

[https://www.bendbulletin.com/opinion/guest-column-better-health-care-for-more-people-for-less-money/article\\_3de12a46-6e50-11ec-9ea0-b74850e2e0dc.html](https://www.bendbulletin.com/opinion/guest-column-better-health-care-for-more-people-for-less-money/article_3de12a46-6e50-11ec-9ea0-b74850e2e0dc.html)

### **Better health care for more people for less money**

By Samuel Metz, MD, Bend Bulletin, January 5<sup>th</sup>, 2022

A recent Bulletin editorial expressed concern that our Senate Bill 770 single-payer task force will create a single-payer health care plan that displaces all other insurance plans. Perhaps readers are concerned, too. Here's help understanding the mission of our single-payer task force and the meaning of "single-payer."

When a health care system uses multiple insurance programs to pay for health care delivery, the system is called "multi-payer." Or, in the case of current U.S. health care: unreliable, inefficient, and destructive chaos. When a health care system uses only a single insurance program to pay for health care delivery, the system is called "single-payer." Or, in the case of other high income nations, "better care to more people for less money."

As the editorial correctly notes, the Oregon legislature requires our task force to design a single-payer program. Thus, neither readers nor the editorial board should be surprised that our intent is exactly that: a "single-payer" program. As the editorial correctly notes, our single-payer program must prohibit other insurance companies from paying for benefits provided by our single-payer program. Otherwise, it would not be "single-payer" and would sacrifice the benefits of a single-payer program.

Nonetheless, as the editorial correctly notes, our plan will permit private insurance companies to sell "complementary" policies. Complementary policies cover any and all benefits not covered in our plan. This arrangement borrows directly from single-payer programs in other high income nations.

Thus, our single-payer plan guarantees that covered populations (all Oregonians) enjoy comprehensive benefits (treatable conditions receive treatment) provided through a single network (all Oregon providers). All covered care is prepaid by progressive taxes. Premiums and out of pocket payments are obsolete.

The editorial suggests examples of potentially desirable benefits not covered in our plan such as experimental medications and unapproved therapies. Complementary insurance policies could also pay for private hospital rooms and even better meals. The number of wealthy Oregonians willing to pay for such additional benefits could make complementary insurance a lucrative industry under our single-payer plan.

Meanwhile, non-wealthy Oregonians without money for complementary policies will still sleep better, knowing they and their families will receive treatment when needed, as a few very lucky Oregonians with great insurance do now.

The editorial notes that Employee Retirement Income Security Act of 1974, known by its acronym ERISA, is a federal law that prevents any state from interfering with employer health care benefits. ERISA and waiver requirements for Medicare, Medicaid, and the Affordable Care Act make our final plan critically dependent upon federal cooperation, perhaps even Congressional action. We acknowledge that these unintended federal impediments pose a challenge to any state single-payer plan. Changing the largest industry in the world is, in Ben Franklin's words, "Not the work of a day." We are up for it.

Almost as an afterthought, the editorial notes the complexity of paying for long-term care. This concern is legitimate. Few government health care plans and almost no private health care plans currently pay for long-term care. Even Oregonians with seemingly excellent health

insurance must budget their own money or purchase additional special insurance to protect against bankruptcy precipitated by long-term care.

Our task force has not yet solved this daunting problem. At the very least, we will preserve all available current public and private funding of long-term care.

Oregon's Legislature specifically demanded a single-payer plan because a single-payer plan is financially efficient. Massive savings in unneeded billing and insurance administration allow a single-payer system to extend more benefits to more people without increasing health care costs. Based on examples from other countries, health care costs will go down. Single-payer systems around the world require less money than Oregonians spend now yet provide better benefits to more people.

We appreciate the thoughtful attention given our single payer mission by the Bulletin and its readers. Please call (503) 986-1520 for comments and questions. We welcome input from all Oregonians (even editors).

*Samuel Metz, a doctor, is a member of the state's single-payer task force. His opinion is his own. He is vice president of Oregon Physicians for a National Health Program and a founding member of Mad As Hell Doctors, both of which advocate for single-payer health care.*

===

[https://www.bendbulletin.com/opinion/editorial-task-force-wants-ban-on-alternatives-to-state-single-payer-plan/article\\_a1fc0b92-6a61-11ec-a937-e7fa3f17c540.html](https://www.bendbulletin.com/opinion/editorial-task-force-wants-ban-on-alternatives-to-state-single-payer-plan/article_a1fc0b92-6a61-11ec-a937-e7fa3f17c540.html)

### **Editorial: Task force wants ban on alternatives to state single-payer plan**

Bulletin Editorial Board, December 31<sup>st</sup>, 2021

Health care costs in Oregon keep growing faster than wages. The most ambitious thing the Legislature did to try to fix that was create a task force in 2019 to develop a universal health care system for the state.

The Task Force on Universal Health Care is supposed to submit its recommendation for a Health Care Plan for All Oregon by September of this year. What will that look like?

The plan is for a single-payer system. Everyone would be in one single patient pool. Everyone would have access to the same coverage. All licensed providers would be in the same system. Obviously, paying for it would mean taxes, rather than paying premiums.

Done right the plan could mean better access to care, lower costs and higher quality care. Will it be done right? Will Oregonians want it?

Next week the task force will be discussing some changes that we are pretty sure insurers won't like and some Oregonians might not like, either. The task force wants to ban — as much as it can — substitute health insurance coverage and supplementary insurance coverage.

One of the goals of the new system is equity. Everybody gets access to the same health care. If people are allowed to opt out — take their money and get their own substitute health insurance — the task force believes that would undermine the plan. So it doesn't want to allow it. The state may not be able to ban it altogether. It may not be able to ban self-funded health insurance plans offered by employers because of a federal law, known as ERISA. The task force recommends the Legislature ban substitute coverage to the extent it can.

Supplementary coverage would be like an insurer charging for services beyond what is offered under the state plan. It could be promises of preferential treatment, such as faster service or higher quality care. Pay more, get more. The task force wants the Legislature to ban that, as well, because it threatens the plan's spirit of equity. Of course, someone with money could simply go to another state or country to get what they want.

The task force does recommend the state allow but regulate what it calls complementary coverage. It defines that as providing "additional protection from financial exposure to health care related expenses that may exist due to gaps" in the state's single-payer plan. For instance, the state plan would include coverage for things like physical therapy visits and prescription drugs. But people may want more therapy. They may want access to drugs that are not approved for payment on the state's list.

The task force concedes it does not have a plan for how the state will cover long-term care — care for people who cannot perform many daily activities themselves. Complementary insurance coverage may have a role there, too, because apparently the Health Care Plan for All Oregon may be a Health Care Plan for All Oregon Except Those Needing Long-Term Care.

You can email comments to the task force at [jtfuhc.exhibits@oregonlegislature.gov](mailto:jtfuhc.exhibits@oregonlegislature.gov). There is more information about its meetings at [tinyurl.com/ORhealthplan](https://tinyurl.com/ORhealthplan).