Testimony Submitted on behalf of SB 1046 to the Oregon Senate Committee on Health Care

Senator Laurie Mannes Anderson and members of the Senate Committee on Health Care

Submitted Testimony on HB1046

Submitted by Dr. Alan Journet* (April 19, 2017)

On The Affordable Health Care for All Oregon Plan

Possibly I am one of few testifying on this proposal who grew up in a nation with a single payer health care system. Indeed, I grew up in the U.K. After that, I spent several years in Canada, then several more in Australia. Each of these developed, civilized, and caring nations have some form of nationalized health care system. Even though none has such an explicit statement as the U.S. Constitution that identifies Health Care as a human right (how can one enjoy life and the pursuit of happiness without health?), all these peoples cherish their health care system and would not tolerate its abridgement. This is the case across the world among developed nations where such system are almost universal.

Several decades ago, I analyzed the advantages and disadvantages of American citizenship and decided that the positives outweigh the negatives. However, like many other citizens, I would like to improve some aspects of life. One of these is Health Care.

It's comforting to think that U.S. Health Care is the best in the world. However, there are many myths about Health Care both in the U.S. and in other countries where I have lived. The main myth about Health Care here is that it is the best in the world. But best can mean many things:

- Those with sufficient funds can buy the best health care,
- Physician income is the highest,
- The percent expenditure of GDP on health care is the highest.

If one employs these criteria, then maybe it is best.

However, if we apply criteria that are more meaningful to most Americans, a different picture emerges.

These criteria include: effectiveness, acceptability, accessibility, appropriateness, quality of the care environment and amenities, competence or capability, continuity, expenditure or cost, efficiency, equity, governance, patient-centeredness (-focus) or responsiveness, safety, sustainability, and timeliness.

Applying such criteria we find the U.S. has among the worst health statistics of all rich nations - and on a broad international ranking stands 37th- below Costa Rica[1].

Studies reveal, for example:

- In rate of preventable deaths per 100,000 of population, the U.S. is last among 14 nations[2],

- - In healthy life expectancy – U.S. is 24th among nations studied, behind most of Western Europe[3],
- - In death rate among young people in developed nations, the U.S. is 1st [4],
- - U.S. is in the lower third among OECD+ nations in life expectancy to age 65 – then notably, in the Medicare years, becomes above average[5].
- - In Physicians per 1,000 of population, the U.S. is 23rd [6]
- - Even insured American receive only about half the healthcare services that experts consider necessary[5].

In head-to-head comparisons, between U.S. and Canada, the bulk of research finds Canada wins[5].

At best – the U.S. achieves its health care rating by expending twice as much per capita on health care as comparable nations[5].

There are many myths surrounding health care in nations such as Britain, Canada, Australia, and Costa Rica where I have lived.

The main myth concerns the popularity of these health care systems. Government-managed single-payer health care is so popular that not even the most conservative governments in any of these countries has ever seriously considered abridging it. Indeed, many residents in those countries are so frightened of being hospitalized in the U.S. and being bankrupted by the experience, that they simply do not travel here.

The second myth is that patients are not able to visit the physician of their choice. At no time during my residency in any of these nations was I not free to choose.

A third is that waiting times for essential treatment (rather than elective treatment) are inordinately long. In even the best system, there are horror stories which get repeated and repeated by the foes of that system (in this case the insurance companies), but the general pattern is that critical care is received on a timely basis.

When I lived in Missouri, I was diagnosed with cancer and given two months to live absent treatment. Thanks to insurance, I was spared the half a million dollar expense, but I did constantly worry about whether the company would approve recommended treatment. Luckily the treatments were approved and worked. A sister-in-law of mine many years earlier was not so lucky. Her insurance company denied treatment and she died. We often hear the complaint that we should fear government functionaries making decisions on treatment. This argument suggests we are better served having insurance company functionaries – whose income is dependent on a sizable profit margin gained by denying treatment – making such decisions. This argument is *prima facie* irrational to the point of ludicrous.

This plan would provide health care for all Oregonians. Whether it is equivalent to the systems in other developed nations is less relevant than that publicly funded health care provides everyone with access to health care; no-one suffers or dies for lack of insurance. Furthermore, care is available

at a much lower cost than the current system in the U.S. Health care should not be available only if we are employed or are wealthy enough to afford it.

The reality is that single payer (state managed) health care is good for health care and good for business; it is much cheaper than the current system.

As an addendum, I note the health hazards posed by global warming and its climate change consequences are substantial, both in direct and indirect impacts[7]. These will become an ever-increasing burden to businesses in terms of healthcare costs. Adopting a state-wide single payer system is the only rational solution to protecting businesses from this expense.

I encourage the Senate Committee on Health Care to examine HB1046 closely and give it the most positive consideration.

[+] Organization for Economic Cooperation and Development

Sources:

1) http://www.photius.com/rankings/healthranks.html
2) http://www.allcountries.org/ranks/preventable_deaths_country_ranks_1997-1998_2002-2003_2008.html
3) http://www.photius.com/rankings/healthy_life_table2.html
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