

Date Submitted: December 19, 2024

Public Comment Submission from: Chavvah Rutherford

Organization: CareOregon

Topic: Extrapolating Data

Will oral comments be provided as well: No

Universal Health Plan Governance Board,

One of the members on the Governance Board today(12/19) were saying that the best thing to do was extrapolated the PEBB level benefits for all people in Oregon, as opposed to looking back at 2022 expenditure. This isn't going to produce viable numbers when you consider that generally speaking the people using PEBB are a lot healthier than the Medicaid, Medicare, and other underserved populations.

Thank you,
Chavvah Rutherford

Date Submitted: December 20, 2024

Public Comment Submission from: Eve Chambers

Organization: None

Topic: Universal Health Care

Will oral comments be provided as well: No

Universal Health Plan Governance Board,

It is of critical importance to establish universal health care in this country. Health care should not be a business, making it available to only the wealthy. I have traveled to various countries which have universal government run health care systems and have been amazed at the excellent care provided at little or no cost. The cost of medical care in the U.S. could be greatly reduced if we removed the “middleman” of private business.

Thank you,
Eve Chambers

Date Submitted: December 20, 2024

Public Comment Submission from: Kay Firor

Organization: N/A

Topic: Health Insurance Drains Resources

Will oral comments be provided as well: No

Dear Members of the Universal Health Plan Governance Board,

The health care industry receives an enormous amount of the financial resources that could be used much more efficaciously to provide health care to the people of the USA. Why on Earth should we have to enrich those in corporate offices in order to qualify for the medical attention we need?

In my own family, one person requires an expensive* medication that insurance companies routinely decide to quit covering. Each time this happens, we, and our healthcare provider, have to write repeatedly the justification for why this particular medication is required. Only after months of persistence will the company agree to make an "exception" and resume coverage.

Since we are now on Medicare, it makes no financial sense for the drug to be withheld, as without it our family member will be in the ER every two to three weeks, costing Medicare much more than it would to cover the medication. However, because Medicare prescription plans are separate from Medicare hospital plans, there is no way to use this information to help make better decisions. This type of muddle is caused by Medicare being modeled on the insurance industry, rather than being designed to fund health care.

Other countries find a way to provide health care to their people. The people in the USA also deserve to have the health care they need. This could be arranged by funneling the money that now goes to health insurance companies into paying for health care. Changing how health care is funded would have the added benefit of encouraging all those people whose jobs involve denying sick people needed health care coverage to find something more worthwhile to do.

* The expensive medication required by a member of my family cost \$400 per month when we first found that it could return him to being able to live a normal, active life. Since that time, the cost doubled, tripled, and is now more than ten times as expensive. This is NOT because it is costing the drug company more to produce it! Instead, it is because there are no checks and balances on the drug industry.

Sincerely,

Kay Firor
Cove, OR

Date Submitted: December 25, 2024

Public Comment Submission from: Hayley Hirt

Organization: Providence Women's Clinic

Topic: Global fee structure for pregnancy and birth care

Will oral comments be provided as well: No

Universal Health Plan Governance Board,

Please consider changing the global fee structure for pregnancy and birth care. It doesn't cover the costs to provide high quality maternity care, most of the time leaving private practice, birth center, and home birth practitioners routinely operating in the red and not making enough money to continue providing care. Women's health care is a specialty service and needs to be reimbursed as such. Abortion services also need to be financed by universal healthcare — it is life saving care. Fertility services, like IVF, also should be covered. The ability to start a family should not be reserved for rich people who can afford it, that is a eugenicist policy. Also ensure that mental health care is reimbursed appropriately and not silo'd into big therapy agencies that provide sub-par care and exploit their employees. Private practice mental health practitioners need pay parity with agencies.

Thank you,
Hayley Hirt

Date Submitted: January 2, 2025

Public Comment Submission from: Alessandra Grosjean

Organization: N/A

Topic: Student, wants to be a dentist, works as a dental assistant

Will oral comments be provided as well: Yes

Universal Health Plan Governance Board,

Please include dental coverage. Canada has universal healthcare, but no dental included and this is a mistake. Oral healthcare is directly related to the rest of the body and an infection can lead to extreme pain. It should not be considered universal health care until dental is included.

Thank you,
Alessandra Grosjean

Date Submitted: January 3, 2025

Public Comment Submission from: David Bernal

Organization: None

Topic: Objections by some about Oregon's Public Meetings and Public Records laws

Will oral comments be provided as well: No

Universal Health Plan Governance Board,

Prescription drug coverage— I take wegovy which is typically not covered by government programs, but is covered by my private insurance. I am very concerned that the public program will remove my ability to use this drug.

Thank you,
David Bernal

Date Submitted: January 6, 2025
Public Comment Submission from: Kathleen Zinno
Organization: None
Topic: Rare Disease Patient Coverage
Will oral comments be provided as well: No

Advocating for Comprehensive Care for Patients with Complex Conditions

I am writing to address the urgent need for systemic changes in how healthcare providers approach the care of patients with complex conditions, such as Ehlers-Danlos Syndrome (EDS). As Oregon moves toward universal healthcare, we have a unique opportunity to establish a new national standard that prioritizes comprehensive, patient-centered care for individuals with complex and rare diseases.

EDS exemplifies the challenges faced by complex care patients. Although there is no cure for EDS, its inclusion as a formal diagnostic code is vital. A diagnosis is more than a label; it is the foundation for effective care and equitable resource allocation. Without recognition of conditions like EDS through proper coding, patients are often misclassified, under-treated, and left to navigate a fragmented healthcare system that does not meet their needs.

The Importance of Diagnostic Codes for Conditions Like EDS

The lack of a cure should not diminish the importance of diagnosing and coding EDS. Including EDS as a diagnostic code has far-reaching benefits:

- **Improved Access to Care:** A formal diagnosis ensures patients can access specialists, physical therapists, and other resources tailored to managing EDS.
- **Tailored Treatment Plans:** Proper diagnosis enables evidence-based management strategies to reduce symptoms, improve quality of life, and prevent complications.
- **Insurance Coverage:** Many necessary treatments, such as physical therapy and assistive devices, require a formal diagnosis to qualify for insurance coverage.
- **Research and Awareness:** Diagnostic codes allow for data collection, which is critical for advancing research, raising awareness, and improving care standards.

I urge healthcare leaders to recognize the importance of properly diagnosing and coding conditions like EDS to support effective care and resource allocation.

The Need for Extended Time for Complex Patients

Another pressing issue is the lack of adequate time allocated to address the multifaceted needs of complex care patients. Physicians are under immense pressure to see a high volume of patients in short appointment slots. This model prioritizes efficiency over thoroughness and often leaves patients with rare and complex conditions misdiagnosed or undertreated.

I propose the following solutions:

1. **Revised Billing Practices:** Implement billing codes that reflect the additional time and resources required for complex cases, ensuring providers are compensated fairly.
2. **Incentives for Specialization:** Create financial incentives for practices to specialize in complex care, including grants for training and infrastructure.
3. **Interdisciplinary Collaboration:** Encourage coordination among specialists, therapists, and primary care providers to address the comprehensive needs of patients effectively.

Addressing Reimbursement Inequities

Specialists trained to treat conditions like EDS often avoid accepting Medicaid and Medicare due to inadequate reimbursement rates. This leaves vulnerable populations with few options for care. To address this, I recommend:

- Reforming reimbursement policies to align rates with the complexity of care provided.
- Expanding pilot programs focused on outcomes-based reimbursement, where providers are rewarded for long-term success in managing complex conditions.
- Introducing grants or financial incentives for specialists who commit to treating Medicaid and Medicare patients.

Oregon's Role in Leading Change

As Oregon transitions toward universal healthcare, it can lead by example. Universal healthcare can only succeed if it meets the needs of its most vulnerable populations, including those with complex and rare conditions. I encourage Oregon to:

1. Include comprehensive care for complex patients as a cornerstone of the universal healthcare plan.
2. Establish "Centers of Excellence" for rare and complex diseases to provide coordinated, multidisciplinary care.
3. Use Oregon as standard for innovative care models, such as telehealth programs for complex cases and remote consultations with specialists.

Addressing Consolidation and Accountability

Finally, the consolidation of healthcare systems, such as the ongoing buyouts by Oregon Health & Science University (OHSU), raises concerns about accessibility for complex care patients. Large systems often prioritize profitability, deprioritizing resource-intensive cases. Public funding and tax exemptions should come with accountability. I recommend:

- Requiring healthcare systems to allocate resources for complex and rare disease care as a condition for receiving public funding.
- Developing partnerships between academic institutions, advocacy groups, and policymakers to ensure patients with complex conditions are not excluded from care.

A Call to Action

Oregon is at a crossroads, with the potential to revolutionize healthcare delivery not only for its residents but for the nation. By addressing systemic issues such as inadequate diagnostic codes, time constraints, and reimbursement inequities, we can create a healthcare model that values every patient, regardless of complexity.

I urge you to take these recommendations into consideration and make complex care patients a priority in Oregon's healthcare transformation. I would welcome the opportunity to discuss this further and work together to ensure that Oregon sets a new standard for comprehensive, patient-centered care.

Date Submitted: January 7, 2025

Public Comment Submission from: Bruce Thomson

Organization: Mid Valley Health Care Advocates

Topic: Public TRUST corporation management of finances of a Universal Health Plan

Will oral comments be provided as well: no

PUBLIC COMMENT/QUESTIONS – for the Jan 16th UHPGB meeting.

My public comment comes in the form of two fundamental questions.

Are Finance and Revenue committee and Operations committee working together to develop recommendations for the Governing Board with regard to;

(1) A dedicated public TRUST corporation responsible for management of the revenue generated for funding a UHP; including payment to providers and facilities, financing of infrastructure updating (equipment and buildings) and;

(2) A separate dedicated public corporation responsible for the coordination and management of Oregon patients' healthcare needs, including patient advocacy and equity concerns?

Date Submitted: January 9, 2025

Public Comment Submission from: Christine Zinter, former PD&E Committee member

Organization: NA

Topic: Committee Resignation Letter (requested by Chair Bellanca to share with the board as a public comment)

Will oral comments be provided as well: No

To the Committee:

I must respectfully resign from this Committee for multiple reasons, the first of which is that it is a waste of everybody's time to try to design a plan and eligibility rules without a budget. We spend hours talking about all the pie-in-the-sky benefits we want to provide everybody who sets foot in Oregon, but we have no budget target. We can dream all day about everything we wished everybody could have, but without a dollar target we are spinning unicorns out of cotton candy. I am an expert at underwriting and plan design, and it all requires a knowledge of the budget you have to work with.

Secondarily, I am opposed to the plan to prevent providers from providing services to people covered by "other" types of coverages if the benefit is something covered under the proposed plan. That puts Kaiser out of business, it puts every concierge-model doctor out of business, and it completely ignores the fact that many Oregonians are covered by employer insurance from outside the state. If we have a doctor shortage now, just wait until you tell them they can't set up their own practice/income model.

Third, I have come to believe that a one-state universal healthcare model is fundamentally unobtainable. Wealthy Oregonians and businesses are going to leave Oregon if you slap on the type of taxes it would take to fund the benefits you are talking about. In the first meeting where somebody mentioned it may mean around an 8% increase to income taxes, I began planning to move to Vancouver. Oregon already has some of the highest income taxes in the country, we are not going to pay more, not even for "free" healthcare. Without limiting eligibility to long-time residents, unhealthy individuals from all over the country will come to Oregon, likely increasing the unhoused population we already struggle with and making our overall population health worse than average.

Fourth, as an ERISA attorney I am telling you that the State will not be able to find any way around ERISA. The State will not be able to force insurance companies out of business. The State will not be able to tell businesses from out-of-state that they can't insure their Oregon employees in this State. The State cannot force Kaiser to be something other than Kaiser. The fact that no insurer or representative from a medical professionals' industry group is participating is telling - they aren't showing up because they know this is going nowhere.

Unless America as a whole decides to wake up and provide socialized medicine like every other first world country, doing it piecemeal by state is futile. I had hoped that when I signed up to be part of this discussion I would be put on the financial and legal committee, not the design committee. You cannot hope to "design" a plan until you know the dollars you have to work with. I strongly suspect that when that number is finally released, the benefit design committee is going to face a rude awakening to the realities of how little they will be able to provide.

I wish I could be a believer, but I spend too much time in the real world of dollars and cents, and this simply does not add up.

The views and opinions expressed herein are solely mine alone, and do not represent the opinions of my employer or its affiliates.

Christine Zinter, JD, CEBS
Zinter Benefit Specialists

Date Submitted: January 13, 2025
Public Comment Submission from: Thomas Pike
Organization: Rogue Community College
Topic: Oregon's mental health crisis
Will oral comments be provided as well: No

Statement to the Universal Health Plan Governance Board

As a licensed mental health counselor at Rogue Community College in Medford, Oregon, I have spent the past 18 years helping students navigate both academic and personal challenges. A significant part of my work involves referring students to community-based mental health resources when their needs exceed what I can provide. Unfortunately, these students often face wait times of up to six months to access care. This delay exacerbates their struggles, leading to heightened academic difficulties, increased stress, and, in some cases, crises that could have been prevented with timely intervention.

The mental health crisis in Oregon demands a comprehensive solution. A Universal Health Plan could bridge the gap by ensuring that every Oregonian has timely and affordable access to the care they need, when they need it. By eliminating barriers like long wait times, cost, and inequitable access to services, such a plan would not only improve individual well-being but also strengthen our communities and workforce.

I urge you to support the creation of a Universal Health Plan that prioritizes mental health as an essential component of overall health. Investing in equitable and accessible mental health care is not only compassionate—it is a critical step toward a healthier, more productive Oregon.

Sincerely,

Tom Pike
Licensed Mental Health Counselor
Rogue Community College

Date Submitted: January 14, 2025
Public Comment Submission from: Lito Ozaeta
Organization: NA
Topic: Mental Health
Will oral comments be provided as well: No

Dear Members of the Universal Health Plan Governance Board,

I want to bring attention to the alarmingly high suicide rate among men in Oregon, which stands at 19.3 per 100,000 people, according to the Oregon Health Authority (2024) Suicide Prevention Training for Medical and Behavioral Health Providers. This is a critical issue, particularly for men aged 18-34, who experience the highest suicide rates in the state. These individuals often struggle with limited access to mental health support services, exacerbating their challenges.

Given these concerns, I have two questions regarding Senate Bill (SB) 1089:

1. How will the bill specifically address the mental health needs of young men, especially considering the rising mental health challenges for young adults?
2. What strategies will be implemented to ensure that these vulnerable populations receive tailored mental health care and advocacy, including support for parenting challenges and improved access to mental health resources?

Thank you for your time and efforts in advancing Oregon's universal healthcare.

Sincerely,
Lito Ozaeta

Reference:

Oregon Health Authority. (2024). *Suicide Prevention Training for Medical and Behavioral Health Providers. Data report to the Legislature.*

https://www.oregon.gov/oha/ERD/SiteAssets/Pages/Government-Relations/200-354350%20Suicide%20Prevention%20Workforce%20Training%20Report%20v6_2024.pdf