Submitter: Devon Lawson-McCourt

On Behalf Of:

Committee: Senate Committee On Health Care

Measure: SB1508

Members of the Senate Committee On Health Care,

I write this testimony today to voice my strongest opposition to Senate Bill 1508, a legislation that seeks to fundamentally alter the guiding principles of our cherished Medicaid program—a beacon of hope for the most vulnerable in our society. This bill, under the guise of equity and fairness, proposes to forbid the Health Evidence Review Commission (HERC) from using quality of life measures in evaluating which services should be covered by the state Medicaid program. It is a proposition that, at its core, undermines the very ethos of compassionate, patient-centered care.

Quality of life measures are not mere abstract concepts; they are vital tools that help us understand the impact of medical interventions on an individual's daily life. They take into account the physical, mental, and social well-being of patients, offering a holistic view of their health needs. By prohibiting the HERC from considering these measures, SB 1508 risks depersonalizing healthcare, reducing it to a series of transactions devoid of empathy and understanding for the human condition.

Moreover, this bill threatens to exacerbate existing inequalities within our healthcare system. By ignoring quality of life, we risk prioritizing treatments based solely on their ability to cure or prolong life, without considering their impact on the quality of that life. This approach fails to recognize the diverse needs and values of our population, particularly those of marginalized communities who already face significant barriers to accessing care. It is a step back in our ongoing struggle for health equity, a core principle of socialist values that advocate for equal rights to health and well-being for all, regardless of socio-economic status.

It is also important to consider the broader implications of this legislation on healthcare innovation and research. Quality of life measures play a crucial role in the development of new treatments and interventions. They help researchers and healthcare providers understand how different approaches affect patients' lives, guiding the advancement of more effective and humane care. By restricting the use of these measures, SB 1508 could stifle innovation, slowing the progress towards more compassionate and personalized healthcare solutions.

Furthermore, the bill's exceptions to the prohibition of quality of life measures are vague and insufficient. They leave open the possibility of arbitrary decision-making, potentially allowing for the exclusion of vital services based on unclear criteria. This lack of clarity and flexibility could hinder the ability of the HERC to adapt to new

scientific evidence and evolving healthcare needs, ultimately impacting the health and well-being of Oregonians.

In conclusion, Senate Bill 1508 represents a profound misunderstanding of the role of quality of life in healthcare. It disregards the importance of patient-centered care and threatens to deepen the inequalities within our healthcare system. I believe in a healthcare model that prioritizes the needs and well-being of the individual, one that views health not just as the absence of disease but as a state of complete physical, mental, and social well-being. We must reject this bill and continue to advocate for a healthcare system that respects the dignity and worth of every person, ensuring access to comprehensive, compassionate, and equitable care for all.

Thank you for your time and consideration.

Sincerely, Devon Lawson-McCourt