Public Comment

Healthcare for all!

To the Members and leadership of the Universal Health Plan Governance Board,

Thank you for taking the feedback from activists to submit multiple revenue restructuring plans to the state legislature.

We also thank and were pleased to see the latest draft includes options that remove the payroll tax credit entirely & includes a graduated income tax bracket that starts low, featuring multiple tiers of tax rates which increase after 200% of the federal poverty line (FPL).

HCAO and ally organizations are in ongoing conversations about said revenue plans with unions, our members, and legislators to receive their opinions about the developing revenue plans. We will share the outcome of those conversations with the UHPGB.

For one of these revenue plans, we ask to see a *significantly progressive* (see suggestions below) revenue structure that a layperson can understand & consider how those special interests oppositions can use the language of the plan itself to turn voters against it.

As the board thinks about how this plan will be presented, please keep at the forefront of your minds that there may be attempts by oppositional forces to use and weaponize the language not only in the report but future bill and/or ballot measure language.

We are concerned that relying on tax credits, effective tax rates, and industry knowledge does not make a marketable plan, and those who oppose universal health care will use this to their advantage.

Should you choose to include a *significantly progressive* revenue plan, please consider the following:

- Add 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/
    - I have Medicare and think everyone should have this opportunity.
    - No One should go bankrupt over catastrophic health events.
- Sincerely,
- DRSpence,
- Lake Oswego OR.

Name	Heather Moore
Organization, if applicable	Private citizen
Topic	Complete the revenue plan and ensure it is progressive and easy to understand.
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

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We also were pleased to see the latest draft includes options that remove the payroll tax credit entirely & includes a graduated income tax bracket that starts low, featuring multiple tiers of tax rates which increase after 200% of the federal poverty line (FPL).

HCAO and ally organizations are in ongoing conversations about said revenue plans with unions, our members, and legislators to receive their opinions about the developing revenue plans. We will share the outcome of those conversations with the UHPGB.

For one of these revenue plans, we ask to see a *significantly progressive* (see suggestions below) revenue structure that a layperson can understand & consider how those special interest opposition groups can use the language of the plan itself to turn voters against it. Please consider all possible unintended consequences and loopholes.

As the board thinks about how this plan will be presented, please keep at the forefront of your minds that there may be attempts by oppositional forces to use and weaponize the language not only in the report but future bill and/or ballot measure language.

We are concerned that relying on tax credits, effective tax rates, and industry knowledge does not make a marketable plan, and those who oppose universal health care will use this to their advantage.

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    - 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/
- Please consider removing all the sections of the governance board processes to appendices. Our goal is for the readers of the plan to follow the discussion of the core components of the UHCP without having to wade through the processes.

My personal thoughts,

Our Oregon children, working, disabled and retired residents need a viable and affordable insurance plan; structured to be easy to access, easy to get needs met, easy to understand.

As a Special Education Teacher, I understand and strongly believe in the power of the "curb cut effect". It applies in all aspects of governance and public policy. When making public decisions, think about who is most impacted by current circumstances and provide that

level of access to everyone. Plan our curb cuts for the person who will have the most difficult time getting onto the sidewalk and plan for everyone to benefit. Healthcare for All should begin with access for anyone who has no healthcare insurance and no funds to access it. Think of our disabled minors experiencing houselessness. If under your devised system, they can access care, we can all access care.

I will soon be retired. My best friend asked me what I will do for healthcare. I am hoping HCAO will be available, accessible, viable and for everyone.

Thank you for your time,

Heather Moore, District 2, Portland

Name	Lynn Mystic-Healer
Organization, if applicable	Soul Energies R&D LLC
Topic	We humans need Multicultural bmse.net/newlifeexpo.com alternative healing Community Centers open 24/7 in every community worldwide with language apps tied to soul purpose CARING co-op Jobs for all humans with a safe place to live, good UBI with universal -single payer (single page-) heath care systems.
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
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Please share your affiliation:	Health system

Name	Katherine Goforth
Organization, if applicable	n/a
Topic	Unsure about HC4AO
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 Medicaid consumer

I'm an OHP member. Kaiser is my CCO. Although I have access to health insurance, I don't have access to adequate care. Kaiser doesn't provide the care I need and tells me to leave and seek care elsewhere when I try to get coverage.

I'm very concerned about universal health care coverage. I'm told that OHP is behind on reimbursements and that Oregon has a provider shortage. I see insurance companies reducing coverage or leaving Oregon altogether. The doctors I have regular access to are not as good as doctors in other states.

Because of this, I no longer believe that healthcare coverage or insurance access is the core problem in our healthcare system.

It's very easy for me to imagine a version of Health Care for All Oregon where every Oregonian has coverage, but no one has the care they need.

I know I don't have all the facts about healthcare across the state. But please, don't make healthcare worse for me. In addition to providing insurance coverage for all, is there a plan for improving quality of care and increasing access to care? Please don't do one without the other.

Many thanks,

Katherine

Name	Linn Groves
Organization, if applicable	Disabled 57 woman casualty of the American workplace
Topic	IT HAS TO HAVE GOOD DENTAL AND VISION AS WELL!!!!!!!!!!! I AM IN MULTNOMAH COUNTY AND HAVE LITERALLY ONE CHOICE OF A GOOD HYGIENIST WHO IS NOT AN ABUSIVE PATHOLOGICAL NARCISSIST LIKE ALL THE REST (AND MANY DENTISTS WHO ACCEPT CARE OREGON/MEDICAID. YOU CAN NEVER IN YOUR LIFETIME GET INTO KAISER DENTAL!!!!!!!!!! HELP US!!!!!!!! AMERICA IS IN AN EARLY DEATH CRISIS--WE'RE NOT MAKING IT TO OUR 60s AN THIS IS ONE OF THE REASONS. STOP COLONIZING YOURSELF BRUTAL AMERICA AND READ THE SIBLING SOCIETY BY ROBERT BLY AND START TREATING YOUR PEOPLE WITH COMPASSION AND RESPECT AND HUMANITY!!
Which UHPGB body is this public comment intended for?	Universal Health Plan Governance Board
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Please share your affiliation:	Individual Medicaid consumer

Name	Peter Modica-Soloway
Organization, if applicable	None
Topic	Oregon can afford to keep the plan comprehensive while making it even more provider-friendly and even more progressively funded.
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:	Individual private insurance consumer

As climate change makes other regions less habitable, Oregon is going to become increasingly attractive to wealthy people and employers, so we should ignore them when they threaten to move elsewhere. Instead, let's focus on keeping our workforce healthy, debt-free, and contributing to our economy. The draft plan looks great, but it could benefit from even higher tax brackets for large companies and wealthy individuals in order to

increase payouts to healthcare providers and make sure we attract talent from other states rather than leaking it. Don't let rich lobbyists bully you into launching an anemic UK-style system that will reinforce the stereotype of slow and low-quality public health. Oregon needs to come out of the gate strong so we can inspire the rest of the US to join us and finally put an end to the horrors of private health insurance.

Name	Michaele Dunlap PsyD
Organization, if applicable	Independent Mental Health Practitioners Alliance (IMHPA)
Topic	October 8 Meeting w/ focus on tax issues.
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:	Community-based organization

Public Comment for October 8, 2026, UHPGB Meeting

Chair Bellanca and Members of the Board:

The proposed financing structure creates an inequity for self-employed Oregonians.

Unlike many employees, self-employed people would not receive a tax credit based on an employer's payroll-tax payment. They would therefore pay substantially more than an employee with the same income.

Self-employed professionals also pay their own business expenses, payroll costs, insurance, retirement contributions, and other overhead. Their gross income does not accurately represent the amount available for personal health-care taxes.

I respectfully ask the Board to recommend that no personal health-care income tax apply to a self-employed person unless that person's annual net self-employment income exceeds $300,000. If the income exceeds that threshold, the tax should apply only to the amount above $300,000.

Some highly compensated self-employed professionals may earn more than $300,000 and can reasonably contribute on their income above that level. The threshold would protect most independent professionals and small-practice owners from being taxed more heavily merely because they work for themselves.

A universal health plan should not disadvantage self-employed Oregonians. Please correct this inequity before approving the legislative report.

Thank you for considering this request.

Michaele P. Dunlap, PsyD
Independent Mental Health Practices Alliance (IMHPA)

Name	Bruce DeLoria
Organization, if applicable	HCAO
Topic	Please keep board recommendations firmly on an Oregon timeline, whatever happens with federal Medicare for All legislation.
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:	

To Members of the Universal Health Plan Governance Board and the Health Community

26 September 2026

Dear Dr. Bellanca and members of the Universal Health Plan Governance Board,

Thank you for the years of work behind Oregon's Universal Health Plan. I am writing as an HCAO chapter leader to urge the Board to keep its recommendations firmly on an Oregon timeline, whatever happens with federal Medicare for All legislation.

Several members of Oregon's congressional delegation have recently signed onto the federal Medicare for All Act. That is welcome. But I am concerned that it may be read in Salem as a reason to wait. I hope the Board's final report can address that directly, for three reasons.

Oregon's Universal Health Plan should remain the priority for the Board, the Legislature and advocates alike. Federal Medicare for All is not a reason to slow down.

1. The federal path is uncertain and slow. Federal Medicare for All needs majorities in both chambers, a way past the Senate filibuster and a President willing to sign. It has no realistic path before 2029. Oregon's plan can move in the 2027 session or on a 2028 ballot.

2. "Medicare" today is not the standard Oregon has set. Traditional Medicare has no out-of-pocket limit and excludes routine dental, vision, hearing and long-term care. Most enrollees are now in private Medicare Advantage plans, which MedPAC estimates were paid 14% more than traditional Medicare in 2026 and which rely heavily on prior authorization. Oregon's plan removes cost sharing, uses a single public administrator and sets global budgets for hospitals. A federal bill that emerges from a Senate compromise could look far more like today's Medicare than like the Board's design.

3. The federal action Oregon actually needs is waiver authority. The Board has identified federal waivers for Medicare, Medicaid and ERISA as a key dependency. The State-Based Universal Health Care Act (S. 2286 / H.R. 4406) would create exactly that authority, including Medicare, Medicaid, CHIP, ACA subsidies, federal employee coverage, TRICARE and an ERISA waiver. Senator Merkley is an original co-sponsor. Senator Wyden, who joined the Medicare for All Act on September 24, has not yet signed on.

My requests to the Board:

- State in the final report that Oregon should proceed with its plan regardless of the status of federal Medicare for All legislation.
- Name SBUHCA (or equivalent waiver authority) as the federal ask that best supports Oregon's plan, and invite our delegation to champion it.
- Include a contingency section on how the plan would proceed, or be phased in, if federal waivers are delayed. Focus group participants raised this concern, and answering it strengthens the case in the Legislature.

The Board has built something that goes further than Medicare. Please keep Oregon's plan front and center in your final recommendations, and do not let the federal debate become a reason to set it aside.

Respectfully,

Bruce DeLoria
tillamookcounty@hcao.org
deloria.bruce@gmail.com
Phone 503 389-0630

Healthcare is a Human Right in Oregon.

Sources for Letter

Oregon's plan

- Universal Health Plan summary, UHPGB, 2026: no cost sharing, single public administrator, hospital global budgets, federal waivers, 2027–2028 timeline
- UHPGB March 2026 focus group report: participants' concern about contingency plans if federal waivers are delayed
- UHPGB home page: Board meetings and public comment
- HCAO: The Plan for Oregon: Board chair Dr. Helen Bellanca; Medicaid and ERISA waiver requirements

Medicare and Medicare Advantage

- NCOA: 2026 Medicare out-of-pocket costs: no routine dental, vision, hearing or long-term care
- KFF: Medicare Advantage in 2026: no out-of-pocket limit in traditional Medicare; 53 million MA prior authorization requests in 2024
- Becker's: MedPAC finds MA spending 14% higher in 2026: 14% higher payments; most enrollees in MA

Federal bills and co-sponsors

- SBUHCA bill text, Sen. Markey: Medicare, Medicaid, CHIP, ACA, FEHB, TRICARE and ERISA waivers
- Congress.gov: S. 2286 SBUHCA co-sponsors: Merkley an original co-sponsor; Wyden not listed as of Sept. 26, 2026
- Congress.gov: S. 1506 Medicare for All Act co-sponsors: Wyden added Sept. 24, 2026
- Congress.gov: H.R. 3069 Medicare for All Act co-sponsors: Bynum added Sept. 16, 2026

Name	Lou Sinniger
Organization, if applicable	HCAO
Topic	Summary
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:	Community-based organization

TO: UHPGB

FR: Lou Sinniger

Sept. 28, 2026

I have been watching many if not most of the UHPGB meetings including the Subcommittees during the last 2 years. Everyone on the Board and subcommittees are voluntary positions. Hats off and many grateful thank you' s to you all. You all have done a great job. Some have spent more outstanding hours and are especially appreciated.

I attended the last Legislative Report Committee, which has done a tremendous job putting together the main elements of your work for the legislators.

The team did a great job putting together the Benefits and Payment structures. The health insurance, pharmaceutical, and equity companies have added so much administrative and profit margins that it is difficult to find all the savings a publicly financed universal health plan will provide. This is something the Milliman consultants failed to at all at first and only found a few later on. For example, I receive two reports a month from my insurance company double sided 8 pages long reporting on my pharmaceutical and physical expenditures and coverages. Such administrative clerical would not be necessary under a Universal Health Plan (UHP).

Major Items Not Done or Incomplete:

Public Corporation: To my knowledge there remains no cost analysis to run the public corporation. However, there has been some thought given to the cost of administration between 3% to 6%. Taiwan administrative costs are around 2%.

Start Up Funds: The Public Corporation or Legislation will have to establish a startup fund of 2 to 3 months in advance of UHP. This could be $6B given the estimated annual cost for UHP.

Medical Card: While the Board did talk of a medical card no decision or steps were taken. A medical care is used in Japan and Taiwan. It carries all medical records for everyone enrolled in the health plan. This would be a blessing and ultimately lower administrative costs in the future but now analysis has been done to identify initial costs and ultimate savings.

Payment allowances for Providers: How much will the plan pay the providers? While the Board recommends a normalization fee structure so that providers are paid the same no matter the income status of the patient, No estimate has ever been discussed. Considering the savings the providers would have like billing, insurance claims and hassles, administration, and bill collections, what would be fair and adequate compensation? Perhaps the Public Corporation will be responsible for this very important aspect of the UHP.

Questionable Board Decisions:

Implementation: I favor implementing the UHP covering everyone at once. My reasoning is based on my complete distrust of the market place. The insurance, pharmaceutical, and equity companies are not in favor of losing huge profits to a publicly financed universal healthcare plan

FR: Lou Sinniger

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Questionable Board Decision:

Implementation: I favor implementing the UHP covering everyone at once. My reasoning is based on my complete distrust of the market place. The insurance, pharmaceutical, and equity companies are not in favor of losing huge profits to a publicly financed universal healthcare plan. They will use every tool at hand including media and misinformation to show that such a plan is harming the public. If Oregon does a step by step implementation it will give the market more time to use those powerful tactics.

Value base Model: The value based model is used in varying degrees. However, it is an administrative burden for the providers. It would be far better when implementing a new plan to pay according to the system already used at the time of implementation. Then as everyone is used to the new plan perhaps the Public Corporation may test out value based models.

Regional Offices: The Board has created 7 regional offices that have no commonality: For instance one regional office includes Eugene and Coos Bay. Eugene is mid-valley and Coos Bay is on the coast. Coos Bay has a public hospital, Eugene Springfield has non-profit and profit hospitals. The UHP will have a centralized financial system. It will be able to tell by the centralize records what hospitals or clinics or procedures are having problems. The public corporation can set up meetings, listening sessions when needed or upon request from any city in Oregon. The idea of a brick and mortar Regional Center is unnecessary and will add to the administration budget.

Thank you all once again. The Board has been of great service putting the plan together. I hope it will continue and work with the Legislator to bring the plan to fruition by 2032.

Support for Oregon's Universal Health Plan

I'm a constituent in Portland, ZIP code 97203, and I'm writing to express my strong support for Oregon moving forward with the Universal Health Plan currently being developed by the Universal Health Plan Governance Board.

I support the goal of providing universal medical, dental, vision, and mental health coverage to Oregon residents without premiums, deductibles, or copayments, using a publicly financed system.

I've been following the proposal described in the recent KFF/CBS News article, and I would like Oregon to continue pursuing this seriously as it comes before the Legislature in 2027.

Please support legislation that moves Oregon toward a universal, single-payer health care system.

Thank you for representing our community and for considering my views.

Jon Austin

Name	William Kinsey
Organization, if applicable	Self
Topic	I am a Medicare recipient with supplemental insurance. If a Universal Health Plan takes effect, (1) can I continue to choose my doctors and continue with my same doctors? (2) Do I continue coverage by my supplemental insurance? (3) Does the plan alter the discount I currently qualify to receive for certain medications?
Which UHPGB body is this public comment intended for?	Legislative Report Workgroup
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:	Individual Medicare consumer

Name	Lou Sinniger
Organization, if applicable	HCAO
Topic	Congratulations
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:	Community-based organization

Name	Michaele Dunlap, PsyD
Organization, if applicable	Independent Mental Health Practices Alliance (IMHPA)
Topic	Request for needed data collection.
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:	

To: Oregon Universal Health Plan Governance Board
From: Independent Mental Health Practices Alliance (IMHPA)
Re: Request for OHA Analysis of Oregon's Existing Psychotherapy and Behavioral-Health Delivery System

The Independent Mental Health Practices Alliance asks the Universal Health Plan Governance Board to direct or request the Oregon Health Authority to use the State's existing data resources and agency access to determine **which entities currently provide outpatient psychotherapy to Oregonians, how that care is financed, and how much of Oregon's existing psychotherapy delivery system is not visible in insurance claims data.**

This information is important to the design of a universal health plan. Before Oregon establishes reimbursement, contracting, network, and workforce assumptions for mental and behavioral health, the Board should have a reasonably complete picture of the delivery system that already exists.

1. Combine the State's existing claims resources

We request an analysis of **calendar-year 2024 outpatient psychotherapy**, including CPT 90832, 90834, 90837, 90838, 90846, 90847, 90849 and 90853. Psychiatric diagnostic services, including 90791 and 90792, should be reported separately.

For each service, identify the rendering provider as:

- Licensed Clinical Social Worker (LCSW)
- Licensed Professional Counselor (LPC)
- Licensed Marriage and Family Therapist (LMFT)
- Psychologist
- Psychiatrist
- Psychiatric/Mental Health Nurse Practitioner (PMHNP)

For each provider category and CPT code, report **number of encounters, unique patients, unique rendering clinicians when possible, payer-paid amount, patient cost-sharing, payer category, place of service, and network status when reliably available.**

The analysis should combine, rather than substitute one source for another:

APAC — Commercial and Medicare Advantage. Use Oregon's All Payer All Claims database to measure psychotherapy reported by commercial insurers and other applicable payers.

OHA Medicaid/OHP — Medicaid and CCO services. Use OHA's Medicaid claims and encounter data to capture psychotherapy delivered through Oregon Health Plan fee-for-service and Coordinated Care Organizations.

CMS Medicare — Traditional Medicare. Use Medicare fee-for-service data available to OHA under existing state/federal data arrangements where possible, supplementing those data through CMS if necessary.

Results should distinguish **commercial insurance, Medicaid/OHP, Medicare Advantage, traditional Medicare, and other identifiable financing sources** rather than combining them into a single insured population.

2. Measure services, not merely licenses

The Board needs to know both **who is available to provide care and who provides it**.

For each profession, OHA should therefore report:

1. percentage of Oregon's active behavioral-health workforce;
2. direct-patient-care FTE;
3. percentage of clinicians appearing in psychotherapy claims;
4. percentage of psychotherapy encounters delivered;
5. percentage of patients served; and
6. payments associated with those services.

Attention should be given to **CPT 90837**, so the Board can identify which professions currently provide Oregon's 60-minute individual psychotherapy and how reimbursement differs by profession and payer.

3. Explicitly identify what claims data cannot be seen

APAC does **not include uninsured and self-pay claims**. It also does not provide a complete accounting of several other financing arrangements, including certain self-funded ERISA plans and federal programs.

Therefore, APAC analysis alone should **not** be described as measuring all psychotherapy delivered in Oregon.

Every UHPGB analysis based upon claims data should identify the populations and services missing from its denominator.

Most important, psychotherapy for which a patient pays the clinician directly and **no insurance claim is submitted is invisible to APAC**. Yet those clinicians and their patients remain part of Oregon's existing behavioral-health delivery system.

Who provides Oregon's psychotherapy, who currently pays for it, and how much of the existing delivery system must a Universal Health Plan retain or replace?

Request to the Board

ORS 751.002 directs the Universal Health Plan Governance Board to collaborate with the Oregon Health Authority and other state agencies as it assesses Oregon's existing health-care system and designs the financing, administrative and provider structures necessary for a universal health plan.

OHA already maintains much of the information needed for this analysis. APAC also provides an agency-request mechanism for work performed by or on behalf of Oregon state agencies.

IMHPA asks that the UHPGB request OHA to perform this analysis using existing state-agency data access, interagency agreements, and existing federal data arrangements wherever available, rather than requiring independent clinicians or outside organizations to purchase partial datasets to answer a question fundamental to the design of Oregon's Universal Health Plan.

If existing state data cannot answer any portion of these questions, we ask the Board to identify **what information is missing and establish a method for obtaining it before making assumptions about behavioral-health workforce capacity, reimbursement, contracting or network adequacy.**

A universal plan cannot accurately assess the capacity of Oregon's behavioral-health system if it counts only the care that currently generates an insurance claim.

As we have advised, IMHPA has initiated two surveys, to be completed, one by independent practices, the second by owned mental and/or behavioral health care businesses.

Michaele P. Dunlap, PsyD
Executive Director
Independent Mental Health Practices Alliance (IMHPA)

Name	Andrew Blye
Organization, if applicable	N/a
Topic	State run healthcare
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

Name	Anthony Asbach
Organization, if applicable	None
Topic	How about you quit taxing us to death. It's already unaffordable and people are leaving this state. Between property tax, income tax, DEQ testing, local business taxes, utilities rate increases, peo0le are struggling. All this does is make it more unaffordable for more people. Quit turning this state into California.
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:	Prefer not to say

Name	Candice Kaiser
Organization, if applicable	UC
Topic	Testimony Re: Universal Health Plan — Draft V4 and Unresolved Implementation Questions Submitted by: Candice Kaiser, Josephine County
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 1
Please share your affiliation:	Individual Medicare consumer

PUBLIC COMMENT TO THE OREGON UNIVERSAL HEALTH PLAN GOVERNANCE BOARD

Re: Universal Health Plan - Draft V4 and Unresolved Implementation Questions
Submitted by: Candice Kaiser, Josephine County, Oregon

Members of the Universal Health Plan Governance Board:

I recently became aware of the significance of the Universal Health Plan proposal and have now read Draft V4. I am submitting these comments not simply as a Medicare beneficiary concerned about how the proposal might affect my own household, but as an Oregon resident concerned about its implications for working families, younger Oregonians, employers, retirees, and rural communities.

I recognize that Oregon's present health-care system has serious problems. Costs are high, coverage can be complicated, and many people have difficulty obtaining care even when they have insurance.

My principal concern after reading Draft V4 is that **health-care coverage and access to health care are not the same thing.**

1. Provider Capacity and Rural Access

The proposed plan promises broad coverage of primary care, specialty care, behavioral health, prescription drugs, dental and vision services, with very limited out-of-pocket costs. Draft V4 also recognizes the importance of provider participation, regional access and Oregon's existing workforce shortages.

Those two issues must be considered together.

In Southern Oregon, access to physicians and specialists is already difficult. In my own case, my primary-care provider is a nurse practitioner because obtaining a regular primary-care physician has become difficult. Nurse practitioners provide important care; my point is that this is evidence of an already strained health-care workforce.

> **What analysis has been completed to determine whether Oregon currently has enough physicians, specialists, nurses, behavioral-health professionals, dentists and other providers to deliver the increased access promised by the UHP?**
>
> **If utilization increases because financial barriers to care are reduced, how many additional providers will Oregon need, by specialty and region, and what is the plan and cost for developing that workforce?**

2. What Will Individual Families and Employers Actually Pay?

Draft V4 states that modeling projects that most households and employers would spend less overall under the UHP. But the draft also acknowledges that aggregate modeling does not tell us how many **individual households or businesses would pay more or less**.

That distinction is extremely important.

The financing section also presents five revenue options rather than a final financing recommendation. Under Option 1, the original 2022 design rate for the Health Care Personal Income Tax was 10.1 percent, while the estimated rate necessary for the projected 2032 implementation year is 13.5 to 15.9 percent, net of the proposed credit.

> **Before a financing structure is approved, will the Board publish understandable, updated examples showing the total financial effect on representative Oregon households and employers?**

Those examples should include lower- and middle-income working families, two-income households, self-employed workers, small businesses, larger employers, retirees relying on Social Security and pensions, and Medicare beneficiaries.

> **The public also needs a precise definition of the income subject to the HCPIT. Would the tax base include Social Security, pensions, IRA or 401(k) withdrawals, required minimum distributions, capital gains, interest or dividends?**

3. Medicare and Federal Approval

Draft V4 recognizes that Oregon does not control Medicare and that federal action would be required for full integration. It therefore discusses implementation pathways in which Medicare continues separately before possible later integration.

That raises an important question for Oregon's seniors:

> **What exactly would happen to Original Medicare, Medicare Advantage, Medigap and Medicare Part D if Medicare beneficiaries eventually enter the UHP?**
>
> **And equally important: What happens if the federal government does not grant the authority Oregon needs to integrate Medicare?**

If Medicare beneficiaries remain outside the UHP during an initial phase, there should also be a clear answer as to whether they would be required to contribute to UHP financing before receiving UHP benefits.

4. Eligibility and Federal Funding

Draft V4 expressly states that UHP eligibility would be based on Oregon residency and would not depend on immigration status.

At the same time, federal health-care funding is governed by federal eligibility requirements, and the draft acknowledges that federal requirements must continue to be followed when federal funding is used.

> **Therefore, has the Board calculated the cost of providing UHP coverage to residents who are not eligible for federal health-care funding, and what portion of that cost would have to be financed solely from Oregon-generated revenue?**

That figure should be available to legislators and the public as part of the financing analysis.

5. Startup Costs, Reserves and Implementation Risk

Draft V4 discusses substantial administrative infrastructure that Oregon would need to establish or oversee, including enrollment, claims administration, provider contracting and payment, data systems, customer service and financial management.

Yet important implementation costs remain unresolved.

> **Before Oregon commits to the financing structure, the public should know: What will it cost to build the UHP before it begins providing benefits? How will those startup costs be financed? How will the necessary operating reserve be capitalized, and when would taxes begin relative to when Oregonians actually begin receiving UHP benefits?**

6. What Must Be Answered Before Oregon Proceeds?

Draft V4 is candid that significant work remains, including outside review of financial estimates, household-level distributional analysis, dynamic economic analysis, federal coordination, implementation planning and broader public

engagement concerning the financing structure.

I appreciate that candor.

But these are not minor administrative details. They determine whether the proposed system is financially sustainable, whether Oregon has sufficient providers to deliver the promised care, and how individual Oregonians will actually be affected.

> **I therefore ask the Board to clearly identify what questions must be resolved, what federal approvals must be secured, what provider-capacity standards must be met, and what financial and operational milestones must be satisfied before implementation can begin.**

Oregonians should be able to understand not merely the goals of a universal health plan, but its practical consequences: **what care they will receive, whether providers will be available to deliver it, what they will pay, what happens to their existing coverage, and what happens if key assumptions do not materialize.**

Those answers are essential to an informed public discussion of a proposal of this magnitude.

Candice Kaiser
Josephine County, Oregon

Name	Carmen Haines
Organization, if applicable	None
Topic	This is basically the socialist radical Medicare for All under a different name. Just today I had a neck procedure and all over the desks stated that the Oregon Health Plan is NO LONGER ACCEPTED. It's not the only place I've seen this. You want to take my Medicare funds and give it to illegal aliens and all the others that don't pay into this system. I love the NGO's involved which means ZERO accountability and becomes the largest fraud free for all just like MN. I will NOT conform to a "community" socialist plan with "equity" and give up what I earned by working hard all my life. My out of pocket expense for this procedure today was $0.00. I've had 3 surgeries on my arm and my out of pocket expense was $0.00. I had poor care and complained to my doctor i was having difficulty breathing, was forcefully vomiting every morning and every night. It bruised my face from the force and aspirated it into my lungs and they thought I had lung cancer. It was from a heart attack that killed part of my heart. All the doctor cared about was threatening me by keeping critical medicine from me unless I did all these stupid tests that were unrelated and unnecessary. I literally contacted my previous PCP and told him I thought I was dying. He started seeing me again and had made a huge possitive

	difference in my life, health conditions and overall happiness. It was too late and now I have an Oregon POLST. On top of all that, your numbers are wrong. You have not finished analysis yet the Governor Kotek is being DISHONEST. Oregon has FAILED on managing the current Oregon Health Plan. You have NOT disclosed the Medicaid hidden laws that basically will TAKE a person on Medicaid property that they want when you die where you are not allowed to fight them during the estate process. I see Oregon leaders drooling over huge money grabs. People will lose a lot of benefits because businesses will choose this with their tax breaks forcing their employees to take a Universal Health Care plan poorly ran, no verifications on people who leave leaving that money going to the non-profits and bureaucrats and ask that money gone. Why are we paying for people who are legally not allowed in the country? Please explain that one!
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

Name	Ciatta Thompson
Organization, if applicable	N/A
Topic	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 comments are general or specific to a vote on the agenda.	Option 1
Please share your affiliation:	Individual private insurance consumer

Name	Dina OBrien
Organization, if applicable	Na
Topic	Universal Healthcare 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.	Option 1
Please share your affiliation:	Uninsured

I am an Oregon resident and taxpayer, and I am asking you to seriously reconsider moving forward with a universal health care system of this magnitude.

I believe every Oregonian should have access to quality health care. But access to health care should not come at the expense of making Oregon families and businesses carry an enormous additional tax burden.

The numbers being discussed are staggering. The current modeling indicates that approximately $35.5 billion in additional revenue every year would be needed beyond

existing public funding. The proposed funding models include substantial additional taxes on personal income and employer payroll, along with increases to other taxes.

For many Oregon families, this isn't an abstract number. **We are the people who will ultimately pay for this.**

Oregonians are already struggling with the cost of housing, groceries, utilities, transportation and existing taxes. Adding another massive financial obligation to working families and employers deserves an extremely high level of scrutiny.

I am also deeply concerned that the statutory deadline of **September 15, 2026, for a comprehensive implementation plan has passed without that required plan being delivered.** If the state cannot provide Oregonians with a complete and transparent plan showing exactly how this system will work and how it will be sustainably funded, I do not believe we should be moving forward with it.

Before asking Oregon taxpayers to commit tens of billions of dollars every year, I believe we deserve clear answers:

Name	Donna Gustafson
Organization, if applicable	N/A but am a FG City Councilor representing my own opinion
Topic	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?	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:	Health system

Public Comment on Healthcare Supply Chain Pricing

To the Universal Health Plan Governance Board
For the October 15 2026 meeting

Dear Members of the Board,

Thank you for your work toward ensuring every Oregon resident has access to affordable, high-quality healthcare.

As you develop the Universal Health Plan, I urge you to include stronger purchasing and pricing controls for pharmaceuticals, medical supplies, and equipment. Healthcare affordability requires attention to the entire supply chain. Limiting payments to hospitals and other providers cannot fully address costs if the products they need remain unaffordable.

Please evaluate negotiated pricing, pooled purchasing, and reasonable price ceilings, along with greater transparency around manufacturer prices, distributor markups, and pharmaceutical middlemen's fees. These measures should include safeguards to prevent shortages, preserve quality, and ensure access to necessary treatments and equipment.

A sustainable healthcare system must address both what patients pay for care and what providers pay to deliver it. Patients, healthcare workers, and providers should not bear the burden of excessive costs elsewhere in the supply chain.

Respectfully,

Donna JM Gustafson
Forest Grove resident and City Councilor

Submitting these comments in my personal capacity. These comments do not represent an official position of the Forest Grove City Council.

Name	Greg Tillman-White
Organization, if applicable	UVYFC
Topic	Universal Health Care is an untenable option given the history of Oregons management of healthcare systems
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 comments are general or specific to a vote on the agenda.	Option 1
Please share your affiliation:	Community-based organization

Name	Howard Snyder
Organization, if applicable	Individual
Topic	Against Universal Healthcare in Oregon
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
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 private insurance consumer

Name	Janel Sigley
Organization, if applicable	N/A
Topic	Concerned citizen AGAINST Universal Healthcare
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 2
Please share your affiliation:	Uninsured

Name	Jason prophet
Organization, if applicable	Taxpayer
Topic	NO TOO SOCIALISM ! NO NEW TAXES
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 2
Please share your affiliation:	Prefer not to say

Name	Jeremy Milker
Organization, if applicable	None
Topic	Stealing our tax money to pay for illegals everything!
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

Name	Jim Rabe
Organization, if applicable	N/a
Topic	Universal health care, absolutely the worst idea you could try to implement. No.
Which UHPGB body is this public comment intended for?	Legislative Report Workgroup
Are written comments submitted with this form?	No
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 Medicaid consumer

Name	Karen Bartley
Organization, if applicable	A concerned Oregon citizen
Topic	Unethical Governor Tina Kotek and legislative committee leaders approved a delay of the board's legally mandated September 15 report of the comprehensive 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
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:	Prefer not to say

Dear

The following is stated in an article from Oregon Catalyst October 5th 2026. Every citizen of Oregon needs to know what you are proposing before the November ELECTION

"Following a letter Representative Yunker sent last week to the Universal Health Plan Governance Board, the board's chair confirmed in a written response that Governor Tina Kotek and legislative committee leaders approved a delay of the board's legally mandated September

15 report of the comprehensive plan. However, an official legal analysis by the Office of Legislative Counsel provided to Representative Yunker confirms that the Governor and the committee chairs **possessed no statutory authority to override state law and grant that extension**."

Loss of Medicare: Taking away traditional Medicare options and forcing Oregon seniors into the new staterun system.
• Funding for Undocumented Immigrants: Using state taxpayer dollars to fund comprehensive healthcare coverage for individuals in the country illegally.
• Magnified State Income Taxes: Imposing a new state income tax calculated on Adjusted Gross Income (AGI) rather than taxable income—a magnifying effect that taxes working families before standard deductions are applied.

I for one do not want the Kotek or the board to touch my Medicare Insurance or fund undocumented immigrants or impose new taxes.

Sincerely

Karen Bartley

Roseburg Oregon

Name	Kimberly faber
Organization, if applicable	None
Topic	Universal health care. Do not want to padd
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 private insurance consumer

Chair and members of the workgroup,

Thank you for the opportunity to speak today.

My name is Kimberly Faber, and I am here to express my opposition to the proposed Universal Health Plan.

Let me begin by saying that I support the goal of making health care more affordable and accessible. I believe every Oregonian deserves access to quality medical care. However, I

do not believe this proposal is the right solution, and I am concerned it could create significant unintended consequences for our state, our businesses, our workforce, and the very patients it intends to help.

One of my greatest concerns is the plan's reliance on new taxes, including an employer payroll tax and a personal income tax. Oregon families are already struggling with rising costs for housing, food, fuel, utilities, and everyday necessities. Adding another major tax burden could make it more difficult for families to get ahead and could drive employers to reduce hiring, reduce hours, relocate, or avoid expanding in Oregon altogether.

As a small-business supporter, I am particularly concerned about the impact on employers. Many businesses already operate on thin margins. Additional payroll taxes may be manageable for large corporations, but they could be devastating for small businesses that are the backbone of many Oregon communities.

I am also concerned about the proposal's broad eligibility standards. Under the plan, eligibility is primarily based on residency, regardless of immigration status or housing status. While I believe everyone deserves compassionate care, we must honestly ask whether Oregon taxpayers can sustainably fund such an expansive system without placing enormous pressure on state finances.

Another concern is provider capacity. Even today, many Oregonians struggle to find primary care providers, behavioral health services, specialists, and timely appointments. Expanding coverage to everyone does not automatically create more doctors, nurses, therapists, or hospital beds. My concern is that we could end up with more people covered on paper but facing longer wait times and fewer choices in reality.

I am also skeptical that a single statewide system can deliver the efficiency promised in this report. Large government-administered programs often face challenges related to cost overruns, bureaucracy, and accountability. Once such a system is created, it becomes very difficult and expensive to reverse course if the assumptions prove wrong.

Additionally, many Oregonians are satisfied with their current employer-sponsored coverage, Medicare coverage, union health plans, or other private insurance arrangements. We should be cautious about replacing or disrupting systems that many people rely on and value.

I believe there are better alternatives. Rather than creating an entirely new statewide health care system, Oregon should focus on targeted reforms that address affordability, increase provider availability, reduce administrative costs, improve rural health care access, strengthen behavioral health services, and support those who fall through the cracks of the current system.

The goals behind this proposal are admirable. But good intentions alone do not guarantee good policy. Before asking taxpayers and employers to fund a massive new program, we must be certain it is financially sustainable, operationally realistic, and capable of delivering better outcomes than the system we have today.

At this time, I do not believe that standard has been met.

I respectfully urge the Legislature to reject this proposal and instead pursue practical, targeted reforms that improve health care access and affordability without creating a costly and untested statewide universal health care system.

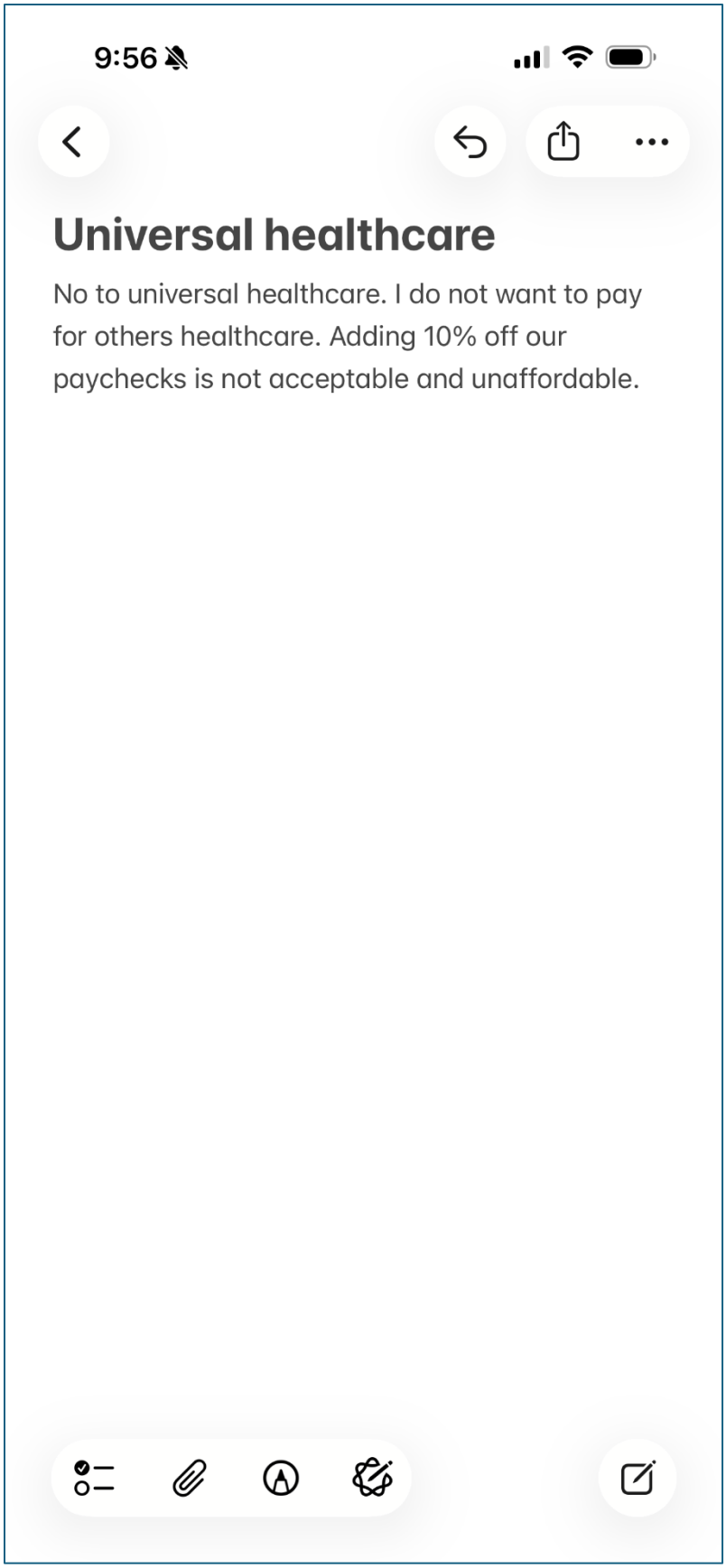
Thank you for your time and

The question isn't whether health care should be affordable. The question is whether this particular plan can deliver what it promises without creating new financial burdens, reducing choice, and overwhelming a system that is already struggling to meet demand. I do not believe it can.

Kimberly Faber

St Paul , Oregon

Name	Laura Claeys
Organization, if applicable	Na
Topic	Universal healthcare
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


9:56
Universal healthcare
No to universal healthcare. I do not want to pay for others healthcare. Adding 10% off our paychecks is not acceptable and unaffordable.

Name	Lilly Adams
Organization, if applicable	Oregon tax paying citizen
Topic	The 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
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:	

Written Public Testimony

In Opposition to the Oregon Universal Health Plan and the Taxes Proposed to Finance It

Lilly Adams
Keizer, Oregon
October 6, 2026

Universal Health Plan Governance Board
Oregon Legislative Assembly
900 Court Street NE
Salem, OR 97301

Re: Opposition to the draft Universal Health Plan and its payroll, income, and business tax increases

Chair, members of the Board, and members of the Legislature:

I oppose the Universal Health Plan now being drafted for submission to the Legislature, and I oppose the tax increases proposed to pay for it. The stated aim — that no Oregonian should be ruined by a medical bill — is a serious one. The financing plan in front of you is not a serious answer to it. It would impose some of the largest tax increases in Oregon history to stand up a government-run payer whose cost, legality, and staffing the Board itself has not settled.

This is not yet law. It should not become law on the schedule now contemplated.

What the draft actually taxes

The Board was created by the 2023 Legislature to design a plan and report back. The statutory due date was September 15, 2026. That deadline was missed. Materials still in circulation aim at a December 1, 2026 submission, a possible 2027 legislative vote or 2028 ballot referral, and a start date around 2032. Coverage would be medical, dental, vision, and mental health for every resident, with no premiums, deductibles, or copayments.

The June 18, 2026 Draft Revenue Proposal Summary (Version 4), calibrated in 2022 dollars to a revenue-replacement target of about $16.9 billion, proposes:

An employer payroll tax of 9.6 percent on firm payroll above $500,000, estimated to raise about $8.7 billion, more than half of the new revenue.

A new health-care personal income tax of 10.1 percent on income above 200 percent of the federal poverty level, estimated to raise about $7.3 billion.

A 3.0 percentage-point surcharge on the corporate income tax, on top of the existing 7.6 percent rate, about $639 million.

A 0.10 percentage-point add-on to the Corporate Activity Tax, on top of the existing 0.57 percent, about $215 million.

A lodging-tax add-on that, as of that draft, the Board had not even adopted.

Those are the design rates. They are not the rates required in the year the plan would open. The Board's July 16, 2026 presentation put the 2032 revenue-replacement target at $30.2 billion to $35.5 billion, with a middle estimate near $32 billion. To hit that target with the same tax mix, the Board's own slides show an employer payroll tax of about 9.9 to 11.6 percent, a personal health-care income tax of about 13.5 to 15.9 percent, and a corporate-income surcharge of about 4.25 to 5.0 percent. The same presentation lists, under "cons," a "difficult economic environment for ANY new taxes" and "sticker shock of 14.3%" on the personal health-care tax.

Actuarial work prepared for the Board by Milliman put 2032 spending near $85.5 billion in the central case, with a range of roughly $77 billion to $94 billion, and staffing on the order of 13,000 to 25,000. An earlier consultant, hired by the prior task force, estimated a much smaller bill and modest savings. The Board has not reconciled those estimates. A finance-committee minority, including former analyst Jeff Gudman, called the revenue plan incomplete. Gudman's judgment is the right one for a proposal of this size: "The goal is noble. But a vision without a framework for executing that vision is just that — a vision."

These are new taxes, not a free replacement for premiums

Supporters describe the package as a reorganization of money Oregonians already spend on premiums and out-of-pocket costs. That is the aspiration. It is not what the statutes would do. Premiums are voluntary contracts. These would be compulsory taxes, collected by the Department of Revenue, with no opt-out for people who keep a plan they already have, and with rates that rise automatically as medical spending rises.

Oregon's top personal income-tax rate is already 9.9 percent. A health-care add-on of 10.1 percent, or 13.5 to 15.9 percent in the 2032 scenarios, applies to income above the poverty exemption. On that slice of income the combined state marginal rate would land in the low-to-mid 20s before any local tax. In Multnomah County, Preschool for All already adds 1.5 percent above $125,000 single / $200,000 joint, and another 1.5 percent above $250,000 / $400,000, with a further increase scheduled for 2027, and Metro's supportive-housing tax adds another 1 percent above similar thresholds. A Portland household would be asked to stack a new statewide health tax on taxes voters were told were for preschool and housing.

The Board's own household examples do not show a universal tax cut. Materials prepared for 2026 focus groups, as published by Health Care for All Oregon from the Board's preliminary summary, show a household of four with employer coverage and $250,000 of income paying about $11,759 a year under the plan, against about $10,688 today. Self-employed filers do not get the 50 percent credit employees receive for the employer payroll tax. On the Board's July slides, a self-employed person's effective health-care income tax climbs from about 5 percent in the middle-income bands toward the mid-teens at

high incomes. The people who already buy their own coverage would be taxed twice in spirit — once without an employer credit, and again with no private plan left to drop.

A payroll tax is not a tax on "business" in the abstract. Economists have long found that payroll taxes are borne largely by workers, as lower wages or fewer hours. A 10 to 12 percent tax on payroll above $500,000 is a cliff: a firm just over the line owes the tax on every dollar above it, whether or not it offers insurance today. Small employers that compete with larger firms will not be able to hand the cost to customers in traded sectors. They will hire less, raise prices, or leave.

The precedent is not theoretical

Vermont is the only state that got this close. In December 2014, Governor Peter Shumlin — who had campaigned on single-payer — abandoned Green Mountain Care after the financing came back. He said an 11.5 percent payroll tax and an income-based charge topping out at 9.5 percent "might hurt our economy," and that it was "not the right time." Oregon's 2032 design rates are in that range or above it, in a state with a higher existing income tax, a corporate activity tax Vermont did not have, and a smaller tax base relative to the medical bill.

Oregonians have already answered a smaller version of this question. On May 19, 2026, Referendum 120 repealed the gas-tax, payroll-tax, and registration-fee increases in House Bill 3991. The no vote was about 83 percent to 17 percent. A Board that lists "difficult economic environment for ANY new taxes" as a con of its own plan should not need a second election to hear that.

Measure 111, passed in 2022 by 951,446 to 924,231, says the state shall ensure access to cost-effective, clinically appropriate, and affordable care. It did not enact a payroll tax, an income-tax add-on, or a single payer. A 51–49 constitutional statement is not a mandate for a $30 billion tax system.

Legal and operating risks the draft does not retire

Employer plans governed by federal ERISA cannot simply be dissolved by Salem. The Board's own revenue write-up designs the payroll tax as a "generally applicable levy to minimize ERISA risk." Minimizing a risk is not eliminating it. Large self-insured employers can be expected to litigate, and if they win, the tax base shrinks while the benefit promise does not.

Medicare and Medicaid dollars, which the model counts on to hold the state tax bill down, require federal waivers the state does not have and cannot compel. If those waivers are narrower than assumed, or late, the residual falls on the same two taxes — payroll and personal income. The June draft's $16.9 billion figure also excluded startup costs. A new public payer staffed in the tens of thousands is not free to stand up.

Zero cost-sharing is not a free benefit. Copays and deductibles are blunt, and they harm people who are already sick. Removing all of them, for every service including dental and vision, raises use. The Board's savings case leans on an administrative cut it has described as a conservative 10 percent and on drug savings it has not locked in. Other state and national single-payer estimates have missed in the other direction once utilization is counted. If the Milliman high case is the one that arrives, the tax rates above are the floor, not the ceiling.

What I am asking

Do not refer this plan to the 2027 session as a finished product, and do not send it to the ballot as if the financing were settled. Before any bill is drafted I ask the Board and the Legislature to:

Publish a single reconciled cost estimate for 2032, with utilization, startup, reserves, and the cost of the dental, vision, and mental-health benefit, and stop citing the 2022 design rates as if they were the rates residents would pay.

Show the marginal tax rate — state income tax plus the health-care add-on plus Metro and Multnomah taxes — for representative households, including the self-employed, not only the effective rate after credits.

Model the wage and employment effect of a 10 to 12 percent payroll tax above $500,000, including firms that do not now offer rich coverage.

State in writing what happens if an ERISA challenge succeeds or a federal waiver is denied or delayed.

Separate the coverage problem from the single-payer project. Oregon can expand reinsurance, tighten hospital pricing, and help people who are uninsured or underinsured without replacing every private plan and every Medicare relationship in the state.

I will support practical steps that lower the price of care and close specific gaps. I will not support a new 10 to 16 percent income tax and a 10 to 12 percent payroll tax to build a system the Board's own members have called unfinished, on a deadline the Board has already missed, in a year when voters rejected a far smaller payroll-tax increase by four to one.

Please enter this letter in the record as opposition.

Respectfully,

Lilly Adams
Keizer, Oregon

Sources relied on

Universal Health Plan Governance Board, Draft Revenue Proposal Summary V4, June 18, 2026 (oregon.gov/uhpgb). Employer payroll tax 9.6% above $500,000; health-care personal income tax 10.1% above 200% of FPL; corporate income-tax surcharge 3.0%; Corporate Activity Tax add-on 0.10%; revenue-replacement target about $16.9 billion in 2022 dollars.

Universal Health Plan Governance Board presentation, July 16, 2026. 2032 revenue-replacement target $30.2 / $31.9 / $35.5 billion; corresponding payroll-tax rates about 9.9–11.6% and personal-tax rates about 13.5–15.9%; listed cons include the tax environment and "sticker shock of 14.3%."

ECOnorthwest finance and revenue report and Milliman expenditure modeling, as cited in Board materials, 2026. Central 2032 expenditure estimate about $85.5 billion; range about $77.4–$94.0 billion.

The Lund Report, May 12, 2026, "Members of a state universal health board split as deadline nears." Finance-committee majority and minority reports; Gudman statement; conflicting cost estimates.

Health Care for All Oregon summary of Board focus-group figures, spring 2026. Household-of-four examples, including about $11,759 versus about $10,688 at $250,000 of income.

Politico, December 20, 2014, “Why single payer died in Vermont.” Governor Shumlin abandoned the plan after an 11.5% payroll tax and income charges up to 9.5%.

Ballotpedia, Oregon 2026 ballot measures. Referendum 120, May 19, 2026: about 1,012,663 no (83%) to 207,066 yes (17%), repealing tax increases in HB 3991. Measure 111 (2022): 951,446 yes to 924,231 no.

Oregon Department of Revenue personal income-tax brackets (top rate 9.9%); Multnomah County Preschool for All rates of 1.5% and 3% for tax year 2026, with a scheduled increase in 2027.

Name	Megan T
Organization, if applicable	n/a
Topic	Elapsed deadline of comprehensive 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?	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 1
Please share your affiliation:	Individual private insurance consumer

Name	Mohammed Mohammed
Organization, if applicable	Prosperity Medical Transport
Topic	I strongly oppose the creation of a taxpayer-funded Oregon health care system. I do not support moving forward with a plan that would place health care financing, provider participation, and patients' access to care under centralized state control. Health care professionals invest years of education, training, licensing, debt, clinical risk, and hard work to build their practices. Their professional licenses should not become instruments for government control over their labor. The state must not use its financing authority to commandeer an entire profession, dictate compensation, restrict independent practice, or make participation in a government system effectively mandatory or the participation in a free market an exclusion based on regulatory capture. When government takes control of a healthcare workers' patient base, reimbursement, practice options, and ability to operate independently, it creates a dangerous precedent. The state appears to be claiming rights to functionally take the economic value of a person's license, training, labor, and professional participation. This is effectively eminent domain seizure of citizen participation in the marketplace. It is abhorrent to believe a certain category of worker shall be unable to participate in the economy without

	complete abdication to the regime. Health care professionals invest years of education, training, licensing, debt, clinical risk, and hard work to build their practices. Their professional licenses should not become instruments for government control over their labor. The state must not use its financing authority to commandeer an entire profession, dictate compensation, restrict independent practice, or make participation in a government system effectively mandatory. When government takes control of a professional's patient base, reimbursement, practice options, and ability to operate independently, it creates a dangerous precedent. Even if no physical property is seized, the state can still functionally take the economic value of a person's license, training, labor, and professional participation. This is effectively eminent domain seizure of citizen participation in the marketplace. It is abhorrent to believe a certain category of worker shall be unable to participate in the economy without complete abdication to the regime.
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 1
Please share your affiliation:	Community-based organization

Name	Sean Browning
Organization, if applicable	n/a
Topic	Citizen money needs to be spent on bonafide Oregon, American citizens, not outsider non-citizens. Don't be a bad custodian of public money. It doesn't belong to you or your friends.
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	Stephen Demergasso
Organization, if applicable	St. Philbert's Hazelnuts, LLC
Topic	Tax Increases
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 1
Please share your affiliation:	Uninsured

October 6, 2026

Regarding: UHPGB Proposed Tax Increases

Message: The tax increases proposed by your board are pure insanity. We are farm operators in this state. We grow blueberries, hazelnuts and operate a u-pick fruit stand. To operate our business, we depend on a robust ecosystem of processors and suppliers. If you double the income tax and double the payroll tax as you propose, you will destroy this fragile ecosystem.

The health of Americans poor because of our horrible DIET. Doubling our income and payroll taxes will not make people healthy. Money is not the answer. The answer is in the FOOD. Fix the food supply.

The healthcare executives on your board are clearly self serving their own interests. This is disgusting and corrupt.

Stephen Demergasso

Name	Trisha Spadt
Organization, if applicable	Self
Topic	UHPGB Stop the political games we do not consent to this plan! Especially not the way you are going about this against people's will and knowledge. I will choose my insurance. Not interested in your communist destruction, and dictatorship.
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	Will Hobson
Organization, if applicable	Libertarian Party of Oregon
Topic	UHPGB draft 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?	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 1
Please share your affiliation:	Community-based organization

Name	Carissa Burdon
Organization, if applicable	None
Topic	Universal health Care in Oregon. I do not agree with this vast tax payer funded insurance plan. We can not afford it.
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	Chuck Crockett
Organization, if applicable	None
Topic	Proposed policy changes that includes out of state people.
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:	Prefer not to say

My name is Chuck Crockett,

I am a long time resident of Oregon who opposes these changes. First we should not be paying for illegal immigrants health insurance. We should not be paying for out-of -state people. This will increase healthcare costs resulting in a higher cost of living because this cost is funded by tax payers. Oregon's government is currently wasting billions of dollars on unnecessary policy changes while schools and the economy suffer. These changes are unnecessary and do not reflect the people of Oregon. These are backdoor deals with

specific orgs and groups which is not proper legal representation of the people of Oregon. Oregon's Democratic party has shown to be unfit to govern and purposely wastes tax payer money on policy that is not needed. The 11th Amendment also creates a legal situation because it prevents other states from suing states in federal court. If someone out of state commits a crime under this healthcare policy Oregon is powerless. This would lead to expensive out of state court cases plus a loophole to allowing fraud and misuse for the policy. Removing illegal immigrants from Oregon healthcare should be the priority for the Oregon healthcare board. Based on all of the facts stated I and almost all in the Freedmen(Black) community reject these policy changes.

Name	Cynthia Swenberg
Organization, if applicable	Individual
Topic	Oregon Universal Healthcare I have worked hard all my life. Paid into Medicare for 50 years. In addition I paid out of pocket for Health Insurance all those years. I made job decisions around making certain I could afford good Healthcare. Now I am the age where I can take advantage of the Medicare system I paid into. I also pay for a supplemental medical policy. This gives me peace of mind that I can receive care when needed. Now you, without approval from the citizens of Oregon want to take that away. You constantly speak of Choice. What Choice do I get in this matter. Obama Care was a total failure, Americans were lied to. Now you want to do the same. I vehemently oppose your plan. We don't need another bureaucracy. Let me decide my Healthcare choices. Thank you
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	Option 1

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 Medicare consumer

Proposed Universal Health Plan

Dear Governance Board,

As a retired couple, we are deeply concerned about the proposed tax we would need to pay to institute this type of coverage. For the past 50 plus years of working we paid into a system to cover us during our retirement year.
I now understand that Oregon is considering to charge us for healthcare we already paid into (Medicare). Because we worked and paid into a pension, planned for retirement (annuity and IRA) we will be taxed at a high rate for a plan we thought we already paid into. I urge you to not proceed with this plan. If it goes through we would be forced to sell 0ur home and move out of the state.

Sincerely,

Donald Pearson

Name	Jill Brandt
Organization, if applicable	N/A
Topic	Draft 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?	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 1
Please share your affiliation:	Uninsured

Name	John Paul Harmon
Organization, if applicable	Harmon Family
Topic	Proposed universal health care plan enrollment and renewal mechanism.
Which UHPGB body is this public comment intended for?	Legislative Report Workgroup
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

Hello,

As a Medicare Part A only elderly couple, we want nothing to do with any health plan. We want to be able to opt out, and we want to no automatic renewal that might enroll us against our will. We'd rather pay as we go, and control our own health care decisions rather than submitting to an Oregon committee. In the limited travel we undertake, we want to

know that our minimal Medicare is accepted wherever we go, and that we can choose our own doctors, nurses, and medical laboratories.

Further, as UK, Canadian, Cuban, and Venezuelan experience has amply demonstrated, socialized medicine is disastrously bad for all involved. Do not move this idea into law for Oregon.

John Paul & Kathleen Amata Harmon

Albany, Oregon

Name	Kathy McCullough
Organization, if applicable	Self
Topic	Universal Health Plan - we can't afford it. NO
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

Name	Kevin Halteman
Organization, if applicable	n/a
Topic	I do not think Oregon should pursue this type of legislation and additional taxes at this time. I believe our efforts would be better used to FIRST make our government more effective = root out fraud, waste, abuse in various elements of government and design better systems/processes to be more effective & accountable especially in healthcare. I also think we would be better served by FIRST focusing on HEALTH and WELLNESS vs. more healthcare. A healthier population will pay massive dividends in cost savings and healthier, happier, more productive society. There's too much healthcare (sickcare) and not enough HEALTH focus in America.
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
FOR BOARD MEETINGS ONLY: The board reserves time for general public comments and a separate time for comments specific to matters they are	Option 1

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

Name	Kimberly Rice
Organization, if applicable	Taxpayers of Oregon
Topic	Universal Healthcare
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:	Prefer not to say

I am urging a NO Vote on the Universal Health Plan. Oregonians will be worse off with this kind of healthcare, because it picks winners and losers. People will die before they can receive care. It will be a burden on an overly taxed populus. Canada and the UK have shown us what an train-wreck Universal Healthcare is for them. Finally, Healthcare should be for citizens only, not for those who are from other states or countries.

Name	Laurie kimmell
Organization, if applicable	none
Topic	A government run healthcare system reduces competitiveness and ends up rationing care, putting the burden on the tax payer to fund healthcare for out of state students, illegals, and those incarcerated. The Canadian Healthcare system is a prime example. Thehe Prosperity Council recommended to the Governor that the tax code is already too heavy on income taxes. The rates on modest earners are higher than in California or Washington. The council asked for lower effective income-tax rates, a CAT tax overhaul, and estate-tax reform. A 9.6 percent payroll tax and a 10.1-point income surtax is contrary to the prosperity council recommendations. Manufacturing, and professional firms can put their next site in a neighboring state. A exorbitant payroll tax equates to a job creation tax. A household just over the exemption does not pay 10.1 percent of all income. A single earner at $80,000 does pay 10.1 percent on nearly $50,000, on top of the ordinary state tax. A two-earner household well into the middle class pays it on a large share of Oregonians, whether or not they use much care. Oregon doesn't need to mess with private healthcare systems.
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.	
Please share your affiliation:	

8 October 7 2026

TO: Universal Health Plan Governance Board

FROM: Laurie Kimmell, MSgt, USAF (Ret.)

SUBJECT: Universal Healthcare for Oregonians

Please Accept my written testimony

a. A government-run healthcare system reduces competitiveness and ends up rationing care, putting the burden on the tax payer to fund healthcare for out-of-state students, illegals, and those incarcerated. The Canadian Healthcare system is a prime example. Care is rationed. The system is highly abused.

b. The Prosperity Council recommended to the Governor that the tax code is already too heavy on income taxes. The rates on modest earners are higher than in California or Washington. The council asked for lower effective income-tax rates, a CAT tax overhaul, and estate-tax reform. A 9.6 percent payroll tax and a 10.1-point income surtax is contrary to the prosperity council recommendations.

c. Manufacturing and professional firms can put their next site in a neighboring state. A exorbitant payroll tax equates to a job creation tax. A household just over the exemption does not pay 10.1 percent of all income. A single earner at $80,000 does pay 10.1 percent on nearly $50,000, on top of the ordinary state tax. A two-year-old household well into the middle class pays it on a large share of Oregonians.

d. The question is who will receive care? Will it be poachers from other states that cannot obtain healthcare move to Oregon and overburden Oregon's system? Then will Oregonians be denied healthcare because of poachers? Oregon's healthcare took a declined during COVID. Many practioners left the state so that they could practice medicine without government restrictions. The same could happen under a state-run universal healthcare plan.

LAURIE KIMMELL, MSgt, USAF (Ret.)

Name	Linda Thomas
Organization, if applicable	Non
Topic	If you tax me another 10% for insurance I don't want when I work in Oregon but live in Washington I will quit and go to work in Washington where I live. You suck!
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:	Prefer not to say

Name	Michael Berry
Organization, if applicable	Self
Topic	Delayed Report on Comprehensive Plan for Government-Run Healthcare which was Due September 15, 2026
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:	Prefer not to say

Date: Wednesday October 7, 2026

To: Members of the Oregon Universal Health Plan Governance Board

From: Michael S Berry (Citizen of USA and Oregon Resident) T: 541.580.9412

Subject: Postponement of Government-Run Healthcare Report

Only 2 days ago, I learned of the emergency meeting scheduled for Thursday, October 8, 2026. Consequently, my comments may be coming in late.

Please be aware of the following allegations. These are not my allegation, but they concern me greatly. That said, I have no reason whatsoever to doubt the allegations.

1. Governor Kotek and Democrat leaders broke the law to hide their government-run healthcare takeover until after (the electorate votes in the 2026 General Election).

2. The Universal Health Plan Governance Board was required to release its report on September 15. They didn't. Kotek and the committee chairs approved the delay anyway. Legislative Counsel says they had no authority to do it. They buried it because voters would reject it.

3. What is already known from the draft: • Seniors lose traditional Medicare and get forced into the state system • Your tax dollars pay for full coverage for people here illegally • A new income tax hits AGI, before deductions, so working families pay more.

4. A report that takes away Medicare and raises taxes does not get shelved by accident three weeks before an election. That is a cover-up.

My question to you: From your vantage point, which (if any) of these allegations do you believe to be true? If nothing else, please submit this question for your own consciences to ponder.

My request of you: Please "step up" and do the right thing. Please do not bend to the will of anyone who is acting in an unethical manner to serve their own self-interest… even if that someone is the governor who appointed you.

Thank you.

Name	Nick middleton
Organization, if applicable	Self
Topic	Universal health care
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:	Prefer not to say

To whom it may concern.

The Oregon universal health plan is ridiculous. Do not pass this. Stop taxing Oregonians for projects the state has no business being involved in.

Do not pass this!

Name	Lou Sinniger
Organization, if applicable	HCAO
Topic	Legislative Ask
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:	Community-based organization

TO: UHPGB

FR: Lou Sinniger

Sept. 28, 2026

I have been watching many if not most of the UHPGB meetings including the Subcommittees during the last 2 years. Everyone on the Board and subcommittees are voluntary positions. Hats off and many grateful thank you' s to you all. You all have done a great job. Some have spent more outstanding hours and are especially appreciated.

I attended the last Legislative Report Committee, which has done a tremendous job putting together the main elements of your work for the legislators.

The team did a great job putting together the Benefits and Payment structures. The health insurance, pharmaceutical, and equity companies have added so much administrative and profit margins that it is difficult to find all the savings a publicly financed universal health plan will provide. This is something the Milliman consultants failed to at all at first and only found a few later on. For example, I receive two reports a month from my insurance company double sided 8 pages long reporting on my pharmaceutical and physical expenditures and coverages. Such administrative clerical would not be necessary under a Universal Health Plan (UHP).

Major Items Not Done or Incomplete:

Public Corporation: To my knowledge there remains no cost analysis to run the public corporation. However, there has been some thought given to the cost of administration between 3% to 6%. Taiwan administrative costs are around 2%.

Start Up Funds: The Public Corporation or Legislation will have to establish a startup fund of 2 to 3 months in advance of UHP. This could be $6B given the estimated annual cost for UHP.

Medical Card: While the Board did talk of a medical card no decision or steps were taken. A medical care is used in Japan and Taiwan. It carries all medical records for everyone enrolled in the health plan. This would be a blessing and ultimately lower administrative costs in the future but now analysis has been done to identify initial costs and ultimate savings.

Payment allowances for Providers: How much will the plan pay the providers? While the Board recommends a normalization fee structure so that providers are paid the same no matter the income status of the patient, No estimate has ever been discussed. Considering the savings the providers would have like billing, insurance claims and hassles, administration, and bill collections, what would be fair and adequate compensation? Perhaps the Public Corporation will be responsible for this very important aspect of the UHP.

Questionable Board Decision:

Implementation: I favor implementing the UHP covering everyone at once. My reasoning is based on my complete distrust of the market place. The insurance, pharmaceutical, and equity companies are not in favor of losing huge profits to a publicly financed universal healthcare plan. They will use every tool at hand including media and misinformation to show that such a plan is harming the public. If Oregon does a step by step implementation it will give the market more time to use those powerful tactics.

Value base Model: The value based model is used in varying degrees. However, it is an administrative burden for the providers. It would be far better when implementing a new plan to pay according to the system already used at the time of implementation. Then as everyone is used to the new plan perhaps the Public Corporation may test out value based models.

Regional Offices: The Board has created 7 regional offices that have no commonality: For instance one regional office includes Eugene and Coos Bay. Eugene is mid-valley and Coos Bay is on the coast. Coos Bay has a public hospital, Eugene Springfield has non-profit and profit hospitals. The UHP will have a centralized financial system. It will be able to tell by the centralize records what hospitals or clinics or procedures are having problems. The public corporation can set up meetings, listening sessions when needed or upon request from any city in Oregon. The idea of a brick and mortar Regional Center is unnecessary and will add to the administration budget.

Thank you all once again. The Board has been of great service putting the plan together. I hope it will continue and work with the Legislator to bring the plan to fruition by 2032.