

Dear Committee Members,

I would like an explanation on whether or not universal single-payer health care (USPHC) can mandate that providers and clinics accept patients covered in USPHC. For example, will we see many clinics refuse to participate and insist on only seeing “private” or self-pay patients? Is there a way to prevent this from happening entirely, or is it going to be an expected side effect? If it is, can we minimize its social stratification of participants (vs. private patients), and the economic set-back it will have on the risk pool of public insureds?

I hope that makes sense — forgive me if I am not fully understanding yet of how USPHC works. I have a lot of learning to do! Thank you!

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