Health plan should be approved second time around



When I lived with my parents, the rule for doing chores was, "If you see something that needs to be done, do it."

Oregon health care planners, to their credit, recognized that something had to be done about health care coverage in Oregon. And, after almost 10 years of back-breaking effort, they've come up with a solution.

In 1983, Oregon health care planners brought doctors, businessmen and labor leaders together to discuss the distribution of Oregon's financial resources. These health care planners came up with detailed computer models that would rank medical procedures by cost-effectiveness.

Almost 50 town meetings took place to discuss the rules by which medical priorities would be set.

Before the plan was submitted for Washington's approval in August of 1991, these

health care planners conducted a telephone survey of 1,000 random Oregon households to help shape the final proposal. The plan would have guaranteed basic health care coverage to almost every Oregonian by 1993.

The Oregon health care plan,

simply put, cuts back on extensive medical coverage for 230,000 residents so that it can afford to extend basic coverage to an additional 450,000 Oregonians. These are residents who do not otherwise qualify for the state's Medicaid program or who are employed, but currently have no health insurance.

The proposal ranked 709 medical procedures according to their cost-effectiveness. Under the new plan, Medicaid would cover as many of the medical procedures as the state could afford, which turns out to be the first 587 on the list.

Among the services being cut were medical therapy for the common cold, chronic bronchitis and AIDS patients believed to be in the last six months of their lives.

Other services cut included certain kinds of epilepsy, deformities of the foot, traumatic brain injury and breast reconstruction after mastectomy for breast cancer.

Last August the proposal was

With the words "tainted by discrimination," U.S. Secretary of Health and Human Services Louis W. Sullivan damned the health care proposal, saying it would illegally discriminate against the

disabled.

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Sullivan said he believed the Oregon rankings were based on the idea that "the value of the life of a person with a disability is less than the life of a person without a disability." This assumption, Sullivan said, violates the 1990 Americans with

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In defending his position, Sullivan could only cite two weak examples of bias. First, the plan proposed covering liver transplants for non-alcohol cirrhosis, but not those for alcohol-related cirrhosis. In actuality, the proposal would only refrain from treating current alcoholics on the assumption that a liver transplant would be futile.

Second, Sullivan said that premature babies weighing less than about 18 ounces at birth would not be eligible for the extensive life support that babies weighing more than this would

Because of the scant evidence to back up Sullivan's discrimination claim, the Bush administration's rejection of the health care plan was rumored to have more to do with the approaching election than with righteous indignation.

Now that the election's over, the President has no reason to play political games. The plan has also been revised to accommodate the Bush administration's concerns. Final approval is expected sometime after Dec. 4.

If the Oregon health care plan is approved, it could set a new standard of coverage that is based on the medical procedures covered instead of on the people who need coverage.

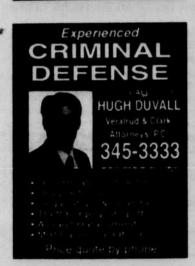
But if the Oregon health care plan is rejected again, it's not too soon for Oregonians to demand the support from President-elect Bill Clinton that he promised during his battle for the presidency.

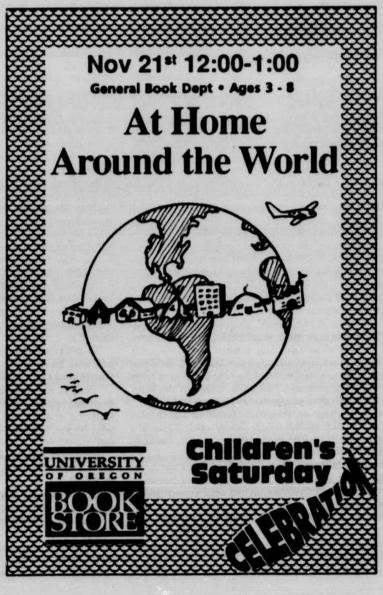
Oregon has made a bold step forward to provide adequate health care coverage for all Oregonians instead of generous coverage for a few. It's a tough decision to make, but until America provides affordable coverage for every citizen in the nation, Oregon health care planners are doing the best they can for our state.

Stephanie Sisson writes a monthly column for the Emer-











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