

Testimony to Universal Healthcare Task Force
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Submitted by Mary L. Hennrich

My name is Mary Lou Hennrich and I am often asked “why do you devote so much of your retirement time as a volunteer to advocate for **publicly funded single payer, Universal Healthcare?**”

This is why:

My entire 50+ year career has been in public health and healthcare focusing on the needs of Oregon’s marginalized and most vulnerable individuals and families. I became a Registered Nurse in 1969 and began my career working for Multnomah County Health Department as a Public Health Nurse. I first worked in inner Northeast Portland, in the Albina neighborhood. I worked in schools, homes and clinics. Over the next 30 years I held many staff and management roles in direct service provision and ultimately, Health Department Administration.

We worked hard, but it wasn’t enough!

In 1994, I left behind management of the Health Department’s Primary Care and School Based Health Clinics that served over 40,000 low income, mostly uninsured individuals and families, and became the founding Director of CareOregon. The Oregon Health Plan started officially on February 1, 1994 and utilized a system of managed care contractors. CareOregon was one of these “pioneer” managed care contractors” that was formed by a collaboration of Multnomah and Clackamas Counties, Oregon Health Sciences University, and Community and Migrant Health Centers in more than half of Oregon’s Counties. We had 10,000 low income children and adult members when we began in 1994 and CareOregon has grown, now becoming the largest Oregon Health Plan contractor with 450,000+ members.

We worked hard, but it wasn’t enough!

In 2003, I left CareOregon and went back to my public health roots and became the Executive Director of a small non-governmental, non-profit organization: The Oregon Public Health Institute (OPHI). OPHI’s first major focus was to reduce

childhood obesity and we focused on advocacy and policy change to require nutritional standards for all foods sold/served in public schools. This effort became known as remove “junk foods” and “sugary drinks” from schools and we were successful. Oregon passed one of the strongest laws in the nation that set nutritional standards for all foods and beverages sold/served in public schools and influenced improvements in national school nutrition standards.

We worked hard, but it wasn't enough!

Multnomah County, CareOregon and OPHI provided health insurance for all employees, and I and my family were covered by good health insurance with minimal cost to me as the employee when I worked for each of these organizations.

I was very fortunate but so many others weren't and aren't!

I was married in 1968 and had two children (now adults). Their healthcare needs were also entirely covered by the health plans made available to me as an employee.

Working for County government in the 1970's-early 2000's, my family didn't think much about health insurance or its cost. We were fortunate to have a very good health plan provided by Multnomah County at very little cost to me and my husband. We even had “double” coverage since my husband worked for companies that also provided us with excellent health insurance. We were also blessed with good health and except for the birth of our children, I had never spent a night in a hospital. We didn't really give health coverage or access to care a second thought. We knew we were covered and our employer paid the major costs. It would pay for services to our family should we need them, wouldn't it?

I was very fortunate, but so many others weren't and aren't!

In my roles at the Health Department, I had seen firsthand, however, what many others in Multnomah County faced **without the same good fortune I had**. Mothers without access to maternity care, adults with chronic medical and mental

health problems that had nowhere to turn. Children in school needing glasses their families couldn't afford.

In response, we at the County developed clinics and services for as many as we could. When I left the county to start CareOregon, Multnomah County had established community and school based clinics that cared for 40,000+ low income residents and still there were never enough appointments available to meet the ever growing need. We saw Governor Kitzhaber's "Oregon Health Plan" in 1994 as a godsend! By no means perfect or covering everyone needing help, there were still limits as to who was eligible. We continued to advocate for increased eligibility and funding that still was never able to meet the needs of all who needed it.

So advocating for a system of universal healthcare for the most vulnerable has been a major part of my lifelong work in public health.

We worked hard but it wasn't enough!

But, I didn't truly realize my family's "privilege" and good fortune until my husband left his corporate job to start a small business. But, luckily I still had very good, affordable health insurance through my County employment.

I was very fortunate, but so many others weren't and aren't!

My daughter is now a 46 year old single woman with multiple degrees in Special Education. She is currently teaching virtually in a Portland elementary school where 80% of the students are Latinx and she is fortunate to have health insurance through Portland Public Schools as her employer. The cost is significantly more than I was ever responsible for during my working years, however. My 41 year old son is married with three young children and lives in Vancouver. He is currently unemployed, as is his wife, with businesses closed due to the pandemic.

It wasn't until our daughter began her journey through college and graduate schools and unfortunately didn't have the same good health that I had taken for granted.

Before the ACA, she “aged out” of being able to be covered by my health insurance and the plans offered by the universities she attended, did not cover pre-existing conditions—and she had several. While working on her PhD, one of these conditions required immediate surgery. Luckily she was eligible for “charity care” at a Portland hospital, but that didn’t cover the MRI’s, lab tests, radiologists, surgeons and anesthesiologist bills. She was fortunate to have parents that could write checks to cover the \$10,000+ charges and it allowed her to have the necessary surgery.

While back home writing her PhD dissertation, she attempted to purchase an individual health insurance policy, but was rejected because she had “preexisting conditions.” She applied for the Oregon Health Plan several times and ultimately was able to receive OHP coverage while she was employed part-time as an adjunct professor at Portland State University. She feels very fortunate presently, to have group health insurance through her unionized position as a PPS teacher. She worries about the future, however, and although she is happy in her current position, realizes leaving it might leave her vulnerable once again, facing ever increasing costs of an individual policy and should the Supreme Court strike down the ACA become ineligible because of “pre-existing conditions.”

It became much more personal. Employment based health insurance doesn’t work!

The folly of the current practice of connecting employment and health insurance also occurred with my son and his wife several years ago. They experienced a tragedy we hope will never happen. My daughter-in-law’s high risk pregnancy resulted in the very premature delivery of a daughter that did not survive. Her job did not provide health insurance and my son had just lost his job and with it, their health insurance. They had paid substantial monthly premiums while employed, but could not afford to pay these costly monthly premiums under COBRA, while he was unemployed. Since his wife was pregnant, luckily she was able to get insured by the recently expanded Medicaid eligibility in Washington State. If that hadn’t been the case, they would have been saddled with \$35,000+ hospital and medical bills. On top of losing their preemie daughter—they might have also lost their home if they couldn’t make the required hospital payments.

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Never did I imagine that MY family would face such circumstances! The issue of Universal Healthcare for ALL had become very PERSONAL. My husband and I have therefore made the decision to commit our retirement days to educating and advocating with friends, family, churches, businesses, community, and legislators —EVERYONE we can possibly reach with the URGENT message of the NECESSITY of a publicly funded, single payer Health System where **EVERYBODY is covered and it is not dependent on employment or other "eligibility."**

We are continuing our volunteer work, but also **putting our faith in you, Universal Healthcare Task Force members, to fulfill the promise of SB770.** It is a big job, but we have faith that you will fulfill the roles you have agreed to, and design the publicly funded, single payer universal healthcare system Oregonians need and deserve. Thank you for your service to ALL Oregonians!