

Date Submitted: September 18, 2024

Public Comment Submission from: Karen Baker

Organization: Health Care for All Oregon

Topic: UHPGB Budget

Will oral comments be provided as well: No

I have been following the progress of the UHPGB and I understand that there was a proposed budget of \$1.9 million for the next biennium. I am concerned that this is not enough to do the necessary work. Has the board created a budget, and if so, does this amount fall within the \$1.9 proposal? If not, what is the plan to request additional funding? Can OHA contribute be tapped for work on behalf of the Board? I worked for a small business for decades and we had budget every month, year and biennium...including budgets for healthcare, which understandably increased every month.

My hope is this board will achieve the goal of making healthcare no longer tied to employment as I as now privately insured and have no idea how much it is going to cost me each year until I shop on the exchange.

Thank you,

Karen Baker

Date Submitted: September 17, 2024

Public Comment Submission from: Charlie Swanson

Organization: HCAO-Action

Topic: UHPGB budget, long-term care, aim for best plan (most equitable, cost-effective, and affordable for individuals and society)

Will oral comments be provided as well: No

Oregon Universal Health Plan Governance Board testimony for 10/17/2024

I urge the Board to carefully create a budget for the 2025/27 biennium so that you can ask the legislature to allocate appropriate funds. Among the most important items in the budget that are not otherwise fixed will be estimates of what it will cost to hire the necessary outside experts.

While creating a budget for the next biennium, I strongly suggest that long-term care should be carefully considered. While it made sense because of time and resources for the Task Force to leave long term care out of the plan and to instead continue to finance it as it is now (mostly through Medicaid, with a substantial out-of-pocket portion, some private insurance, and a little from Medicare), the Governance Board should take this opportunity for more careful consideration.

From [Reimagining Financing and Payment of Long-Term Care](#):

“The piecemeal system [of long-term care financing and payment] that exists suffers from several key problems, including underfunding, fragmentation across types and sites of care, and substantial variation in payment across states and populations. These problems result in inefficient allocation of resources, limited access to care, substandard quality, and inequities in both access and quality.”

Oregon’s [SB 770 \(2019\)](#) that established the Task Force on Universal Health Care directed the Task Force to set up an advisory committee to make recommendations regarding long term care. Section 6(5) on p. 8 of [SB 770](#) describes who should be on an advisory committee –

- (a) Persons with disabilities who receive long term services and supports;
- (b) Older adults who receive long term services and supports;
- (c) Individuals representing persons with disabilities and older adults;
- (d) Members of groups that represent the diversity, including by gender, race and economic status, of individuals who have disabilities;
- (e) Providers of long term services and supports, including in-home care providers who are represented by organized labor, and family attendants and caregivers who provide long term services and supports; and
- (f) Academics and researchers in relevant fields of study.

We recommend that the UHPGB set up a committee similar in spirit to this. Such a committee should be established soon, before the next biennium, but much of its work would be in the next biennium, and a budget for such work should be established. The Board should specifically charge the committee with investigating what it wants from the committee, which might be a bit different from what SB 770 charged the Task Force to consider with the committee. There may need to be funding for an outside expert on issues related to this.

I also urge the Board to aim for the best plan (most equitable, cost-effective, and affordable for individuals and society) for Oregon, without worrying about whether existing federal laws make it likely that appropriate waivers will be forthcoming. The UHPGB will make its legislative recommendations long before the state will need to apply for waivers. Federal laws can change, and strong state plans that might need changed federal law will help motivate the necessary change.

Charlie Swanson
Eugene, OR

Date Submitted: October 10, 2024

Public Comment Submission from: Lou Sinniger

Organization: Health Care for All Oregon and AFSCME Retirees Chapter 75

Topic: Healthcare Cost Containment

Will oral comments be provided as well: No

Lou's Emergency Story

July 13, 2024 while dining with family outside of Springfield Oregon, I suffered an esophagus blockage. This event does not cause choking but the person cannot swallow. It causes saliva to build up and is quite uncomfortable with constant spitting.

My family took me to McKenzie-Willamette Emergency rated as a level 3 trauma center. We arrived about 9pm. Within 30 minutes I was called in and X-rays were taken. 4 hours later I was triaged and was told that they did not have a gastrologist on call that could take care of me. The nurse proceeded to inform me that Peace Health River Bend was to full and could not take me. She then said that an ambulance would transport me to Peace Health Vancouver Washington. Being quite uncomfortable and by then after 2am I only thought to ask, "would they bring me back" and was assured they would.

They loaded me up in a Mid Valley Ambulance Service and drove me over 132 miles to Vancouver Washington, Peace Health Hospital. There I was taken care of and treated very well by all the providers. I was released that Sunday the 15th. However, I had no way home, in Elmira. Apparently the Mid Valley Ambulance Service could not pick me up and return me as promised. My daughter drove up and returned me home.

Later, I wondered why did the ambulance pass several hospitals on the way, and who was this ambulance company. A level 3 trauma center does not have to have all emergency services but "Has developed transfer agreements for patients requiring more comprehensive care at a Level I or Level II Trauma Center. See <https://www.amtrauma.org/page/traumalevels>

Apparently Mid Valley Ambulance Service has a contract with Peace Health wherever they are. Also with a little investigation I found that this ambulance service is owned by a Danish Investment Company.

Also, now I have doubts that River Bend was "to full"...

In summary, it was disappointing and completely unknowable at the time to find that McKenzie-Willamette does not cover gastronomical emergencies. The ambulance contract interfered with more immediate care. And it is disturbingly suspicious that the ambulance was for profit and owned as an investment. However, It had been approved by the Eugene-Springfield Fire Department. I do not believe that when the Oregon Health Authority endeavors to figure out cost for containment purposes it pencils in these unnecessary costs and disruptions as stated above.

This is just one small example of costs, questionable service, inefficiency, and administrative overhead created by the market place mentality in our current healthcare system.

Thank you.

Lou Sinniger
Elmira, Oregon
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Date Submitted: October 14, 2024

Public Comment Submission from: Tyson Tucker

Organization: NA

Topic: Full support

Will oral comments be provided as well: No

To be honest, I have never heard of this board, until I saw a TikTok today. As a long time Southern Oregon resident, Paramedic and ICU RN, I want to show my full support for Universal Healthcare in Oregon. I believe it can work, despite the skeptics and lobbyists who will oppose this. You would think that even I, a hospital employee, who cares for the sickest of them all, would have zero trouble with affording health insurance. Sadly, I am no different than any other Oregonian. With a high deductible HSA, premiums/copays, dental, and vision, I'm paying out about 8k BEFORE insurance pays anything. This is unacceptable.

The hardest part of getting this bill passed will be proving Oregonians will save money. Make it simple and show them easy to read graphs and statements that say "keep your own doctor!" I have faith Oregon can make this place healthier by cutting out the middle men. Thanks for your work, and I will be watching closely :)

Thank you,

Tyson Tucker

Date Submitted: October 14, 2024

Public Comment Submission from: Collin Stackhouse

Organization: Health Care for All Oregon

Topic: The climate crisis and our broken healthcare system

Will oral comments be provided as well: Yes

Hello UHPGB, thanks for considering my testimony today.

I'm writing both to echo the testimony of other members of Health Care for All Oregon regarding the board's budget, and to comment on the urgency of healthcare reform in the face of the climate crisis.

Health Care for All Oregon urges of the Board to carefully create a budget for the 2025/27 biennium, to request appropriate funds from the legislature to allocate. Among the most important items in the budget that are not otherwise fixed will be estimates of what it will cost to hire the necessary outside experts.

Regarding the climate crisis and our healthcare costs, I keep coming back to an old habit, of presuming that facts will change people's opinion and behavior. As far as effective communication, it seems like feelings are the better choice in changing people's minds. So, to cover my bases, I'd like to share both some facts and feelings.

Some facts that I've been present with:

- Our current healthcare system costs about twice as much as in other 'developed' countries, about \$10,000 a year, compared to other countries' spending of about \$6,000 a year. [The Commonwealth Fund, 2023]
- In Oregon, the Joint Task Force on Universal Healthcare found that our state could save an estimated 980 million dollars a year by switching to Universal Healthcare. [JTFUHC Final Report, 2022]
- Extreme weather and climate extremes cost the world about 1.5 trillion dollars in between the years 2010 and 2019. Climate-related extreme events are set to become more frequent and severe, according to the Intergovernmental Panel on Climate Change. [World Economic Forum, 2023]

Some feelings I'm glad to share:

- Climate change has, and will continue to affect my economic condition, and my physical and mental health. The links between climate change and the Covid-19 pandemic, the extreme weather events here in Oregon, and the news of increasing climate-related disasters around the world are just the start. That can feel scary.
- If extreme weather and natural disasters are now the new normal, then the hurricanes in the Gulf of Mexico in the last few weeks are the latest example. When watching footage of the devastation, I consider how regardless of the assistance those folks receive, the majority of the economic burden of cleaning and rebuilding will likely fall on the individual. Then, I consider those folks' obvious health outcomes from this disaster, and how many of them are likely to not receive the care that they need because of the cost, or lack of access. That can make me feel sad.
- When I take a look at the figures above regarding the cost of our healthcare, and I also consider the reality of the climate crisis affecting my everyday life in Oregon, I can conclude that the disruptions that are yet to come from climate change are going to be very, very challenging. That can make me feel fairly panicked.

To put it succinctly, I feel concerned about my very survival, as well as yours. I feel confident that if we are to survive, and thrive, in the face of the current climate crisis, we will need to transition away from our current, broken healthcare system, which is the most expensive in the world.

Thanks for your time,
Collin