

Why a public option is not enough for Oregon

In reaction to public support for universal healthcare, some Oregon healthcare reform advocates promote a public option. From my perspective, as a physician who has advocated for universal coverage, a public option is NOT nearly enough.

First, a public option will never cover everyone. In Oregon, those most likely to benefit constitute less than 30,000 or less than 1% of Oregon's population.

Second, a public option will do nothing to control healthcare costs. A relatively small number of people would be enrolled, and the plan would have limited bargaining power. It is likely that many of the sickest of Oregon's uninsured would join a public option plan, making the plan a "high-risk pool." This dynamic would drive the public option prices higher. Health insurance plans will always be unaffordable unless a healthy patient pool balances the sickest.

In contrast, universal coverage would put everyone in a single large "risk pool" and would give the state the bargaining power to achieve cost control. Oregon would negotiate global budgets with hospitals, negotiate drug prices, and set fair fee schedules for providers. Streamlining payment would offer vast cost savings. With a simplified system, providers would face just one set of billing rules and processes, greatly reducing their operating costs. Having everyone in the system limits opportunities for unscrupulous providers to exploit desperate patients.

Third, a public option will not improve efficiency or reduce waste. At least three major [reports](#) estimate that 30% to 35% of America's \$3 trillion healthcare bill is not spent on effective care. None of this waste disappears by adding one more insurance "option." Without transformative change, some hospitals will continue to employ one insurance-related clerk for every bed they operate. Physicians will continue to spend time and money fighting insurance company barriers, negotiating multiple different plan coverage options and pharmacy formulas and restrictions, and dealing with duplicative documentation efforts. Patients will continue to negotiate the hassle of annual enrollment with its array of options and guesswork about what plan will meet their future healthcare needs.

Fourth, like current health insurance, public option funding will be through premiums and co-pays, least affordable to those in the greatest need. Some Oregonians can't or won't pay those premiums and will go without coverage. Patients will risk serious illness or financial disaster, or both. They will continue to delay seeing providers, skip dosages or decline prescriptions, or delay or refuse essential tests or procedures because they can't afford them.

Fifth, adding a public option does nothing to diminish the detrimental effects of employer-based health insurance. Job changes that many people experience each year mean loss of insurance. (Currently, 1 in 4 Americans go through an uninsured period annually.) Such loss and churning were sharply aggravated by the pandemic and related job losses. Those who get new insurance must often search for a new doctor and work with new co-pays and deductibles.

Last, a "public option" fails to assist Oregonians who currently have health insurance. Thousands would still have high deductibles. They would still be restrained by networks that restrict the choice of doctors and hospitals. They would still be forced to be on constant guard for surprise medical bills and charges, even when they go to in-network hospitals. Thousands still would not have access to dentistry, eyeglasses, and hearing aids.

Each of the problems outlined above would be resolved by enacting a state-based single-payer type of program such as being planned by the S.B. 770 Oregon Universal Healthcare Task Force or by enacting one of the federal Medicare for All bills such as H.R. 1976. Each of these plans features tax-funded comprehensive benefits with no premiums, no co-pays, no surprise bills, and patient choice of doctors and hospitals.

It remains unlikely that the U.S. Congress will enact Medicare for All soon. Oregon can lead by enacting a state-based single-payer type of plan that would provide coverage for all Oregonians.

Why settle for a public option? Why continue the nightmarish tangle of public and private options, with people constantly moving on and off? Why perpetuate a dysfunctional, wasteful, expensive system that does not meet Oregonians' healthcare needs? **Why not just pay for healthcare with taxes, cover everyone, and make services available without a fee at the time of use? Why not work for a**

single state health plan that would control costs, save lives, and improve Oregon's health? We cannot afford to wait.

by Mike Huntington, MD retired radiation oncologist.

Ed Weisbart: Think twice when you hear the words 'public option' health insurance. By Ed Weisbart Jul 4, 2019 St. Louis Post-Dispatch.

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