Community Engagement and Public Input Summary

Amy Fellows and Michelle Glass

Universal Health Plan Governance Board Members and Co-Chairs of the Community Engagement and Communications Committee

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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 people in Oregon who will be served by a universal health plan. This section summarizes the public input received from April 2024 through September 3, 2026, describes how the board engaged with that input, and offers recommendations for the engagement work that needs to happen before and during implementation.

Community engagement is foundational to the development of a universal health plan (UHP) 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 the UHP.

To support accessible participation, the CECC 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 focus groups in March and May 2026, facilitated by Artemis Consulting. These focus groups, overseen by the CECC Co-Chairs and UHPGB 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 health care providers, disability-led organizations, health insurers, hospitals and health systems, labor organizations, large businesses, outpatient care providers, small businesses, and people who are Deaf and Hard of Hearing. Forty-four people took part

in eleven sessions in March 2026, and the session for people who are Deaf and Hard of Hearing took place in May 2026. The board reviewed the findings at a special meeting on May 12, 2026, and the public commented on them at that meeting and the next. The full focus group report, prepared by Artemis Consulting, is included in the Appendix.

Volume and Nature of Public Comment

From April 2024 through September 3, 2026, the board and its committees received 784 public comments from 497 people across 126 tracked public meetings. Of those, 611 (78%) were written submissions and 173 (22%) were verbal testimony. Six petitions and sign-on letters together carried more than 1,300 signatures. The board held 33 full board meetings, 85 committee meetings, and 8 board work group meetings during this period.

Participation grew each year. In 2024 (April through December), the board received 60 comments from 26 people, as the board was still organizing itself and the public was largely deciding whether the process was worth their time. In 2025, comment rose about fourfold, to 247 comments from 145 people, as the four standing committees became fully active and put concrete proposals in front of the public. October and November 2025 together produced 83 comments, 34% of the year's total, tied to the Finance and Revenue Committee's revenue straw proposal vote. From January through September 3, 2026, the board received 477 comments from 366 people. Comment was steady through April (81 comments), then rose sharply as the board reviewed its focus group findings, voted on parts of the revenue plan, and prepared its report. May 2026 brought 86 comments, and August 2026 brought 259, the most of any month in the project.

Table 1. Public comment volume by year

	Year 1 Apr–Dec 2024	Year 2 Jan–Dec 2025	Year 3 Jan–Sept 3, 2026	Full project Apr 2024–Sept 3, 2026
Total comments	60	247	477	784
Written submissions	37 (62%)	180 (73%)	394 (83%)	611 (78%)
Verbal testimony	23 (38%)	67 (27%)	83 (17%)	173 (22%)
Unique commenters	26	145	366	497
Tracked public meetings	26	61	39	126
Board meetings	9	13	11	33
Committee meetings	10	48	27	85
Board work group meetings	7	0	1	8
Petitions / sign-on letters	0	2	4	6

Note: The yearly unique commenter counts add up to more than the full-project count (497) because 27 people commented in more than one year. Letter-writing efforts, in which many people each sent a similar letter, are counted as one comment per person. The six petitions and sign-on letters together carried more than 1,300 signatures.

Where Comment Came In

Full board meetings were the main venue throughout the project, receiving 631 of 784 comments (80%). Committee meetings drew more comment as committees became visible and began producing proposals. The CECC (55 comments) and the Finance and Revenue Committee (48 comments) drew the most committee-level comment, reflecting public interest in how people take part and how the plan is paid for. The Transition Committee received its first public comment in April 2026 and 11 comments in all before its last meeting in July 2026. The board's legislative report workgroup, which accepts written comment only, received one comment.

Table 2. Comment distribution by body

Body	Year 1	Year 2	Year 3	Total
UHPGB (Board)	55	169	407	631
Finance & Revenue Committee	2	30	16	48
Plan Design & Expenditures	0	27	5	32
CECC	3	19	33	55
Operations Committee	0	2	4	6
Transition Committee	Not active	Not active	11	11
Legislative Report Workgroup	Not active	Not active	1	1
Total	60	247	477	784

Themes from Public Input

Each comment in the board's public comment log is tagged with a primary theme. The distribution across all three years is shown below, from most to least common. Themes shifted year over year, following the board's progress from getting organized, to plan design, to final proposals and the revenue plan. Financing became the largest theme of the project in 2026, driven by the August letter-writing effort described below.

Table 3. Primary themes in public comment, by year

Primary Theme	Year 1	Year 2	Year 3	Total
Financing & funding	6	34	251	291
Governance & accountability	21	45	38	104
Support for UHP (general)	5	52	32	89
Benefits & covered services	1	23	60	84
Community engagement	5	24	25	54
Provider workforce & capacity	4	15	14	33
Cost containment	5	9	12	26
Coverage scope & eligibility	3	11	7	21
Public vs. private structure	3	5	8	16
Opposition to UHP (general)	1	4	5	10
Personal experience / testimony	0	7	1	8
Long-term services & supports	1	3	2	6
Other themes	5	15	22	42
Total	60	247	477	784

Governance and Accountability
How the board operates drew steady comment in every year, 104 of 784 comments (13%), second only to financing. 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, governance comment focused on whether the board will produce a cost model that reflects what a transformed system would actually cost, whether it will deliver a full plan and not only a report, and who should sit on the future public corporation's board. Commenters asked for seats for consumers, organized labor, and a disability-led organization, and some called for a civic assembly with real decision-making power.

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.

In 2026 financing became the largest theme of the whole project, with 251 of the year's 477 comments. In August 2026 alone, 194 people sent 195 comments about the revenue plan, joined by four co-signers. Most asked the board to deliver a complete revenue plan by December 2026 that is clearly progressive and easy to understand, and many added their own stories about the cost of care. Other commenters proposed specific approaches, including a sales tax or value-added tax, taxes on wealth, equal employer and employee rates, and a Medicare-style payroll tax. Retirees, self-employed people, and independent medical practices raised concerns about how the taxes would fall on them.

General Support for the Universal Health Plan
General expressions of support grew with the board's rising public profile in 2025, when they made up 52 of 247 comments (21%). In year three, general support made up a smaller share (32 of 477 comments, 7%) as the public debate shifted toward specific

policy questions, although many of the year's financing comments also voiced strong support for the plan.

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 that sustained pressure. By April 2026, the evening meeting time was drawing new participants. Commenters also asked for plain-language, one-page summaries of each proposal, more outreach to rural communities, unions, and young people, and new ways to find common ground, such as civic assemblies and online tools that show where people across political lines agree.

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 the universal health plan. This position reached its most organized expression in a petition with more than 200 signatures, 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 should differ only based on quality and performance measures and never by provider type alone. In 2026 the association shared a Legislative Counsel opinion on how current law applies this rule to coordinated care organizations.
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. In 2026, commenters also asked the board to plan for multi-employer (Taft-Hartley) union health plans and for hospital admitting and registration workers whose jobs may change.
Single-payer integrity. Multiple commenters across all three years have consistently opposed any framing that would position the universal health plan as a public option or hybrid model rather than a true single-payer system.
Covered benefits. Comment on benefits grew from 23 comments in 2025 to 60 in 2026. Forty-three comments asked the plan to cover psilocybin therapy, most using shared form letters, and about ten asked the board to protect acupuncture coverage. Others asked for dental, vision, fertility, orthodontia, gender-affirming, and naturopathic care.

Independent and small practices. Primary care physicians, therapists, acupuncturists, and other independent providers asked that payment rates keep small practices viable, that behavioral health receive the same payment protection as primary care, and that the board consider a direct primary care option for rural areas.
Reaching people who could be left out. Commenters asked the board to put people experiencing houselessness, people with limited English, people with disabilities, and people without an advocate at the front of enrollment planning. Others described gaps, such as the one between Medicare and Medicaid, that leave some people with coverage they cannot afford to use.

Opposition
Opposition to the universal health plan remained a small share of comment throughout the project: 10 of 784 comments (1%) were mainly opposed to the plan. The first oppositional submission did not arrive until December 2024. Year two produced seven clearly oppositional comments. Year three brought the first organized institutional opposition, when 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 marked a shift from individual skeptics to organized industry engagement as the board became more visible. Later in 2026, two retirees and a veteran with coverage through the U.S. Department of Veterans Affairs opposed the plan because of the taxes it would require, and some independent medical practices warned that the proposed taxes could harm their businesses.

How the Board Responded to Public Input
The board's work was shaped by public comment at the committee and board level, including these documented examples:

Plan Design Decisions
- Values and Principles. Public comment in year one contributed to the board's decision to add an explicit health equity statement as the first principle in its adopted Values and Principles. This and the change to the board's member communication policy, listed below, are the two documented instances of public comment directly shaping a board decision in year one.
- Health Care Premium Income Tax (HCPIT) progressivity. Public comment on household size and progressivity in the financing structure was considered in the HCPIT design. In May 2026, after hearing public comment that it would charge larger families more, the board removed the household size rate readjustment from the revenue plan.
- Report timeline and revenue plan. After public comment urging more time to finish the revenue plan, the board voted in August 2026 to move its report deadline to December 1, 2026, and formed a workgroup to complete the report.

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 sustained 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.
- Public comment summaries for the board. Beginning in May 2026, the CECC co-chairs added written summaries of committee public comment to board meeting materials so all board members could consider it.

Recommendations for Future Engagement

The CECC recommends that the legislature authorize and fund a strong public engagement program as part of the implementation pathway. The decisions ahead, about benefit design, enrollment, provider payment, and transition, will directly affect every person in Oregon. Implementation will succeed only with public trust, and that trust has to be built alongside the policy design. The public's response to this process shows the interest is there: nearly 500 people took part, and hundreds wrote in during the board's final months of work.

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 people in Oregon 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 in many jurisdictions to build public ownership and trust for major policy decisions and to surface values and priorities that standard comment processes miss. 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, people in Oregon need clear, accessible information about what the 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. Commenters asked for this kind of material directly, including plain-language, one-page summaries of each proposal. This work would require communications, public relations, and community engagement contractors with demonstrated capacity to reach Oregon's full demographic diversity.

The public comment record and the focus group report (prepared by Artemis Consulting, May 2026, with an addendum on the Deaf and Hard of Hearing session) are included in the Appendix to this report.