

No Foolin!—the Current State of Insurance Care in Oregon



Out-of-Control Prices & Poor Outcomes

Oregon families are choosing between rent and food; filing for bankruptcy; rationing their medications; and going without the treatment they need. The increased stress and anxiety of health care costs can create additional medical issues. Working with patients who can't afford their medical care and who often have poor outcomes additionally creates provider burnout.



Delays & Disparities in Care

Out-of-control prices and other barriers to care often cause Oregonians to wait too long to get the care they need, causing poor health outcomes that often end up costing families thousands more dollars. According to the Center for Disease Control & Prevention, Oregon ranks 48th in the nation for preterm births and 47th for low birth rate (2016). Oregon ranked worst in the United States for prevalence of mental illness and low access to mental health care in 2018, according to the Commonwealth Fund.



Administrative Waste

Administrative waste drives rising costs for businesses and state agencies. Many Oregonians find themselves unexpectedly out-of-network or denied for services they expected to have covered.

Oregonians deserve better. Imagine a health care system where...

- Goals are set and achieved
- Costs are contained and financial barriers to care are removed
- Patients get the care they need when they need it, and can see the provider they want
- Providers can focus on care instead of administration
- Financial incentive to provide care to one patient rather than another is a thing of the past
- Oregonians are defended against what threatens their health
- Meaningful public participation happens
- There is seamless birth to death access to care
- Equitable access to people-centered care is a reality

Health Care for **ALL** Oregon

Support SB 770: Universal Health Care Commission

Establishes the “Universal Health Care Commission” to develop findings and recommendations regarding implementing an equitable, affordable, comprehensive, high quality and publicly funded health care system for everyone residing in Oregon based on a single payer model.

Foundational and Organizing Principles of Commission:

Based on foundational principles of World Health Organization pertaining to a well-functioning system, and principles and values detailed in the amendment.

Charges the Commission with Explicit Tasks: Assess the costs for a universal, single-payer health care system with these characteristics: includes everyone, is comprehensive in services, and allows choice of providers.

Establishes a Timeline for the Commission

- Convenes November 2019
- Interim report to the Legislature due 2020 Session
- Submits official designs, assessed costs, and proposed revenue structure during 2021 Session

Public Comment and Education Effort: The Commission will educate the public on its findings and solicit public comment to drive the subsequent work of the commission, including potential revenue recommendations.

Commission Members: Four legislators and thirteen other members appointed by the Governor. They will come from social-economic diversity, diversity of expertise and knowledge, and beneficiary diversity.

Scope of the Commission: The Commission will produce information and develop recommendations regarding important issues for a health care system including the following:

1. Initial cost estimates for a single payer system with the following characteristics
 - a. All Oregon residents are eligible, as are non-residents who work full time in Oregon.
 - b. Participants may choose any health care provider or prepaid group practices who are licensed, certified or registered in Oregon, without preapproval.
 - c. A plan with *and* without the coverage of long term care services.
2. Nature of the governing Board.
3. Legal issues that may constrain implementation.
4. Economic sustainability, operational efficiency, and cost control measures.
5. Features necessary to continue to receive federal funding.
6. Options for revenue streams for a publicly financed system.
7. Fiduciary recommendations for the revenue generated.
8. Board’s role in workforce needs.
9. Guiding criteria to determine which health care services are necessary



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