Testimony in support of SB 631, May 4, 2015

Submitted by Charlie Swanson, Betty Johnson, Marc Shapiro, Chris Lowe, and Debby Schwarz
(Health Care for All Oregon activists)

Thank you, Chair Monnes Anderson and members of the committee. These comments are from a team of Health Care for All Oregon (HCAO) activists who worked with Senator Michael Dembrow on Senate Bill 631, which is a revision of HB 2922 introduced in the 2013 session by then Representative Dembrow, and which establishes a universal, comprehensive, publicly funded health care system in Oregon.

These comments are intended to be part of the public record, to correct what we think were misunderstandings when language that we recommended got put into a form more appropriate for a bill by legislative counsel. We recognize that this bill will not move in this session, but we feel that someone working on a health care bill in future sessions might be interested in our intended language.

We include only portions of SB 631 in which we feel substantial changes were made to our intent, and we present the information in a fairly standard way – language to be removed is ~~crossed out~~, and additions are **bold**, *comments are in italics*, and complete replacements are so indicated.

Page 4, line 4:

(A) The **long and** short-term clinical effectiveness and cost-effectiveness of a service, based upon

Replace page 5, lines 31 to 41, with the following:

Section 7. (1) There is established the Health Care for All Oregon Board, consisting of nine members who represent each congressional district in the state. The Governor shall appoint the members of the board subject to confirmation by the Senate in the manner prescribed by ORS 171.562 and 171.565. The membership must include:
(a) Two licensed health care providers, one of whom is not a physician licensed under ORS chapter 677;
(b) Two persons with significant education and experience in public health;
(c) Two persons with extensive demonstrated experience in health care consumer advocacy;
(d) A representative of organized labor; and
(e) A representative of business.

Page 8, lines 15 to 17:

(n) Establishing and implementing procedures to ensure that plan participants are bona fide residents of this state or are employed full-time in this state, ~~or~~ are dependents of such residents or employees**, or meet necessary criteria described in administrative rules adopted by the Board** .

Page 9, line 45:

(16) Enter into contracts with entities to process health care claims and payments **if the Board chooses to contract with insurance companies or others to pay claims**.

Page 12, lines 28 to 40:

Our intent is that the Regional Planning Boards are advisory; the Regional Planning Boards will make recommendations to the HCAO board, which shall make decisions. The board does not have the authority to prohibit private spending on health care facilities; the Plan only requires a public review process on proposed privately funded facilities and equipment costing above the threshold to ensure public accountability and transparency.

The Regional Planning Board process does not deal directly with health care that is not covered by the plan, and so, for example, does not change procedures regarding long term care facilities until such care is included in the plan.

Thank you for the opportunity to add comments to the public record which we feel will clarify the intentions of our HCAO team.