

Jan 6th, 2021

Joint Task Force on Universal Health Care Oregon State Capitol
900 Court Street NE, Room 453
Salem, Oregon 97301

Dear Chairs and Task Force Members,

My name is Olivia Fuson, and I am a sixth generation Oregonian and first year medical student at OHSU. Previously, I have worked as a scribe in the Emergency Room at Providence St. Vincent's, Providence Portland, and at the University of Nebraska Medical Center. Working in the Emergency Department (ED), I have butted up against the injustice and inefficiency inherent in our current system. As a medical student, I have studied the systemic failures which cause these injustices and inefficiencies. These experiences have cemented my conviction that Oregonians are in dire need of universal health care, and have prompted me to submit testimony as an individual on the necessity of universal health care in Oregon.

One of the chief reasons I believe Oregonians would benefit from universal health care is that it would improve outcomes and cut current health care expenditures. One of my first days training in the ED, I saw a patient who presented with severe abdominal cramping and bloody diarrhea. She was a younger woman, only a little older than myself, who appeared to be in intense pain. When I looked through her chart, I noticed line after line of ED visits over the past year. I asked my trainer about it, and he explained that the patient was a "frequent flyer:" someone who visits the ED frequently within a short period of time. Over the course of the interview with the patient, the patient revealed the reason for her high utilization of the ED. She had lost her job several months back and, with it, her insurance. Without insurance, she could no longer afford the medication which had been keeping her inflammatory bowel disease in check. As a result, she had presented to the ED with frequent, uncontrolled flares, and had felt so unwell that she was unable to actively search for work.

The primary reason for the deterioration of this patient's health was her lapse in coverage. Not only did the current system of privatized coverage deprive this patient of the medication she needed to manage her chronic illness, but it also forced her to utilize more health care resources than she had previously required, placing an added financial and physical burden on the overall health care system. This one patient's experience illustrates a larger trend within privatized health care: waste. The lack of consistent, affordable access to outpatient care results in poorer health outcomes, and increased use of more expensive, emergent resources down the road. As a result, although the US spends more on health care per capita than other peer countries, this spending is wasted, and patients in the US frequently experience longer wait times and poorer outcomes.¹ Adopting universal health care would eliminate a large portion of this waste, and ensure that all Oregonians receive access to primary care, improving health outcomes and cutting costs across the state.

Another reason Oregonians would benefit from universal health care is that it would spare many Oregonians from the crushing burden of medical debt. Back in undergrad, I was

¹ Ryan Crowley, BSJ, et. al., "Envisioning a Better U.S. Health Care System for All: Coverage and Cost of Care," *Annals of Internal Medicine*, (2020). <https://doi.org/10.7326/M19-2415>

working with the Elks National Foundation to serve the houseless population of Dallas, TX. I remember being surprised by how open the neighbors were to sharing their experiences of houselessness, and even more shocked at how heart wrenchingly similar so many of their stories were. I particularly remember Bill (name changed for anonymity), a gruff older gentleman with a Cowboy's hat and a crooked sense of humor. Although now back on his feet, Bill had been houseless for several years. Before that, he explained, he used to drive a forklift. But, one day, while he was moving crates at work, several had fallen and injured his shoulder. He had spent several weeks in the hospital, and had undergone surgery. When he got out of the hospital, not only did he find that he was unable to keep up with the tide of paperwork required to receive worker's compensation, but he was also unable to resume his job, due to his injury. In the span of several months, Bill went from having a steady job with a stable income to being houseless and drowning in medical debt. Bill is not alone in this particular tragedy. Many studies have associated medical debt with housing instability, and a recent study conducted in Seattle, WA, found that people who struggled to pay medical bills remained homeless, on average, two years longer than those who had other financial difficulties.² In a state where houselessness is a growing issue, the financial implications of medical debt cannot be ignored. Thus, relieving Oregonians of medical debt and eliminating one potential cause of houselessness provides yet another incentive to adopt universal health care in Oregon.

The COVID-19 crisis has only exacerbated the need for universal health care in Oregon. In 2017 (after the implementation of the ACA), there were still approximately 245,000 uninsured Oregonians.³ Since the beginning of the pandemic, this number has swollen to over 320,000, as over 50,000 Oregonians have lost their health insurance along with their employment.⁴ Additionally, Oregon's Medicaid enrollment has increased by 90,000 persons since March, with each additional person enrolled costing the state between \$6,000-\$8,000 to insure.⁵ Oregon's health care system was financially unprepared for the blow dealt by COVID-19. Without emergency federal relief, Oregon would be unable to sustain coverage for the 90,000 additional Medicaid members. Even with federal relief, over 50,000 Oregonians have lost coverage completely since the start of the pandemic. These figures demonstrate the dangers of tying insurance to employment, and illustrate the necessity of establishing a universal health care system which would lower health care costs and protect Oregonians regardless of employment status.

Oregonians are in dire need of universal health care, as it would increase efficiency, improve health outcomes, cut health care costs, and mitigate the crushing burden of individual medical debt. Aside from all of these practical considerations, however, universal health care also constitutes a justice issue. Although the American medical profession has not always succeeded in upholding the value of equality, it has come to embrace the ideal that the life of each individual is just as important as the life of the next, regardless of religion, ethnicity, gender, and especially socioeconomic status. Out of the myriad of factors the national organ donor registry uses to allocate organs to transplant recipients, wealth has been decisively

² Jessica Bielenberg, MPH, Marvin Futrell, Bert Stover, PhD, Amy Hagopian, PhD, "Presence of Medical Debt Associated with Two Additional Years of Homelessness in a Seattle Sample," *Inquiry: The Journal of Health Care Organization, Provision, and Financing*, (2020). <https://doi.org/10.1177/0046958020923535>

³ Oregon Health Authority, "Oregon Health Insurance Survey," (2017). <https://www.oregon.gov/oha/HPA/ANALYTICS/InsuranceData/2017-OHIS-Early-Release-Results.pdf>

⁴ Christian Wihtol, "Ranks of Uninsured in Oregon Grow," *The Lund Report*, (2020). <https://www.thelundreport.org/content/ranks-uninsured-oregon-grow>

⁵ Christian Wihtol (2020).

excluded from the list. This begs the question: if it is immoral for wealth to determine who is able to access transplants, why is it acceptable for wealth to determine who has access to more basic health resources such as primary care or cancer screening? The obvious and succinct answer is that it isn't. Consequently, the lack of universal health care constitutes a justice issue for Oregonians, as well as an economic one.

Indeed, insurance rates among Oregonians reflect the injustice inherent in the current system. As of 2015, insurance rates in Oregon were stratified by race/ethnicity, with Hispanic/Latino Oregonians reporting lower cover rates than the state average, as well as lower coverage rates than other ethnic groups.⁶ Determining health care access along racial/ethnic lines is discriminatory, and just as reprehensible as determining health care access by socioeconomic status. Oregonians deserve better from their health care system. This committee has the power to do better by implementing universal health care. Therefore, I strongly urge the committee to recommend adoption of universal health care not only as an economic solution, but as a moral imperative. Thank you for your time.

Sincerely,

Olivia Fuson

⁶ Oregon Health Authority, "Oregon Health Insurance Survey," (2015).
<https://www.oregon.gov/oha/HPA/ANALYTICS/InsuranceData/2015-OHIS-Demographics-Fact-Sheet.pdf>