

Chair Greenlick and members of the House Health Care Committee,

No state constitution^[1] explicitly gives residents the right to health care. To the extent that health is enshrined as a right in state constitutions, the provisions merely suggest that states cannot interfere with individual health care decisions or access, not that states must provide universal health care.

The National Economic and Social Rights Initiative^[2] lists the following attributes as necessary to achieve the Human Right to Health Care.

- **Universality:** Everyone must have access to equal high-quality and comprehensive health care.
- **Equity:** Resources and services must be distributed and accessed according to people's needs. We get what we need and give what we can.
- **Accountability:** The health care system must be accountable to the people it serves.
- **Transparency:** The health care system must be open with regard to information, decision-making, and management.
- **Participation:** The health care system must enable meaningful public participation in all decisions affecting people's right to health care

HJR 203 addresses the first bullet point, but it's not clear how it achieves the others. Until Oregon can overcome pharmacy benefit managers and insurance and pharmaceutical companies that assert trade secret protections to price gouge, transparency will remain illusory.

It is also not clear how the outcome of a referendum will align with the work of the newly convened Universal Access to Care Work Group, chaired by Rep. Salinas—both in timing and mission.

The work group builds upon the RAND Report,^[3] which concluded that Single Payer and the Health Care Ingenuity Plan are the most promising options to achieve universal health care in Oregon. The work group is dedicated to the goal of “incremental” improvement of the healthcare system to make it fairer and more cost-effective.”^[4] To me, incrementalism is incompatible with fair and cost-effective.

Vermont's campaign to pass single payer financing in 2010 was achieved with a rights based approach.^[5] The State did not amend the Constitution to do this. One could argue that this campaign was unsuccessful because Governor Shumlin didn't implement single payer, despite his campaign promise. But he abandoned the plan, saying it was too costly after he chose the most expensive option for universal health care.

While I laud Rep. Greenlick for his persistence to constitutionally codify Health Care as a Fundamental Right in Oregon, I worry the campaign will be prohibitively expensive with special interests spending as much money as they did in Colorado to defeat single payer financing. In this regard, I am cautiously supportive of this bill.

Best regards,

Kris Alman MD