

The INDEPENDENT

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Opinion

The INDEPENDENT rarely uses guest editorials, but we did it last issue and will again in this edition. The topic in this editorial could not be made more clear or concise than it is presented here.

9-1-1 tax should not go to fund Poison Control Center

By Sally J. Jones, Administrator

Columbia 9-1-1 Communications District

It is clear that the Oregon Poison Control Center (OPCC) has set their sights on the 9-1-1 excise tax as the source to fund their operations by proposing HB2709. Dr. B. Zane Horowitz, the medical director of the OPCC has been circulating a letter requesting support of HB2709. His letter highlights the value of the OPCC and promotes the use of the 9-1-1 excise tax for replacement funding since OHSU dropped their funding for OPCC. No one disputes the value of OPCC. But, Dr. Horowitz letter contains flagrant false information about the 9-1-1 excise tax. Dr. Horowitz is promoting the false concept that there is excess money in the 9-1-1 excise tax revenue. There is no excess revenue. The 9-1-1 tax collections are only enough to pay for what is needed.

As you may be aware, the 9-1-1 excise tax is a dedicated tax that should be used to fund 9-1-1 service—the public expects that it will be used for its intended purpose; this includes providing 9-1-1 centers with the ability to locate wireless calls.

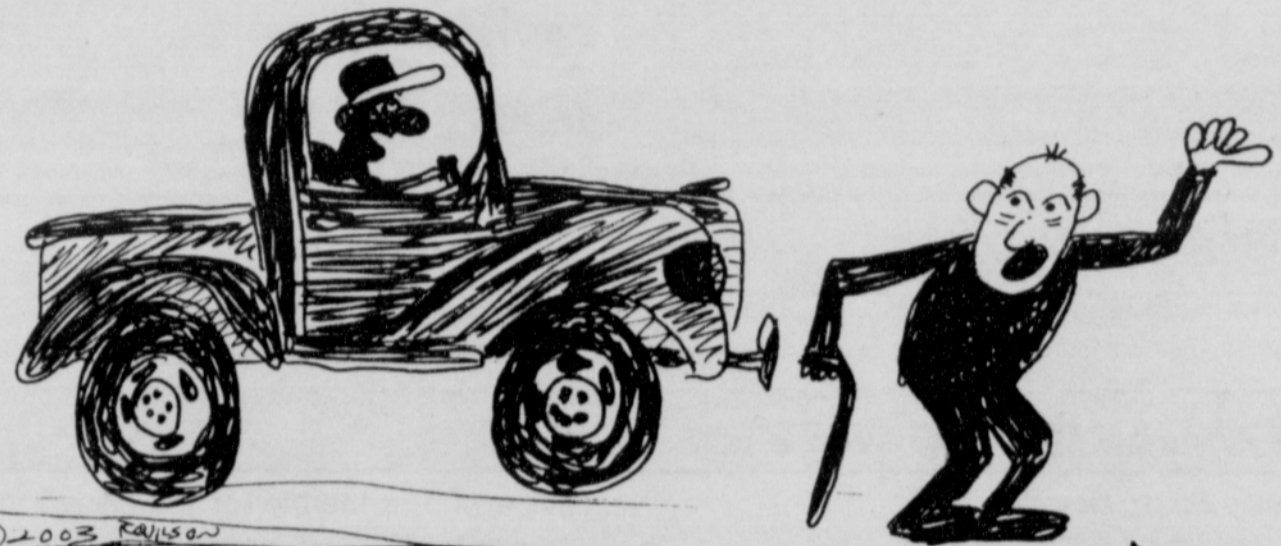
The number of telephone access lines have increased significantly with the popularity and availability of wireless technologies (ie: cell phones) — this has not come without a cost to the existing 9-1-1 system.

More access lines = more 9-1-1 calls = more network and services cost.

There are added complications involved in processing cell phone calls to 9-1-1. For example, there is no location information, and sometimes not even a phone number for reference. Connections are often not constant and clear, and "phantom" or accidental 9-1-1 calls from cellular phones add to processing and network activity. Additional network connections and services are necessary to carry those calls through the system as call volume rises.

Oregon also faces implementation costs of the next phase of wireless technology, which will provide location information for cellular telephones, just as we have with wireline 9-1-1 calls, only the location is provided and mapped showing the location within approximately 100 yards. Diverting 9-1-1 funds reduces money that is expected to fund this Federal Mandate.

What you hitchhiking for
Old Timer?



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Trying to get to my
DOCTOR'S Appointment. Without
"Col-Co TRANSPORTATION" it can
be a challenging endeavor!

Lack of health care does harm to small businesses

By Noni Andersen

Last week, the Congressional Budget Office, a non-partisan fiscal watchdog for Congress, reported that nearly 60 million Americans lack health insurance at some point in the year. An estimate released earlier this year by the Census Bureau reported that 41 million had no insurance.

The numbers, whether 60 million or 40 million, are alarming. If the United States, the richest nation in the world, chooses to deny health care for 40, 50 or 60 million citizens, its elected representatives should at least pass the Small Business Health Fairness Act (S.545), introduced March 6, by U.S. Sen. Olympia Snowe (R-Maine), to offer small businesses the same market-based advantages enjoyed by large companies and unions.

The Small Business Health Fairness Act would significantly expand access to health coverage for millions of Americans working for small businesses, by creating Association Health Plans (AHPs). These health insurance plans would allow small businesses to pool resources and leverage their bargaining power to negotiate affordable health insurance rates for employees through a bona fide trade or professional organization.

There is a desperate need to pass legislation providing affordable healthcare plans for small business owners and employees. Small businesses employ half of America's workforce and, according to the Census Bu-

reau, almost two-thirds of Americans receive health insurance coverage from their employer. But most small businesses either can't afford health insurance for employees, or have had to reduce coverage because of 12 to 72 percent increases in their health insurance premiums.

The Small Business Health Fairness Act, would allow AHPs to operate under the same uniform rules that currently govern Fortune 500 companies and unions.

In the House, the Employer-Employee Relations Subcommittee forwarded the Act (HR 660) on April 8 to the Committee on Education and the Workforce. The Act has bipartisan congressional support, plus endorsements from a broad and diverse coalition of more than 100 groups.

Americans are asking for the opportunity to BUY their own health care, they are not seeking a handout, but it must be affordable.

It is truly reprehensible that a nation as wealthy as the U.S. fails to provide adequate health care for its citizens. But it is truly criminal that our elected officials will put no brakes on runaway health care costs, nor even put health care within the realm of affordability for the millions of people who earn their living in small businesses.

Unfortunately, the Republican leadership in Congress rarely considers a fiscal position that actually helps small businesses and their employees. They already have great health care — and we pay for it.