Testimony of Dr. Antonio Germann to Oregon's Joint Task Force on Universal Health Care given 9/1/22

Chair Goldberg and Vice Chair Junkeer, members of the task force,

Thank you for the opportunity to join you today. For the record my name is Tony Germann. I am a rural family physician practicing in the Silverton and Woodburn, Oregon communities. I am program director of the Salud Rural Maternal Child Health Fellowship and Clinical Medical Director of Salud Medical and Pacific Pediatrics clinics. I have practiced in this area for 10 years and have been in the healthcare field for over 20 years.

First and foremost, thank you. Thank you for your remarkable service and for being a tremendous group of leaders in creating an opportunity for our state to thrive with better health.

My comments may be repetitive today, yet I hope to further validate and emphasize the importance of the work you have accomplished, as you pass this report to the legislature. My take home message is that your work should NOT be considered optional. The current system is detrimental to the health of its workforce and the outcomes it provides for the patients it serves. We are suffering tradeoffs in our continuation of the present structure.

Currently I serve on the state task force Bridge Program. This work aims to expand health care coverage for those that are poor, 139-200% of FPL following the withdrawal of Medicaid coverage of this population with the public health emergency ending. As a society we have done this time and time again. Our system works on the margins and claims success. I am proud of this work but disappointed as it is far from complete. We will improve coverage but minimally for those uninsured and as we have come to find, our work might very well be disruptive to the markets of the ACA exchanges. Our efforts will improve the health of others at the expense of potentially others. Rather than simply choosing to make all our lives healthier with a universal program, we choose to be complacent in the idea that we need to accept the current structure as it is too hard to change.

During the COVID pandemic I worked alongside Dr. Goldberg on Governor Brown's COVID19 Medical advisory panel. From that vantage point and from my day job serving in a federally qualified health center, I have observed a frankly racist and fragmented health system. Our health infrastructure and public health remains not equipped with the tools or support it needs to tackle the pandemic or for the future risks we face due to our disjointed health system. Recent research quantified the excess lives lost in the US during the pandemic, 338,000 lives, which are attributable to the incomplete insurance coverage, uninsured and underinsured.(1)(2) A universal health care system will improve our outcomes and would support improved public health.

The documented disparate outcomes for minorities and communities of color is appalling. Yet, clearly none of us should be surprised by these findings with the structure of the game we play. The rules of this monopoly board are built for failure. Those that win, are those with privilege, and the insurers and health systems with power. In a recent JAMA article, researchers identified a worsening of these inequities for people of color.(3) The study demonstrated a widening of inequities in care and fortification of structural racism in health care access, not a decrease in the last 6 decades. Additionally, LaraMedia's wonderful work and investigation, poignantly outlines the present concern in our state. However, the plan you have developed can lead to solutions of equity rather than perpetuating discriminatory system we have.

The math is straightforward and we should pay more attention to the numbers. The current trend is for commercial insurance to make healthcare premiums more affordable by increasing deductibles and co-pays with cost sharing. The problem lies with the public's lack of money in the bank. We don't have it. This insurance tool is eliminating people's access to care for those with private employer based insurance. The recent figures by Kaiser Family Foundation approximate that close to 45% of single coverage by small firms has a deductible of $2000 dollars or more in 2021. (4) The issue is, the median liquid assets for an individual researched by KFF is $2900 dollars, moreover the maximum out of pocket for these plans is $7900 dollars. The most alarming figure in all of this, is the trend and trajectory of those graphs. All of these costs are going up, not down. High deductibles are becoming the norm for most Americans and this will soon not only be affecting those on the margins but that for all of us. Your plan has the ability to address efficiency and reduce costs rather than increasing deductibles.

I believe it is important to discuss the healthcare workforce as well. We can't keep doing the same and expect different results. We are losing good people as a result. My coworkers are retiring early and quite frankly just getting out of medicine. Why is that? Fundamentally, it is my belief all staff in healthcare lack agency in their position. Providers, RN's, MA's, and all staff are overwhelmed by the complexity of our system. Billing isn't the only issue. Health care staff have to maneuver CCO's, Medicare, BlueCross/BlueShield, Aetna, United Health care, and far too many health plans for coverage, eligibility, prior authorizations, formularies and value based payments with differing quality metrics to meet. We keep adding more layers to this system and at the expense of people's health. We structure care based on what insurance will reimburse and not necessarily for what our patients need as scientifically supported. Our system is so fractured, it is infuriating to maneuver.

Your work as Task Force members must be TRANSFORMATIVE to our state's approach to the health care system in creating a universal healthcare program. Oregon can do better.

The goal of your work is to bring equity and improve public and individual health. The package and system you all have carefully, thoughtfully, and rationally created will support these goals. I believe and many leading health policy minds agree that this will

provide opportunity to be efficient and reduce waste while setting the stage for good health outcomes.

1. Galvani, A.P., Parpia, A.S., Pandey, A., Sah, P., Colón, K., Friedman, G., Campbell, T., Kahn, J.G., Singer, B.H. and Fitzpatrick, M.C., 2022. Universal healthcare as pandemic preparedness: The lives and costs that could have been saved during the COVID-19 pandemic. *Proceedings of the National Academy of Sciences*, *119*(25), p.e2200536119.
2. Campbell, T., Galvani, A.P., Friedman, G. and Fitzpatrick, M.C., 2022. Exacerbation of COVID-19 mortality by the fragmented United States healthcare system: A retrospective observational study. *The Lancet Regional Health-Americas*, *12*, p.100264.
3. Dickman, S.L., Gaffney, A., McGregor, A., Himmelstein, D.U., McCormick, D., Bor, D.H. and Woolhandler, S., 2022. Trends in Health Care Use Among Black and White Persons in the US, 1963-2019. *JAMA network open*, *5*(6), pp.e2217383-e2217383.
4. https://www.kff.org/health-costs/report/2021-employer-health-benefits-survey/