



To: Members of the Senate Committee on Rules

Date: April 20, 2023

From: Tom Sincic, MSN, FNP-Retired, President Health Care for All Oregon

Re: Support for SB 1809 the Universal Health Plan Governance Board

Dear Committee Members:

All of us know that it is time for transformation of the complexity often referred to as a health care system. I provide these two links to lift up the unnecessary too early deaths of two Oregonians. The deaths of Nicole Chung's parents.

<https://www.cnn.com/2023/04/06/in-memoir-author-blames-us-health-system-for-parents-early-death-.html> (Read)

<https://www.npr.org/2023/04/04/1167880995/a-living-remedy-conversation-nicole-chung> (Listen)

Oregon has set goals of health care affordability and equity. Currently we have neither. The State must also meet its constitutional obligation which declares that access healthcare is a fundamental right. SB 1089 represents the only pathway forward to meeting these. The creation of the Universal Health Plan Board will be a very small investment by this state on behalf of its residents to solve the myriad of problems under the current health care complexity (See below) and finally bring affordability and equity to Oregon. It is time to end these unnecessary deaths.

Sincerely,

Tom Sincic, MSN, FNP-Retired

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What is the Health Care Problem to be Solved?

The Problem: The myriad complexity with its myriad of problems.

1. Not focused on improving the health status of individuals, families, and communities
2. Unnecessary deaths
3. Lack of incentive for prevention
 - o Lack of \$ for public health
 - o Does not protect against threats to the public health
4. Failure to take care of overall needed healthcare that includes behavioral health, vision, hearing, and dental
5. Creates undo stress
 - o Complexity of navigation
 - o Toxic Stress and subsequent health problems
6. Medical debt
 - o Medical debt is the leading cause of bankruptcy in Oregon
7. Rural hospital closures
8. Unsustainable rising costs
 - o The current complexity of health care financing is costly and inefficient
 - o Administrative waste within the complexity and across all sectors of the economy
 - o While perhaps 6% of Oregon's population is uninsured, many are under-insured, and both struggle to get access to quality, affordable healthcare.
 - o Families balance the rising cost of healthcare and prescription drugs with other necessities such as housing, utilities, and groceries.
9. Burden on employers including local and state governments
 - o HR expenses
 - o Expenses of bargaining



- Excess and rising costs related to providing insurance
- 10. Not transparent
 - Excess fraud and abuse
- 11. Surprise billing
- 12. Denials of care
- 13. Delays of care
 - Those needing care often delay care due to worry about cost and actual cost
 - Unaffordable medications
- 14. Inequitably delivered
 - There are financial incentives to deliver care to one person over another
- 15. Inequitable outcomes
 - Systemic inequalities have resulted in lesser access to health services for BIPOC people
 - POC are less likely to have access to healthcare and have poorer health outcomes
- 16. Provider burnout and demoralization
 - Prior authorizations
 - Denials of treatment recommendations
 - Decisions made by insurers not based on patient needs
 - Critical staffing issues-health care providers of all kinds including nurses, doctors, and mental health therapists are exiting profession
- 17. Lack of freedom to choose provider
 - People do not have the freedom to choose their own provider--employers and insurance companies do with narrow networks
 - Discriminates against provider types
- 18. Tied to employment
 - A person may refuse a wage increase which may result in a net loss if they lose the Oregon Health Plan
 - Barrier for entrepreneurs
 - Inability to move out of the Medicaid system
 - Inability to separate from current employment
- 19. Profits instead of care
- 20. These issues have only been exacerbated by the COVID-19 pandemic
- 21. Currently healthcare is a commodity and not a right**
 - Oregon's Constitutional right to health care has not yet been actualized

THE SOLUTION: TRANSFORMATION

The Solution: Take the necessary steps to healthcare transformation.

- **The previous big step:** Oregonians sent a message about the right to healthcare with the passage of Measure 111.
- **The next big step:** Pass SB 1809 to create the Universal Health Plan Governance Board to work under the framework of the Purposes, Values and Principles taken directly from ORS Chapter 629 of 2019.
 - A permanent board with the authority to do the work to create the implementation plan and then administer the plan
 - A board that will create the detailed, publicly funded, single payer universal health plan
 - Board members and staff who will do the in-depth research and analysis to come up with the best solutions going forward so that health care is a right for all
 - A board and staff with the necessary funding, expertise and backgrounds
 - A board that will present their plan to the state legislature, so implementation could start as soon as 2027
- Pass SB 1809 with the necessary funding will allow Oregon to:
 - Move toward addressing the listed problems;
 - Move toward meeting its Constitutional obligation;
 - Move toward ridding ourselves of inequitable systems of the past and
 - Work to a more inclusive and equitable future to meet Oregon's health equity and affordability goals.
- This is a necessary and very small investment to address the question "What is the Problem to be Solved."

- Oregon steps up to the plate once again to lead on healthcare reform.
- **The future step: the actual health care transformation that will be a result of this work.**

In a Picture (or two)

Health Care Transformation

	Current State of Health Care	Universal Single Payer
Simple	No	Yes
Affordable	No	Yes
Equitable	No	Yes
Everyone Included	No	Yes
Healthcare a Right	No	Yes
Prevention focus	No	Yes
Freedom from Debt	No	Yes
Freedom to Choose Provider	No	Yes
Transparent	No	Yes

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Health Care Transformation

	Current State of Health Care	Universal Single Payer
Complexity	↑ Higher	↓ Lower
Stress	↑ Higher	↓ Lower
Administrative Waste	↑ Higher	↓ Lower
Denials of Care	↑ Higher	↓ Lower
Rural Hospital Closures	↑ Higher	↓ Lower
Surprise Billing	↑ Higher	↓ Lower
Provider Burnout	↑ Higher	↓ Lower
Cost to Businesses	↑ Higher	↓ Lower
Excess Fraud & Abuse	↑ Higher	↓ Lower
Preventable Deaths	↑ Higher	↓ Lower

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