

Letter to the Oregon Universal Healthcare Task Force
A response to Its 4/1/22 Vote Regarding Medicare-eligible Oregonians
April 2, 2022

At the Task Force meeting on March 31st, a recommendation on how to handle Medicare eligible Oregonians was passed by majority vote. The implications of this vote are significant and demand response.

Through its companion organization, Health Care for All Oregon, and through direct involvement by some of its own members, Mid-Valley Health Care Advocates contributed to the content and passage of SB 770 which created the task force and established its assignment.

The writers of SB 770 could easily have written a bill, like many others, which suggested a mandatory increase in the percentage of our total incomes going to health care, either by increased taxation, mandatory purchase of private insurance, or by taking more and more of our existing public service budgets and diverting them to health care. But that is not the approach they took.

The single payer concept which is the foundation of SB 770 is a specific and unique system model. At its root is the reality that it is not the act of making health care publicly funded which provides the significant benefit of a single payer system, it is the act of making it simple and uniform for everyone. As stated in Section 3 of SB 770, a primary purpose of the task force is to **remove** financial incentives for a health care practitioner to provide better care to one patient rather than another. The operative word of that section is ‘Remove,’ not merely ‘Reduce.’ A *partial* single payer system is a futile oxymoron.

From the outset of the creation of SB 770 and the task force, it has been known that federal waivers and permissions would be required and it was expected that the Task Force would play a vital role in envisioning and identifying those. The recommendation passed by the Task Force falls far short of this expectation.

“The Task Force recommends that Medicare-eligible Oregonians will be covered by the Single Payer to the extent permitted by federal law and authority.”

By passing this recommendation which is completely silent and passive on the need for the waivers and permissions, the task force has taken a visible turn away from its charge of designing a single payer plan for Oregon. This passed recommendation acquiesces in the status quo.

The Implementation Guide which accompanies the recommendation poses further problems by using the “out” provided by Section 6 paragraph 4 of SB 770 to defer the question of whether Medicare participants will be included in the plan, to the supervisory board which will not be appointed until sometime after the single payer recommendations of the task force are debated by the legislature and subjected to a vote of all Oregonians. The assumption that the legislature, and the voters, will enact a single payer law without knowing or particularly caring whether Medicare is included or not is a fatal flaw in logic of the Implementation Guide.

In the face of immediate need in Oregon, it may be tempting for Task Force members to abandon the single payer concept and do something, anything, regardless of cost and burden of increased complexity. But there are other avenues available to the legislature to address immediate need. There is only one Task Force on Universal Health Care using the promise of the single payer model, and for the long-term health of Oregon, the Task Force is urged to remain true to its charge.

Sincerely,

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