

Jan 6<sup>th</sup>, 2021

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

Dear members of the Task Force,

I am submitting testimony today on behalf of myself. As I write this, I am proud to be an Oregonian, where we are working towards a Universal Health Care system to serve everyone in our state, and I am grateful for the efforts and time that this Task Force has put into this mission. I am starting my medical and public health as a first-year student at the OHSU-PSU School of Medicine and Public Health this year. Others providing testimony on this subject may have more experience in medicine, public health, healthcare administration, or the likes than I do at this time, and I applaud their contributions to this mission. I am writing this testimony because, while I do not have the experiences in managing or delivering healthcare that others have had, I am at the beginning of my very long journey in medicine and public health and will spend decades as a physician and public health official. I hope that the Task Force sees that I am delivering this testimony with the vested interest that I will be caring for patients for the majority of my life to come, and hope that by the time I step into practice that I can deliver care to every person without the obstacles imposed by healthcare coverage and insurance.

I would like to highlight Section 4(2) of SB770, which states “Access to a distribution of health care resources and services according to each individual’s needs and location within the state should be available. Race, color, national origin, age, disability, wealth, income, citizenship status, primary language use, genetic conditions, previous or existing medical conditions, religion or sex, including sex stereotyping, gender identity, sexual orientation and pregnancy and related medical conditions, including termination of pregnancy, may not create any barriers to health care nor disparities in health outcomes due to access to care.” I believe this article is the heart of making Universal Health Care *universal*. As Section 4(2) states, universal health care needs to address many more factors than simply the cost of care. As a research assistant on The Healthy Aging Partnerships in Prevention Initiative program at the Center for Health Policy at UCLA, I had the opportunity to see how factors other than cost were barriers for minority older adults to seek clinical preventive services<sup>1</sup>. We investigated the attitudes and understanding of clinical preventive services among Black and Latinx older adults in under-resourced areas of Los Angeles and found that many had negative perceptions of these services. It is not without surprise, given that these minority older adults have lived through, and continue to live in a society where the medical system was not designed to serve them, and even in some cases, to inflict harm to them. While the enactment of the 2010 Affordable Care Act removed financial barriers to accessing clinical preventive services, there are decades of medical mistreatment and ensuing mistrust that needs to be accounted for to arrive at universal access to care. Our study

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<sup>1</sup> Kathryn G Kietzman, PhD, MSW, Peggy Toy, MA, Rosana L Bravo, PhD, MPH, O Kenrik Duru, MD, MSHS, Steven P Wallace, PhD, Multisectoral Collaborations to Increase the Use of Recommended Cancer Screening and Other Clinical Preventive Services by Older Adults, *The Gerontologist*, Volume 59, Issue Supplement\_1, June 2019, Pages S57–S66, <https://doi.org/10.1093/geront/gnz004>

showed promise in a collaborative community health center and community-based organization model to improve attitudes towards and uptake of clinical preventive services among minority older adults. This suggests that further funding and emphasis to foster community organization linkages to community clinics to develop a community-based outreach and engagement between a health system and a population can help reduce some of the non-financial barriers of accessing medical care. Considering this, I hope that the Task Force for Universal Health Care plans deliberate efforts to make ensure specific measures are being taken to address the non-financial barriers many people face in their access to healthcare.

Furthermore, it is abundantly clear that health insurance language and administration is an incredibly complicated system. Even I, as a UCLA educated student who studied biology and public health and have worked as a healthcare consultant in revenue cycle management, billing claims, and calling insurance companies daily, do not have adequate health insurance literacy to understand all the details of my coverage, how much a service will cost me, and how much I will have to pay at the pharmacy until I am at the checkout. What is more, is that I am not even sure who to ask most of the time and often get lost in automated phone trees when contacting member services. Again, I have worked as a healthcare consultant in revenue cycle management, spending many hours of my day checking patient coverage and reading detailed insurance contracts, and I am still confused at times with the details of my own coverage. When I was volunteering for a street-side clinic, it was also clear that many of our patients simply did not know how to establish a primary care provider if they had Medicaid, or did not know how to sign up for Medicaid in the first place. In a nationally representative survey of over 15,000 participants, over half were found to have inadequate health insurance literacy, measured by the understanding of terms such as “premium, deductible, copayments, coinsurance, maximum annual out-of-pocket spending, provider network, and covered services.”<sup>2</sup> Section 7 (4)(A) of SB770 states that “Access to patient advocates who are responsible to the patient and maintain patient confidentiality and whose responsibilities include but are not limited to addressing concerns about providers and helping patients navigate the process of obtaining medical care.” This article needs specific attention in the planning and delivery of Universal Health Care to provide the same level of understanding of coverage among all people and ensuring that lack of information about coverage does not prevent anyone from accessing health services. I hope that the Task Force formulates a detailed plan on how any individual who needs a personal patient advocate will be provided one at no charge or extra hurdle in their access to healthcare.

I gratefully submit this testimony and am thankful to the members of the Task Force for leading the charge for Universal Health Care in Oregon.

Respectfully,

Armin Takallou

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<sup>2</sup> Edward J, Wiggins A, Young MH, Rayens MK. Significant Disparities Exist in Consumer Health Insurance Literacy: Implications for Health Care Reform. *Health Lit Res Pract.* 2019;3(4):e250-e258. Published 2019 Nov 5. doi:10.3928/24748307-20190923-01