



PARTNERSHIP TO FIGHT CHRONIC DISEASE

Written Testimony of
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Honorable Members of the House, I currently serve as the Policy Director for the Partnership to Fight Chronic Disease (PFCD), a coalition of hundreds of patient, provider, community, business and labor groups, and health policy experts, committed to raising awareness of the number one cause of death, disability, and rising health care costs: chronic disease. We accomplish that mission by not only informing policy by highlighting the toll of chronic diseases, but also by pointing to solutions that will lessen those burdens. Today, I am submitting written testimony in opposition to House Bill 2387 as it does not address the rising burden of chronic disease on Oregon state residents and fails to respond to the concerns Oregon voters have about their healthcare coverage and access to the care they need.

Like her neighbors across the United States, Oregon has a serious chronic disease problem. According to the Oregon Health Authority, approximately one in 12 of the state's adults is afflicted with cancer. A quarter-million residents have some form of cardiovascular disease. Over 300,000 Oregonians are living with diabetes. In fact, 2.5 million residents in the state have one or more chronic illnesses, and a million have two or more. If nothing changes to improve health, economic modeling estimates that chronic disease's medical and societal costs (such as, missed work, lost productivity and other economic losses) will exceed \$35 billion a year on average for the next 15 years.¹

To address this problem, we must capitalize on the significant health benefits derived from adopting good nutritional habits, exercising regularly, avoiding tobacco use, improving access to quality health care, and adhering to treatment. We

¹ PFCD worked with IHS Markit to develop an economic model of chronic disease costs in Oregon. Specific results are available online at http://www.fightchronicdisease.org/sites/default/files/download/PFCD_OR_FactSheet_FINAL1.pdf.

also need medical innovations and advances like the ones that have increased 5-year overall cancer survival rates from 50-50 to almost 70 percent in just over 30 years. For childhood cancers, 5-year survival rates are now over 80 percent.

We also must respond to the concerns Oregon have about their access to care. Recently, PFCD worked with Morning Consult to conduct a survey on healthcare access, coverage, and affordability among Oregon voters to learn about their concerns and priorities. Not surprisingly, the affordability of care was the top concern among voters in Oregon and most reported that they had either seen their out-of-pocket costs increase or stay the same during the year. Despite paying the same or more, however, most experienced challenges in accessing recommended care and/or ended up with less covered than they anticipated:

- In fact, nearly half of those surveyed (48 percent) have had or know someone who has had a doctor's recommended treatment not be covered by insurance.
- Over half have experienced an unexpected medical bill when insurance covered less than expected of the cost of care (55 percent) and had a high deductible that made it hard to afford needed care (51 percent).
- Almost half (48 percent) also had trouble getting health insurance company approval or payment for a needed treatment or service.

When asked about their important priorities for elected officials, voters in Oregon want greater accountability for inappropriate denials of care by insurers (90 percent), want help in managing health insurance premium increases (87 percent), and want greater transparency on out-of-pocket costs for healthcare.

House Bill 2387 does nothing on any of these points of importance to Oregon voters and does not lower costs or improve access for patients. Making a dent in the chronic disease challenge in Oregon requires a comprehensive approach. First, the state could adopt measures designed to reduce the rising prevalence of chronic disease. Second, enacting delivery system reforms that keep patients with multiple chronic conditions healthier, at home, at work, and in the community. These critical steps, will not only improve quality of life for the individual, but reduces healthcare costs for all.

There is state senate legislation, for example, that would prohibit health benefit plans and state medical assistance programs from discriminating in their coverage of health services. In other words, your age, your state of illness, or your disability could not serve as barriers to getting coverage for the best treatments available for your condition. This is kind of approach would work to provide affordable access to vital treatments to the people who need them, without jeopardizing the inevitable if government impedes investment in the research and development that is generating better medicines.

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