lincoln City, Oregon	Pharmacist
40	Robert Heywood	Tillamook, Oregon	
41	Claire Culmer	Portland, OR	
42	Lorraine Affolter	Otis, Oregon	Retired
43	Teresa Caprioglio	Eugene, Oregon	
44	Brave Roberson	Portland Oregon	
45	Shaneen Stacer	Eugene, OR	Psychologist
46	Bobbi Hall	CORVALLIS Oregon	Anthropologist

47	Anthony Estrada	Beaverton Oregon	SEIU 503
48	Rosalyn	Portland, OR	
49	Camilo Marquez	Portland, Oregon	Retired
50	Stacey Royce	Portland OR	yoga therapist
51	Jacque perry	Beaverton or	ONA RN
52	Sebastian Richmond	Ashland, Oregon	Sales Associate, college student
53	Eva Krukowski	Eugene Oregon	
54	Jim Rankin	Corvallis, Oregon	Library technician SEIU
55	Frances H Davis	Crooked River Ranch, OR 97760	
56	Robert Moore. MD	Scio, Or	
57	Joseph Vance	Portland, OR	education
58	Karen Freemaan	Eugene Oregon	Business Owner

59	Jan Konzack	Corvallis, OR	
60	Robin Nodsle	Beaverton Oregon	
61	Sandra J. Bean, MPH, PhD	Corvallis, Oreon	retired public health communications specialist, CDC
62	John Gray	Portland, OR	Musician/Teacher/Entrepenuer
63	Holly Pelzel	Bend, OR	Registered Nurse
64	Daniel M. Potter	Keizer, OR	
65	Claude S. Poliakoff	Portland, Oregon	Retired physician
66	Joseph Stenger MD	Portland, OR	Physician
67	Teresa Foster	Mount Angel, OR	
68	Taija Dixon	Beaverton Oregon	
69	Karen Adkins	Eugene Oregon	RN Educator
70	Carol Blenning	Portland OR	MD

71	Elaine Heiman	Portland, OREGON	
72	Elaine Hynes	Medford, Oregon	retired
73	Brian Braunhuber	Portland, Oregon	
74	trisha rhoades	Portland. oregon	Teacher
75	Betsy Zucker	Portland, OR	Nurse practitioner, retired; AFGE L.2157 member
76	Laura Gordon	Seaside, OR	MD
77	Jane Huey	PORTLAND, OREGON	Social worker
78	Cristin McQueen	Happy Valley, OR	Retired RN, FNP
79	Jon Lang	Bandon	RN
80	Tracie Nash	Florence, Oregon	Retired
81	Beth Colbert Moline	McMinnville, Oregon	Nurse Practitioner
82	Holly Mason	Medford, OR	

83	Collin James Bradford	Portland, OR	
84	Skyler Martin	Portland Oregon	Software Consultant
85	Leonidas Sallos	Portland, OR	Student
86	James Martin	Hillsboro, Oregon	Store Director
87	Allen Duarte	Portland, Oregon	
88	Hazel Stratton	Corvallis	Retired - Human Resources Manager
89	Carol Raphael	Portland, OR	editor
90	Mark Davis	McMinnville	Retired Accountant
91	Aaron Secrist	Beaverton	ADA Sign Manufacturer and Installer
92	Marlene Glaserman	Corvallis Oregon	
93	ANNE KILEY	Portland	
94	Eileen Marma	Corvallis, OR	Retired public health nurse

95	Chase A. Isley	Eagle Creek, Oregon	Entrepreneur
96	Trista Selfridge	Albany Oregon	RN- ONA
97	Bojana Skarich	Portland	
98	Naomi M Ruiz	Beaverton, OR	
99	Diane Wimber	Bend, Oregon	
100	Peter Wood	Portland Oregon	
101	Amy Kinkel	Eugene, OR	MD
102	Clara Krantz	Portland, Oregon	early childhood education
103	Junha Kim	Portland, Oregon	Minister PC(USA)
104	Nathan Corbett	Portland, OR	Data & Analytics
105	Christine Borchert	Portland oregon	
106	Eric Noel	Clackamas Oregon	

107	Ren Hudson	Portland, OR	
108	Carrie Burkholder	Corvallis	Retired
109	Stacy Brown	Eugene, OR	Realtor and Teacher
110	Julia Kohn	Portland Or	Social worker
111	Kyleen King	Portland, OR	Associate Social Worker, Professional Musician (member of AFM Local 99 Musician's Union)
112	Cindy G Bethell	Corvallis	Retired
113	Ronan Santaniello	Eugene, Oregon	College student, UO Student Workers (UAW 8121(
114	Michael McKee	portland OR	Physician
115	Christine Hulme	La Pine	
116	Janet Brougher	Eugene	
117	annie capestany	portland, OR	
118	Judy Henderson	Portland	retired

119	Vicki Wares	Baker City OR	retired farmer/rancher
120	Nancy Vrijmoet	Springfield, Oregon	Retired Public School Teacher
121	Norah Renken	Portland	retied social worker and educator
122	Kurt	Oregon	Social Services/Case Management
123	Frank Cobarrubia	Bend OR	
124	Usha Honeyman	Corvallis	physician
125	LORI SWAIN	Salem	Certified Nurse-Midwife - ONA member
126	Sophia Diaz	Portland, OR	Union Organizer (ILWU Local 5 - staff, not member)
127	Elizabeth Sheppard	Portland, OR	Retired NIH Clinical Research Center Administrator.
128	Erin Essel	Grants Pass, OR	
129	Phil Sano	Portland, Oregon	
130	William S. Herz	Bend, OR	Retired physician

131	Patty	Bend, OR	DSP
132	Sheri Trask	Vancouver Washington	RN
133	Jennifer Scapes	Portland, or	RN, ONA
134	Michael Sonleitner	Seaside, Oregon.	Political Science Educator (PCC FFAP: AFT)
135	Anna Cowen	Oregon City, OR	
136	Camilo Marquez	Portland, Oregon	Retired
137	kelly ann ilseman	Portland	acupuncturist
138	Shanna Calmes	Portland, Oregon	Horticultural consultant
139	Robert Richardson	Layton Utah	Retired
140	Bruce Humphreys	Bend, Oregon	Registered Nurse/Oregon Nurses Association
141	Mariah Drogitis	Eugene, Oregon	Healthcare
142	Seven Stevens	Portland, OR	Web Developer

143	Maria Nazzaro	Portland OR	
144	Bruce Johnston	Gearhart, Oregon	
145	Melissa Kojima	Portland, Oregon	Artist and Illustrator
146	Rachel Jordan	EUGENE,OR	retired
147	Mel S	Portland, Oregon	
148	Daethyra Carino	Portland OR	
149	Teresa Ball	Springfield, OR	
150	Randall Towne	Portland, Oregon	Realtor
151	Elaine Nelson	Aloha	elementary teacher
152	Monique Fasquelle	Portland, OR	RN - OFNHP
153	Nancy L Carl	Mcminnville	Retired Educator
154	Patrick O'Dell	Corvallis Oregon	Medical Technologist

155	Emma Downing	Portland, OR	Teacher, PAT
156	Adam Alfonso	Salem, OR	Construction management
157	Peter Crockett	Astoria, Oregon	retired
158	Kaitlyn Burch	MCMINNVILLE OR	business owner
159	Annette Fernandez-Madrid	Carlton OR	Retired
160	Annely Germaine	McMinnville OR	Retired
161	Cameron Urnes	Oregon	Retired
162	Cathy Sewall	Sisters OR	
163	marsha bacon	salem, oregon	
164	Kristen Hopper	McMinnville, OR	
165	Robin Herrera	Portland, OR	Editor, CWA 7901
166	Jacqueline Nagnuma	Milwaukie, Or	Nurse, oregon nurses association

167	Satyavati D'Antoni	Florence OR	
168	Liz Marlia-Stein	McMinnville, OR	Retired Teacher
169	Phyllice Bradner	McMinnville, Oregon	Artist
170	Josiah Dean	Dufur, OR	SBDC Adviser. United Employees of Columbia Gorge Community College (UECGCC), AFT Local 4754
171	Catherine Dorner	Carlton, OR	Retired
172	Kathleen McKinney	McMinnville, Oregon	
173	theresa noble	aloha	retired
174	Joann Macey	Milwaukie Or	retired
175	Evelyn LaMotte	McMinnville	
176	Donna Erbs	Milwaukie OR	retired
177	Terry Robertson	Eugene OR	Retired teacher.
178	Alice Van Leunen	mcminnville OR	Artist

179	Jennie C Leslie, MD	Portland, OR	MD - Providence Women's Clinic
180	Dianne L Riley	Portland, Oregon	fundraising and administrative duties
181	Adrianna Locke	Portland, OR	Acupuncturist and clinic owner
182	Nyx McCarthy	Eugene OR	
183	Shauna Henry	McMinnville, OR	Retired RN
184	Anne Westrup	Portland, OR	Retired
185	Katherine Donnelley	Portland, OR	Certified Athletic Trainer
186	Darci Hanning	Forest Grove, OR	Librarian SEIU503
187	Aaron Paula	Portland, OR	Laborer
188	Anne Clark	Baker City Oregon	Teacher K-12 public schools

Name	Michael Framson
Organization, if applicable	n/a
Topic	Privacy, Economic burdens on Medicare recipients, guaranteed full informed consent on all medical interventions
Which UHPGB body is this public comment intended for?	Universal Health Plan Governance Board
Are written comments submitted with this form?	Yes
Do you plan to offer oral comment in addition to the written submission?	No
FOR BOARD MEETINGS ONLY: The board reserves time for general public comments and a separate time for comments specific to matters they are voting on during the meeting. Members of the public may share comments once per meeting. Please indicate if your comments are general or specific to a vote on the agenda.	Option 1
Please share your affiliation:	Individual Medicare consumer

To the Universal Health Governance Board:

I value my privacy, and it concerns me that this monumental effort to achieve Universal Health Plan coverage, will have to cut corners, i.e, like privacy to achieve a workable UHP. How this will be done is unclear at this point.

Guidelines regarding privacy: *written, enforceable limits on what data is collected, who can access it, and how it can be used or shared, including a prohibition on using it to track or penalize vaccination status.*

Covid demonstrably showed that treatment was worse than the disease. Protocols replaced a physician's experience on what off-label drugs worked far better than mandated drugs like mandated Remdesivir or experimental vaccines.

Addressing the above point broadly speaking **Healthcare Freedom:** *written protections that no treatment, vaccine, or test is mandated as a condition of coverage or anything else.*

As a senior dependent on Medicare, it is of great concern that seniors and Medicare recipients will be asked to accept less care, lost benefits, and limited provider access including specialists. To address **Uncertain Coverage** and potential huge **Economic Burdens** for Medicare and Medicaid recipients: *a written guarantee within the plan that no Medicare or Medicaid enrollee loses benefits, eligibility, or provider access, and that Medicare enrollees aren't taxed before they can use the plan.*

Thank you for your time in considering my input.

Respectfully,

Michael Framson

Medford, OR

Name	Michael Sonnleitner (Ph.D. Politics)
Organization, if applicable	Co-Chair, HCAO Clatsop County Chapter
Topic	Comments on OPTION 5: urging consideration of a Universal Healthcare Fee (a type of VAT)
Which UHPGB body is this public comment intended for?	Universal Health Plan Governance Board
Are written comments submitted with this form?	Yes
Do you plan to offer oral comment in addition to the written submission?	Yes
FOR BOARD MEETINGS ONLY: The board reserves time for general public comments and a separate time for comments specific to matters they are voting on during the meeting. Members of the public may share comments once per meeting. Please indicate if your comments are general or specific to a vote on the agenda.	Option 2
Please share your affiliation:	Individual Medicare consumer

Universal Healthcare Fee (UHF)

RESPONDING TO QUESTIONS

Michael Sonleitner

September 18, 2026.

Many excellent questions have been raised by Charlie Swanson and others (prompting more concerns internally in my own mind). They require some response to both increase the clarity of the original UHF Proposal of 9/11/2026 as well as to address issues not at all raised there. It is only through dialogue that a Universal Healthcare Fee (UHF) for Oregon may become better understood and persuasively presented to the Legislature as a large component of a revenue raising plan.

Question #1: *How is a UHF (Universal Healthcare Fee) similar to, yet different from, a VAT (Value-Added Tax) which is similar to yet different from a GST (General Sales Tax)?*

Response #1: To reduce confusion, it is best to utilize a non-binary (“both-and”) mindset rather than think in terms of a binary (“either-or”) orientation. A UHF is similar to (and from a binary perspective, the same as) a VAT which is similar to (and from a binary perspective, the same as) a GST: All three, ultimately, are revenue sources that would be effectively paid by the consumer when a product is purchased. Appealing to a binary point of view, a UHF, VAT, and GST are “either” the same “or” not, and they will predictably argue that a GST is a GST is a GST (which we can expect opponents at the ballot box to assert via attack ads funded by millions of dollars).

Yet “similar to” does not mean “same as”, because key differences exist. Promoting a non-binary (“both-and”) mindset both can see the “similar to” and yet emphasize “not the same as”. For example: Women are biologically similar to men as well as to others with chromosomal variations (insofar as all are human beings) but not all may give birth to children. When it comes to the similarities of a UHF with a VAT, with a GST (insofar as all revenue sources somehow paid by consumers buying products), all may not be equally effective in giving birth to Universal Healthcare in Oregon. In the minds of many Oregon legislators and voters a key to promoting a UHF could be to emphasize that it is “not the same as” a VAT or GST – but is a “FEE”.

Acceptance of a UHF (by the Oregon Legislature to propose it and for voters to approve it) **may depend upon being successful in emphasizing the key differences:** **A)** The Oregon UHF, unlike existing VATs in over 170 countries, would **1)** raise revenue TO FUND HEALTHCARE SERVICES ONLY and thus **2)** can legitimately be described as a FEE, similar to fees currently associated with use of state parks, motor vehicle registrations, and permits for hunting licenses (which, devoted to a single purpose, are not called “taxes”). **B)** Although the UHF would be a subset/type of VAT, it would be different from a GST because **1)** it is embedded in the price of a product at the point of purchase and NOT paid as irritatingly visible add-on at that time and **2)** could be modified to exclude certain products, have different rates for different products, or be set up to reduce competitive disadvantages that Oregon retailers might experience via where their products are manufactured (all or in part out-of-state?) or whether online purchases would be allowed to escape paying the UHF and thus harm brick-and-mortar Oregon retail sales.

Question #2: *To whom and by whom is the proposed Universal Healthcare Fee to be paid and would not this generate great opposition from businesses selling products in Oregon?*

Response #2: Let us clarify any confusion that may have been generated by the example of YUMMY TAFFY in the UHF Proposal of 9/11/2026. In the three stages simplistically described 1) manufacturer, 2) distributor and 3) retailer, let us assume all three levels are operating within the State of Oregon (NOTE: Question #3 will address issues arising if this is not the case). Assuming this, the manufacturer (relating to the materials purchased in order to produce the product) the distributor (relating to purchasing the product from the manufacturer and selling it to the retailer) and the retailer (relating to buying the product from the retailer and selling it to the consumer) each pay a UHF % of their gross profit to the Oregon Department of Revenue.

In the YUMMY TAFFY example, the manufacturer, distributor, and retailer each pay a rate of 10% of their gross profits directly to the Oregon Department of Revenue -- and then add this amount to the price they charge to the next level of the supply chain (thereby, effectively, getting back the amount they paid to the Oregon Department of Revenue). Eventually (in the YUMMY TAFFY example) since the 10% UHF paid to the Oregon Department of Revenue on each level is passed on to the next level in the supply chain (and the supply chain ends with the product sale to the consumer), eventually the consumer pays a total embedded fee of 10% (30 cents on a retail cost of \$3.00/lb of taffy = a total price of \$3.30 to the consumer). In other words, in effect, the consumer ends up paying the full UHF by reimbursing each level of the supply chain for what they (manufacturer, distributor, retailer) have already paid to the Oregon Department of Revenue.

After purchases are completed by the consumer, the manufacturer, distributor, and retailer often also can make use of Input Fee Credits (similar to the Input VAT Credits in countries where the VAT raises revenue for multiple purposes): Input Fee Credits could be claimed sufficient to recover many costs associated with what businesses pay on supplies, equipment, and services (including reporting requirements and costs associated with paying the VAT, or the UHF in Oregon) – but almost certainly not associated with most employee (labor or management) costs. While how generous the IFP (Input Fee Credits) would be is a matter of legislative discretion, Oregon's Legislature could make it sufficiently high as to reduce opposition to the UHF paid by businesses in Oregon. In this way, Oregon's Input Fee Credits could be related to Oregon's UHF.

Because of the Input Fee Credit, business opposition to the proposed Universal Healthcare Fee (as well as the Universal Healthcare services the UHF would help pay for) can be reduced significantly. Most Oregon businesses could also benefit from some reductions in payroll taxes, improved international sales (in relation to companies in other countries that benefit from healthcare systems provide by their governments), as well as more loyal and highly motivated employees (reducing job turnover) who could benefit from increased compensation (and benefits like childcare) which businesses could better afford by sharing increased profits.

Question #3: *How would a UHF (Universal Healthcare Fee) be applied to any level of the supply chain that is outside of Oregon, or if even the retailer (selling the final product to Oregon consumers) is doing so from outside of Oregon (via Amazon or some other online means)?*

Response #3: Access to detailed responses to this potentially very complicated issue might be found by researching how the EU (European Union) has addressed it over time as they grew to a free trade zone now including 27 countries. Though a VAT (Value Added Tax) is now utilized by all members states, that was not always so – and, even now, VAT rates vary from 17% in Luxembourg to 27% in Hungary. Of course, every country must also cope with the issue of materials and manufactured components of products, and products sold to EU consumers that come from outside the EU (including the UK which officially withdrew from the EU in 2020.) Also, the USA (with no VAT) still exports materials, components of products, and caters to EU consumers who purchase products via retail business within the EU as well as through online sales. How these issues are resolved (& continue to evolve) is a rabbit hole we need not become lost in. Alice clearly is able to function in this Wonderland: The fact is that these details can be addressed and the VAT (in some form) continues to be collected as a primary EU revenue source.

Logic would suggest that a UHF in Oregon (similar to but not identical with any VAT now operating in the EU) **could function** within a USA environment (where no other state now has a VAT) as well as internationally (as with different members of the EU whose VATs vary among themselves). Odds are high that any solution(s) would need to be **based upon a foundation adopted within the EU that is called “The Destination Principle”**: the UHF (Universal Healthcare Fee), like any VAT (Value Added Tax) in the EU would be paid to the government in which the consumer who pays the fee lives (in this case, the Oregon Department of Revenue). Put simply, any person in Oregon purchasing any product (regardless of whether this is online from Guam or Spain) or components of a product whose origins are outside of Oregon (whether potatoes from Idaho or coconuts from India) will pay the full UHF -- preferably embedded in the product rather than treated like a tariff or added as a surcharge (or like a sales tax) thereafter.

Logically, manufacturers and businesses not located in Oregon AND not engaged in direct sales to Oregon consumers would need not pay any UHF to the Oregon Department of Revenue (which would be difficult to collect). **Utilizing “The Destination Principle”, consumers** buying products in Oregon -- including citizen residents, undocumented residents, and temporary residents (like tourists or others visiting the state for a short time) – **would pay the full UHF (United Healthcare Fee) embedded in the price of the product.** Of course, there would be no Input Fee Credit option for those elements of the supply chain which operate outside of the State of Oregon – as they would have provided no UHF revenue and so would have no incentives offered using an invoice-credit method. **The end-result would be the same as if the entire supply chain were located within Oregon and Oregon consumers would be paying the full UHF** helping pay for healthcare services all Oregon residents (of a stipulated time duration), (preferably without co-pays), thus upholding and operationalizing the Oregon Constitution’s provision, approved by voters, that HEALTHCARE IS A HUMAN RIGHT.

People who may not satisfy Oregon's time-residency requirement would still receive medical services comparable with Oregonians if they require treatment while visiting Oregon. Payment for such services, however, would require billing them as if they were receiving those services elsewhere (Guam, Spain, Idaho, or India) – and so they would have to otherwise cover those costs or be subject to collection (as is the case of people suffering from a range of plans now).

Question #4: *What amount of revenue would need to be raised by the UHF (and at what rate) to cover the costs of providing Universal Healthcare services in Oregon, filling the budget gap left unsatisfied by other revenue sources?*

Response #4: Any estimates relating to this question depend upon too many variables involving information that is not easily accessible. What amount of revenue needs to be raised by the UHF (Universal Healthcare Fund) depends, among other things, on: 1) What services are covered and what payments would be made for them and by whom? (including what administrative mechanisms?) 2) With an accurate estimate of total forecast costs/year in hand, what portion of the budget would likely be covered by other proposed revenue streams? (including federal Medicare & Medicaid funds, Oregon payroll taxes, & various excise taxes?) 3) With the budget gap now fairly clear, how much revenue would need to be raised by the UHF in Oregon in order to close that gap? 4) With an accurate estimate of consumer purchases in Oregon in hand, what UHF rate would be needed to raise the revenue needed to close the budget gap?

In 2019, <https://taxfoundation.org/blog/oregons-gross-receipts-tax-proposal-vat/> authors Gareth Watson & Nicole Kaeding provided some relevant data generated from Oregon's Legislative Revenue Office (LRO). Although the LRO modelling is now 7 years old, it is clear that the numbers can be crunched – and **Question #4** (including all its component questions) **is capable of being answered** – maybe just not by underinformed persons or groups at this time.

Of some interest, however, is the LRO estimate that, in 2019, \$1 billion in revenue could then be raised from a VAT (Value-Added Tax) rate of 1.4%. Also of interest is the LRO estimated impact upon household incomes as a result of a possible 1.4% rate then being implemented: a reduction of household incomes above \$34,311/year of 0.2% and as little as 0.1% for household with incomes less than \$34,322/year. While the numbers would obviously be different in 2026 (or as forecast for the future), a few logical lessons can be drawn from these LRO estimates:

- 1) Oregon has the capacity to estimate revenues generated by a VAT as well as forecast the impact of any given rate as a % of household income (and could do so with a UHF which is, essentially, a VAT with its only purpose to fund healthcare services).
- 2) That the impact of a VAT, in 2019, being less on households with lower incomes, shows that a UHF might well have a “progressive” impact (in this case, excluding petroleum products/gas taxes from collection), and logically could be made even more progressive if a few other categories of consumer products were excluded by future legislation (like organic foods, for example, or hotel rooms -- to encourage healthy living or tourism).
- 3) If, in 2019, a healthcare funding gap of \$5 billion in 2019 needed to be covered by a UHF at that time, a rate of 7% would have been sufficient, costing households of low income as little as 0.7% and more wealthy households an average of about 1.4%.

Universal Healthcare Fee (UHF)

Proposed by Michael Sonnleitner, Ph.D. (Political Science)

September 12, 2026.

(NOTE: After careful discussion, this Proposal was unanimously endorsed by consensus at the September 9th Meeting of the HCAO Clatsop County Chapter.)

In Oregon, a UHF could be a revenue source, derived from consumption, applied incrementally to a product or service at each stage of the supply chain where value is added, from production to the point of sale.

Similar in concept and process to variations of a Value-added Tax (VAT) used in over 170 countries worldwide, including every member of the European Union and all members of the Organization for Economic Cooperation and Development (OECD) except the United States, the UHF would 1) be set at a *fixed rate* in the Oregon Constitution and 2) *only* be used to provide funding Universal Healthcare Services 3) available *only* to Oregon residents who qualify. Unlike any general retail sales tax, which is levied only once at the final point of purchase (and which has been defeated by Oregon voters six times), the UHF would be collected in fractional amounts at each step of the commercial chain – which helps reduce public resistance to the fee and prevents public evasion of payment.

How a UHF would work:

Imagine that YUMMY is a company specializing in salt-water taffy:

1) YUMMY's manufacturer buys their various raw materials from a variety of sources for \$1/lb of taffy and, if the UHF rate were 10% in relation to each of those raw materials, the manufacturer would pay 10 cents/lb to the Oregon Department of Revenue and sell it for \$1.10 /lb of taffy as the price to the distributor (thereby, effectively, reimbursing themselves for the UHF they paid.

2) The distributor buys the taffy at \$1.10/lb from the manufacturer and sells their YUMMY taffy to a retailer for \$2/lb plus a UHF of 20 cents for a total of \$2.20. The distributor pays only 10 cent/lb to the Oregon Department of Revenue – with the UHF totaling 20 cents at this point, minus the UHF charged by the raw material supplier (10 cents). NOTE: This 10 cents also equals 10% of the manufacturer's gross profit margin of \$1/lb (i.e. \$2.00 minus \$1.00) and the retailer effectively reimburses the distributor for the 10 cents/lb they already paid.

3) A retailer sells YUMMY taffy to consumers for \$3/lb., plus a UHF of 30 cents for a total of \$3.30. The retailer only pays 10 cents to the Oregon Department of Revenue – which is the total UHF (30 cents) minus the total UHF paid by the manufacturer & distributor (20 cents). NOTE: This 10 cents also equals 10% of the retailer's gross profit margin of \$1/lb. (i.e. \$3.00 minus \$2.00) and the consumer effectively reimburses the retailer for the 10 cents/lb they already paid.

To Summarize: a UHF fee is assessed on the gross margin at each stage in the process of manufacturing, distributing, and retail/selling an item (in this case, YUMMY's salt water taffy). If there are many businesses involved in manufacturing (as in producing the component parts of portable electrical generator – including steel, wiring, rubber for the wheels, etc.), or a variety of distributors (using different brand names designating degrees of quality regarding the product), or

different retailers (selling the product at higher or lower cost to the consumer), the total UHF fee paid could vary – but the apparent complexity is resolved by the requirements that records must be kept at all stages regarding gross profit and UHF amounts paid. Even in the simple example of YUMMY taffy, if one retailer sold the product for \$4/lb (instead of only \$3/lb) the UHF paid to the Oregon Department of Revenue would be great (but still only 10% of the gross profit margin) and ultimately would be reimbursed to the business by the total UHF being embedded in the price paid by the consumer. While severe competition could force retailers to engage in a taffy-price war, substantial UHF revenue would still be generated as there are limits as to how low a price can go with any gross profit (to pay workers, building electrical bills, etc.) enough to stay in business.

Business opposition to a UHF would mostly center on the requirement that accurate records be kept. This opposition can be mitigated by how the revenue collection system can (by law) include an IFC (Input Fee Credit) inspired by the VAT (Value Added Tax) credit, often called an ITC (Input Tax Credit). An IFC (like an ITC) would be an amount any registered business can deduct from the UHF it owes the government for fees already paid on business-related purchases.

How Input Fee Credits Could Work:

Using the credit-invoice method, a company may subtract its paid input credits from the collected output credits, *in the end paying* only the net difference to the Oregon Department of Revenue. NOTE: **The input credit** is what a business pays on supplies, equipment, and services they buy to run their operation. **The output credit** is what a business charges their customers when they sell their own goods or services. Subtracting the paid input credits from the collected output credits can greatly reduce the payment burden on the business, offsetting costs associated with record keeping necessary to keep the Universal Healthcare Fee system operating efficiently. Fines for non-compliance may further encourage effective implementation of the credit-invoice method.

If most (if not all) businesses involved in the supply chain recover costs associated with their paying the UHF via prices paid by the next step up and/or through Input Fee Credits, the UHF does not cascade: ***In the final analysis, only the final, non-registered retail consumer ends up paying the cost of the full Universal Healthcare Fee (UHF) as it has passed on to the consumer embedded in the actual price of the product purchased.*** Again, this is very different from a general sales tax (where a tax is added onto the price of the product at the point of sale). The UHF is NOT A SALES TAX, though it is may be seen as similar to (or some variant of) a general sales tax. To describe it as a “FEE” for healthcare services can be made very clear to most voters who realize that “there is no truly free lunch” as expenses related to delivering healthcare services must be paid somehow – and everyone being required to pay this “FEE” (without Co-Pays), will have

- 1) less costs associated with covering their healthcare needs than under the current patchwork quilt which leaves many out on the cold and receiving little or no preventive care and

- 2) complete coverage for services (like dental, addiction treatment, mental health, eyecare, hearing, and other services lacking coverage even in the most expensive private insurance plans.

What is more, the Universal Healthcare System envisioned in Oregon, like the “Single-Payer” system operating for decades in Canada, 1) is NOT SOCIALIST, since most providers (including personnel) would NOT be publicly owned or operated, 2) would provide better health outcomes at far lower costs (cited by numerous studies), and 3) may well help U.S. employers better compete in the international marketplace (bearing less overhead costs associated with their employees’ healthcare, while 4) increasing US business profits – even for businesses that choose to share some of their increased profits with their employees in the form of increased pay and other benefits).

CONCLUDING STATEMENT:

At the Ballot Box, it is predictable that the a Key to a YES VOTE will be how proponents of Universal Healthcare in Oregon respond to the legitimate question: HOW TO PAY FOR THIS?

Clearly, a UHF would generate substantial revenues as the fourth leg of a funding strategy utilizing 1) existing Medicare, Medicaid, and Veterans Administration resources, 2) modest payroll taxes borne largely by employers at rates that could be lower than current assessments, and 3) excise taxes on tobacco, alcohol and selected other products, hotels/other accommodations and a wide range of entertainment venues frequented by out-of-state guests, and luxury items. NOTE: While consumers or end-users ultimately would pay the UHF fee, it could be designed to be relative progress (bearing more heavily upon those with greater ability to pay) depending upon whether some consumer items (unprocessed food items, prescription drugs, various medical services) are excluded or assigned a different fee rate.

While the UHF idea will be new to most voters (unfamiliar with VATs operating in the great majority of countries worldwide) voters can be educated regarding this tried-and-true mechanism and can relate to the concept of a “fee” far better than a “tax”. Even if opponents attack it as a “sales tax” (as they predictably will) proponents will have grounds to dispute that labeling and, in the process, emphasize the overwhelmingly accurate widespread public perception that U.S. “Healthcare is Broken”. Marketing the many benefits (and cost savings) associated with this “fee”, that will help to cover *only healthcare services* for those residing in Oregon (and *without any Co-Pays*) might well carry the YES VOTE to Victory despite the many millions of dollars that will very predictably be spent in opposition. In fact, a massive amount of massive amount of opposition money could well also become a campaign issue as people do NOT like to BE BOUGHT,

Semantics are important for the voter, who already feels (and is) overtaxed by an Personal Oregon Income Tax that was created to be “progressive” but has become “flat rate” for almost everyone due to a failure to adequately adjust the original tax brackets approved by voters over a century ago. In this context, proposing a Universal Healthcare Fee (UHF) is far more politically wise than suggesting complicated changes to the current Oregon Income Tax to most voters who would be emotionally opposed and vote “no” at the ballot box. As a likely Referendum referred by the Oregon State Legislature (requiring only a 50% +1 vote of each State House & Senate (and no need for Governor approval), the Ballot Box Battle must be the strategic campaign focus.

Name	Nathan Moorman
Organization, if applicable	n/a
Topic	This universal health plan is a terrible idea. As a young person who is just barely making my high interest mortgage payments I cannot afford the proposed tax increase required to pay for this. Additionally, making Oregon the only state in the union that offers universal healthcare is the worst possible plan. This will most certainly be abused by people moving here who either cannot work to pay into the system, or are so terribly ill they require more expensive care than this system will be able to handle. In a state where everything is chronically underfunded and the government can't even provide the basics, the last thing we need is for the government to attempt to become a healthcare company.
Which UHPGB body is this public comment intended for?	Universal Health Plan Governance Board
Are written comments submitted with this form?	Yes
Do you plan to offer oral comment in addition to the written submission?	No
FOR BOARD MEETINGS ONLY: The board reserves time for general public	

comments and a separate time for comments specific to matters they are voting on during the meeting. Members of the public may share comments once per meeting. Please indicate if your comments are general or specific to a vote on the agenda.	
Please share your affiliation:	

Name	Phelan
Organization, if applicable	N/A
Topic	I am a real estate agent, my business of one person is an s-corp. Based on my income from this year, my monthly cost for insurance for just myself since I have to pay both employer and employee taxes would more than double. Currently I'm paying \$1,065/month for my wife and I to receive Kaiser Gold 0 Deductible insurance, this would be a massive financial burden and I would be forced to leave the state.
Which UHPGB body is this public comment intended for?	Universal Health Plan Governance Board
Are written comments submitted with this form?	Yes
Do you plan to offer oral comment in addition to the written submission?	No
FOR BOARD MEETINGS ONLY: The board reserves time for general public comments and a separate time for comments specific to matters they are voting on during the meeting. Members of the public may share comments once per meeting. Please indicate if your	Option 2

comments are general or specific to a vote on the agenda.	
Please share your affiliation:	Business

Name	Phil Dimotsis
Organization, if applicable	None
Topic	Disagreement with implementation of a universal health plan in Oregon
Which UHPGB body is this public comment intended for?	Universal Health Plan Governance Board
Are written comments submitted with this form?	Yes
Do you plan to offer oral comment in addition to the written submission?	No
FOR BOARD MEETINGS ONLY: The board reserves time for general public comments and a separate time for comments specific to matters they are voting on during the meeting. Members of the public may share comments once per meeting. Please indicate if your comments are general or specific to a vote on the agenda.	
Please share your affiliation:	

10.09.26

To whom it concerns:

While I support the idea, the implementation of this is not going to go well with the public. It doesn't sit well with me, either. In this current political climate, at both the state and federal level, we need to get real about what we can expect out of the current healthcare marketplace. The Trump admin is slowly gutting the ACA and Medicare/Medicaid. The state, our people, and healthcare providers are stretched to the bone by these federal cuts.

We will continue to have a huge problem with funding care and are already cutting participants out of the system. What are we proposing, supplementing current federal dollars with new state dollars to fund this completely? That's taxpayers paying twice for care, which is even more money out of our pockets.

As of today, the governor is convening round tables about what to do about healthcare at the state level. Both candidates talk a strong game about public funding, but the reality is, the public cannot currently stomach another tax increase. Portlanders, like me, are so fed up. We are already taxed to the hilt, and no one I know wants any more of it. What if Drazen is elected? She will veto the hell out of this, undoubtedly.

The public opinion about this combined with the timing of this proposal couldn't be worse. We won't have ANY clarity from the federal govt for at least 2-3 years with regards to reform of the entire system, which we all know is needed. We aren't going to be getting ANY good news until Trump is out and we won't have any more money to pump into the system from the feds.

Adding a 12% tax to Oregonians right now is rash. We're talking inflation, plus tariffs, plus gas prices, plus the cost of living - the cost of housing, food, essentials, ALL GOING UP. Taxes continue to increase in this state, but we cannot rely on an additional tax to save our healthcare system. It's too expensive and there will be a backlash. People will move out of the state, providers will move out of the state, insurers will leave the state, and there is no guarantee about the cost of care being cheaper than what we all currently pay now.

Without HARD DATA showing that we can significantly cut the cost burden to average people, there is no reason to pursue this policy implementation right now. Very very bad timing. Without public guarantees and assurances that this won't harm middle class families, and low-wage workers in particular, we cannot risk the outcomes.

Please VOTE NO, or please STOP the pursuance of this policy.

Phil Dimotsis
Portland, OR 97214

Name	Robin Reed
Organization, if applicable	n/a
Topic	Draft report of the Universal Health Plan Governance Board
Which UHPGB body is this public comment intended for?	Universal Health Plan Governance Board
Are written comments submitted with this form?	Yes
Do you plan to offer oral comment in addition to the written submission?	No
FOR BOARD MEETINGS ONLY: The board reserves time for general public comments and a separate time for comments specific to matters they are voting on during the meeting. Members of the public may share comments once per meeting. Please indicate if your comments are general or specific to a vote on the agenda.	
Please share your affiliation:	Individual private insurance consumer

I have grave concerns about the draft report re: the creation of a Universal Health Plan in Oregon. In addition to serious concerns about privacy, medical freedom, and parental rights, I think the economic impact would be devastating to our state. Oregonians already pay higher taxes than the residents of most other states, and any additional tax increases will only serve to drive even more people and businesses away from Oregon.

Name	Sierra Gerber
Organization, if applicable	None
Topic	Strategic Planning and Supporting Healthcare for All Oregon
Which UHPGB body is this public comment intended for?	Universal Health Plan Governance Board
Are written comments submitted with this form?	Yes
Do you plan to offer oral comment in addition to the written submission?	Yes
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Please share your affiliation:	Health system

Name	Collin Stackhouse
Organization, if applicable	Health Care for All Oregon
Topic	Health Care for All Oregon (HCAO) asked our community to sign on to a group testimony for the Governance Board for the October 15th meeting. This testimony aims to thank the UHPGB for their incredibly hard work. We are grateful for this board's substantial efforts, and still recognize that there is a long, long way to go. 287 people signed on to our attached letter thanking the UHPGB. Their names, city, and profession are included here.
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comments are general or specific to a vote on the agenda.	
Please share your affiliation:	Community-based organization

Dear members of the Universal Health Plan Governance Board,

Thank you. For the last 30 months you have been working relentlessly on designing the model for this new universal healthcare system for every resident of Oregon. You have served as volunteers on this Board, working on behalf of our state to find a complicated pathway out of our current quagmire and towards a simpler, equitable, and cost effective model for a state-based, single-payer system.

This letter aims to applaud your efforts and offer continued recommendations from our community.

Substantial Work, Progressivity, and Next Steps

Members of our Health Care for All Oregon coalition have been with you in your board meetings and committee discussions, and we have seen the development of this plan in real time. You have taken complicated ideas, disparate opinions as well as community concerns, and have consistently compromised to craft a plan that will work in the best way for the most people.

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Health Care for All Oregon

Full Name	City & State	Profession or union affiliation (optional)
Zack Surmacz	Portland, Oregon	Campaign staff
Elliot Purl	Milwaukie OR	CSWA
John Thomas Gunn	Portland	retired
Peter Toll	Lake Oswego OR 97043	Retired
Lyon Reyes	Portland, Oregon	Dog Handler/Trainer
Michael Jonas	Portland, Oregon	Owner and Attorney, Narwhal Law and Business Strategy
Dianne E Farrell	Corvallis	Retired
Katrina Swan	Portland, or	Restaurant owner
Teresa Valliere	JUNCTION CITY	Caregiver union
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Michael Garland	Portland, OR	Bioethics professor (retired)
Stephanie Schulman	Portland Oregon	Retired Finance
SHARON HANSCOM	BEAVERTON Oregon	teacher
Susan Kneller Silver	McMinnville, OR	Retired teacher
Jennifer Philpott	OR	Self employed
Calli Roberts	Talent oregon	None
Annie Naranjo-Rivera	Manzanita	State Director of Oregon Working Families Party
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Jenna Athena Rae	Portland, Oregon	Office Assistant at AFT Local 5017. Member of OPEIU Local
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Michael Funke	Bend	National Writers Union/Oregon
Gretchen Mahlberg	Portland, OR	Student
Keith O'Connor	Portland, OR	Engineer
Jo Alexander	Corvallis Oregon	retired editor
Jenna Goldin	Portland, Oregon	Accountant
Liz Pettengill	Portland, OR	Graphic Design and Marketing
Jason Freiling	Silverton Oregon	Mayor of Silverton, Oregon
Kathleen Ruiz	Seaside Oregon	Retired
Bertha Alicia Moseson	Portland, OR	Retired
Jennifer Braun	Cannon Beach Oregon	Hospitality
Aaron Brassea	Portland, OR	This optional question is required to submit the form
Alison Laughlin	Ashland	retired

Barbara Jean Tiede	Beaverton, Oregon	Caregiver
Sierra Alberti	Portland	Legal Assistant/ AFSCME
Julie Ann Farnham	Gresham Oregon	Semi-retired caregiving
Milo Muise	Portland, OR	Credentialing Analyst
Alyssa McFarland	Eugene	retired
Morgan Martinelli	Portland, OR	Rated Field Inspector - no union
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Linda Meretsky	OR	Psychotherapist
Karen Carter	Eugene, OR	retired
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Margot Monti	Tigard, OR	AFSCME 3580
Judith A Beck	Portland, Oregon	Retired teacher
Matthew Simonet	Portland, Oregon	Small business owner
Michael Sonnleitner	Seaside, Oregon	College Educator
Penny Joy Salus	Eugene	LMT Hospice
Jasen Szczepaniak	COTTAGE GROVE OREGON	SEIU503
Jody Carson	West Linn OR	Retired- healthcare quality
Loren R. Northup	Lake Oswego, OR	CPA
Evelyn Pietrowski-Ciullo	Salem	retired
Lisa Zahler-Young	Lafayette, OR	Graphic Designer
David A Young	Lafayette OR	Retired
Donna J Gustafson	Forest Grove, Oregon	Program Manager & City Councilor
Grezia Vargas	Hillsboro, Oregon	community member
Judith Y. Williams	Portland	Retired RN and operations manager
Megan Ross-Karow	Portland, OR	Retired
Tracy Bartlett	Eugene, OR	Retired
Valdez Bravo	Portland, Oregon	Healthcare Administrator
Elizabeth Darby	Portland, OR	Retired
Kenneth Schumann	Portland, OR	This question is not optional
Liv Ainsworth	Portland, OR	PhD Candidate & Adjunct Instructor, PSUFA
Jams Markovics	Tigard, OR	LPC
Megan	Beaverton Oregon	Radiologic technologist, AFSCME 328
Sonja Likumahuwa-Ackman	Aloha, Oregon	Research Administrator
Deborah Field	Portland, Oregon	Small business owner
Carol Newman	Astoria, OR	Radio producer
Melissa Tesauo	Warrenton, OR	Youth Library Assistant
Linda Smith	Oregon City, OR	RN with OFNHP union
James Rankin	Corvallis, Oregon	Librarian
Jamie Partridge	Portland, OR	Retired letter carrier, NALC 82
Anna Foster	Portland, OR	Direct support professional
Cindy Jensen	Beaverton, OR	Retired singer
Eileene Gillson	Sherwood, Oregon	Individual

Rebekah Bellingham	Portland, OR	Small business owner
Clyde Sexton	Springfield, Oregon	See 503
Allie Barnes	Molalla, OR	HR
Kimberly Kirk	Ashland OR	Accountant
Megan Beck	Portland, Oregon	Dietitian
Daniel J Leone	Mosier	Nurse Practitioner
Thea Snyder	Coos Bay, OR	Fulltime Reseller
Christine Wysock	Woodburn, OR	Retired RN
Nancy D'Inzillo	Portland, OR	Small Business Co-Owner
Juliette Dunn	Portland, OR	N/A
william deskin	Springfield	this question is optional
Saskia Hostetler-Lippy MC	portland, OR	advocate
Donald Zobel	Corvallis OR	retired
Thomas Jenkins	Astoria, Oregon	State employee (AFSCME Local 3241)
Cara Liddy	Reedsport, OR	RN
Harold Watson	Springfield, Mo.	Retired
Valerie Striplin	Portland Oregon	Oregon Public Health Association
Nicole Gable	Hillsboro, Oregon	Human Resouces
Sheeny Behmard	Portland Oregon	Instructor
Jeffrey Cohen	Corvallis	Field Service Engineer
steve dee	jacksonville	writer/poet
Luke Wisher	Portland Oregon	PFSP 111
Shaili Parekh	Portland, OR	Social Worker
Teresa Mueller	Eugene	retired educator
Beverley W Parish	Eugene	retired bookseller
kathy birch	portland oregon	ONA emeritus membership
Daniel N Revel	Portland	Retired
Neall koetje	Portland oregon	Student
Robin Ricker	OR	Retired occupational therapist
Marsha Hanchrow	Portland, OR	Office worker, SEIU
Malia Rain Obiesie	Lake Oswego, Oregon	N/A
Mark Pasternak	Coos Bay, OR	MD
kelly ann ilseman	Portland	acupuncturist
Isabel McCune	Portland, OR	Licensed Professional Counselor
Heather Criss	Portland, OR	Bartender
Eugene Griffith	Gold Beach, Oregon	Retired
Mark W Kelly	Hammond, Oregon	Retired
Tracye May	Eugene, OR	
Joyce Espelund	Lebanon, Oregon	retired RN
Loraine Baker	Eugene Oregon	Retired
Elizabeth Callison	Oregon	Healthcare
Julie Buchenau	Cloverdale OR	Retired
Allison Suran	Bend Oregon	Physical Therapist, business owner

Kory Northrop	Eugene, OR	Web developer / Non-profit employee
Michelle Hamill	Portland, OR	Attorney
Sarla K. Joseph	Corvallis, Oregon	Library Specialist, AFSCME
Susan Woodruff	Waldport, OR	Retired
Janet Campbell	Bend, OR	Retired attorney
Joshua Kielas	Eugene Oregon	self employed
Christine Diacetis	Silverton	Medically retired
Sara	beaverton or	Na
Gracie Campbell	Portland OR	retired
Emma Hardin	Eugene, OR	Homecare worker
Anna McWhirter	Eugene, OR	Psychologist
Natalie Stameroff	Eugene Oregon	landscaper
Nickie Dane	Portland, OR	Physician Associate, rural family medicine
Jennifer Sprague	Salem, OR	volunteer
Patrick Leyshock	Portland OR	healthcare
Audrey Finley	Portland, OR	Package handler
Darin G. Henry	Eugene, Oregon	Retired Educator - Board Member of Oregon ClimatEd.
Kimber Sieffert	Portland, Oregon	Clinical Services Specialist with the Multnomah County Beha
Paul Gorman, MD	Portland	physician (retired)
John Bentley	Bend Oregon	Mechanic
Lee and Marilyn Rengert	Salem, Oregon	Retired
connie cloyed	Netarts, OR	retired
Evelyn Doherty	Redmont, OR	Retired
Joel B. Komarek	Powell Butte, Oregon	Civil Engineer-Retired
Matthew Sayler	Bend, OR	GIS Analyst
Teresa Caprioglio	Eugene, Oregon	Organizer
Charlotte Dinolt	Newport,OR	Retired
Brooke Thompson	Portland Oregon	Data Engineer
Silver K Gladstar	Portland, Oregon	retired
Claire Culmer	Portland, OR	Organizer
David Kell Fox	Milwaukie OR	Retired
Walter Hopgood	Damascus, OR	Pharmacy Technician/Integration Architect
Satyavati D'Antoni	Florence, Or	
Anusha Dixit	Portland, OR	Caregiving
Dawn-Marie deLara	Baker City, Oregon	Artist/art teacher full-time caregiver for elderly parents
Eva Krukowski	Eugene Or	
Jim Rankin	Corvallis, Oregon	Library technician SEIU
Joseph Vance	Portland, OR	education
Robert Moore MD	Scio, Or	
Annie Caredio	Eugene Oregon	Retired
Sandra J. Bean	Corvallis, OR	retired public health communications specialist
Holly Pelzel	Bend, OR	Registered Nurse
Kaden Sundberg	Portland OR	Grant writer (freelance)

Daniel M. Potter	Keizer, OR	
Marilyn Capello	Portland, Oregon	retired
Joseph Stenger MD	Portland OR	Physician
Bob Rossi	Salem, Oregon	Retired CWA Local 7901, Active member of the National Writ
Schuyler Crawford	Bend, Oregon	
Teresa Foster	Mount Angel, OR	
Carol Blenning	Portland OR	MD
Elaine Hynes	Medford, Oregon	retired
Brian Braunhuber	Portland, Oregon	
Benton Elliott	Eugene, Oregon	Retired
Danyell Brookbank	Vancouver WA	dental hygienist
Betsy Zucker	Portland, OR	Nurse practitioner, retired
Lisa Love	Portland, OR	Social Worker
Jane Huey	Portland, Oregon	Social worker
Cristin McQueen	Happy Valley, OR	Retired RN, FNP
Holly Mason	Medford, OR	
CRAIG E. NEWTON	MEDFORD, OREGON	
James Martin	Hillsboro Oregon	STORE DIRECTOR
Hazel W Stratton	Corvallis	Retired, Human Resources Manager
Carol Raphael	Portland, OR	editor
Mark Davis	McMinnville	Retired Accountant
Ramon Lara	Baker City, OREGON	
Ricky Calderon	Hillsboro OR	
Trista Selfridge	Albany Oregon	RN- ONA
Erica Lyon	Eugene, OR	
Peter Wood	Portland Oregon	Retired
Amy Kinkel	Eugene, OR	MD
Teresa Smith-Dixon	La Grande, OR	Retired LCSW in
Nathan Corbett	Portland, OR	Data & Analytics
Karen Wood	Warrenton OR	Therapist
Eric Peterson	Warrenton OR	Retired
Christine Borchert	Portland Oregon	
Roberta Riportella	Philomath, OR	Professor, UAOSU
Ren Hudson	Portland, OR	
Stacy Brown	Eugene, OR	Realtor and Teacher
Charlene Whiting	Silverton OR	
Michele Anderson	Portland, OR	
V. Magic Garcia	Eugene, OR	
Christine Hulme	La Pine	
Janet Jean Brougher	Eugene, OR	
Dorene Carroll	Eugene, OR	
annie capestany	portland, OR	
Judy Henderson	Portland	retired

Nancy Vrijmoet	Springfield, Oregon	Retired Public School Teacher
Kurt	OR	Social Services
Frank Cobarrubia	Bend OR	
Tiana Sosa	Eugene, OR	Educator - Eugene 4J - OSEA (Union)
Usha Honeyman	Corvallis	physician
Ron Turker	Lake Oswego	pediatric orthopedic surgeon
Benji Bee	Portland, Oregon	
Wally Jones	Portland, OR	Martial Arts Instructor
William S. Herz	Bend, OR	Retired physician
Patty Sherin	Bend, OR	Direct Support Professional
Anna Cowen	Oregon City,OR	
kelly ann ilseman	Portland	acupuncturist
Krista Carpenter	Portland, OR	
Christina Hart	Oregon City, Oregon	Acupuncturist
Bernadetta Devlaeminck	Hillsboro, OR	
Bruce Humphreys	Bend, Oregon	Registered Nurse/Oregon Nurses Association
Lily Copenagle	Portland, OR	Healthcare Equity Analyst
Dr. Jamie Kennel	Portland, OR	Professor
Maria Nazzaro	Portland OR	
Bruce Johnston	Gearhart, Oregon	
Toni Rakestraw	Springfield, OR	caregiver, SEIU
Mel S.	Portland, oregon	
Erin Fairchild	Portland, OR	consulting and ecommerce
Randall Towne	Portland, OR	Realtor
Patrice Ekstrom	Milwaukie Oregon	
Bruce Thomson, MS,MD	Corvallis,Oregon	Retired family doctor and retired County Health Officer
Allison Elliott	Oregon	Engineering technician
Monique Fasquelle	Portland, OR	RN - OFNHP
George Maynard Freemolk	Corvallis, Oregon	retired
Denise Beasley	Oregon City, OR	Retired Microbiologist
Caroline Greenwood	Portland, Oregon	
Randy Harrison	Eugene	
Caitlin Hanks	Burns, or	Pharmacy technician
Bobbi Kimbro	McMinnville, OR	Pharmacy Technician
Patrick O'Dell	Corvallis Oregon	Medical Technologist Healthcare for All Oregon
Sarah Wort	Keizer, Oregon	Doula
Stephen C Kane	Portland, OR	Physician
Adam Alfonso	Salem, OR	Construction management
Susan Gustavson	Milwaukie	retired
Andrea	Forest Grove, Oregon	Retired
Annette Fernandez-Madric	Carlton, OR	Retired
Rachel Jordan	Eugene, OR	retired
Katherine Kraemer	Portland, Oregon	

Robin Herrera	Portland, OR	Editor, CWA 7901
Rebecca Benson	Waldport. OR	Retired RN
Catherine Roshi-Moles	Portland, OR	Medical Administration
Satyavati D'Antoni	Florence OR	
Jennifer Cassidy	Corvallis OR	Retired vocational counselor & administrator
Liz Marlia-Stein	McMinnville, OR	Retired Teacher
Meredith Jack	Portland, OR	
Shoshana Farber	Portland, OR	Nurse Practitioner
Katherine Hayes	Gold Hill, OR	Department Support Technician / Teamsters
Kate Hulpke	Eugene, OR	Mental Health Counselor
Theresa Noble	Aloha	retired
Elizabeth Rodenburg	Portland Oregon	Retired Chef
Joann Macey	Milwaukie, or	
Mindy Getch	Portland OR	
Gary Locker	Hillsboro Oregon	Global Product Support Engineer
Alice Van Leunen	mcminnville, OR	Artist
Olivia Smith	Tigard, OR	Homecare worker union and Uber Eats driver
Dianne L Riley	Portland, Oregon	fundraising & onboarding
Dawn Anoché	portland or	AFSCME Social Worker
Nyx McCarthy	Eugene OR	
Shauna Henry	McMinnville, OR	Retired RN
Ida C. Pacheco	Enterprise OR	
Brianna Turville	Portland OR	Writer, editor, yoga teacher
Kathy Bowman	Joseph, Oregon	retired
Barbara Steffensen	Grants Pass, Oregon	Financial analyst
Katherine Donnelley	Portland, OR	Certified Athletic Trainer
Darci Hanning	Forest Grove, OR	Librarian SEIU503
Christine Jolley	Grants Pass	retired
Katherine Kirkham	Portland, OR	Acupuncturist
Hillary T	Portland, OR	ONA

Name	Lisa Carroll
Organization, if applicable	OFMF
Topic	Universal Health Plan
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Health Care for All Oregon

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Peter Toll	Lake Oswego OR 97043	Retired
Lyon Reyes	Portland, Oregon	Dog Handler/Trainer
Michael Jonas	Portland, Oregon	Owner and Attorney, Narwhal Law and Business Strategy
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Keith O'Connor	Portland, OR	Engineer
Jo Alexander	Corvallis Oregon	retired editor
Jenna Goldin	Portland, Oregon	Accountant
Liz Pettengill	Portland, OR	Graphic Design and Marketing
Jason Freiling	Silverton Oregon	Mayor of Silverton, Oregon
Kathleen Ruiz	Seaside Oregon	Retired
Bertha Alicia Moseson	Portland, OR	Retired
Jennifer Braun	Cannon Beach Oregon	Hospitality
Aaron Brassea	Portland, OR	This optional question is required to submit the form
Alison Laughlin	Ashland	retired

Barbara Jean Tiede	Beaverton, Oregon	Caregiver
Sierra Alberti	Portland	Legal Assistant/ AFSCME
Julie Ann Farnham	Gresham Oregon	Semi-retired caregiving
Milo Muise	Portland, OR	Credentialing Analyst
Alyssa McFarland	Eugene	retired
Morgan Martinelli	Portland, OR	Rated Field Inspector - no union
Maia Watkins	Portland Oregon	Speech therapist - NCEA
Linn M. Groves	Portland, OR	American Elder & Survivor
Linda Meretsky	OR	Psychotherapist
Karen Carter	Eugene, OR	retired
Christine Perala Gardiner	Cave Junction Oregon	Earth Scientist
Margot Monti	Tigard, OR	AFSCME 3580
Judith A Beck	Portland, Oregon	Retired teacher
Matthew Simonet	Portland, Oregon	Small business owner
Michael Sonnleitner	Seaside, Oregon	College Educator
Penny Joy Salus	Eugene	LMT Hospice
Jasen Szczepaniak	COTTAGE GROVE OREGON	SEIU503
Jody Carson	West Linn OR	Retired- healthcare quality
Loren R. Northup	Lake Oswego, OR	CPA
Evelyn Pietrowski-Ciullo	Salem	retired
Lisa Zahler-Young	Lafayette, OR	Graphic Designer
David A Young	Lafayette OR	Retired
Donna J Gustafson	Forest Grove, Oregon	Program Manager & City Councilor
Grezia Vargas	Hillsboro, Oregon	community member
Judith Y. Williams	Portland	Retired RN and operations manager
Megan Ross-Karow	Portland, OR	Retired
Tracy Bartlett	Eugene, OR	Retired
Valdez Bravo	Portland, Oregon	Healthcare Administrator
Elizabeth Darby	Portland, OR	Retired
Kenneth Schumann	Portland, OR	This question is not optional
Liv Ainsworth	Portland, OR	PhD Candidate & Adjunct Instructor, PSUFA
Jams Markovics	Tigard, OR	LPC
Megan	Beaverton Oregon	Radiologic technologist, AFSCME 328
Sonja Likumahuwa-Ackman	Aloha, Oregon	Research Administrator
Deborah Field	Portland, Oregon	Small business owner
Carol Newman	Astoria, OR	Radio producer
Melissa Tesauo	Warrenton, OR	Youth Library Assistant
Linda Smith	Oregon City, OR	RN with OFNHP union
James Rankin	Corvallis, Oregon	Librarian
Jamie Partridge	Portland, OR	Retired letter carrier, NALC 82
Anna Foster	Portland, OR	Direct support professional
Cindy Jensen	Beaverton, OR	Retired singer
Eileene Gillson	Sherwood, Oregon	Individual

Rebekah Bellingham	Portland, OR	Small business owner
Clyde Sexton	Springfield, Oregon	See 503
Allie Barnes	Molalla, OR	HR
Kimberly Kirk	Ashland OR	Accountant
Megan Beck	Portland, Oregon	Dietitian
Daniel J Leone	Mosier	Nurse Practitioner
Thea Snyder	Coos Bay, OR	Fulltime Reseller
Christine Wysock	Woodburn, OR	Retired RN
Nancy D'Inzillo	Portland, OR	Small Business Co-Owner
Juliette Dunn	Portland, OR	N/A
william deskin	Springfield	this question is optional
Saskia Hostetler-Lippy MC	portland, OR	advocate
Donald Zobel	Corvallis OR	retired
Thomas Jenkins	Astoria, Oregon	State employee (AFSCME Local 3241)
Cara Liddy	Reedsport, OR	RN
Harold Watson	Springfield, Mo.	Retired
Valerie Striplin	Portland Oregon	Oregon Public Health Association
Nicole Gable	Hillsboro, Oregon	Human Resouces
Sheeny Behmard	Portland Oregon	Instructor
Jeffrey Cohen	Corvallis	Field Service Engineer
steve dee	jacksonville	writer/poet
Luke Wisher	Portland Oregon	PFSP 111
Shaili Parekh	Portland, OR	Social Worker
Teresa Mueller	Eugene	retired educator
Beverley W Parish	Eugene	retired bookseller
kathy birch	portland oregon	ONA emeritus membership
Daniel N Revel	Portland	Retired
Neall koetje	Portland oregon	Student
Robin Ricker	OR	Retired occupational therapist
Marsha Hanchrow	Portland, OR	Office worker, SEIU
Malia Rain Obiesie	Lake Oswego, Oregon	N/A
Mark Pasternak	Coos Bay, OR	MD
kelly ann ilseman	Portland	acupuncturist
Isabel McCune	Portland, OR	Licensed Professional Counselor
Heather Criss	Portland, OR	Bartender
Eugene Griffith	Gold Beach, Oregon	Retired
Mark W Kelly	Hammond, Oregon	Retired
Tracye May	Eugene, OR	
Joyce Espelund	Lebanon, Oregon	retired RN
Loraine Baker	Eugene Oregon	Retired
Elizabeth Callison	Oregon	Healthcare
Julie Buchenau	Cloverdale OR	Retired
Allison Suran	Bend Oregon	Physical Therapist, business owner

Kory Northrop	Eugene, OR	Web developer / Non-profit employee
Michelle Hamill	Portland, OR	Attorney
Sarla K. Joseph	Corvallis, Oregon	Library Specialist, AFSCME
Susan Woodruff	Waldport, OR	Retired
Janet Campbell	Bend, OR	Retired attorney
Joshua Kielas	Eugene Oregon	self employed
Christine Diacetis	Silverton	Medically retired
Sara	beaverton or	Na
Gracie Campbell	Portland OR	retired
Emma Hardin	Eugene, OR	Homecare worker
Anna McWhirter	Eugene, OR	Psychologist
Natalie Stameroff	Eugene Oregon	landscaper
Nickie Dane	Portland, OR	Physician Associate, rural family medicine
Jennifer Sprague	Salem, OR	volunteer
Patrick Leyshock	Portland OR	healthcare
Audrey Finley	Portland, OR	Package handler
Darin G. Henry	Eugene, Oregon	Retired Educator - Board Member of Oregon ClimatEd.
Kimber Sieffert	Portland, Oregon	Clinical Services Specialist with the Multnomah County Beha
Paul Gorman, MD	Portland	physician (retired)
John Bentley	Bend Oregon	Mechanic
Lee and Marilyn Rengert	Salem, Oregon	Retired
connie cloyed	Netarts, OR	retired
Evelyn Doherty	Redmont, OR	Retired
Joel B. Komarek	Powell Butte, Oregon	Civil Engineer-Retired
Matthew Sayler	Bend, OR	GIS Analyst
Teresa Caprioglio	Eugene, Oregon	Organizer
Charlotte Dinolt	Newport,OR	Retired
Brooke Thompson	Portland Oregon	Data Engineer
Silver K Gladstar	Portland, Oregon	retired
Claire Culmer	Portland, OR	Organizer
David Kell Fox	Milwaukie OR	Retired
Walter Hopgood	Damascus, OR	Pharmacy Technician/Integration Architect
Satyavati D'Antoni	Florence, Or	
Anusha Dixit	Portland, OR	Caregiving
Dawn-Marie deLara	Baker City, Oregon	Artist/art teacher full-time caregiver for elderly parents
Eva Krukowski	Eugene Or	
Jim Rankin	Corvallis, Oregon	Library technician SEIU
Joseph Vance	Portland, OR	education
Robert Moore MD	Scio, Or	
Annie Caredio	Eugene Oregon	Retired
Sandra J. Bean	Corvallis, OR	retired public health communications specialist
Holly Pelzel	Bend, OR	Registered Nurse
Kaden Sundberg	Portland OR	Grant writer (freelance)

Daniel M. Potter	Keizer, OR	
Marilyn Capello	Portland, Oregon	retired
Joseph Stenger MD	Portland OR	Physician
Bob Rossi	Salem, Oregon	Retired CWA Local 7901, Active member of the National Writ
Schuyler Crawford	Bend, Oregon	
Teresa Foster	Mount Angel, OR	
Carol Blenning	Portland OR	MD
Elaine Hynes	Medford, Oregon	retired
Brian Braunhuber	Portland, Oregon	
Benton Elliott	Eugene, Oregon	Retired
Danyell Brookbank	Vancouver WA	dental hygienist
Betsy Zucker	Portland, OR	Nurse practitioner, retired
Lisa Love	Portland, OR	Social Worker
Jane Huey	Portland, Oregon	Social worker
Cristin McQueen	Happy Valley, OR	Retired RN, FNP
Holly Mason	Medford, OR	
CRAIG E. NEWTON	MEDFORD, OREGON	
James Martin	Hillsboro Oregon	STORE DIRECTOR
Hazel W Stratton	Corvallis	Retired, Human Resources Manager
Carol Raphael	Portland, OR	editor
Mark Davis	McMinnville	Retired Accountant
Ramon Lara	Baker City, OREGON	
Ricky Calderon	Hillsboro OR	
Trista Selfridge	Albany Oregon	RN- ONA
Erica Lyon	Eugene, OR	
Peter Wood	Portland Oregon	Retired
Amy Kinkel	Eugene, OR	MD
Teresa Smith-Dixon	La Grande, OR	Retired LCSW in
Nathan Corbett	Portland, OR	Data & Analytics
Karen Wood	Warrenton OR	Therapist
Eric Peterson	Warrenton OR	Retired
Christine Borchert	Portland Oregon	
Roberta Riportella	Philomath, OR	Professor, UAOSU
Ren Hudson	Portland, OR	
Stacy Brown	Eugene, OR	Realtor and Teacher
Charlene Whiting	Silverton OR	
Michele Anderson	Portland, OR	
V. Magic Garcia	Eugene, OR	
Christine Hulme	La Pine	
Janet Jean Brougher	Eugene, OR	
Dorene Carroll	Eugene, OR	
annie capestany	portland, OR	
Judy Henderson	Portland	retired

Nancy Vrijmoet	Springfield, Oregon	Retired Public School Teacher
Kurt	OR	Social Services
Frank Cobarrubia	Bend OR	
Tiana Sosa	Eugene, OR	Educator - Eugene 4J - OSEA (Union)
Usha Honeyman	Corvallis	physician
Ron Turker	Lake Oswego	pediatric orthopedic surgeon
Benji Bee	Portland, Oregon	
Wally Jones	Portland, OR	Martial Arts Instructor
William S. Herz	Bend, OR	Retired physician
Patty Sherin	Bend, OR	Direct Support Professional
Anna Cowen	Oregon City,OR	
kelly ann ilseman	Portland	acupuncturist
Krista Carpenter	Portland, OR	
Christina Hart	Oregon City, Oregon	Acupuncturist
Bernadetta Devlaeminck	Hillsboro, OR	
Bruce Humphreys	Bend, Oregon	Registered Nurse/Oregon Nurses Association
Lily Copenagle	Portland, OR	Healthcare Equity Analyst
Dr. Jamie Kennel	Portland, OR	Professor
Maria Nazzaro	Portland OR	
Bruce Johnston	Gearhart, Oregon	
Toni Rakestraw	Springfield, OR	caregiver, SEIU
Mel S.	Portland, oregon	
Erin Fairchild	Portland, OR	consulting and ecommerce
Randall Towne	Portland, OR	Realtor
Patrice Ekstrom	Milwaukie Oregon	
Bruce Thomson, MS,MD	Corvallis,Oregon	Retired family doctor and retired County Health Officer
Allison Elliott	Oregon	Engineering technician
Monique Fasquelle	Portland, OR	RN - OFNHP
George Maynard Freemolk	Corvallis, Oregon	retired
Denise Beasley	Oregon City, OR	Retired Microbiologist
Caroline Greenwood	Portland, Oregon	
Randy Harrison	Eugene	
Caitlin Hanks	Burns, or	Pharmacy technician
Bobbi Kimbro	McMinnville, OR	Pharmacy Technician
Patrick O'Dell	Corvallis Oregon	Medical Technologist Healthcare for All Oregon
Sarah Wort	Keizer, Oregon	Doula
Stephen C Kane	Portland, OR	Physician
Adam Alfonso	Salem, OR	Construction management
Susan Gustavson	Milwaukie	retired
Andrea	Forest Grove, Oregon	Retired
Annette Fernandez-Madric	Carlton, OR	Retired
Rachel Jordan	Eugene, OR	retired
Katherine Kraemer	Portland, Oregon	

Robin Herrera	Portland, OR	Editor, CWA 7901
Rebecca Benson	Waldport. OR	Retired RN
Catherine Roshi-Moles	Portland, OR	Medical Administration
Satyavati D'Antoni	Florence OR	
Jennifer Cassidy	Corvallis OR	Retired vocational counselor & administrator
Liz Marlia-Stein	McMinnville, OR	Retired Teacher
Meredith Jack	Portland, OR	
Shoshana Farber	Portland, OR	Nurse Practitioner
Katherine Hayes	Gold Hill, OR	Department Support Technician / Teamsters
Kate Hulpke	Eugene, OR	Mental Health Counselor
Theresa Noble	Aloha	retired
Elizabeth Rodenburg	Portland Oregon	Retired Chef
Joann Macey	Milwaukie, or	
Mindy Getch	Portland OR	
Gary Locker	Hillsboro Oregon	Global Product Support Engineer
Alice Van Leunen	mcminnville, OR	Artist
Olivia Smith	Tigard, OR	Homecare worker union and Uber Eats driver
Dianne L Riley	Portland, Oregon	fundraising & onboarding
Dawn Anoché	portland or	AFSCME Social Worker
Nyx McCarthy	Eugene OR	
Shauna Henry	McMinnville, OR	Retired RN
Ida C. Pacheco	Enterprise OR	
Brianna Turville	Portland OR	Writer, editor, yoga teacher
Kathy Bowman	Joseph, Oregon	retired
Barbara Steffensen	Grants Pass, Oregon	Financial analyst
Katherine Donnelley	Portland, OR	Certified Athletic Trainer
Darci Hanning	Forest Grove, OR	Librarian SEIU503
Christine Jolley	Grants Pass	retired
Katherine Kirkham	Portland, OR	Acupuncturist
Hillary T	Portland, OR	ONA