

# ...Labor leaders promote affordable health care for all

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Oregon Health Fund's biggest beneficiaries could end up being hospitals and insurers.

Hospitals are mostly non-profit, and much of the justification for that status comes from the so-called charity care they provide — basically care to uninsured individuals who don't end up paying their bills. If all Oregonians are insured, then there are no unpaid bills, and thus a windfall to providers that Crider says could be in the range of \$400 million a year. If the Oregon Health Fund could figure out a way to reclaim even two-thirds of that money through a tax on health care providers, it would go a long way to pay for the program. The challenge would be coming up with a way to prevent them from passing on the tax in the form of higher prices.

Meanwhile, having 600,000 new insurance customers could mean a windfall for insurers. So Harris and Crider want to cap insurance profits and administrative costs. Harris says others on the committee have argued there are no profits in the system when insurers like Regence Blue Cross Blue Shield are non-profit organizations. Harris scoffs at that. She said the Finance Committee held one meeting at Regence's Portland office, on the 18th floor of its downtown building. Harris sat at a mahogany table in a leather chair, her coffee cup on a leather coaster, the room trimmed in cherry wood and leather and floored with oriental carpet.

Crider sits on a Finance subcommittee, the Exchange Work Group, which is fleshing out

plans for an entity through which individuals and businesses could purchase affordable insurance. The Exchange could be as little as a consumer information Web site enabling individuals and businesses to compare competing plans from private insurers. Or it could be a negotiating tool, aggregating the buying power of hundreds of thousands of participants to bargain a very affordable price from the insurance companies. It could even be a regulatory body, capping insurance profits and administrative expenses and requiring insurers to get approval before they could increase premiums. But the question of who could buy through the Exchange has still to be determined. If the Finance Committee can't reach consensus, Crider said, it might end up forwarding a menu of options to the Oregon Health Fund Board.

Meanwhile, the 19-member Delivery Systems Committee has three labor voices: Diane Lovell of Oregon AFSCME, Stefan Ostrach of the Teamsters, and Healey, of Oregonians for Health Security, who co-chairs the committee. The Delivery Systems Committee is looking at how to pay health care providers (mainly hospitals, physicians, and dentists), and how to get the most bang for the buck. It's also supposed to come up with a way to control cost increases. Without cost control, the whole program could quickly become unaffordable. SB 329 lays out a specific mandate that costs of the program not increase by more than the general cost-of-living index. If the Oregon Health Fund achieves that, that alone would be an accom-

plishment, since medical inflation has for years been triple the inflation rate of other parts of the economy.

The Eligibility and Enrollment Committee, on which SEIU Local 49 Political Director Felisa Hagins serves, is working out the subsidy structure that will enable the health coverage to be affordable. For example, the plan might offer a health insurance tax credit to individuals earning up to three or four times the poverty level, with the goal of limiting insurance costs to 5 percent of an individual's income.

Susan King, head of the Oregon Nurses Association, chairs the Benefits Committee, which is looking at what constitutes the set of "essential health services" that would be required for all health plans offered through the program. At a minimum, the plans will include some level of dental, vision, mental health and prescription drug coverage, preventive care, chronic disease management and short hospital stays. But it might not include catastrophic care or expensive end-of-life care. The benefit structure will likely have features designed to minimize cost to the program, like zero co-pays for primary or preventive care, and higher co-pays for brand-name drugs that are no better than cheaper alternatives. Nothing would prevent individuals or employers from purchasing additional coverage above the minimum level.


The Federal Laws Committee will figure out what if any waivers Oregon will need to change the way federal monies are used, and which federal laws might need to be modified, such as

ERISA (Employee Retirement Income Security Act), which governs union health trusts. The Health Equities Committee will try to come up with ways to assure that health services are delivered in a fair way. Labor has no representatives on those two committees.

While so much is still to be decided, one thing is certain: The status quo is becoming intolerable. Last month, Families USA, a non-profit health care consumer advocate group, released state-by-state estimates of the number of working-age adults who are dying because they lack health coverage. The uninsured die preventable deaths because their diseases go undiagnosed and untreated until a more advanced stage. In Oregon, the group reported, the figure is one person per day — dying because they lack health insurance.

In May and June, the Oregon Health Fund Board will hold a series of 13 community meetings across the state to listen to public input on the broad concepts of health care reform. The meetings are free and will take place in Gresham, Newport, Astoria, Klamath Falls, Medford, Washington County, La Grande, Ontario, Coos Bay, Eugene, Bend, Portland and Salem. Each meeting will start at 7 p.m. and run two hours. Childcare and interpreters will be available at each meeting by calling 503-226-7870 or toll free at 1-800-501-4220.

The first meeting will be held Thursday, May 1, at Multnomah County East Building, 600 NE 8th St., Gresham. For a list of all meetings, go to: [www.healthforum.org/events/meetings.html](http://www.healthforum.org/events/meetings.html).



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