COMMUNITY INPUT

The Community Engagement and Communications Committee (CECC) was charged with ensuring that the Board's planning process was informed by and accountable to the Oregonians who ultimately would be served by a universal health plan. This section summarizes the public input received since April 2024, describes how the Board engaged with that input, and offers recommendations for the engagement work that must happen before and during implementation.

Community engagement is foundational to the development of a universal health plan for three reasons: it reflects public policy best practice; the legislature specifically required it in the Board's statutory mandate; and it is central to the Board's adopted principle of community sense of ownership and governance, which holds that communities should help to shape and participate in ongoing governance of a universal health plan.

To support accessible participation, the Community Engagement and Communications Committee developed a plain-language guide on how to submit public comment and translated it into Spanish. All CECC meeting materials have been translated from the committee's first meeting in October 2024, with interpretation available at every meeting. The CECC also moved its meetings to evening and held an hour for public comment to create an opportunity outside of working hours for the public to engage with the Board.

In addition to public comment, the Board conducted twelve targeted stakeholder engagement sessions in March and May 2026, facilitated by Artemis Consulting. These sessions, overseen by the CECC co-chairs and staff, were designed to gather focused input on specific aspects of the Board's preliminary recommendations from sectors with direct stakes in the plan's design and implementation. Participants represented community-based organizations, community members, Coordinated Care Organizations, culturally-specific healthcare providers, disability-led organizations, health insurers, hospitals and health systems, labor organizations, large businesses, outpatient care providers, small businesses, and persons who are Deaf and Hard of Hearing. Forty-four people participated across eleven sessions conducted in March 2026; the session for persons who are Deaf and Hard of Hearing was conducted in May 2026. The full focus group report, prepared by Artemis Consulting, is included in the Appendix.

VOLUME AND NATURE OF PUBLIC COMMENT

Between April 2024 and April 2026, the Board and its committees received 384 public comments across 108 tracked public meetings. Of those, 261 (68%) were written submissions and 124 (32%) were verbal testimonies. Six petitions and sign-on letters collectively carried more than 1,300 signatories. The Board held 26 full Board meetings and 75 committee meetings during this period.

Participation grew year over year. In 2024 (April–December 2024) the Board received 60 comments from 26 unique individuals or organizations, as the Board was still organizing. 2025 saw a fourfold increase to 246 comments from 150 unique commenters, driven by the four standing committees becoming fully active and producing concrete proposals for public review.

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The October and November 2025 Board meetings alone generated 83 comments, 34% of the year's total, tied to the Finance and Revenue Committee's revenue straw proposal vote. In January – April of 2026 the Board received 79 comments, with volume peaking in March 2026 when both the Finance and Revenue and Plan Design and Expenditures committees held their final meetings.

Table 1. Public comment volume by year

	Year 1 Apr–Dec 2024	Year 2 Jan–Dec 2025	Year 3 to date Jan–Apr 2026	Full project to date
Total comments	60	246	79	385
Written submissions	37 (62%)	180 (73%)	44 (56%)	261 (68%)
Verbal testimonies	23 (38%)	66 (27%)	35 (44%)	124 (32%)
Unique commenters (per year)	26	150	42	184
Tracked public meetings	26	61	21	108
Board meetings	10	12	4	26
Committee meetings	10	48	17	75
Petitions / sign-on letters	0	2	4	6

Note: Unique commenter counts are per-year totals. Because many individuals commented across multiple years, the cross-project unique count is lower than the sum of the three years. The six petitions and sign-on letters collectively carried more than 1,300 signatories.

Venue for Public Comment

Full Board meetings have been the primary venue throughout the Board's work, receiving 265 of 385 total comments (69%). Committee meetings drew increasing engagement as committees became visible and began producing substantive proposals. The Finance and Revenue Committee attracted the most committee-level comment across all three years. The Transition Committee had not yet received public comment as of April 2026.

Table 2. Comment distribution by body

Body	Year 1	Year 2	Year 3 (to date)	Total
UHPGB (Board)	55	169	41	265
Finance & Revenue Committee	1	30	16	47
Plan Design & Expenditures	2	27	5	34
CECC	2	18	13	33
Operations Committee	0	2	4	6
Transition Committee	—	—	0	0

THEMES FROM PUBLIC COMMENT

Each comment in the Board's public comment log is tagged with a primary theme. The distribution across all three periods is shown below. Themes shifted substantially year over year,

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tracking the Board's progression from organizational setup to plan design to final proposal review.

Table 3. Primary themes in public comment, by year

Primary Theme	Year 1	Year 2	Year 3 (to date)	Total
Governance & accountability	21	44	23	88
Support for UHP (general)	5	52	5	62
Financing & funding	7	34	20	61
Community engagement	5	24	10	39
Benefits & covered services	3	23	1	27
Provider workforce & capacity	3	15	5	23
Coverage scope & eligibility	2	11	3	16
Cost containment	1	9	2	12
Public vs. private structure	2	5	3	10
Personal experience / testimony	2	7	0	9
Long-term services & supports	0	3	2	5
Opposition to UHP (general)	1	4	2	7
Other themes	8	15	3	26

Governance and Accountability

How the Board operates has attracted more comment than any single design question about the plan itself, 88 of 385 comments (23%) across all three years. In year one this focused on the Board's communication policies and public meetings law compliance. In year two it shifted toward ensuring proposals were grounded in ORS Chapter 751 rather than the Joint Task Force recommendations, and toward demand for more accessible public engagement: different meeting times, outreach to communities outside Salem, and more time for public comment on agendas. In year three the primary governance concern has been whether the Board will produce a cost model that reflects what a transformed system would actually cost, as opposed to projecting status quo spending patterns.

Financing and Funding

Financing was a background concern in year one, with advocates urging the Board to prioritize it early. In year two it became the dominant substantive debate as the Finance and Revenue Committee's revenue straw proposal took shape. The October 2025 revenue proposal vote triggered the most organized public response of year two, including a joint conditional-approval submission from Mid-Valley Health Care Advocates, two large petitions, and multiple individual analyses.

Three concerns have defined the public financing conversation: the level and mechanics of the Employer Payroll Tax credit; the treatment of Medicare recipients and retirees on fixed incomes; and whether the tax structure is sufficiently progressive. Year three introduced a new line of critique: organized skepticism about the Milliman cost estimates, with commenters arguing the report projects status quo spending rather than modeling the costs and savings of a transformed system.

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General Support for a Universal Health Plan

General expressions of support grew with the Board's rising public profile. In year three, general support has returned to a smaller share of total comment (6%) as the public debate shifted toward specific policy critiques.

The most substantive support comments across the full project have been personal health care stories illustrating the impacts of the current health care system on individuals and families across Oregon.

Community Engagement

The demand for more accessible public engagement began as a recurring request in year two and produced a structural response by year three. A November 2025 petition with 214 signatures requested evening and out-of-Salem meetings. By March 2026, the CECC had shifted to a 4–6:30 p.m. meeting time with a dedicated public comment hour from 5 to 6 p.m., directly responding to the request for more flexible times to provide comment. As of April 2026, the CECC's earlier start time began drawing new participants.

Other Recurring Themes

Several additional themes have run through public comment across all three years:

- ***ORS 751 as the governing standard.*** Multiple commenters have consistently pressed the Board to ground every proposal in the specific language of ORS Chapter 751, rather than the Joint Task Force recommendations or existing insurance-model frameworks.

- ***Fee-for-service versus value-based care.*** A sustained thread of comment has argued that value-based care reimbursement adds administrative complexity and should not be included in a universal health plan. This position reached its most organized expression in a 200+ signature petition filed in February 2026.

- ***Provider non-discrimination.*** The Oregon Chiropractic Association and individual providers have raised reimbursement equity concerns at Board meetings across all three years, arguing that rates must vary only by quality and performance measures, not by provider type.

- ***Union engagement.*** The request for formal union engagement in the plan development process began as individual testimony in year two and grew into coordinated submissions from multiple labor organizations. Labor union outreach was specifically included in March focus groups in response.

- ***Single-payer integrity.*** Multiple commenters across all three years have consistently opposed any framing that would position a universal health plan as a public option or hybrid model rather than a true single-payer system.

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Opposition

Opposition to a universal health plan has remained a small fraction of total comment throughout the project. The first oppositional submission did not arrive until December 2024. Year two produced seven clearly oppositional comments. Year three introduced the first organized institutional opposition: the Partnership for America's Health Care Future Action — a national coalition of health insurers, hospitals, and businesses — filed a formal letter in March 2026 opposing government-controlled single-payer and public option models. This is a qualitative shift from individual skeptics to engagement by organized stakeholders as the Board's September 2026 deadline approaches.

HOW THE BOARD RESPONDED TO PUBLIC INPUT

The Board's work has been significantly shaped by public comment at the committee and Board level, including the following documented examples:

Plan Design Decisions

- ***Values and Principles.*** Public comment in year one informed the Board's decision to add an explicit health equity statement as the first principle in its adopted Values and Principles.
- ***Medicare Part B credit.*** In response to sustained concern from Medicare recipients and retirees about double payment under the proposed financing structure, the Board considered and adopted a proposal to cover Medicare Part B for all participants.
- ***Health Care Premium Income Tax (HCPIT) progressivity.*** Public comment on household size and progressivity in the financing structure was considered in the HCPIT design.

Engagement and Process Changes

- ***CECC meeting time.*** In direct response to sustained public requests for more accessible meeting times, the CECC shifted to a 4–6:30 p.m. meeting schedule beginning in March 2026, with a dedicated public comment hour from 5 to 6 p.m.
- ***Union focus group sessions.*** The Board added focus group sessions specifically to consult with labor unions, in response to requests from organized labor for a formal engagement process.
- ***Plain-language participation guide.*** The CECC developed and published a plain-language guide to submitting public comment.
- ***Language access.*** The CECC included Spanish translations for all committee materials and live Spanish language interpretation for all committee meetings. This allowed for the participation of the public, as well as Spanish speaking community leaders to serve on the committee itself.

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RECOMMENDATIONS FOR FUTURE ENGAGEMENT

The Board recommends that the legislature authorize and fund a robust public engagement program as part of the implementation pathway. The decisions ahead, about benefit design, enrollment, provider payment, and transition, will directly affect every Oregonian. Public trust is not a byproduct of good policy design; it is a precondition for successful implementation.

Public Survey

A statistically valid statewide survey should be conducted to establish a baseline understanding of public awareness, attitudes, and priorities related to the universal health plan. The survey should be designed to capture variation by geography, income, race and ethnicity, age, disability, and insurance status. Results should be made publicly available and used to inform communications strategy and ongoing engagement design. This work would require a qualified research or public opinion contractor.

Civic Assembly

The Board recommends the Legislature authorize a civic assembly process to engage a representative cross-section of Oregonians in deliberation on the most complex design tradeoffs the plan presents. A civic assembly is distinct from traditional public comment: it brings together everyday people, provides access to balanced information and expert input, and asks participants to work through difficult questions together over time. This model has been used to surface public priorities and support informed deliberation on complex tradeoffs. The assembly should be designed and facilitated by a contractor with demonstrated expertise in deliberative democracy and equity-centered engagement and should include meaningful representation from communities historically excluded from policy processes.

Public Education and Feedback Campaign

Ahead of implementation, Oregonians need clear, accessible information about what a universal health plan is, how it could affect them personally, and how they can participate. This requires a sustained, multi-channel campaign that meets people where they are, including in languages other than English and in formats accessible to people with disabilities. The campaign should include plain-language materials explaining the plan and its key features; earned and paid media strategy; community ambassador and trusted messenger programs, particularly in communities with lower institutional trust; and structured feedback mechanisms so that public response continues to inform implementation decisions. This work would require communications, public relations, and community engagement contractors with demonstrated capacity to reach Oregon's full demographic diversity.

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PUBLIC COMMENT RECEIVED BY THE UNIVERSAL HEALTH PLAN GOVERNANCE BOARD

384 Total public comments	184 Unique members of the public	108 Public meetings tracked	6 Petitions and sign-on letters

The board and its committees received public comment from April 2024 to April 2026 the full period covered by this report. Of the 184 unique commenters, 176 were identified by name; 8 submitted anonymously. Nineteen individuals submitted comment across multiple years; eight appeared in all three years of the project. Written submissions made up 68% of total comment (261 of 384); verbal testimony at meetings made up 32% (123 of 384). Six petitions or sign-on letters collectively carried more than 1,300 co-signatories.

Volume by period

Period	Duration	Comments	Unique commenters	Meetings tracked
Year One	Apr–Dec 2024	60	26	26
Year Two	Jan–Dec 2025	246	150	61
Year Three (to date)	Jan–Apr 2026	79	42	21
Total		384 (+ 1,300+ petition signatories)	184	108

Topics Raised

Each comment is tagged with a primary topic. The categories below reflect the controlled vocabulary applied consistently across all three years.

Primary Topic	Year 1	Year 2	Year 3 (to date)	Total
Governance & accountability	21	44	23	88
Financing & funding	7	34	20	61
Support for UHP (general)	5	52	5	62
Community engagement	5	24	10	39
Benefits & covered services	3	23	1	27
Provider workforce & capacity	3	15	5	23
Coverage scope & eligibility	2	11	3	16
Cost containment	1	9	2	12
Public vs. private structure	2	5	3	10
Personal experience / testimony	2	7	0	9
Long-term services & supports	0	3	2	5
Opposition to UHP (general)	1	4	2	7
Other topics	8	15	3	26
Total	60	246	79	384

Commenters with Sustained Engagement

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The following individuals submitted comment in more than one project year. Together they account for a significant share of total volume, particularly on governance, financing, and community engagement topics.

Name	Primary Aaffiliation	Years Active	Total Comments
Lou Sinniger	AFSCME Retirees; Lane County HCAO	2024, 2025, 2026	42
Tom Sincic	Nurses & Friends for Single Payer	2024, 2025, 2026	32
Michael Huntington	MVHCA; PNHP-Oregon	2025, 2026	23
Collin Stackhouse	HCAO; CECC Committee Member	2024, 2025, 2026	13
Bruce Thomson	Mid Valley Health Care Advocates	2024, 2025, 2026	10
Alex Polikoff	Individual	2024, 2025, 2026	9
Linda Krygier	Mid Valley Health Care Advocates	2024, 2025, 2026	9
Charlie Swanson	HCAO-Action; F&R Committee Member	2024, 2025	7
Dr. Vern Saboe	Oregon Chiropractic Association	2024, 2025, 2026	7
Rick Hangartner	Individual	2024, 2025	6
Bobbi Hall	HCAO; MVHCA; OSU emeritus	2025, 2026	6
Jacqueline Naganuma	Health Care for All Oregon	2025, 2026	6
Leon Bote	Individual	2025, 2026	5
Todd Farris	HCAO; BEA/OEA (teacher)	2025, 2026	4
Richard Gibson	UHPGB F&R Committee; Transition	2024, 2025, 2026	4
Tyson Tucker	Individual	2024, 2025, 2026	3
Megan Beck	Individual	2025, 2026	2
Marisabelle	Individual	2025, 2026	2
Karen Baker	Health Care for All Oregon	2024, 2025	2

Methodology

Every public comment received by the Board and its committees was logged as a separate row in a source-traceable workbook, built from written public comment submission PDFs and meeting minutes or summaries for each meeting.

Counting conventions: one comment per row regardless of topics covered; a person who submits written comment and testifies verbally at the same meeting counts as two comments; a petition or sign-on letter is one row with the lead signer listed; the same document submitted to multiple bodies at different meetings is logged as a separate row per meeting. Unique commenter counts are based on name matching after reconciling four variant-spelling pairs; 'Speaker not identified' entries (one across the full project) are excluded from unique counts.

This appendix covers April 2024 through April 2026. Public comment received at meetings held in May 2026 and later will be documented in supplementary materials.

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