

2007 – Oregon’s Year for Universal Access to Health Care

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Will 2007 be the year Oregon implements universal access to health care for all Oregonians? The 2007 legislative session promises great things for Oregon. For the first time in 16 years a single party controls the House, the Senate and the Governor’s office, and the minority party in both houses is committed to full cooperation in reaching workable solutions to Oregon’s key problems. At the top of the list for average Oregonians is access to affordable, quality health care. Universal access to health care for Oregonians must be a legislative priority, and there will be no better opportunity for passing meaningful health care reform than in the upcoming session.

The challenge will be—after finishing the research, evaluations, analyses and financial impact studies and hearings—can Oregon’s political leaders agree on a workable solution for access to health care that is sustainable, reasonable, affordable, and palatable to the majority of Oregon voters?

The first step is to clearly understand the issue. Presently, more than 600,000 Oregonians are uninsured, and, although many of them have access to medical care through Federally Qualified Health Centers and other private non-profits, far too many Oregonians and illegal immigrants use hospital emergency rooms and fire department emergency care units as their sources for primary health care. This leaves hospitals and fire districts with millions of dollars of unpaid emergency care costs every year. Such uncompensated medical costs are then transferred to Oregon taxpayers and to self-paying individuals and insurance companies. The result has been increasing consumption of tax revenues, increasing numbers of personal bankruptcies due to medical bills, and double digit increases in employer health insurance costs over the past decade. Add to those increases the sky-rocketing escalation in medical and pharmaceutical costs and decreasing reimbursement rates for medical providers, and we have a perfect storm that threatens to bankrupt our entire health care delivery system.

During the legislative interim several groups and legislators—especially Senator Alan Bates—have worked diligently to identify the causes of the health care crisis and components of potential solutions. Individually, I have invested much of my time studying proposed solutions and reforms including those piloted by Maine, Massachusetts, Vermont, New Jersey, Wisconsin, New Mexico, New York City, and even Switzerland and New Zealand.

As a result of the research it is apparent to me that Oregon health care reform will require bipartisan support from a strong coalition of stakeholders. It will also require recognition of the need to lessen the financial burdens on employers if they are going to remain competitive internationally. The plan should also face the reality that all Oregonians need basic, portable health care coverage—just like having car insurance—and the state can assist with tax and cost-containment incentives for individuals, families and small groups. Other components for successful reform must include a plan to address the causes of spiraling health care costs and a mechanism to coordinate with federal health care financing reforms. Stable funding must also be a key component.

Finally, meaningful health care reform should consider end of life and cost versus outcome issues, as well as costs incurred by illegal immigrants and other ineligibles.

In conclusion, Oregon has the opportunity in the 2007 Legislative Session to craft a workable, statewide health plan that learns from the strengths and weaknesses of other jurisdictions while considering the unique needs of Oregonians. It will require unprecedented bipartisan effort committed to overcoming obstacles, building coalitions with public and private interests, educating and receiving citizen input, and drafting and redrafting legislation until a solution results that is palatable to the people and worthy of being called the Oregon Plan. The challenge is daunting, and the time is now.