



To: JTFUHC

Date: June 15, 2021

Testimony of Tom Sincic, President Health Care for All Oregon

This is written version nearly identical to the testimony that was given orally to the JTFUHC at the June 9, 2021 meeting.

First, HCAO wants to congratulate you on agreeing to have the Task Force requesting waivers to Senator Wyden.

Thanks to all of you who have been dedicating your time to health care transformation and taking on this essential challenge during this challenging time. You have been doing this in spite of lack of clarity on needed time and lack of needed resources. The good news—with the passage of SB428 out of Ways and Means, it seems clear that the Task Force now has until 9/30/22 to do its report.

I am writing today backed by list of 37,000 individual supporters, hundreds of business supporters. and 130 member and endorsing organizations. Although we have been given a limited time in public testimony that sounds like a typical provider visit, we are hoping that the members will allow time in the future for more dialogue..

It was great to see the initial orientation and the formation of the CAC and the TAGs. It was good to see them forging ahead.

I would like to bring us back to the beginning of the work as called out under the purposes:

We ask the Task Force not to get side tracked from these purposes, values and principles as clearly written. There are forces outside this work and very close to this work that can cause the work to go off course. We are afraid at times that it has. In observation (perhaps we missed something), the purposes, values and principles were not continuously re-mentioned as a way to make sure the work was kept headed in the right direction.

There are many who are concerned (including members of this group) that even items on today's agenda will cause the work to veer off course. The legislation did not call for this task force to force to consider public option—there was already \$400,000 spent on this that resulted in a report of questionable value. There is also some legislation floating again on public option that has its own budget. This was never meant to be the work of this Task Force and should not be imposed on all of you. There are also plenty of intermediate steps in legislation that would help with access—Cover All People, dental therapists, and telehealth as examples.

There is an opportunity like none in the past to achieve an equitable health care system based on patient needs and improve health by ridding ourselves of the administrative waste and barriers to care of the current system.

We have known from the first drafts of this work that the foundation for success of getting to the design of a system for a single payer universal healthcare system depends on public engagement. This is exactly why the legislation was crafted the way it was and was only improved with each re-drafting. The dedicated volunteers of the Task Force on Universal Health Care and the Consumer Advisory Committee have been diligently working to find a path forward to designing a system. SB 770 was, we reiterate, crafted to have broad-based community engagement at the heart of this design in several ways:

1. The creation of the diverse Task Force itself—All of you who have dedicated your time;
2. The creation of a diverse Consumer Advisory Committee—all of whom have dedicated their time; and
3. In developing recommendations to the Legislative Assembly for the plan, the task force shall engage in a public process to solicit public input on the elements of the plan described in subsections (1), (4), (7) and (8) of this section. The public process must:
 - (a) Ensure input from individuals in rural and underserved communities and from individuals in communities that experience health care disparities;
 - (b) Solicit public comments statewide while providing to the public evidence-based information developed by the task force about the health care costs of a single payer health care financing system, including the cost estimates developed under subsection (2) of this section, as compared to the current system; and
 - (c) Solicit the perspectives of:
 - (A) Individuals throughout the range of communities that experience health care disparities;
 - (B) A range of businesses, based on industry and employer size;
 - (C) Individuals whose insurance coverage represents a range of current insurance types and individuals who are uninsured or underinsured; and
 - (D) Individuals with a range of health care needs, including individuals needing disability services and long term care services who have experienced the financial and social effects of policies requiring them to exhaust a large portion of their resources before qualifying for long term care services paid for by the medical assistance program.

The first two were an important start but the third is the necessary foundation for success.

I present to you quotes from "Costly Silence" which was published several years ago by SEIU 49. (I wish I could find a way to provide you each a copy.)

From the cover title: "How failing to have a community voice in health care planning is a plan for failure."

And from the conclusion: "It should therefore come as no surprise that our health care system fails our communities when there is no plan for determining what our need are It is time to give our communities a voice."

There was an item on recent agenda with some suggestions for so called community engagement. These are not representative of a necessary community engagement. Requiring "community" come to times that the Task Force sets, rather than asking communities what will work for them, does not represent a successful engagement from the beginning. It was a requirement of the bill for the Task Force to go to diverse communities.

On the other hand, there was a suggestion that for very limited and select other groups (and we emphasize limited and select) that special times would be arranged. While in fact, it is these very groups that could more likely be invited to the Task Force meeting times.

It is clearly written in the legislation as how this must occur as previously noted in #3.

So we ask you to reflect on the purposes, values, principles and the directives of the bill and stay focused on these. You have not been asked to do otherwise and have pledged early to stay true to the bill.

The priority at this time must be community engagement as written. It is one of the few "musts" in the bill. Take the resources that will be newly allocated and put them all into doing this necessary work for without it there will be no success. We have previously provided names of people that can help guide this group to a meaningful public engagement process. We understand that the names were passed on to staff. We strongly believe inviting these people and a number of others available into the process would help immensely.

Lastly, we ask appointed community members on the Task Force to please lead and don't be led. It is the reason you were given the vote. Agencies are there to assist you, not to lead you. It is written into the legislation.

Thanks for hearing us out again.

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