



## On the Fence

*Health care: designed to maximize profit, not health*

Health matters — to you, me, your family and our community. It's almost as basic as our need for air and water. When we are healthy and feeling good, we often ignore it — but when sickness strikes, we need to have access to necessary care now! Many of us are only a paycheck away from financial devastation or know a family member or neighbor who is. This struck home for me when a relative lost his job and his wife was pregnant. Medical complications occurred resulting in a late-term miscarriage. Luckily, under the Affordable Care Act, Oregon Health Plan eligibility was expanded. Without access to this safety net insurance, this young family could have lost their home and been bankrupted.

For an ever-increasing number of us, accessing affordable quality care is becoming more difficult. The cost of insurance premiums, provider co-pays, deductibles and the increasing costs of necessary services are far outpacing our incomes, with no end in sight. National studies (Kaiser Family Foundation, Families USA, May 2015) report that one-fourth of all Americans can't pay their medical bills, even if they have insurance. One out of every three of us report delaying necessary diagnosis and treatment because of cost concerns (Gallup Poll 2015). These reports from 2015 under-report our current situation in 2018, and rollbacks to the ACA are once again threatening those of us having pre-existing conditions.

In fact, while we have often bragged about having "first class" health care, we actually ranked 11th, "dead last" in national ratings among wealthy countries for quality (Commonwealth Fund 2014).

Not only are we struggling with overwhelming costs, our life expectancy is not keeping pace with other industrialized countries. When compared, we spend twice as much on health care and have significantly poorer health outcomes. USA life expectancy of 80 years (2017 CIA World Factbook) is nearly five years fewer than 40 other countries.

We do, however, rank No. 1 in cost, nearly twice that of countries who outrank us in health care quality and outcomes. One major factor driving the higher U.S. cost is that one-third of our total expenditures go for ad-



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ministration — marketing, billing, insurance paperwork and profit (Fortune, Oct. 20, 2014). Indeed, Oregonians suffer, die and go bankrupt because our health care non-system is designed to maximize profits, not health. Not only are individuals burdened with devastating costs, but businesses and workers are suffering too. Oregon and other U.S. businesses are becoming less competitive due to these uncontrolled costs. Many workers feel trapped and unable to leave jobs because they fear losing employer sponsored insurance. Wages are suppressed because of the rising costs of these premiums.

Clearly we're in an unsustainable position and out of step with other nations. All of them have publicly funded universal health care systems providing better care, for more people, at less cost. Oregon can do this!

Oregon has been developing a plan since 2010. A study was funded by our state legislature and completed by RAND Corporation in 2017. Results of this study showed that Oregon can provide comprehensive health care coverage for all Oregonians for the same cost we are paying now, but including everyone. This plan will be an "improved and expanded Medicare for All," with more choice of providers, with no co-pays or deductibles. It will be like Medicare, keeping the doctors and hospitals private — simply streamlining and simplifying the payment mechanism — making it more efficient, establishing rates and keeping administrative costs lower.

More than 120 organizations and thousands of individuals across the state joined together and formed Healthcare for All Oregon, an organization dedicated to providing better care, for more people, at less cost. Canada's universal health care system started in one province, Saskatchewan, and quickly spread to the entire nation. Oregon can do the same for the USA. Please join us in this effort, learn more and become a member at [www.hcao.org](http://www.hcao.org)

*Health care: ACA one of the biggest failures in history*



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After several years of living with Obamacare, it's time to check the "vitals" of this beast. After all, it's only responsible to double-check to see if our decisions work, right? I mean, what did we get for our billions of dollars, for the massive increase in our national debt and for penalizing our friends for not buying something?

First, let's look at cost. It is the "affordable health care act," right? Well, health care is now more expensive than ever. The Department of Health and Human Services reports that premiums have doubled since 2013 and costs are expected to rise 19 to 32 percent for 2018. So much for "saving" \$2,500 a year.

Second, entitlement spending has risen dramatically and the CPO expects that to rise by 44 percent in the next 10 years.

Oh, and remember that "bend in the cost curve"? Well, health care as a percent of GDP has risen from 17.2 percent to 18.3 percent. How about deductibles? Kaiser reports that deductible expenses went from an average of \$303 in 2006 to \$1,221 in 2017.

But wait, we can keep our doctor, right? Well...not quite. Half of the counties in the U.S. have only one approved provider, and four of five counties have only one or two. To make matters worse, Medicaid enrollment has exploded by 19 million since the ACA while fewer providers now accept Medicaid patients — further reducing the already limited choice of providers.

A contributing factor to cost increases is the disregard for potential cost savings that could be realized, like the ability to buy insurance across state lines, the inability for small businesses to offer group plans and an unwillingness to impose malpractice caps.

Finally, and really ironically, 30 million people still have no insurance. The CBO predicted that nine million would enroll in Obamacare, but a small fraction, only 400,000, have actually enrolled. At the time of this writing, one of 11 people in the U.S. have no insurance.

Given the epic failure of every aspect of this legislation, it will likely go down in history as one of the biggest legislative failures in U.S. history. It's so bad that many believe

it was designed to fail so that socialized health care would be implemented. After all, every one of these failures was accurately predicted by those who voted against this law.

While I don't hold this "built to fail" conspiracy view, it is ironic that some are now pushing socialized health care. This socialist view will likely include the opinion of the opposing view submitted by the progressive contributor this week. After all, the local progressive group pulls this dead unicorn out of the bone pile twice a year to praise socialist health care as the new utopia to the faithful and uninformed.

Fortunately, there's a huge volume of data on the failure of socialized medicine from around the world.

Don't take my word for it. Research reputable sources yourself. But, for illustration, I will present a few facts here to prove the point. Socialists love to praise the tiny country of Sweden, with huge taxes, as the gold standard, but let's look at some key facts. Health Consumer Powerhouse reports that wait times for service are steadily increasing. Similar wait times in England have resulted in increased death rates for curable diseases like breast cancer. Single-payer systems have crippled access to health care.

The Frazier Institute of Canada reports that wait time averages two months for a referral and another 9.8 weeks before receiving treatment. Roughly 52,000 Canadians flee to the U.S. every year to access health care. Swedish residents are trying to avoid this rationing and roughly one in 10 now buy private insurance. Still unknown is the impact of mass migration from war-torn countries to socialized countries.

Despite these facts, the same people who brought us Obamacare want to socialize our personal health. Instead, let's drag that dead unicorn back to the bone pile once for all.

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