

To Oregon's Joint Task Force on Universal Health Care,

I am grateful this Task Force is doing this work and for the opportunity to provide citizen input to the meeting to be held on June 25, 2022 at 10:30am.

My input is based upon my personal experiences, and also the stories of the experiences of my older family members and close friends. I will therefore frame my comments with a brief statement about my background. I am a healthy white woman with a B.S. degree now in my young '60's, and my professional career spanned 35 years in Portland. My employment provided large group insurance coverage for me and my unemployed husband during our first two years out of college. I worked for USBancorp, BlueCrossBlueShield of Oregon, and Umpqua Bank; I was laid off from each due to acquisition, organizational restructuring as Regence, and the financial market collapse of 2008, respectively. During those layoffs I was a single mother, and thus I was forced to engage in finding individual insurance for myself and my daughter. I then worked for small non-profit organizations which provided medical insurance through the small group market. My group and individual insurance coverage thus changed many times and was through many insurance companies. I have relocated to Corvallis and am not employed, so now purchase my individual insurance coverage through the Marketplace. The monthly premium for my Bronze level plan from PacificSource in Benton County is \$863 per month.

Group employer and individual market plans today do not allow patients to select their doctors of choice. Instead the insurance companies restrict their panels tightly for their corporate economic benefit. It is also normative for "alternative" care licensed Acupuncture and Naturopathic physicians to be excluded from plan benefits and networks. Under current law, Medicare also does not allow for patients to choose Naturopathic and Acupuncture providers. Thus individuals often find that they are forced to select a new primary care physician or specialist as their chosen existing care providers are out of network because the individual's employer chose to make changes in their group coverage offerings. Similarly in the individual market, each year when I have to renew my insurance, my choices are limited to the insurance carriers who choose to file in my county and the network panels they offer for the coming year. This is annual torture. My friends who have turned 65 who had previously chosen to see a licensed Naturopathic doctor for their primary care can no longer do so without paying in full out of pocket, as Medicare does not cover licensed Naturopathic and Acupuncture doctors. This is absolutely an outdated American Medical Association lobby "turf protection" that should be remedied. All patients whether under or over 65 should be able to choose a licensed conventional allopathic or a licensed naturopathic physician without losing their insurance benefits to pay for the care they need.

Following is an example of the consequences of our current network panel for corporate profit model from my experience when I served in the role of Vice President of the Membership Services Division of Regence BlueCrossBlueShield of Oregon in '98-'01. During those years, I vividly remember sitting at the large board table with the President and all other Senior Staff (the VP of each of the other divisions) during a period of highly competitive rating when the company was therefore experiencing underwriting losses. The VP of Provider Affairs was pressing extra hard during contracting with the oncologists at Sacred Heart Hospital in Eugene; neither party would "give", and so the discussion at senior staff was about the oncologists being dropped from the network at a very near date. I remember thinking that I was witnessing hubris and extreme callousness. The other division leaders at the table spoke of the work to be done to implement this change in a short period of time from a systems perspective. I was the only person at the table willing to ask if we had given enough consideration to the morality of the situation, and also to the reputation risk the company would suffer? Surely cancer patients in the midst of their care in Eugene were not in a position to switch doctors and treatment plans so as to remain in

the network. There would not be enough oncologists in the panel to care for all those who were already experiencing the high stress of cancer treatment and associated high medical expenses. This should never have happened and should never happen again.

I beseech the JTFUHC to design a healthcare for all program that allows all Oregonians to see the licensed physician of their choice regardless of whether the initials after their name are MD, ND, NMD, or L.Ac, and at whatever hospital or clinic they choose based on their medical needs and personal preferences.

Thank you,

Jill Farrow
Corvallis, Oregon