

Date Submitted: November 29, 2024

Public Comment Submission from: Boston Bugni

Organization: N/A

Topic: Hospital Prioritizations

Will oral comments be provided as well: No

Universal Health Plan Governance Board,

Oregon should prioritize funding Oregon Health Authority (OHA) hospitals over private entities like Providence and Kaiser when transitioning to universal healthcare because OHA hospitals are public institutions committed to equitable and comprehensive care for all residents. Providence has faced criticism for failing to provide emergency abortions in California, even when medically necessary, raising serious concerns about its commitment to offering critical, life-saving care. Furthermore, Providence has been accused in Washington of failing to inform low-income patients about financial assistance options, effectively burdening vulnerable populations with unaffordable medical bills. These practices highlight how private healthcare systems can prioritize ideological or financial interests over patient care and public health. By directing funds toward OHA hospitals, Oregon can ensure healthcare decisions are guided by medical necessity and patient well-being rather than profit motives or restrictive policies. This approach supports a universal healthcare system rooted in equity, transparency, and accountability, better serving the diverse needs of Oregon's population.

Thank you,  
Boston Bugni

Date Submitted: December 1, 2024  
Public Comment Submission from: Rick Hangarter  
Organization: N/A  
Topic: Request that the UHPGB create a new committee  
Will oral comments be provided as well: No

**Testimony in support of the request that the UHPGB create a new Committee** Committee  
on Coming Changes in US Medicare and Medicaid Policy 2025-2029  
UHPGB 12/19/2024 or next meeting

In the wake of the 2024 election, many of Oregon's elected officials, top public employees, appointees, and selfish special interests already seem to be spreading propaganda that Oregon needs to become an example to the rest of the country by establishing a state-controlled single-payer medical care system. Often, these low-information individuals often cite the Canadian Medicare system, and the Health Canada bureaucracy, as a model for their ideological campaign because the current Canadian system came into being from the province level. As part of their narrative about Canadian Medicare they misleadingly equate the role and relative power of Canadian provinces in the Canadian federal government to that of our 50 US states in our Federal government, but that analogy is superficial at best.

In 2011 the Democrat-controlled government of Vermont initiated an ill-fated attempt to create a state-level single-payer "health care" system. After flailing at it for 3 years, in 2014 Vermont's Democrat governor announced that Vermont was abandoning its misguided effort..

This is a 2024 video about the community of Beebe Plain in Vermont where the US-Canada border goes down the middle of a street in the community:

**Why This Town Is In Both The US & Canada...**

[https://youtu.be/oDBGuTua6RI?si=hYHlixQQ\\_qDYJwch](https://youtu.be/oDBGuTua6RI?si=hYHlixQQ_qDYJwch)

**Beebe Plain, Vermont**

[https://en.wikipedia.org/wiki/Beebe\\_Plain,\\_Vermont](https://en.wikipedia.org/wiki/Beebe_Plain,_Vermont)

About 20 minutes into the video, the filmmaker is taken by an American man to visit an American woman who is married to a Canadian man. She lives with her husband in Canada but works in the US. Their children are dual American and Canadian citizens.

At about the 28 minute mark is a brief conversation about medical care that should be informative to the entire UHPGB and to the members of your present four committees;

...

**Filmmaker:** Do you know Americans who go to Canada for healthcare or vice versa?

**Woman:** ...so when my grandparents actually (were?) first coming to Stanset(?), before I even met my husband. So they were coming here for cheaper medicine for their diabetes. It was like \$25 a visit. Dr. Bouchard, he's passed away now, everybody, I think half the people were born with Dr. Bouchard. But he used to prescribe medicine for my grandparents because it was like, I think, a third of the cost. but they got wise to it over the years. So now I don't see anybody in the US going to Canada. We would have to pay out-of-pocket. So like the cost up there would be so much more because I'm not enrolled in any of their programs.

**Filmmaker:** So your kids don't have whatever the healthcare plan is in Canada?

**Woman:** Well, so they do in case there's ever an emergency and we're ever up there. But we don't utilize them or use them.

**Filmmaker:** OK

**Woman:** I remember during COVID my son had, I thought his appendix was going to burst. He was crying and screaming, so I rushed him down here (to the?) US. It was like "Yes please to the hospital. Go do your thing." Found out he was constipated. Not such a big deal. But Healthcare Canada pulled me in at the border and said: "Well you're not allowed to go to the US for healthcare." And I'm like, "No, I am, because I'm insured." And they're like well, "No you're not." And I'm like well: "No, yes I am, here's my insurance. Here's my rights." They're like: "Your kids are Canadian and so you need to bring them to the doctors in Canada." I'm like, "You guys don't have enough doctors. I don't know anyone who has a primary care physician." He goes: "Well it's free. You don't have to pay for it". I'm like, well, "You get what you pay for and it's not good care." Because, you could be sitting in the ER waiting room or whatever in Canada for 16 hours before you're even seen. And it's not Canada's fault. They train their doctors and they come down here. And we get the best of Canada because they can come down here and make as much money as they want. I know stories of people who were on the waiting list for a heart transplant and they've died.

**Filmmaker:** So, even like emergency procedures they, oh, wow.

**Woman:** Um huh. Or they are on a waitlist.

**Man:** My dentist comes down from Montreal.

**Filmmaker:** Because they can make a lot more money here?

**Woman:** Yeah, yeah.

**Filmmaker:** The cost of living on the Canadian side is quite a bit cheaper than the Vermont side.

**Woman:** I would say it's higher...

Remember, this woman lives in Canada and works in the US, so one should assume she intuitively understands enough about the exchange rate between the Canadian and US dollar. Also, she may not think through the details of critical illnesses like heart failure. But I'm willing to bet she understands from her lived experience how single-payer Canadian Medicare serves many Canadians worse, including why and how non-critically and critically ill people get bureaucratically queued on waitlists in Canada, than our American system does now and could even better with a credible reform effort. Are you willing to tell Oregonians you bet against that?

Those Oregonians who consider themselves to be leaders in Oregon's Democrat machine irresponsibly ignore, or worse plan to fly in the face, of the possible coming changes in Federal "health care" and medical care policy to the peril of all Oregonians. The UHPGB should create the new, fifth, Committee as a first, minimal step, to protect all Oregonians.

Date Submitted: December 11, 2024

Public Comment Submission from: Carlina Miller

Organization: Disabled

Topic: Universal Healthcare Support

Will oral comments be provided as well: No

Universal Health Plan Governance Board,

I support this wholeheartedly. My husband can't find health insurance for less than \$400/mo. This can't come soon enough.

Thank you,  
Carlina Miller

Date Submitted: December 11, 2024

Public Comment Submission from: Janessa Nelson

Organization: N/A

Topic: Universal Healthcare Support

Will oral comments be provided as well: No

Universal Health Plan Governance Board,

Creating universal healthcare in OR would be life changing for every single citizen in this state. I previously worked in hospitals and clinics throughout OR before switching to a career in health law. I saw the change that the ACA had on patients lives and my life. I was able to get life saving care that I needed due to the ACA. And I watched others come into the hospital for exams after getting healthcare for the first time from the ACA marketplace. But the ACA has limitations and it may not be removed with this upcoming administration. The best move for OR and this country is universal healthcare. We could actually prioritize human needs and human rights instead of worrying about corporate stakeholders. Physicians could treat all their patients without worry that they are covered or can afford treatment. All OR citizens would be able to access treatment when needed ensuring the health and well-being of our citizens. Please, please move forward with this universal healthcare initiative. It is the best move for our healthcare system, for our healthcare professionals, and for our citizens.

Thank you,

Janessa Nelson

Date Submitted: December 13, 2024  
Public Comment Submission from: Lou Sinniger  
Organization: Health Care for All Oregon Lane County Chapter  
Topic: Overall observation of UHPGB progress  
Will oral comments be provided as well: Yes

#### Governance Board Letter 12-19-2024

I have watched several Subcommittee Meetings and Board Meetings over the past 4 months. I appreciate the members' public service and their enthusiasm to produce a universal healthcare plan. I also recognize and appreciate the amount of expertise that has been gathered among the volunteers that have come forward to offer their time and knowledge to create the first ever universal healthcare plan in America. However, I have the following observations which I hope will be helpful and I stand corrected if I have missed something.

Overall it seems staff and some members are so immersed in the details of the health insurance analysis and data that it limits their ability to think out of the box.

Presentations: Who orders these presentations? Many of them cover information that is already known. Some only add confusion and misdirection. And they take up valuable time. Some presentations tend to treat members like they don't have a clue. Like one member said "Can you just send us your presentation in writing so when we meet next time we can discuss and /or ask questions of the presenter?"

There have been consultants hired but members were not part of the process and are not clear what role they are to have with the consultant or what the consultant will do.

While the Joint Task Force, SB770, is the platform that UHPGB is beginning from, I don't believe that the members were told to read the draft recommendations, which would have allowed everyone to be on the same page. The same could be said for the SB1089, which lays out exactly what is expected and when.

Some examples are as follows:

Plan Design: Health Management Associates: While Anya Wallak (sp) was a very good presenter, what was presented to the Plan Design members was cast in costs, cost of benefits X Cost Share divided by premium, etc. This is a Finance and Board consideration not Plan design benefits. The job of Plan Design is not cost. This was a waste of time and confusing. Who programmed this? The Joint Task Force already suggested using the PEBB benefits as a guide.

One presentation at the beginning to the full board (August or September?) was an overview of a few countries that have universal healthcare. The members already knew more than what was presented, it wasted time and was incomplete. I note that no one in UHPGB has asked for a Universal Healthcare Country to report on their program or how they got it going or how to improve it.

Engagement and Communications (12/11/2024): Who asked for those presenters? The idea for this committee is to figure out how to engage the public and get feedback on the Universal plan for possible adjustments. But, they were presented what CCO's are doing and a survey that indicated participant needs. Well these people are the poorest 1/3 of our population and a program of healthcare that is run by insurance companies. This led to a needs discussion which was just another rabbit hole. Artemis Consulting was a very good presentation but left members not knowing what their role was in relation to the consultant. Are they just advisory to the consultant? Again Artemis Consulting experience is facilitating in a health insurance dominated arena.

The Finance Committee seems to be doing a great job only because the members have taken the lead on what they need to do.

Operations: Great start. Members were presented the Joint Task Force findings which put everyone on the same page.

Members need to talk to one another to be able to create the universal healthcare program that the legislators asked for. Now that the public meetings law has been clarified, members will be able to talk with one another. Have they been given contact information necessary to engage in discussion with one another? Hopefully, so. It is obvious that every subcommittee has a job to do that depends on what the other subcommittees are doing. Is that being done? And is it done completely?

In Summary, we need to get everyone on the same page and in communication with one another. The Board should explain how selection and purpose of presenters is done, how inter-committee communications will be done, provide contact information, and what each consultant will do and what their role is for the committee. And above all stop thinking like a health insurance company that creates data for profit and is the reason that we find ourselves in this mess.

Lou Sinniger  
Elmira, OR 97437  
541-954-2356



Date Submitted: December 13, 2024

Public Comment Submission from: Alison Bloom

Organization: N/A

Topic: Universal Healthcare Support

Will oral comments be provided as well: No

Universal Health Plan Governance Board,

I am trans and concerned about the fact that we often need to go out of state for surgeons that are doing the best version of the procedures for us. I hope this can be covered.

Thank you,  
Alison Bloom

Date Submitted: December 1, 2024

Public Comment Submission from: Rick Hangartner

Organization: NA

Topic: Objections by some about Oregon's Public Meetings and Public Records laws

Will oral comments be provided as well: No

The UHPGB has posted public comments on its website by special interest advocates and Committee members that all can be legitimately characterized as whining objections, some more deceitful than others in my view, to the public's right to know as protected by the current legal interpretations of Oregon's Public Meetings and Public Records law.

The UHPGB should establish state email addresses to which all communications outside the scheduled Board and Committee meetings in which these complainers say they want to engage are immediately entered on the written public record for easy, searchable public access.

Alternatively, the UHPGB could engage one of the more interactive, online written communication platforms that immediately creates a suitable written public record that private businesses use for similar purposes.

Most of the current audio and video platforms have the effect of obfuscating the public record because the audio or video product can be easily searched. (It appears YouTube may be an emerging exception to this because of how it now produces a searchable written transcript for some audio and video content.)

In view of these recent objections, UHPGB and UHPGB Committee members provided with such means of creating the public record should be required to send a memo to the email address documenting any contact with others and the subject matter relevant to the work UHPGB has been mandated to do by Oregon's partisan Legislature. To be clear: Nobody is obligated to serve on the UHPGB or any of its committees and therefore to be subject to Oregon's Public Meetings and Public Records law that protect the public's right to know.

The people of Oregon have a right to no less. And the people are entitled to question whether any Committee members who make such objections deserve our trust that they will do the people's work competently and in the best interest of all Oregonians.

Date Submitted: December 16, 2024

Public Comment Submission from: Bruce Thomson

Organization: MVHCA

Topic: 1. SB 770 and the Role of Public Health 2. CCO reserves and UHC Please address topics 1&2

Will oral comments be provided as well: Yes

**Statement/question A. – to the UHPGB ,Plan design and Expenditures, and Finance and Revenue**

**SB 770 (2018) Task Force of Universal Health Care serves as the basis for the more recent SB 1089 and the formation of the Universal Health Plan Governing Board.**

**On Page 8; SB 770 states in (7)(g) A description of how the Health Care for All Oregon Board or another entity (*aka UHPGB*) may enhance: “(E) Funding for the modernization of public health under ORS 431.001 to 431.550 as an integral component of cost efficiency in an integrated health care system;” (SB 770 pg 9).**

**In the work of the Plan Design and Expenditures sub-committee of the UHPGB, how does your planning recognize and value the clause in SB 770 regarding “as an integral component of the cost efficiency of Public Health in an integrated health care system”.**

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**Statement/question B – to UHPGB, Finance and Revenue, and Plan Design and Expenditures.**

**How does the Finance and Revenue sub-committee view how; CCO Reserves are accounted for in supporting the financing of an integrated Universal Health Care system funded through a public trust. (eg CareOregon acquisition would have allowed \$1.3B of CCO reserves to be moved out of state**

Date Submitted: December 17, 2024

Public Comment Submission from: Michael Huntington

Organization: PNHP-Oregon

Topic: Physician payment, sound financial and business structure for universal healthcare, Governance Board budget

Will oral comments be provided as well: Yes

Testimony in favor of fee-for-time physician payment, increased pace for developing financial foundation of a universal health plan for Oregon, budget for the Governance Board

I am a retired radiation oncologist here in Corvallis. I'm committed to major health care reform because I saw too many patients who delayed care too long because of cost. I realized that healthcare will remain unaffordable as long as we adhere to a business model rather than a public service model of healthcare.

Since about 1970, health care policy leaders in the U.S. have persuaded us that the key problem with runaway health care costs is unnecessary care driven by the incentive to over-treat that is inherent in the fee-for-service payment of doctors.

While there are certainly some doctors providing unnecessary procedures due to fee-for-service financial incentives, it is, contrary to current theory, extremely unlikely that this is the root of our health care cost problem. To solve the perceived problem of fee-for-service, we use capitation and value-based payment systems in ways that create as many problems as they solve. They require care providers and their helpers to divert time from patient care and provider recuperation into the tedious and proforma entering of billing-related verbiage that obfuscates essential clinical information. This ritual results in high administrative, financial, physical, and emotional costs to providers and degraded care for patients. Such capitated systems entail perverse incentives to avoid costly patients, withhold needed but costly services, and lead to burnout, moral injury, and early retirement of healthcare providers.

Please read the [attached article by Stephen Kemble, M.D.](#), a retired psychiatrist and Hawaii Health Authority Board member. Dr. Kemble has also served as president of the Hawaii Psychiatric Medical Association and the Hawaii Medical Association.

Oregon can incorporate a fee-for-time payment into our current health care systems or the state-based universal health care plan you are preparing.

Finally, please publicize the current budget for the Governance Board and give us your best estimate of additional funds you may need to complete the intent of SB 1089 to create a sound financial structure for universal healthcare in Oregon.

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