

Health Care for **ALL** Oregon

Measure 23 followup questionnaire

1. What do you think were the three most positive components of the language of Measure 23?

2. What do you think were the three most positive aspects of the Measure 23 campaign?

3. Are there changes to the measure that you think are critical to winning next time?

4. Do you think the taxes to fund the health system could have been better structured? If so, how?

5. Please check the following components of the initiative which you think should definitely be **retained** in the measure:

- | | |
|--|--|
| <input type="checkbox"/> universal coverage | <input type="checkbox"/> no co-pays |
| <input type="checkbox"/> single payer | <input type="checkbox"/> prescription medication coverage |
| <input type="checkbox"/> coverage of mental health services | <input type="checkbox"/> coverage of long term care |
| <input type="checkbox"/> coverage of alternative health care | <input type="checkbox"/> \$25,000 cap on tax on taxable income |
| <input type="checkbox"/> some board members elected and some appointed by governor | |
| <input type="checkbox"/> other _____ | |

6. Is your organization willing to become an active, participating member of the Health Care for ALL-Oregon Coalition, designating a member to participate in monthly strategy sessions and reporting to your board?

- yes no

7. Is your organization and/or membership willing to help with voter education?

- write letters to the editor once a month
- make a commitment to help canvas selected neighborhoods
- designate members to speak before community organizations
- other _____

8. Will your organization make a pledge to support the important work of HCA-O over the next two years?

- we will contribute \$ ____ per month
- we will contribute \$ ____ per quarter

9. What else do you want to tell HCA-O about what future direction YOU want the campaign for universal health care to take in Oregon?

HCA-O contact person:

Name: _____

Tel no. _____

Email _____

Person interviewed

Name: _____

Title _____

Organization _____

Tel no. _____

Email _____

Title _____

Recommendation for follow-up
