

Thank you for the extra time. I will of course be a supporter, always have been, always will be and in my mind it is way past time.

THANK YOU FOR THIS EXCELLENT BOOK OF WORK AND THOUGHT AND THE PUBLIC ENGAGEMENT YOU ENCOURAGED AND NURTURED..

Excellent reasons are given for changing our current health system. Here are a few more:

- Oregonians are making decisions about going for jobs with more income or increasing hours for fear of losing coverage for things they need that OHP pays for (eg: Continuous Glucose Monitors).
- The current system has gross inequities related to ability to access needed services which are driven not only by out of pocket cost differences and what is included in the benefits package but amounts providers get paid by each plan, provider interest in accepting Medicare or Medicaid and provider willingness to work with the very unique and 'for OHP only' prioritized list of services. (The original intent was for the prioritized list to set the standard for all. It does not. Only OHP uses the prioritized list as is. OHP denials and the fight that must ensue to get denials overturned are unique because of it).
- Transitions -- from Medicaid to Medicare or from job with insurance A to job with insurance B as examples -- can mean the need to re-establish with new providers and almost always requires new PA requests.;

I appreciate that the plan intends to plough more money into behavioral health but the solution is not all about money. Indeed, I believe Oregon has the worst mental health system in the nation but is right in the middle when it comes to expenditures. Too many Oregon mental health providers will not accept insurance, just cash and this applies for PEBB enrollees as well. Many, almost too many and in too fragmented a way, are trying to find solutions. A functioning mental health system would save much money -- not only for the health care system as a whole but for corrections and i would submit education as well. In addition, it could be argued that an improved mental health system would allow more people to be gainfully employed and thus increase tax revenues for the State.

The Taskforce did a good job in articulating the need for LTCSS to continue to be held by DHS. Please take into account and consider reflecting in your report that these services are supposed to be equally available to people with behavioral health as their driving disability. People with behavioral health challenges are also supposed to be screened for and if found eligible receive in home services and supports and access to residential services. Screening for LTCSS for folks with behavioral health as the driver is held by OHA. The IQA contractor is CoMagine. Licensing of residential SUD, adult foster homes and residential homes for folks with behavioral health challenges is done by OHA, not DHS.

Oregon does an amazing waiver and SPA dance with CMS to grow and shape OHP. It has always been striking to me that CMS holds both Medicare and Medicaid and does very little to align those two programs. If that is the first step Oregon took towards health care for all -- seeking federal approval to align a benefits package for OHP and Medicare members that includes the same access to dental, behavioral and physical health services; align provider pay schedules -- it would bring over half the State's population into the fold.

However we get to universal health care, to equity in ability of all people to access the care they need, it will happen in Oregon because you helped make it so. Your work has been buoyed by many who have

come before -- Senators Bill McCoy, Frank Roberts, and Rep Mitch Greenlick stand out in my memory with brilliant activist and strategist Betty Johnson and Bill Gordon. There are so many more. With gratitude to them all and to you.

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