When the state faces its own mandates

We have from the start advised those old enough and medically able to be vaccinated against the COVID-19 virus. We have also pressed employers to take reasonable steps to protect their employees, and that everyone take whatever steps they believe necessary to protect themselves.

We are firmly in the anti-COVID camp.

We have been critical of many government regulatory actions related to the pandemic, particularly those borne of sweeping emergency executive orders that have escaped legislative review.

Almost from the start, the state governors imposed strict rules on businesses and employers, and sent out regulators to force compliance.

The state of Oregon found out recently how hard it is to enforce its own mandates.

After a one-year hiatus, the Oregon State Fair returned this year with the theme "Fun makes a comeback." Maybe a little too much fun, at least for some patrons.

Late last month, Gov. Kate Brown mandated that masks be worn in public settings, indoors and outdoors, at large gatherings such as the fair and the recently-completed Pendleton Round-Up. The fair, a public corporation, is a government entity that operates under the authority of state statute. The fairgrounds and the facilities located on the grounds are owned by the state. The fair is patrolled by the Oregon State Police.

Several news outlets reported that Oregon OSHA received at least a dozen complaints that mask rules were not enforced on the grounds. Photos posted on social media indicate widespread flouting of the governor's rules.

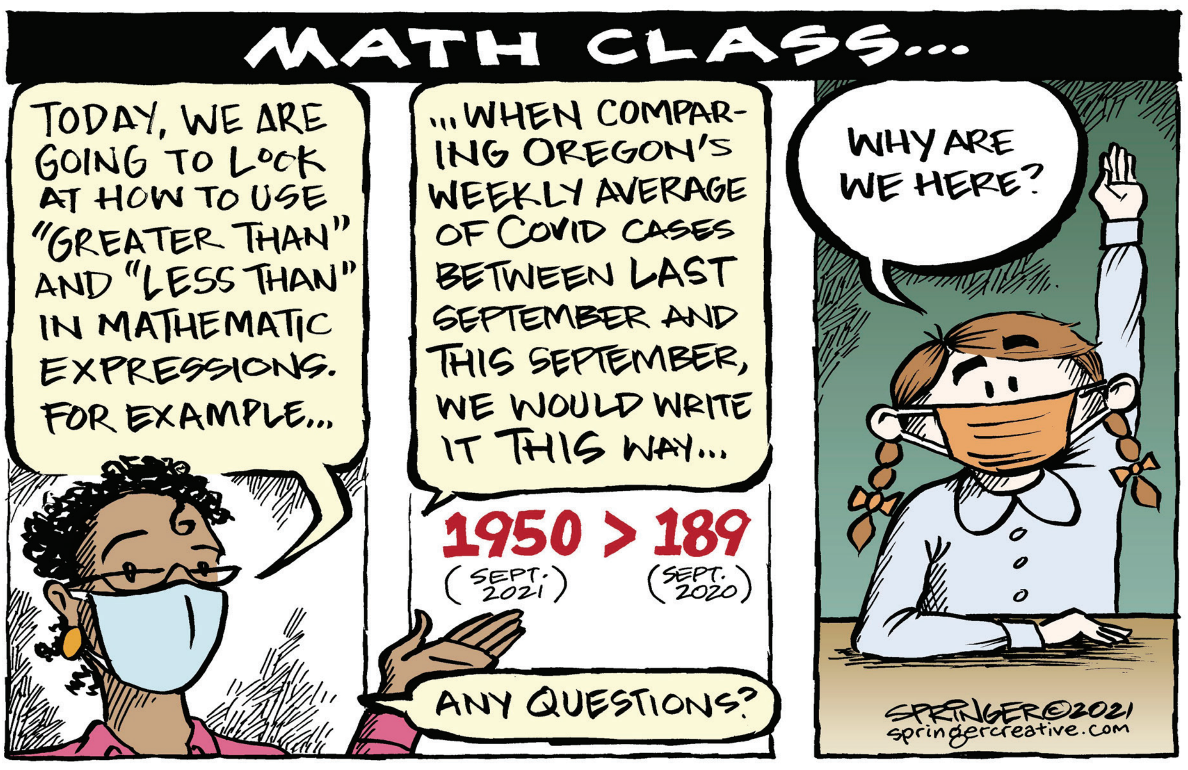
"We are adding steps. Over the weekend, we talked with Oregon OSHA, and they will be visiting the fair on their time frame," Oregon State Fair spokesperson Dave Thompson told KOIN. "They will be looking specifically at the vendors and staff and the people we do have some control over and make sure they're wearing masks. Vendors could be fined thousands of dollars."

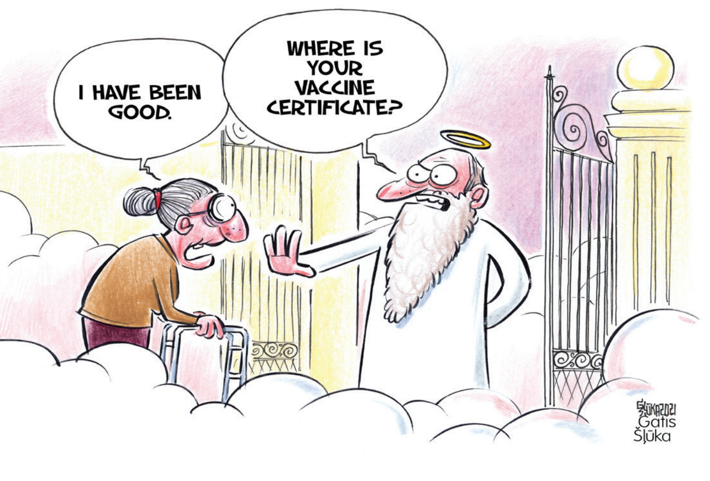
OSHA was sent to hold vendors to the rules, but not to make the fair enforce the rules on its patrons. Ejecting uncompliant fairgoers would have been hard, unpopular and not much fun.

Ag employers can empathize. They have, in effect, been turned into agents of the state. If they fail to comply with the rules, or are thwarted by uncooperative employees or customers, they can be heavily fined by the state.

In an ideal world, the experiences of an actual agent of the state with enforcing state diktats would inform regulators to the practical problems of compliance and ameliorate their attitudes toward good faith efforts put forth by the regulated.

Alas, the world is far from ideal.





Oregon committee is creating a single-payer health system


Chuck Sheketoff

I am one of 13 gubernatorial appointees and voting members of the Joint Task Force on Universal Health Care created by the 2019 Legislature. In June, we released a status report presenting our current thinking on the design of a universal health care system. Our proposal is a work in progress, not final.

Our plan will not be "Medicare for all." Medicare requires premiums, co-pays and private insurance companies for supplemental or advantage plans. In contrast, we propose a single-payer plan. A new public corporation would be created to bear the financial risk that insurance companies and self-insured businesses carry today.

Our plan could "help fix some problems by making health care accessible to more people and more equitable." And there's ample room for cost control and lower administrative costs.

A new health care system will indeed make Oregonians "happier and healthier" by improving quality of care.

A major challenge is improving how we access health care, especially "uncoupling health insurance from employment." And, our plan will ultimately need support from the public, our businesses and the Legislature.

In Oregon today about half of private insurance is purchased through employers. The Legislature rightly considers the cost of employer-provided health insurance as both tax free income to employees and a deductible expense for the employer.

That deduction, not available to Oregonians buying individual policies, coupled with the tax break for employees, reinforces our dependence on employer-provided insurance.

We want to equalize access to health care with a different method of payment: progressive fees and taxes providing health care access to everyone regardless of employer. Our task force is confident that the new payroll fee to fund health care will be less than the cost of employer-provided insurance. We expect Oregon families will welcome a plan that is not tied to their employer; that eliminates premiums, co-pays and deductibles; and that ends battles with insurance companies to approve a provider or benefit.

Employer-provided insurance hurts Oregon's economy. The employees receive lower pay and the impact on pay is regressive: Employer- provided insurance premiums take a bigger share of income from lower paid employees than from higher paid employees.

Our approach, which is still evolving, favors a moderately progressive payroll-based fee, meaning less impact on employees receiving lower pay. Like the insurance premiums that employers currently pay, a payroll health care fee would be a tax deductible business expense.

However, because a payroll health care fee will be less than the insurance premiums most employers pay today, our plan will improve profitability, pay and benefits to workers, or both.

Today, all families and individuals pay at least something for health care, even those Oregonians with limited income who seek alternative care not provided by the Oregon Health Plan. Under our plan, funded by progressive taxes, Oregon families won't have premiums, co-pays or deductibles.

Our task force is committed to ensuring that any new taxes will be less than what Oregonians currently pay for insurance, co-pays, deductibles and noncovered services.

Consistent with our legislative charge, we created a consumer advisory committee with representatives from a wide array of Oregon communities and interests. We encourage public testimony at our open meetings. We listen to all contributions and have included them in our planning. With bipartisan support, the 2021 Legislature extended our timeline to present a plan. This renewal of our charge provides funds for even more rigorous engagement with the people, organizations and businesses that our task force needs to honor.

We hope your readers will consider contributing their ideas to our critical work. Vibrant public participation will help create a health care system that is universal and that answers the needs of all Oregon families and businesses.

Chuck Sheketoff submitted this piece on behalf of the voting members of the Task Force on Universal Health Care. Readers can get involved and follow the task force's work at bit.ly/JTFUHC21.

Drug price 'negotiations' are a danger to America's seniors


Saul Anuzis

Democrats just passed a budget plan that would give federal bureaucrats the ability to "negotiate" drug prices directly with manufacturers.

To the uninitiated, that sounds attractive. After all, who wouldn't want to pay less for medicines?

But in reality, the negotiations aren't going to lead to lower prices at the pharmacy. They're going to instead mean less access to lifesaving medicines today and fewer new medicines tomorrow.

The word "negotiation" is a euphemism, of course. When Big Government bigfoots its way into a market to tell a private business what it can charge for its products, that's a price control.

The lawmakers touting negotiations hope to achieve their goal by repealing the "noninterference" clause that's embedded in the law governing Medicare's drug benefit. This language bars the Secretary of Health and Human Services from interfering in the private price negotiations for Medicare Part D plans. The rule has served America well, keeping government at bay for the 18 years (and counting) of Part D's existence.

Part D plans are currently administered by private insurers that already extract steep discounts and rebates from drug manufacturers.

Government negotiators are unlikely to fare as well — unless they restrict access to medicines. As the Congressional Budget Office has noted, "the Secretary would be unable to negotiate prices across the broad range of covered Part D drugs that are more favorable than those [already] obtained" absent the ability to put "pressure on drug manufacturers."

Indeed, the noninterference clause has remained a key component of Medicare because lawmakers have recognized that the tradeoffs are too high. Negotiations would only work if patients' access to drugs is diminished. Prices will only be driven lower if the provision of new medicines is restricted. Certain drugs just won't be available to access any longer.

Will those restrictions be through a national "formulary" that only covers older, less expensive medicines? Or through the philosophically toxic device of QALYs — quality-adjusted life-years — by which younger, healthier patients are deemed more worthy of treatment than older, sicker ones?

The strongest argument against drug-price controls is the asphyxiating effect the policy would have on innovation. Companies must have a chance of a return on investment. Reduced revenues that result from reduced prices will mean greatly reduced investment into new treatments and cures.

These tradeoffs are the dirty secret of "negotiations."

Another dirty secret is, of course, that these "negotiations" would be a scam. The $500 billion "savings" that the Democrats claim will result from negotiation will be used to pay for billions in spending on the Green New Deal and other initiatives entirely unrelated to the medical needs of our seniors.

The real debate isn't between those who are for or against "negotiation." It's one between those who would protect a law that safeguards access and choice for seniors and those with disabilities, versus those who would put it all at risk for cheap political points.

Saul Anuzis is president of 60 Plus, the American Association of Senior Citizens.

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- **Oregon Legislative Information —** (For updates on bills, services, capitol or messages for legislators) — 800-332-2313, oregonlegislature.gov.
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Blue Mountain EAGLE
Published every Wednesday by EO Media Group

Grant County's Weekly Newspaper

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John Day, OR 97845-1187
USPS 226-340