Oregon Lawmakers Consider Next Step Toward Universal Health Care

Senate Bill 704 would task a new board with determining how to roll out single payer medical coverage.

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Of The Skanner News

The state Senate Committee on Health Care is hearing passionate support for the next step toward statewide universal health care coverage.

Senate Bill 704 would create a Universal Health Plan Governing Board to create, establish and implement a single-payer health care system for all state residents, which would go into effect in 2027. In public hearings held over two days last week, the senate committee received testimony from scores of medical professionals that such a system is not only feasible, but a moral imperative.

"As an ER doctor I work at the one place everyone will be seen, regardless of their ability to pay, when they're in crisis," Multnomah County Commissioner Sharon Meieran, an emergency room physician, testified. "Our fundamentally flawed health care system is breaking under the strain of its own inefficiency, complexity and cost, and it would be hard to design a system that is worse for delivering health care than what we have."

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She said the exorbitant financial cost of accessing medical care "translates into so many of the social disasters we see increasing around us," including homelessness.

According to U.S. Census Bureau data from 2017, nearly 28% of Black households carried medical debt, compared to 17% of white households. Medical debt has been cited as a major factor in more than 60% of bankruptcy filings in the country.

"(Universal coverage) would get us to health equity," Rep. Travis Nelson (D-Portland), a registered nurse and former vice president of the Oregon Nurses Association, told *The Skanner*. "So many people, disproportionately people of color, don't get the preventative screenings, don't get the preventative checkups, because they're concerned about cost and out-of-pocket expenses. And if we really had a true single payer health system, I think we would give people that preventative care that they need so that they don't end up in ICUs and emergency rooms, and that would save a lot of money."

Along with Sen. James Manning (D-Eugene), Nelson is a chief sponsor of the bill.

Lofty Job Description

SB 704 calls for the selection of nine members to be appointed by Gov. Tina Kotek to paid four-year terms on the Universal Health Plan Governance Board. The diverse group of members would include health care professionals and members of the community who have experience being without medical insurance or who have been enrolled in Medicare. The bill also requires that five of the members have a significant background and expertise in health care administration.

Board members will be tasked with determining how current state agencies, like the Department of Human Services and the Department of Consumer and Business Services, will be integrated into the Universal Health Plan. The board will also collaborate with hospitals, providers and insurers to "unwind the existing health care financing system," and ultimately create a universal health plan that is consistent with the Joint Task Force on Universal Health Care's 2022 report.

"This bill takes us to the next step toward single payer," Nelson said. "It establishes a governance board that will decide on the best single payer system for Oregon, and how that would be financed."

Toward 'health care Transformation'

In supporting the bill, nurses, nurse practitioners, homecare nurses, retired doctors and emergency room physicians described countless cases of patients rationing health care due to exorbitant deductibles and the high cost of treatment. They emphasized the double-whammy of paying high monthly premiums for insurance that falls far short of consumers' medical needs.

"Insurance is not guaranteed health care," Tom Sincic, retired nurse practitioner and president of health care for All Oregon, testified, listing patients' "struggles with navigating complexities when they need care the most, struggles of delay and denial."

"I routinely care for patients who ration their care and avoid taking potentially life-saving medications or delay critical procedures due to cost concerns," Trevor Phillips, an emergency room physician and Salem City Councilor who was speaking as an individual, told the committee. "I have seen these harms all too frequently...Across this nation, seeing patients in emergency room hallway beds has become normalized. This impacts all of us by delaying care for everyone."

Michael Huntington, a retired radiation oncologist, clarified the very real cost of such delays.

"The most distressing thing for me was realizing that patients avoided care, sometimes waiting months because they feared what health care might cost them," he said. "They would wait until a crisis would force them to come to the emergency room, then they would find out that they had advanced cancer. Some would even then refuse treatment because of projected cost."

> "It would get us to health equity

Huntington said he supported SB 704 "so Oregonians will no longer have to spend down to the poverty level to pay for health care or to qualify for it. They won't have to avoid earning more than $27,000 for fear of losing Medicaid and access to health care."

Supporters of SB 704 detailed the stress of depending on a system where those in need of medical care reasonably fear not only debt, but also legal ramifications if they cannot pay unpredictable bills.

Last year, a Kaiser Health News study of a sample of nearly 530 hospitals across the U.S. revealed disturbing but common debt collection practices: more than two-thirds of the hospitals pursue legal action for medical debt, which includes lawsuits, wage garnishment and property liens; one in five denied non-emergency care to patients with outstanding debt at the hospital and a quarter sell patient debt to debt collectors.

In support of the bill, supporters hit on several fronts where universal health care would be advantageous: to household budgets, to small businesses, to individuals seeking to become self-employed, to the efficiency of health care delivery itself – as well as to the efficacy of emergency rooms, which have become overcrowded frontlines for health care access under an inequitable system.

Many supporters cited Oregon's new constitutional obligation to enact a single payer health care system, after voters passed Measure 111 to codify access to affordable health care as a fundamental right.

Dismantling The Current System

During last week's public hearings, only three people testified in opposition: A representative from the Oregon Association of Health Underwriters, a representative of America's Health Insurance Plans and a Springfield resident who said she received subpar care while living in an unspecified foreign country with socialized medicine.

Supporters of SB 704 countered the popular arguments against universal health care, including that a system covering everyone will lead to long waitlists for various procedures.

Phillips emphasized that waitlists are already widespread under the current system.

"The status quo of three to five years ago will never return," Phillips said. "All too frequently critical resources like inpatient beds are completely utilized, and there are waitlists that become closed."

Rep. Travis Nelson (D-Portland), a registered nurse and former vice president of the Oregon Nurses Association

"I do think that we'll need to train up more nurses, we'll need to train up more nurse practitioners, folks who are providing primary care," Nelson told The Skanner. "But when it comes to surgeries and operations, I haven't seen anything that would tell me that there would be a significant wait beyond what people are already experiencing now. I think that people will get treatment earlier, and if they're encouraged to get that primary care and if they're encouraged to see their doctor on a regular basis, I think there's a lot of things people are getting surgery for now, and conditions that they have now, that may be avoided if we do have an effective single payer health system."

Feeding into the fears of scarcity is the high rate of burnout among doctors and nurses, which was only amplified during the pandemic crisis. But some studies show that a major factor in such intense job stress may be dealing with the current circuitous system of private insurance.

"I do think that if we establish a single payer health care system, we will retain doctors and nurses if we can eliminate all the obstacles that private insurance puts up, and all the barriers," Nelson said. "It's a huge headache for employers to have to deal with insurance companies; it's a huge headache for providers to have to deal with insurance companies, and for insurance companies to dictate to providers how they treat their patients. I think a single payer health care system would be a big boost to morale for health care providers."

Other Benefits

In his testimony, personal injury attorney Richard Walsh criticized the American system of dependence on employers for health care.

"Our current system does not give you the freedom to just quit your job and go work somewhere else, or to just take a vacation or just take a sabbatical or go visit Europe," Walsh said. "We can't do that, because you're risking losing your insurance, and if you risk losing your insurance, you risk your life. And you risk the lives of your family. Is that free? That's not free."

Walsh drew on his experience representing accident victims to further illustrate his point.

"When people want to take less work, less hours, a less strenuous job, they're still forced to (work) until they're 65 years old and they can get Medicare, because of insurance. And sometimes they have to work far longer than that because they have spouses that are not yet 65 and Medicare-eligible."

He added, "I really would urge you to think of it in terms of the benefit not to just the under-insured or the uninsured. Think of it as a benefit to the fully insured that are trapped and stuck to their jobs."

Pamela Lyons-Nelson, head of the health care task force of the Episcopal Diocese of Western Oregon, explained the religious importance of moving toward universal health care to the committee.

"We see this as one of the most highly effective ways we as Christians can live out our commitment to, one, serve and heal the least of us, and two, love our neighbor – the Good Samaritan story, which is actually a health care access and delivery story, if you think about it."

The Oregon Senate Committee on Health Care will hold a work session on SB 704 on Wednesday.