

To: The Joint Task Force on Universal Health Care

Date: October 28, 2021

Testimony of Debby Schwartz

My name is Debby Schwartz, and I am a board member of HCAO-Action. I want to start by thanking the task force for all the important work you're doing. I have been working on this issue for many years. I was one of the original writers of the first Health Care for all Oregon bill introduced in the 2011 legislature. Then I worked on the committee that rewrote that bill for the 2015 legislature. Later, I was one of the people who developed SB 770, the law that formed this Task Force.

During the rewrite for the 2015 legislature, we grappled with all of the familiar issues about how to obtain waivers for ERISA, Medicare, Medicaid and federal employees, current and retired. Therefore, I understand why you are spending so much time figuring out how to get the waivers and what to do if you can't. What we learned from our process is that we should write the plan that we truly want. Focusing on waivers can be a barrier to finishing the plan. Once that plan is finished, it will be a powerful force for getting those waivers.

By the time we wrote SB 770, it was apparent to us that this movement for Single Payer is a marathon, not a sprint! The work of this Task Force, which is researching and writing a plan, is only one part of this marathon. Getting the waivers comes later.

In sections four, six and seven of SB 770, we very intentionally wrote language directing the Task Force to develop a plan that includes everybody equally. We had learned that not including everybody can have some pretty dangerous unintended consequences.

For example, I became very concerned when I heard that the Task Force was discussing a Medicare carveout, which would create a two payer system. I want to explain what I believe the unintended consequences of a Medicare carveout would be.

Medicare has a lower reimbursement rate than what we assume an Oregon plan would have, and there is a shortage of providers in Oregon. Providers then might not be willing to take on Medicare patients. They would be reimbursed at a lower rate, and it would make their business more complicated and expensive to run, as they would be dealing with two payers instead of one. Many providers don't take Medicare as it is. This is especially dangerous in mental health, a situation with which Dwight Dill and Cherryl Ramirez are well aware. But what if we made it that bad in most areas of health care? It goes without saying that nobody here wants to deny healthcare to our seniors and disabled Oregonians. Yet, that very well could be an unintended consequence of excluding Medicare. Single payer only works when it is just that - a single payer that equitably covers everyone who lives in this state!

I'm excited to see that you are currently working on what I consider to be the most important unfinished work of the Task Force, which is researching Oregon's current total health care expenditures. How much are we currently spending on health care? And how much can we expect to save with our single payer plan? To get this information requires the resources of the state of Oregon which are only available to the Task Force, and it is absolutely essential for a single payer plan. The waivers, unlike the financial information, can be advocated for in the future.

I appreciate all of the wonderful hard work that you all do. And I'm excited to see the single-payer system that covers everybody that comes out of the work of this dedicated Task Force!