

Good afternoon.

My name is Paul Gorman.

I am an Oregon physician, practicing Internal Medicine in this state for 33 years.

I am also a member of Physicians for a National Health Program, advocating for universal health care that is publicly funded and privately delivered, also referred to as “Single Payer” or “Medicare for All.”

This afternoon my task is to outline in general terms what it would mean for Oregon to adopt such a single payer system, as proposed in SB 1046. Fortunately, my task should be a simple one, because a single payer health care system is far simpler, far more efficient, and far more humane, than the complicated maze of insurance plan rules and requirements that patients and families, physicians and hospitals, – all of us - find so difficult to navigate at present.

What we’re talking about here is simple: publicly funded, privately delivered health care for everyone in Oregon, in a system that is affordable, transparent, and accountable. We all chip in on the cost and we all have a say in the coverage.

What we are talking about is a system in which a single public agency organizes the financing of health care, while health care delivery continues primarily as it occurs now, through private clinicians, hospitals, and healthcare systems.

Who is covered?

Everyone. Everyone who resides in or works and pays taxes in Oregon is covered in this system. Universal coverage is simpler and better. For all concerned – for patients, for clinicians, for hospitals, we no longer need to ask: “are you covered?” The answer is yes. Universal coverage is also better. Dozens of countries achieve better health outcomes at lower cost than the US – the one thing they all have in common is universal coverage – everyone is in the system.

What is covered?

Coverage is comprehensive, including all medically necessary and appropriate mental health, dental care, and physical health; emphasizing primary care and preventive care services; and inclusive of complementary and alternative care modalities. Of course, there must be limits – decisions have to be made about where to draw the line, what to include and what not to include. Under the proposed single payer plan there are three important changes to these coverage decisions: First, these coverage decisions will be made by a public agency with broad public input, with transparency and accountability; Second, these coverage decisions will be evidence based, using the best scientific evidence (and Oregon is a leader in this regard) and emphasizing primary and preventive care and cost effectiveness. Third – and this is a major advance in making the system manageable and efficient – there is just one set of rules. No longer do patients, clinicians, and hospitals have to navigate dozens or hundreds of different sets

of rules about what is covered and what is not – there's just one set of rules for everyone, based on scientific evidence, with public input and accountability.

Who decides?

There are two important choices to talk about here. First, who decides where you get your care and from whom? Second, who decides which services you will receive? The proposed plan empowers patients to make these choices. In our current system patients do not have free choice: their employer chooses which plans to offer its employees, then, private insurance plans dictate which hospitals and clinicians are available or “in network,” and they dictate which services and treatments will be covered. In a single payer plan, everyone is free to go to the doctor and hospital of their choosing. No “in plan” and “out of plan” exclusions. It's up to you. In the current system, physicians and patients' hands are tied, sometimes in arbitrary ways, when it comes to treatment decisions. The proposed single payer system explicitly “respects the primacy of the patient provider relationship.”

Who pays?

Right now, we are actually paying enough to afford a universal coverage, single payers system – we're just not getting one. We spend nearly \$10,000 per capita on health care, while other nations spend roughly half that, or less. More importantly, public spending on health care is approximately 64% of total spending. Which means that public dollars alone are enough to finance universal care under a single payer system, if we can eliminate the wasteful administrative expenses resulting from our current complex financing system.

Most importantly, what is increasingly hurting Oregonians are the rising out-of-pocket expenses – rising premiums are only part of the story. Higher costs for out of network services, co-payments, deductible, and co-insurance are mechanisms to shift an increasing burden of the cost of care to individuals, beyond what they pay in premiums. A single payer system will put an end to that: no copays, no deductibles, no coinsurance, no bankruptcy. No longer will every Oregonian be one illness away from financial ruin.

Can Oregon go it alone?

Certainly. SB 1046 include provisions for obtaining federal waivers, preserving federal health care dollars, and providing and paying for care across state lines. Others and the bill itself, provide the details. Suffice it to say here, that, as we have in the past, Oregon can lead the way to effective, affordable, quality health care for all within our borders.