

Senate Bill 631 Courtesy Hearing; May 4, 2015 – Written Testimony

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To the members of the Senate Health Care Committee:

Thank you for taking the time today to listen to supporters of universal, single-payer health care in Oregon. Those of us who have been actively supporting this issue, in particular SB 631, appreciate the opportunity to tell you why we believe that the best solution to our current out-of-control health care “system” is the solution adopted by every other developed country.

I am a retired nurse-midwife; during my long career, I had the opportunity to care for many “vulnerable” and “under-served,” meaning uninsured, mothers and babies. This opportunity fell to nurse-midwives because this population was not desired or recruited by most physician providers. In truth, in the 1970s, there were not many other opportunities for nurse-midwives to practice our profession and to prove that the care we provide is safe, effective, and cost-effective. Over the years, our clientele has expanded and now includes many middle and upper-income, insured women, including 20% of the women in Oregon! Nonetheless, my greatest gratification always came from caring for women who may not have had any care otherwise - women affected by poverty, lack of education, immigration status, language barriers, and lack of insurance.

In the early 90s, I was the clinical director of Healthy Start, a non-profit formed by a number of organizations in response to an alarming situation in Washington County. The hospitals there were seeing large numbers of women in labor “dropping in” to their emergency rooms, having had no or little prenatal care. It fell on the “on call” obstetricians to care for these women, and, understandably, they were not happy about it. The Washington County Health Department, Tuality Hospital, St. Vincent Medical Center, Virginia Garcia Medical Center, and the OHSU Department of Obstetrics and Gynecology got together to find a solution. With a generous contribution from the Meyer Memorial Trust and subsidies from the partner hospitals, Healthy Start, using a midwifery model of care, was born. We served Medicaid patients as well as women who had no insurance. Almost all of the midwives and staff spoke Spanish. A big advantage, ironically, was that, Medicaid patients excepted, there were no insurance forms to complete, no deductibles to calculate, no co-pays to collect! Those without insurance were expected to pay in cash, on a sliding-fee scale ranging from \$5 to \$50 per visit.

In 1993, with the Oregon Health Plan, we lost our Medicaid mothers, the one group for whom we actually broke even (thanks to the \$650 delivery fee paid by the federal government). Under OHP, these women became attractive to primary care providers, who enrolled them during pregnancy in order to have more young, healthy patients in their practices. With the loss of Medicaid dollars, our need for subsidies for the remaining patients soared, and the program struggled and eventually closed. Virginia Garcia took many of the uninsured patients; St Vincent maintained and subsidized the Healthy Start operations there (and does to this day).

This kind of crisis-oriented, on-again off-again solution to lack of care is common in Oregon as elsewhere. Project Access Now, with volunteer physicians and other providers, attempts to care for many uninsured and unhealthy individuals in the Portland area - their website states that there are 50,000 such people. I am sure that every well-meaning volunteer for this organization would support a healthcare environment in which their services were no longer needed.

Support for universal, single-payer healthcare in the United States has been around for decades, but efforts to legislate it into being have been attacked and defeated in every case by heavily-funded insurance, pharmaceutical, and hospital industry lobbies. As grass-roots volunteers, proponents in Oregon know that our strategy to achieve our goal must be to educate the public and to enlist activist supporters. We believe that the ACA will fall under its own weight at some point - the huge numbers of new enrollees in for-profit and non-profit health insurance programs with ever increasing premiums, deductibles, and co-pays, will be unable to meet these demands, and despite their having "insurance," will be unable to afford health care. They will be faced with the choice of forgoing needed treatment or accruing significant debt in order to get it. Why are we waiting for this almost certain eventuality? Why can't we finally move to assure that Oregonians have access to healthcare and the freedom from stress that it provides? Why do we continue to believe that the American way is better, when it is twice as expensive and considerably less effective than care in many other countries? Of particular interest to me as a midwife, "American maternal mortality rates rose over a 20-year period at a rate that places the U.S. in the company of war-torn countries like Afghanistan and impoverished nations like Chad and Swaziland."⁽¹⁾ We rank 60th in the world for this parameter - shame on us! The burden of this increased mortality falls not only on poor women without access to care, but also on middle-and-upper-class women who receive too much care - unnecessary Cesareans, "elective" inductions, etc. Likewise, our society as a whole is affected by skewed levels of care - too little for some, too much for others. We can do better, and we must do better!

Thank you again for your interest in our campaign for better health for all Oregonians. We hope to have your active support.

(1) http://www.huffingtonpost.com/2014/05/19/us-maternal-mortality-rate_n_5340648.html