

Limited access to medical care in rural Oregon also prevents people from seeking medical attention.

“The bias is ingrained in our system,” Mahr says. “I, as a physician, believe that that’s wrong. You shouldn’t treat someone in terms of wait times or getting into a doctor based on what type of insurance they have, which in our system is linked to how much money they make in many cases.”

THE ACA CONUNDRUM

Even under the ACA, which caps some out-of-pocket expenses, one Eugene couple continues to face debilitating health-care costs. Vicki Anderson recently retired to be the full-time caretaker for her husband, who has Parkinson’s disease. She’s uninsured and says prices of prescription drugs and the costs associated with health insurance are astronomical.

Anderson says the couple’s savings is “being drained away. We already sold our house, we’ve already gotten rid of cars, because health care is squeezing all of our finances to where in the end, if he lives too long, we will be filing bankruptcy.”

After the ACA passed, Oregon expanded its Medicaid program by accepting federal funds. As a result, 973,271 people are covered by Medicaid, which was an increase of 346,915 people, reducing the uninsured rate by 62 percent from 2013 to 2017, according to healthinsurance.org.

During a late-night debate on the Senate floor on July 28, Oregon’s U.S. Sen. Jeff Merkley introduced 100 amendments to the later defeated “skinny repeal.” Merkley tells *Eugene Weekly* that he wants a “bipartisan bill” and wants to “make the system work better.”

is in need of critical repairs. Medical costs continue to rise, and many people don’t have access to health care providers, either because they live in rural Oregon or because insurers are dropping out.

“I think the payment structures are also complicated, byzantine, burdensome. We pay for services — not outcomes. It would be hard to imagine creating a worse payment system than the one we have,” Labby says.

Merkley echoes the need for cost controls. “We need to nail down the cost-sharing payment, the contributions made to companies, so they can lower premiums and out of pocket expenses and deductibles,” he says.

Costs are also driven by the price of drugs, but health insurance companies do not have the ability to negotiate drug prices with pharmaceutical companies.

“No other developed nation imposes this kind of continuous health care stress on their citizens, and I think we really do need to look at building a system that provides a lot more peace of mind,” Merkley says.

POLITICAL SABOTAGE

Meyer, who worked under the Ford and Carter administrations, says, “It’s also important that the Trump administration stop trying to sabotage this law administratively. They administratively narrowed the open enrollment period from three months to six weeks for this fall.”

Meyer adds that, “Affordability of deductibles, narrow networks and withdrawals of insurers from some markets are among the more serious problems” with the ACA.

Earlier in the year, Trump talked about universal health care coverage. Quoted in the *Washington Post*, Trump said, “We’re going to have insurance for everybody. There was a

for \$11.66 a month. The cheapest I can cover my family is about \$500 a month with a really high deductible,” he says.


Treichel put off having a colonoscopy for three years because of lack of coverage, and when he finally went in for the procedure, the doctor found polyps, which had to be removed. He received a surprise \$1,700 bill in the mail a few weeks later. Although his insurance covered the procedure, the company didn’t pay for the removal of the cancerous tumors.

“It was tough to get the colonoscopy scheduled in a timely manner, and I can see how people put off basic sorts of things because of insurance and costs,” Treichel says. “I got multiple bills from PeaceHealth, the surgeon who performed it, I got bills from the imaging people. I could not make heads or tails of my explanation of benefits or the bills, and I actually called both Moda and the hospital.” And after an hour-long conversation with the health insurance company, Treichel says, “They couldn’t even really explain it to me.”

In July, Sen. Ron Wyden sat down with *EW* and discussed health care. He says his innovation waiver, section 13.32 of the ACA “allow[s] a state to go further than the Affordable Health Care Act. So you could have Oregon, without passing a single federal law, Oregon could go do this tomorrow if Oregon wanted to,” Wyden says.


When asked if he personally supports a universal health care or single-payer system, Wyden’s office sent the following comment: “Senator Wyden wrote the section of the Affordable Care Act that lets states give people the health care they want, which could include state-based single payer. He is eager to work with Senator Sanders toward their shared commitment to achieving universal coverage.”

Among Wyden’s top donors from 2013 through the 2018 election cycle, which are made up of both individuals and



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— TIMOTHY BURNS



“One out of three individuals in rural Oregon is on the Oregon Health Plan, which is Medicaid. A substantial number of them were able to get on the Medicaid because of Medicaid expansion,” he says.

The senator says people are showing up to his town halls, even in Republican majority counties, with one message: “Please stop this destruction of our health care system.”

David Labby, a medical doctor who works with Health Share Oregon as a health strategy advisor, says the best benefit of the ACA was bringing “health care to so many people. Oregon stands out as a state that really took advantage of the Affordable Care Act, and I think Oregonians have hugely benefited.”

Before the ACA, Medicaid was available only to individuals with dependents. “You could have no income whatsoever and not be able to get Medicaid,” says Jack Meyer of Health Management Associates, a research and health-consulting firm based in D.C. Setting ground rules that prevent discrimination against women and people with pre-existing conditions is another benefit of the ACA, Meyer says.

Despite the expansion of health insurance and key provisions that don’t allow coverage discrimination, the ACA

philosophy in some circles that if you can’t pay for it, you don’t get it. That’s not going to happen with us. People covered under the law can expect to have great health care. It will be in a much simplified form. Much less expensive and much better.”

During the night of the skinny repeal vote, Merkley told CNN that many of his “colleagues knew this was the wrong thing to do but they were being pressured so hard to take this vote.”

DeFazio says he doesn’t get why Republicans are trying to prevent Americans from having access to health care. “They’re just oblivious to tens of millions of Americans who are struggling to get decent health care,” he says.

DeFazio’s district has the fifth largest number of people on expanded Medicaid, he says. The district represented by Oregon Congressman Greg Walden, who has supported the repeal of Medicaid expansion, “has the second largest number of people in the United States on expanded Medicaid,” DeFazio adds. “I don’t get it; they live in a different world.”

Eliot Treichel is an adjunct professor at Lane Community College. For the past few years, he has had to wait to sign up for health insurance because he doesn’t know how many classes he’ll be teaching until a few weeks before fall term begins. “Full-time faculty members can cover their families

super PACs, are relatives and employees of Blue Cross/Blue Shield and DeVita HealthCare Partners, according to OpenSecrets.org. Insurance companies, along with hospitals and nursing homes, are among the top industries that donate to Wyden.

If Congress succeeds in repealing the ACA, Wyden’s innovation provision is protected, so states would still be allowed to move to a single-payer system.

Timothy Burns still doesn’t know when he’ll be able to see his cardiologist again. “Personally, for me, it sucks having to live in fear of your own body [and] not know if you’re going to wake up and not be able to get out of bed that day,” he says.

Other parts of Burns’s future are up in the air, too. He doesn’t know whether he’ll be able to have children because he worries he won’t be able to take care of his own heart condition.

“I might not live long enough to have kids,” Burns says. “It’s this fear of the future because you can’t control your own health,” he says.

“We treat health care in the United States as a class issue and believe that health care should only be for those who can afford it, as though a right to health is only if you have enough in your wallet, and it just shouldn’t be that way.” ■