

September 22, 2022

Members of the Universal Care Task Force:

The Oregon Association of Health Underwriters appreciates the significant time and effort each of you have dedicated to carrying out 2019 Senate bill 770, which directed that the Task Force "recommend the design of the Health Care for All Oregon Plan, a universal health care system, administered by the Health Care for All Oregon Board, that is equitable, affordable and comprehensive, provides high quality health care and is publicly funded and available to every individual residing in Oregon."

Recognizing that the high-level outcome – a recommendation to pursue a state single-payor health plan – was predetermined by SB770, as an organization of professionals who work with individuals and employers on health benefits issues, we offer the following comments on the Task Force's draft report.

We agree that there is significant room for improvement in our market-based health benefits and payment system, which is in a state of constant flux as stakeholders strive to make improvements. Private sector-driven efforts to deliver effective care more efficiently, such as deployment of data systems to enable care coordination, have yielded positive results in terms of both cost savings and improved outcomes.

It is unfortunate that the Task Force's report largely ignores the benefits of such market forces, while at the same time rests its recommendations on a series of heroic assumptions, among them: Nearly \$1 billion of "administrative savings" magically would materialize, providers will stand still for cuts in compensation, the federal government would allow Oregon to disenfranchise Medicare beneficiaries, and that middle- and upper-income Oregonians would accept an enormous tax increase and disruption of their own health benefits on the promise that *this time* the state successfully will execute an exceedingly complex entitlement program at which no other state has succeeded.

OAHU respectfully suggests that an appropriate follow up to SB770 would be an effort carefully designed to focus on the relatively small number of Oregonians who have no form of health insurance and on targeted subsidy of the Individual market, such as additional reinsurance.

Again, thank you for your work and for considering these comments.

Respectfully submitted,

Gulianne Horner

Julianne Horner

President