

Testimony to Joint Ways and Means Committee
Co-Chairs: Senator Elizabeth Steiner and Representative Tawna Sanchez
Portland Community College
April 8, 2023

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Honorable Co-Chairs, Steiner and Sanchez, and members of the Committee:

I am writing to ask for your support of Senate Bill 1089, which will fund a governance board to build on the work of SB770 and the progress made by the resultant [Joint Task Force Force on Universal Health Care](#). This will enable Oregon to create, develop, and plan for publicly-funded, universal health care to alleviate so many of our state's biggest challenges.

Although I am submitting testimony on behalf of myself as an individual, my perspective is culled from my deep experience with government-funded care: as a Native Oregonian who receives outstanding health care from the government; as the Interim Director of the Multnomah County Health Department, Oregon's largest county public health department; as President of the Oregon Chapter of the American College of Healthcare Executives (ACHE); and as Vice President of Health Care for All Oregon (HCAO), a 501c(3) which advocates for these types of solutions.

Native Oregonian

I grew up in Salem, Oregon, a multi-racial kid in a blue-collar household raised by a single mom and my grandma. My grandma was an enrolled member of the Standing Rock Sioux, and we were able to get the health and dental care we needed from the Chemawa Indian Health Center. Later, my mom got a job with the state and thanks to her status as an SEIU member, I was able to also go to Kaiser Permanente. I had outstanding care when I joined the Army and to this day I receive excellent care from the VA on top of my employer-based insurance. I have been very fortunate to always have health care by virtue of being Indigenous, in the Army, or as an honorably discharged military veteran (other types of discharge create barriers to care for vets).

On the Front Lines of Health Care

As the Interim Director of the Multnomah County Health Department, Oregon's largest county health department, which serves over 800,000 Oregonians, I am at tables where the challenges of our current healthcare "system" are laid bare: workforce shortages; the Great Resignation and premature loss of longtime healthcare providers; a lack of coordination across systems; ad hoc coordinating agencies created to knit local hospital groups and care deliverers together so patients don't fall through the cracks; a lack of unified health records and costly band-aid approaches to sharing health record information and images; numerous other work-arounds to help systems talk to one another; and insurance and billing systems that need constant upgrade and maintenance.

As you can see, we don't have a health care "system" - we have a highly fragmented landscape of public and private; for-profit, not-for-profit, county, state, and federal health care systems with a variety of funding mechanisms related to Medicaid, Medicare, employer-based insurance, federal veterans benefits, Indian Health Service funding, and more. And the majority of these systems don't talk to one another; they are not interoperable.

A stark example of this fragmentation and its ripple effects is our behavioral system and our shortage of beds at the Oregon State Hospital (OSH). This lack of capacity and a referral system to care for individuals with acute behavioral health needs impacts our criminal legal system and exacerbates our houseless crisis as they are returned home untreated, unwell, and often unable to provide for themselves.

I have been at the table where leaders at all levels of government are working to address the challenges of committing or referring an individual to the OSH. Because of our highly fragmented system, it is near impossible for any one person, team, or organization to track all the challenges and the needed solutions across a single continuum of care. A universal health care system would greatly reduce the houseless crisis by eliminating fragmentation and by creating coordinated systems to track houseless individuals needing services and substance abuse treatment. In a recent Willamette Week article titled, "How to Save Portland," the [editorial staff highlighted the need](#) to come up with a coordinated system. A universal health care system in Oregon would not only foster a coordination of these services but other services upstream and downstream from the patient's diagnosis - as well as allow other healthcare providers to tailor their approaches in a way which integrates mental health.

As President of a Statewide Society of Healthcare Executives

I am a Board Certified Fellow in the American College of Healthcare Executives (ACHE) with over 25 years of healthcare experience. As the President of Oregon ACHE, I have been in conversations with fellow Directors, CEOs, and other senior healthcare leaders who are also frustrated with the state of health care today. At our recent conference in November 2022, we discussed how COVID has demonstrated the need for hospitals to work in partnership to serve their communities.

This is an opportune time to work with hospitals to rethink the future of our healthcare system. Some of this work is already starting. When Oregon was facing a shortage of inpatient beds during the early days of COVID, hospital leaders created a novel statewide database "bed tracking" system so that hospitals across Oregon could refer patients to hospitals with bed capacity, thus freeing them up to treat their local community as needed. This is the type of interfacility referral planning that could be a feature of a universal health care system in Oregon, and an approach that I have long seen widely used successfully in the treatment of military veterans during my 18 years with the Veterans Health Administration.

The challenges we face at the county health department are also at these hospital systems: healthcare staffing costs are at a premium, too many vacancies, and not enough new grads. Sean Kolmer of the Oregon Association of Hospitals and Health Systems warned leaders at a

recent Portland business leaders breakfast (October 2022) that while the former model of success meant growth and increased market share, the new benchmark for success in Oregon in 2023 would be to not see any hospitals go under. We are already starting to see such impending closures, as evidenced by [the case of Legacy Mount Hood](#), which will have a disproportionate impact on BIPOC low-income women.

As an Advocate for Oregon Families

Finally, as the Vice President of Health Care for All Oregon (HCAO), I have heard from countless members of our communities across Oregon on how they have been [harmed by the current healthcare “system”](#) due to economic barriers, the financial burden of care received, or a lack of access to comprehensive care. I will never forget Wes Brain’s [story about his daughter](#) that exemplifies the tragic injustice of our current model. It is in her memory that he joined the HCAO Board to prevent this from happening to others.

Elected leaders - *our healthcare system is on fire*. The “system” is on unsolid ground and everyday Oregonians will continue to pay the price until something structural is done to address it. I know that legislative leaders are faced with hundreds of high priority problems to solve each legislative session. For all the reasons I have laid out in this letter, and countless more, I believe that supporting SB1089 and funding this Governance Board will be the equivalent of not tackling one big problem but potentially dozens if not hundreds.

Funding this Governance Board is in line with the Governor’s top three priorities of housing, behavioral health, and education. While the priority of behavioral health is obvious, without a unified healthcare infrastructure to support it, we risk further proliferating fragmented systems of services and support. Health care is the foundation for housing, behavioral health and education, and this is why the Multnomah County Health Department interfaces with school clinics, houseless agencies, and behavioral health organizations. One’s health is a vital foundation to any individual’s need to self-actualize and hold a job, secure housing, and to study and learn.

With so many constituents and stakeholders ready for change, this is the moment to lead Oregon’s health care transformation. I encourage the Joint Ways and Means Committee to fund and establish the Universal Health Plan Governance Board, and to direct the Board to create a comprehensive plan for implementing a Universal Health Plan beginning in 2027.

Respectfully,

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