

Dr. Goldberg and Dr. Junkins,

Towards the end of the Task Force meeting on August 21, you made a comment to the effect that you like the notion of the Task Force producing two products:

1. What SB 770 describes as their task – a design for a universal single payer system in Oregon
2. What we can do today, without federal action

HCAO-Action urges that the Task Force focus on #1, partly because that is what the law mandates, but also because the State of Oregon already has in place significant resources, person-power, and expertise to accomplish #2.

The Oregon Health Policy Board, which sets the policy for the Oregon Health Authority, already has a mission of providing *“access to quality, affordable health care for all Oregonians and to improving population health.”* They are continually looking at what we can do today in Oregon to improve health care, but they have not been able to look at the big picture of how we can provide better health care to more people for less money. In December 2018, Oregon’s Universal Access to Healthcare Workgroup produced a significant [Report on Barriers and Incremental Steps to Universal Access](#), making concrete and well-thought out suggestions for incremental steps (** - more about this below).

The Task Force has an enormous amount of work to do to design a universal, single payer system for Oregon as described in S.B. 770. Even with an 18-month time frame, as originally envisioned-by the bill, it was going to be a lot to ask. With the shortened time frame, the challenge is even greater.

The Task Force was set up to look at the big picture, the long game, with an emphasis on universal, equitable, and affordable. How can we move to an equitable and affordable single payer system in Oregon, one that can indeed include all residents? Research suggests that Oregon can achieve this even as we expend less money, primarily because of administrative simplifications available in a well-designed single payer system. Even the [RAND report](#) indicated that universal coverage with minimal cost sharing could be done for the same expenditures as the status quo. What sort of fair tax structure can bring together most of what we would otherwise spend for health care in Oregon, and direct it to a more equitable and efficient system that allows everyone to get necessary health care?

We strongly urge and support you to keep the Task Force focused on this big and vitally important picture. That may feel difficult in our challenging times, but you hold in your purview the opportunity to make Oregon's health care future vastly better than it could be without you. Oregon could be an inspiration for other states, and we could clarify what our congressional delegation needs to do to help make this possible. Thank you.

Charlie Swanson, as president and on behalf of Health Care for All Oregon-Action

**** Universal Access to Healthcare Workgroup and other ongoing incremental efforts** - I had the privilege of serving on the Universal Access to Healthcare Workgroup chaired by Rep. Salinas. Most of our time was spent on what I listed above as #2 – what can we do now? We came up with a number of ideas that are outlined in the [report](#). One of them relates to a Medicaid buy-in, which would be somewhat akin to a public option. Rep. Salinas followed up on that by sponsoring legislation in 2019 to have the Oregon Health Authority look into this more, which eventually passed as a provision in SB 770 that is separate from the Task Force. OHA did work on this, and they continue to do so.

Rep. Rachel Prusak followed up on another suggestion from the workgroup relating to a primary care trust fund. While this legislation has not yet gone anywhere, people continue to work on this, with the Oregon Academy of Family Physicians playing a big role.

Rep. Rob Nosse has led a task force on drug pricing, and a variety of legislation has been proposed, with some passing, related to this. This led to another work group and there are ongoing efforts among patient advocacy groups.

Sen. Beyer led a task force on health care cost review in 2018. This led to successful legislation in 2019, and the OHA is working on implementing the result.

For the most part, the details of all of these efforts are not that important for the Task Force. It is important that you recognize the things related to #2 above have happened many times, and they continue to happen. These things take substantial effort. Entities with vastly more time and resources than the Task Force on Universal Health Care have worked on and continue to work on such things.