



The League of Women Voters of Oregon is a 101-year-old grassroots nonpartisan political organization that encourages informed and active participation in government. We envision informed Oregonians participating in a fully accessible, responsive, and transparent government to achieve the common good. LWVOR Legislative Action is based on advocacy positions formed through studies and member consensus. The League never supports or opposes any candidate or political party.

May 6, 2021

To: House Health Care Committee
Chair, Rep. Rachel Prusak
Vice-Chairs, Rep. Cedric Hayden and Rep. Andrea Salinas

Re: SJR 12 and Rep. Mitch Greenlick – **Support**

The League of Women Voters of Oregon supports SJR 12 as the health care reforms for Oregon it provides fit well into the long history of reforms advocated by the League at both the national and state levels. We have included a brief summary of that history below this testimony.

LWVOR has been monitoring Legislative Health Care Committees and the Universal Health Care Task Force (UHCTF) for years and has followed the many contributions to Oregon health care reforms both have made.

LWVOR supports the components of SJR 12 and adds these comments:

- SJR12, the HOPE Amendment, is simply an aspirational bill (new language added to this year’s version below*) that asks two basic questions: Is health care a right or is it a privilege? Is Oregon committed to ensuring that every individual has access to some form of health insurance as it is afforded in every other modern country?
- 2021, the second year of COVID-19, will be pivotal for national and state health care reforms. There are efficiencies that can be made to lower costs of drugs and accomplish major health system reforms that can benefit hard-pressed consumer patients.
- We also support the numerous opportunities for citizen input to the processes of this bill.
- The time to act is now. Oregon is one of forty states that have expanded Medicaid coverage in order to cover more people. The Biden Administration has signaled that additional state flexibility is being considered to extend that progress even further. Passage of SJR 12 will allow us to move ahead in bringing this important referral to the voters of Oregon.

Thank you for the opportunity to discuss this legislation and we urge your support for SJR 12.

Rebecca Gladstone
LWVOR President

Bill Walsh
LWVOR Healthcare Portfolio

* The proposed amendment reads -

SECTION 47. (1) It is the obligation of the state to ensure that every resident of Oregon has access to cost-effective, clinically appropriate and affordable health care as a fundamental right. (2) The obligation of the state described in subsection (1) of this section must be balanced against the public interest in funding public schools and other essential public services, and any remedy arising from an action brought against the state to enforce the provisions of this section may not interfere with the balance described in this subsection.



League of Women Voters Healthcare Position—A Summary*

The League of Women Voters of the United States (LWVUS) believes that a basic level of quality health care at an affordable cost should be available to all U.S. residents. Other U.S. health care policy goals should include the equitable distribution of services, efficient and economical delivery of care, advancement of medical research and technology, and a reasonable total national expenditure level for health care.

BASIC LEVEL OF QUALITY CARE: Every U.S. resident should have access to a basic level of care.

FINANCING AND ADMINISTRATION: The League favors a national health insurance plan financed through general taxes in place of individual insurance premiums. As the United States moves toward a national health insurance plan, an employer-based system of health care reform that provides universal access is acceptable to the League. The League supports administration of the U.S. health care system either by a combination of the private and public sectors or by a combination of federal, state and/or regional government agencies.

The League is opposed to a strictly private market-based model of financing the health care system. The League also is opposed to the administration of the health care system solely by the private sector or the states.

TAXES: The League supports increased taxes to finance a basic level of health care for all U.S. residents, provided health care reforms contain effective cost control strategies.

COST CONTROL: The League believes that efficient and economical delivery of care can be enhanced by specific cost control methods.

EQUITY ISSUES: The League believes that health care services could be more equitably distributed by a variety of means.

ALLOCATION OF RESOURCES TO INDIVIDUALS: The League believes that the ability of a patient to pay for services should not be a consideration in the allocation of health care resources. Limited resources should be allocated based on the criteria.

BEHAVIORAL HEALTH: The League of Women Voters supports Behavioral Health as a nationally accepted term that includes both mental illness and substance use disorder and the full integration of Behavioral Health into the wide array of health care services.

**Prepared from "Statement of Position on Health Care," announced by the League of Women Voters of the United States Board, April 1993 and supplemented by concurrence, June 2016. See full policy for details at www.lwv.org/content/healthcare.*

A Short History of National LWV Action on Health Care*

In 1990, the LWVUS undertook a two-year study of the funding and delivery of health care in the United States. The LWVUS announced its health care position in April 1993.

As the LWVUS was completing the study, the issue of health care reform was rising to the top of the country's legislative agenda. In April 1993, the LWVUS met with White House Health Care officials to present the League's position. Since then, the League has actively participated in the health care debate.

The LWVUS testified in fall 1993 before two key House Committees, calling for comprehensive health care reform based on the League position. It joined two coalitions—one working for comprehensive health care reform and the other supporting the single-payer approach.

Throughout 1994, the League actively lobbied in support of comprehensive reform, including universal coverage, cost containment, single-payer or employer mandate, and reproductive health care, including abortion, as a critical part of any health benefits package.

In spring 1994, the LWV Education Fund (LWVEF) and the Kaiser Family Foundation (KFF) undertook a major citizen education effort to deliver objective information on health care reform. Local and state Leagues sponsored town meetings nationwide. In the fall, the LWVEF and KFF held a National Satellite Town Meeting on Health Care Reform, with 200+ downlink sites across the country.

In 1997, the LWVUS joined 100 national, state and local organizations in successfully urging Congress to pass strong bipartisan child health care legislation. In 1998, the LWVUS began working for a Patients' Bill of Rights.

In spring 2000, the LWVEF and KFF developed and distributed two guides. Both focused on five issues under debate in the election: the uninsured, managed care and patients' rights, Medicare reform, prescription drug coverage, and long-term care.

Two decades of League work to ensure access to affordable, quality health care for all Americans and to protect patients' rights resulted in success in 2010 when the Affordable Care Act (ACA) was signed into law.

Since 2010 the League has continuously supported implementation of the ACA at the state level and expansion of the Medicaid program, as provided by the ACA. The League has also continued its strong support for funding of the Children's Health Insurance Program (CHIP). The League opposed all congressional efforts to repeal and replace the ACA.

**Excerpted from League of Women Voters of the United States, "Impact on Issues 2016-2018: A Guide to Public Policy Positions" at www.lwv.org/content/healthcare.*