

# **Oregon's Health Care Cost Growth Target Program 2023 Public Hearing**

## **Part 2: Perspectives on Health Care Cost Growth Trends in Oregon, 2020-2021**

### **Public Comments**

This document presents written public comments submitted by members of the public via email to [HealthCare.CostTarget@oha.oregon.gov](mailto:HealthCare.CostTarget@oha.oregon.gov) about the high cost of health care for the September 14, 2023 Cost Growth Target public hearing.

Comments are presented below in the order received and may include typos or misspellings. Personal contact information for individuals has been removed.

Public comments received through 8 AM on Thursday, September 14, 2023.

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## 1. Subject: Reduce Oregon health care costs!

*OHA received this public comment from multiple individuals on September 6-14. The message is provided once, then signatories are listed below.*

To Oregon's Cost Growth Target Advisory Committee:

Thank you for your time and your attention to our state's rising health care costs. It's important for all Oregonians to work together to find solutions.

We know that high costs cause Oregonians to delay getting the health care they need. And the problem is getting worse.

We all know that the pharmaceutical companies are making huge profits at our expense. I learned recently that hospital prices in the U.S. are 50% higher than other countries. When drug and medical costs are so high, I feel the squeeze in provider offices, at the pharmacy counter, and through higher premiums.

I personally know seniors and working families who are struggling to make ends meet, especially with the impacts of record inflation this last year. I urge you to explore solutions that involve all facets of the health care ecosystem. We all have too much at stake!

Angie Heide, Portland  
Anita Curry, Troutdale  
Anita Lunsford, Klamath Falls  
Anita Lyons, Coos Bay  
Ann Hollyfield, Waldport  
Ann Watters, Salem  
Avalon Teranika, Salem  
Barbara Sawyer, Redmond  
Belinda Colley, Azalea  
Betty Garrett, Prineville  
Carol Nugent, Hillsboro  
Cheryl Trosper, Portland  
Louise Franklin, Lebanon  
Colleen Cobb, Walterville  
David Kellum, Hillsboro  
David McBratney, Salem  
David Nichols, Portland  
Deborah Royer, Hermiston  
Dee Dee Lively-Andrews,  
Clatskanie  
Delfina Herrera Hoxie, Albany  
Dennis Dietz, Beaverton  
Diana Saxon, Salem  
Donna Baler, West Linn

Doro Reeves, Coos Bay  
Edward Davie, Forest Grove  
Elizabeth Darby, Portland  
Frank Cook, Baker City  
Gerald Fisher, Vancouver  
Gloria McCracken, Springfield  
Irine Allen, Molalla  
James Ford, Creswell  
James Hughes, Medford  
Janet H, North Bend  
Jonathan Brooks, Portland  
Kacy Borba Spann, Portland  
Kenneth Dean, Grants Pass  
Lary McKee, Gervais  
Linda Cornell, Canby  
Marsha Hansen, Woodburn  
Michelle Cole, Tualatin  
Michael Hoover, Beaverton  
Michele White, Baker City  
Nadia Sindi, Eugene  
Nicole Whitney, Lakeview

Peggy Blanchard, Prineville  
Phoebe Quillian, Talent  
  
Robert Thomas, Boardman  
Robin Bochsler, Mt Angel  
Roxanna Schuchardt,  
McMinnville  
Roy Adsit, Portland  
Ruth Anne Fackler, Estacada  
Scott Kennedy, Keizer  
Scott Mahood, Portland  
Sharon Zuber, Gold Beach  
Tony Walters, Eugene  
Trish Smith, Portland  
Sherry Raill, Redmond  
Violet Young, Yachats  
William Burt, Aurora  
William Obrien, Beaverton  
Woody Woodard Jr, Salem

## 2. Subject: healthcare costs in OR

*Received September 7, 2023*

Hello,

My name is Molly O'Neill. I am a married mother of 3, and my spouse and I are both healthcare providers (Naturopaths) in private practice. As a result, we have to buy our own private insurance. Our premiums have increased over the year, while the coverage has become worse and worse. We spend \$15,000 on premiums, and then if anything happens that requires healthcare (beyond prevention), we generally are paying out of pocket due to high deductibles. Most years we spend approx \$20,000-25,000 for healthcare. We make a combined \$150,000, and about 1/3 of our income goes towards student loans and healthcare. We also have dental insurance, and while it's the best plan we could find, it's beyond inadequate, only covering \$1000/year. During COVID we were temporarily on OHP, and it was the best insurance we've ever had. My ideal would be if everyone was on OHP, and people paid premiums based on income. I would be much more comfortable paying monthly premiums if I knew my insurance would actually cover healthcare. The double cost of healthcare (premiums plus out of pocket) is just too much. And being self-employed, we don't have better options. Would it be possible to allow Oregonians to purchase OHP or something like it?

Thanks for listening,  
Molly

Dr. Molly O'Neill, ND, LAc  
Bloom Natural Healthcare

### 3. Subject: High Healthcare Costs – Virtual Public Hearing – Citizen Comment

*Received September 7, 2023*

To whom it may concern,

I greatly desire for Oregon (*and the entire USA*) to adopt a single-payer healthcare system, and operate it exactly how the system currently operates in Canada, specifically with healthcare operations/systems like those in British Columbia, Canada.

I understand that it would be a challenge without full participation by other States; however, there are incremental steps that could be implemented now, that would eventually result in that outcome.

The most important element of the Canadian system is that it is illegal for medical providers to allow private pay, bill patients directly, and/or utilize any other insurance/payer system for services rendered (*from the list of approved medical procedures - which is nearly everything except cosmetic procedures*). It is my experience that this element is directly responsible for ensuring that the system functions for everyone because when rich and powerful people are forced to use that system, if there are problems, they enact change quickly.

It is no secret that private insurance providers are deeply invested in the status quo. They profit from the inefficiencies in our current medical system. They skim their profits from every medical transaction/procedure that currently occurs. For this reason, comments submitted by private insurance companies, private medical billing contractors, and other related for-profit medical billing entities ought to be disregarded during this process.

If we transition the funds currently spent by citizens, and their employers into a publicly funded and regulated system, there would be surplus funds to operate a fully functional medical system, with better health outcomes than we currently have. We would be able to focus better on implementing equitable health systems, address public health challenges, and resolve decades of health inequities marring the reputation of the State of Oregon.

I am happy to provide expand my comments, and provide in-person testimony if desired.

Sincerely,

Ian Stromquist, REHS/RS  
Environmental Health Specialist

#### 4. Subject: Healthcare expenses

*Received September 7, 2023*

I'm self-employed. I pay \$1223.00 for my single monthly premium not including \$1800 deductible, co payments and coinsurances. I take numerous medications, none of which are brand at this point. I have paid around \$20,000 for medical expenses the last few years per annum. It's been exorbitant and crazy. I have been self-employed since October of 2011. Fortunately, I am turning 65 next year so I will not have to do this much longer. For several years I had to buy medications on the Canadian market because they were less expensive, a mere \$5000.00 a year approximately. I finally was able to change to generics that I could tolerate. The fact is that I was lucky to be able to afford it, barely. I earned too much to receive assistance but much less than six figures. But the rest of my expenses took up the rest of my budget. I look forward to breathing room next year and grieve for the individuals and families that are caught in this insane maelstrom. There has got to be a better way.

Sincerely,  
Denise J. Hockley, LMFT

## 5. Subject: impact of high health care costs

*Received September 7, 2023*

Sharing some information for the upcoming discussion...

My husband and I are middle aged and middle income (a shrinking group!). We have insurance through my job. He manages symptoms of high levels of heavy metals from work, and I have level 4 endometriosis. We manage these chronic conditions via diet, acupuncture and supplements. These have all had significant inflation since the pandemic. I have had to decrease acupuncture from every other week to monthly due to a halving of my insurance annual allowance and increase in practitioner cost. My acupuncturist is also receiving about half the payment from my insurance compared to 5 years ago, and is considering leaving the profession. There are few others accepting my insurance. My husband and I are also delaying routine healthcare due to the increasing difficulty in accessing care from Kaiser. For example, they consolidated women's health to fewer locations, no longer cover vaccinations at locations other than Kaiser's few, and doctor appointments are scarce. There are no locations anywhere near me or work, and as a public transit rider, I have not yet met my primary care physician two years in. Due to all of this, I am mostly getting care from my naturopath who does myofascial release for endometriosis. But this means I haven't had suspicious moles or increasing neck pain looked at, among other things. And we at least have the benefit of employer supported health coverage. My best friend is self employed and has had to significantly cut back on treatment for her mentally ill daughter due to cost issues. My brother is living with stage 4 renal disease which lead to him needing to do gig work. Low income and growing health care debt threaten to make him homeless.

Emily McNultycripter



## 6. Subject: health care costs comment

*Received September 7, 2023*

I am pleased that Oregon is tracking this issue. For so many years I have been thinking, "well, surely it can't get any worse, surely something will be done now." The current trajectory is unsustainable.

With premiums (Bronze HSA plan) and deductibles, my family of three is out over \$30,000 before insurance kicks in for us. Naturally dental, vision care and prescriptions are in addition to that. Fortunately we have been healthy, because who can possibly afford that. Our income varies dramatically so some years we may receive premium assistance, but most years it is negligible. Even if our premiums were totally covered, someone is bearing the cost for all the middle-men and paper pushers.

What is ultimately frustrating is to see the insurance companies and subsidiaries of the system increasing cost so dramatically without providing a benefit or addition to our level of care. I would say they more regularly stand in the way of timely and efficient delivery. The cost of such inefficiency will bury our state.

I don't think it can be fixed. I think that adding more layers will only bury us deeper. I believe something drastic needs to be done. I believe that someone needs to have the courage to create a new system and provides care directly, efficiently and affordably to the public.

Thank you,

Melissa Green

## 7. Subject: health care costs comment

*Received September 7, 2023*

At my employer, it feels like healthcare costs cause a huge division between employees. We have about 300 people at our business, and whenever health benefits come up there's a huge line in the sand between young single people who want low premiums and parents and older people who want low deductibles. I feel like we are trapped in a system that pits us against each other with no one being able to readily afford the care they need.

Miranda

## 8. Subject: Health Care Costs

*Received September 7, 2023*

One hears all the time that health care costs disproportionately target certain groups. One group I never hear mentioned is the middle class, so I would like to tell you about my experience trying to obtain affordable medical care as a member of the middle class. While the care or drugs we need often cost more than a middle class income, we are too rich to obtain medical care for free or in a subsidized manner, but not rich enough to actually afford it.

The recent Right to Healthcare for Oregonians further exploits that divide, forcing us to pay for care for others that we cannot afford to obtain for ourselves. I now get to witness and help pay for my friends and relatives receiving expensive care that I can never hope to afford for myself.

For more than thirty years, since I had thyroid cancer, I have been diagnosed with osteoporosis. I have maxed out on all the affordable drugs. Four years ago, one of my bones "crumbled" (in the surgeon's words) during surgery and had to be cemented together. Then it became urgent to treat my osteoporosis, but nothing has been accomplished in the four years since then.

One drug was proposed, but the Medicare Advantage copayment for it was larger than my entire social security check. So that was a no-starter. A cheaper, less effective drug was proposed, but if that is used, then it cannot be followed up by one of the more expensive, more effective drugs, because studies show that the net result will be negative. So my doctor and I decided to wait to see if any new federal legislation could eventually help me.

Meanwhile, I added a few more fractures to my twenty-some fracture. list (my sister has had over 50 fractures). My spine is deteriorating, and the success of my recent spinal laminectomy surgery is threatened by poor bone density.

Then a new drug appeared on the market. After being offered this drug, at an out of pocket cost of just over half of my annual income, I was then told I didn't qualify for it. There are other similarly effective drugs on the market which don't seem to be available through my Medicare plan.

Oregon has a plan to assist with drug costs, but it covers only medications obtained in a pharmacy, and not those administered in a medical setting, such as mine.

The Inflation Reduction Act placed a cap on the out of pocket costs for drugs bought by Medicare patients. But that covers only drugs purchased in a pharmacy, not drugs administered in a doctor's office, which mine is.

My question to my Senator about these drug costs had been referred to Medicare, and a few months later, a pharmacist from Medicare called me and insisted that my insurer contact

me and set up a plan to treat me. They did call me and ask a lot of questions, but as far as I can tell, absolutely nothing has been accomplished since that call.

Honestly, I am tired of fighting. I am convinced that the Medicare Advantage way is to delay care until we die with our diseases. I fully expect to die with untreated osteoporosis.

I resent the fact that I pay so much in taxes to Oregon, because it includes paying for the treatment costs of so many others, while I don't get the help I need to actually get care. I worked for years as a low paid pediatrician to uninsured children and children on Medicaid, and now I am denied the help I need. I feel cheated.

Oregon's Right to Healthcare is a misguided, feel-good approach to medical care, and it fails those of us in the middle class. Everyone should be included in any healthcare plan, when we live in a country in which many treatments and drugs cost much more than a middle class income. We need a REAL health care system that includes everybody. I am tired of jumping through hoops, only to fall short every time.

Diane Lucas, MD

## 9. Subject: Health Care Costs

*Received September 8, 2023*

I saw this and wanted to make a couple comments.

Prescription drug costs - not only the increased cost, but also, the local pharmacies not making us of the 90 day plans when appropriate (which usually saves a bit in co-pay). People have to remember too many exceptions, make too many requests. Savings should be the priority all around.

All insurance does not cover the same things. OHP covers Bariatric Surgery. That surgery not only helps people lose weight, but the week before my son had surgery he was diabetic. The week after, he is not diabetic, nor has he been in the 18 months since the surgery. However, he lost his OHP coverage earlier this year because of his spouse's insurance coverage and wages (barely over the limit - but that is a whole other story).

So, now it appears that the new insurance will not cover anything bariatric - even his follow up appointments to make sure he is doing OK.

The new insurance will cover Ozempic for people who are questionably using it to lose weight. But not for my son, because he is no longer diabetic. And he is no longer diabetic because he had bariatric surgery. And he cannot now get coverage for follow up bariatric visits because he no longer has OHP.

Can you see the vicious cycle here?

And finally, for profit hospitals. I am trying to find out why a local hospital has charged me over \$4,000 for service (not emergency room) at a wound care center for 4 hours of appointments. Not 4 hours of treatment. 4 hours is the total time I spent in the facility. I have asked for a detailed billing. I received something that has less information on than the original bill - no detail AT ALL. I feel that in addition to the cost, my time is worth something and now I have to spend more time trying to get the info I asked for.

It is all too complicated and complex and time consuming. Many people do not know they can and should ask questions. And, it is difficult to do so. Too many phone calls, too many voice mail systems, too many long wait times.

I could go on and on. But, for now, good luck.  
Phil Anne Meile

## 10. Subject: Oregon health care ins.

*Received September 8, 2023*

While I am glad to see health care for all I do not believe the Oregon health plan should pay for Trans surgeries. We have to function within some kind of budget or it will turn hard working people against helping others. I have grandchildren who have graduated from college and are working in their first jobs and can't afford health care and yet don't qualify for the Oregon Health Plan. I have a friend who has a grandchild in transition and sleeps all day and doesn't work and has all of his/her health care taken care of including the surgeries. This makes me question how well we are doing and how much I want to help others. Have we gone to far!!!

Jude Hord

## 11. Subject: Public Comment on High Health Care Costs

*Received September 8, 2023*

Hello,

I would like to submit a public comment regarding the high healthcare costs in Oregon and their impact on our family.

Because of the rising costs of rent, food and gas, our family had to choose a healthcare plan with a very high deductible. It's all we can afford in our monthly budget.

This year I ended up in the emergency room with a pulmonary embolism. The amount billed for about 3 hours in that room was over \$7,000.00, which I was to pay out of pocket for since I wouldn't yet meet my deductible. After I left the hospital, I had to fill a prescription for blood thinners - a life saving medication at this point. When I went to Rite Aid to get the prescription filled, I started crying when they told me it would be \$700.00 to fill the bottle for a one month supply. I asked if I could buy a couple of pills for a two-day supply instead while I tried to figure out a solution, and fortunately the pharmacy technician had compassion for my situation. It was a very degrading moment, to feel like I couldn't afford the medication I would need to treat a life-threatening problem.

Friends and family came together to help me during this difficult time. I'm forever grateful for their help and support. However, I'm very disgusted and disappointed at the cost of healthcare in Oregon. I'm supposed to see specialists about my condition, but I've been putting it off because I know it will be too expensive to see them and get the tests done.

I hope that my experience can help motivate positive action to be taken. Thank you for taking the time to listen.

Sincerely,  
Makenzie Cowan-Hernández

## 12. Subject: Personal Health Spending Comment

*Received September 8, 2023*

Everyone's healthcare costs are rising because the rest of us are paying for services like this!!

**Oregon Health Plan benefits will expand to pay rent, provide air conditioners and food**

There needs to be auditing of applicants and constant rechecking of their income. It is absolutely ridiculous how many patients come into our practice with brand new iphones, driving brand new SUV's, hair/nails done and have OHP.

The middle class is being killed with taxes and paying for everyone else who is living off the system with no checks and balances if those on it, still even NEED it!!

Medical Providers also refuse to contract and see OHP patients. WHY? Because the reimbursement rate is ridiculously LOW and no one can afford to run a business by seeing these patients due to inflation, workforce shortages driving wages up and cost of supplies. To top it off, these patients are extremely rude and ungrateful. They verbally abuse our staff all the time.

Kim Harroun

### 13. Subject: Insurance premiums

*Received September 8, 2023*

Hi,

I'm 57 and my spouse is 60. I just retired after working in education for 34.5 years. My spouse does not receive a pension, but will be eligible to collect social security in a couple years.

My take home PERS retirement is \$4,037.

Our monthly insurance premiums were \$1,481 and are increasing next month by approximately \$150. Our insurance is through the school district from which I retired.

This means 40% of our my pension pays for healthcare..and that does not include copays or deductibles. AND **none** of the monthly premium can be deducted from my gross income.

Something is incredibly wrong with this system.

We are both in good health.

We are required to have health care.

We cannot deduct the cost of the premiums.

We pay taxes on all of our income.

Very, very wrong.

Lynn Lary

Eugene, Oregon

## 14. Subject: Health care costs

*Received September 9, 2023*

Yes I have noticed over the last few years especially my medical insurance premium is at least \$100 a month more each year, my deductible goes up every year and now there is a co-insurance payment on all transactions. (I call it “transaction” because our health care is more of a business out to make money than it is to help people who are sick.) This co-insurance is something new within the last few years (ie, I am responsible for paying part of the bill instead of it being covered by my insurance). I am less apt to go to the doctor now for anything because I can’t afford it even with insurance.

Also I’ve noticed I have had to call the billing department every time I get a bill to check for a so-called “covered” benefit that turns out to have to be “applied to my deductible” leaving me to pay upwards of \$300 every time I visit my doctor.

Example, I got Covid. I was out of town so I went to an urgent care which was out of network. Supposedly, “urgent care is covered in network and out of net work,” yet both of these transactions had the wrong medical codes assigned to them. I was going to be responsible for over \$800 for having visited urgent care twice in a week (applied towards my deductible of course!) Who can afford this? This bill is on top of the almost \$500 premium I have to pay every month!

I wonder if not having insurance would be better. I would save the premium and put it in a savings account for when I have to see a doctor. At least they give you a discount if you don’t have medical insurance!

When is the state of Oregon going to step up and provide insurance for all? Why can’t we follow what Massachusetts is doing and go by your income? I am on a fixed income, semi-retired, not eligible for Medicare yet. I can’t afford to spend my entire savings on medical bills. I need to save my money for things I need, repairs on my home, car, etc. The average person like me needs help so we can stop getting ripped off from insurance companies. Every year they chip away at the healthcare marketplace and I can’t afford it anymore. Please help if you can.

Thank you for listening.  
Rhonda Piasecki



## 15. Subject: Public comment on health care spending

*Received September 9, 2023*

Hello,

I am a white, single, self employed female living in SE Portland. Overall I am a very healthy and active 43 year old.

This last year I was injured on the job (again self employed, so paying high premiums on open market health care). After almost 5 months of jumping through insurance hoops: primary care visit to get referral to specialist, then physical therapy for months before imaging would be considered, then draining of my knee by specialist, who then finally agreed that imaging was vital. Imaging showed a flipped bucket handle tear of my medial meniscus, which means surgery, which happened February 23, almost 5 MONTHS after my initial appointment. That is ridiculous and was very expensive as each visit to the specialist was \$100 out of pocket and each PT session was \$50.

This is not AFFORDABLE health care!!!!

I'm sharing as I know that I am only one of many who are dealing with high cost and outrageous deductibles. Health care, and its accessibility, is essential for every and all individuals. It should be our right, not our burden.

Thank you for reading,

Emily Robinson

## 16. Subject: Public comment re:health care costs

*Received September 9, 2023*

My husband and I are both well over 70 years old.

My husband is 100% physically disabled and continues to work full time to have health insurance benefits through his employer.

Our out-of-pocket cash premiums total \$8,076 per year.

Our policy has a \$2,000 deductible which adds approx. \$180.00 per month.

Our medical costs all totalled for the year far exceed 22% of our budget.

Though we are double insured (his employee insurance plus our Medicare), we are still responsible for 20% cash payment of all services received in addition to those expenses.

His out-of-pocket medications exceed \$500.00 per month. That is \$6,000 per year.

I am a cancer patient and should be monitored with extensive blood work testing and physical exam four times per year. I have deferred, at my request, to only twice a year instead of the four visits recommended by my diagnosis.

I simply cannot afford to go to the oncologist and have recommended testing four times per year. Even being "double insured" it is too expensive.

Both of our cars are well over 20 years old.

Inflation on goods, combined with astronomically high medical expenses, increased taxes and incrementally increasing fees leave us with very little at the end of each month. Add in utilities. Add required insurance on the vehicles and home - that policy is a little over \$250.00 per month. Add fees like DMV services.

We no longer go on vacation or even day trips. The gas cost is too high. Even recreation like fishing or hunting licenses are too expensive for the two of us.

We have had to re-home several of our pets due to rising costs.

Everything-literally everything is too expensive. We don't see any of that changing in our lifetimes.

The only people we know who have "good insurance" and get absolutely all medical expenses "for free"-meaning all visits, medications, surgical procedures, hospitalizations, testing, pharmaceuticals-are people who qualify for the Oregon Health Plan. Indigent people are able to access more medical care than we are. They don't even understand the concept of having to pay for health care expenses. They tell us "we get all of our pharmaceuticals and visits "for free". They ask me why I'm not going to the oncologist four times a year.

Thus my husband still works full time as he is rapidly approaching 80 years old. Our kids helped us buy him hearing aids two years ago so he could continue to work. Meical insurance didn't cover any of that.

Try to fit all of these expenses into a budget on what we earn. You will realize that I defer medical care because I cannot afford it-though I am double insured.

Try to fit food and clothing into our budget. Car repair? Household repairs? I can still get on the roof to clean it off and I'm over 70. My husband can't.

There is no other "money" in our budget. We raised nine children. We have always worked and paid taxes, fees, and our own expenses. We do not and will not carry any credit card debt. Our household "splurge" is the internet at \$60 per month.

That's it. There are a lot of people like us paying into the "system" and receiving very little, if anything, in return.

If we were indigent, like so many of our elderly peers, we could use all the medical services we wanted. Our premiums might disappear-our pharmaceuticals would be paid for, I could attend oncological appointments all I wanted-my husband would not have to work.

But we own an older home with no land (average sub-division size lot), in a semi-rural area. Our home is worth roughly around \$200,000-maybe \$225,000. We have lived here since 1989. The house is pre-1904 (it is pictured in the 1904 flood that hit this area). Any upgrades or repairs we have performed ourselves over the years, with the exception of one re-roof in 2007.

We have absolutely no idea how working families with young children afford medical care.

The demographics of our neighborhood is about the same as ours. Older people in older, smaller houses on small lots, in a semi-rural area. Cost of living isn't cheaper in rural areas. Safeway, Fred Meyer and Wal-Mart don't have lower prices here than in Portland. We have grown kids and grandkids all over Oregon. Food costs the same. Utilities are even higher here than in Portland.

It is a shame that the "Affordable Health Care Act" didn't turn the medical system into something affordable. It seems affordable if you are completely indigent. It takes and has taken a HUGE portion of our household budget for years. Seeing all the nurses and other medical professionals going on strike for higher wages does not inspire any confidence that medical prices will come down anytime soon.

In the almost 27 years my husband has worked at the same location, his only "raises" were when minimum wage increased. He makes what is now considered minimum wage after all that time at his employer.

In the meantime, guess we keep our fingers crossed nothing catastrophic happens to either of us.

We also have confidence that no matter how much data and input this forum receives it will not inspire medical professionals to lower their costs, or even cap their costs.

Those of us that pay into this burgeoning system are making it possible for those who cannot pay anything into the system get the very best and almost unlimited care.

The rest of us that pay into it have to defer care because with all the expenses to stay insured, we cannot afford the additional costs after insurance has been exhausted. That in itself should make it clear that something isn't right. The more you pay in-the less you receive.

Katie Denton

## 17. Subject: Increasing Healthcare costs

*Received September 9, 2023*

I read an article about the increasing cost of health care in Oregon. Unfortunately, there was very little granularity. Perhaps you could answer the following questions:

1. How much of the cost increase is attributed to inflation?
2. It is reported that BIPOC people are disproportionately affected. Are Asians included in the BIPOC category? If not, why not?
3. What percentage of the increase in cost is because of increases in Oregon taxes? Property tax? Income Tax (state and local)? Corporate Activity Tax? Medicaid tax (as I recall there is a tax paid by medical providers to get more federal Medicaid money)? Gas tax?
4. My recollection is that one of the leading causes of death is medical malpractice, how much of the increase is because of Malpractice insurance?
5. There is a scarcity of medical providers, e.g. doctors and nurses. How much of the increase is because of pay increases. For example, the scarcity of nurses has resulted in nurses going on strike to get higher pay?
6. How much is because of increased regulatory burdens?

I suspect that much of the increase in health care costs is because of action or inaction of government to reduce reduce costs imposed on the health care system.

Richard H. Mills

## 18. Subject: comments on personal healthcare spending

*Received September 9, 2023*

My OHP healthcare is expiring at the end of October, and along with that notice came an estimate for “affordable” insurance silver plan cost of \$350. per month based on my income LAST YEAR; which is significantly lower than the 30K I’m making now. I already have to pay half of my take home pay to rent every month. This is before utilities and all of the other bills I have to pay including food. This amount is untenable, and I will likely have to go on the most minimal plan with a huge deductible. I have to apply soon, and honestly, I’m afraid of what the lowest cost disaster insurance is going to cost me per month. With OHP during the pandemic, I was finally able to get much needed mental health care. I now have to drop counselling, and will have to attempt to pay out of pocket for medication management with my psychiatric nurse each month, because there will certainly be a huge deductible. Or not. I may have to forego this too. This is terrifying, and discouraging since I finally have things mostly under control. Here’s where I basically have to just hope nothing goes wrong. There is a yawning chasm between qualifying for OHP and being able to afford decent health insurance. I feel like I’m being punished for finally making a living wage after barely scraping by during the pandemic. Paying for health insurance comparable to OHP is out of the question for me. And what am I even paying for? Shareholder dividends?

OHP/medicaid should be available on a sliding scale. Health insurance costs should be based on net income AFTER basic living expenses (ex. housing, utilities). Please please please stop putting us at the mercy of private health insurance companies. Is it reasonable to make it too expensive to be alive?

Kirsten A. Moore

## 19. Subject: Medical premiums

*Received September 9, 2023*

I became eligible for Medicare in 2015. I was paying a private insurance company \$610 a month before that. That’s \$7,320 a year. That’s a big expense, and a bid ripoff. I was insured by this company for around 20 years, and I decided to stay the course before becoming Medicare eligible. I moved from California to Oregon in 2013, and my Calif. membership in the company ended with the move. I was denied Oregon membership by the same company upon arrival, for preexisting conditions. Obamacare prohibited insurers from denying policies for preexisting conditions, on January 1, 2014. The insurer lost my application, cashed my premium check, and lost all record of it. It took three months to straighten it out. Five months later, the company tried to expel me, saying in a letter that they had no record of me ever being a member. It had cashed my last five months of premium checks. In summation, private insurers charge exorbitant premiums, and are sleazy and dishonest in their dealings.

Philip Ratcliff

## 20. Subject:

*Received September 10, 2023*

At my current workplace in order to ensure myself, my husband and our two kids (7&9), would be almost \$2,000/ paycheck. I would literally be working just to pay insurance costs. This is deemed "affordable healthcare" by DHS and both my children were "termed" from their EOCCO plans in June. No notification was ever sent to myself or my husband regarding this. When I called to dispute this I was told it was because of my annual pay raise that occurred in May. I was also told that a letter was sent in April explaining this.???? How can they send an income determination letter in April for something that didn't happen until May? And that is not during open enrollment period. So basically Oregon insurance can cancel you at any time for any reason. So now I choose, continue to pay my bills that my paycheck covers and keep my children uninsured OR work just to pay for insurance and risk losing our home and ruining our credit from failure to pay our bills. There is NOT affordable healthcare in Oregon!

Lexi Browning

## 21. Subject: Health care costs comments

*Received September 10, 2023*

Hello OHA, thank you for the opportunity to give comments. I have Long COVID so of course health care costs are something I am concerned about. The best way to reduce health care costs will be to go forward with the plan for universal healthcare for Oregon. Healthcare can no longer be tied to employment. It's impossible to plan for healthcare expenses when a job loss or a new job can force us to get totally new insurance and providers. It also means people can't meet deductibles that might reduce costs. Also, we need better access to dental and vision care. I can sort of afford those things but it's definitely a hardship.

Thank you,

Emily J Schnipper, Portland

## 22. Subject: High Healthcare Costs Resulted in Leaving Oregon and the US

*Received September 10, 2023*

I was a State employee and needed to retire early to care for my Mother. After she died, both my husband and I were under 65. I had been the one covering our insurance, using PEBB. \$2000 a month! My entire pension.

We knew we couldn't continue this and made the decision to leave the country. Portugal offers great healthcare at low cost prices. We moved. We now pay €5000/year (about \$5500) for the two of us for a platinum plan that gives us dental, vision, no deductibles, and tiny copays. This past year I broke my elbow and needed 2 surgeries and 5 days in the hospital. 30 sessions of PT. I paid €97 (about \$105) out of pocket for the entire thing. In terms of quality, I would match Portugal for anything available in Portland. Where does Portugal fall short? You won't find fancy chandeliers or spa-like settings in Portuguese hospitals. You get healthcare.

Since being in Portugal, we've met many other Oregonians who have also moved here for the same reason. But in fairness, there are Americans from all over who have given up on US healthcare for reasonable prices at same or better quality.

Lesa Gray

## 23. Subject: Concerns Regarding High Healthcare Costs – Public Comment

*Received September 11, 2023*

Dear OHA,

I am writing to express our company's deep concerns regarding the impact of high healthcare costs in our region. Our organization is committed to providing quality healthcare benefits to our employees, but we are currently facing significant challenges due to the exorbitant premiums.

The issue at hand is that the premiums for our healthcare plans have become prohibitively expensive. At present, we can only contribute 50% of the premium costs, leaving our employees to shoulder a substantial portion of their healthcare expenses. This has placed a considerable financial burden on our dedicated workforce.

One of the most pressing concerns is the year-over-year increase in our premium rates, which has been consistently around 12%. This rate of increase is simply unsustainable for our organization and our employees. It places undue stress on our budget and creates a significant hardship for our team members who rely on these benefits.



Our sincere desire is to provide comprehensive healthcare coverage that is both affordable and accessible to all our employees. However, due to the high costs, we have experienced a decline in participation rates. This low participation, in turn, makes it challenging for us to negotiate more favorable rates with health plans, creating a frustrating cycle that ultimately impacts our ability to provide better healthcare options for our workforce.

We find ourselves caught in what feels like a no-win situation. We want to do right by our employees and offer them competitive healthcare benefits, but the ever-increasing costs make it exceptionally difficult to achieve this goal.

We urge our legislators to consider the far-reaching consequences of these high healthcare costs. Addressing this issue is not only vital for businesses like ours but also for the well-being of our employees and the overall health of our community.

We appreciate your attention to this critical issue and your commitment to improving healthcare affordability for all Oregonians. Our hope is that, with collaborative efforts, we can find solutions that benefit both employers and employees while ensuring high-quality healthcare remains accessible.

Thank you for accepting public comment on this very important topic, we appreciate the opportunity to be heard.

With gratitude,

Erika Dreher  
Corporate Controller, KIDS, LLC

## **24. Subject: Testimony**

*Received September 12, 2023*

To whom it concerns at OHA,

Please accept what follows as my testimony, which I submit at the request of Senator Deb Patterson. I regret I have a board meeting all day on September 14th and cannot present it in person.

The May 5th, 2023 *Statesman Journal* included a story about an Oregon Health Authority report showing that nearly 40% of Oregonians delay seeking health care due to cost.

It's hard to feel surprised by this news. Our system of health care is unaffordable and broken, and from the perspective of a generally healthy middle-class couple, it is designed to deny access to care and optimize profits for insurance companies.

My husband and I are self-employed, so we buy "open market" health insurance through programs regulated by OHA.

We researched our options carefully before choosing the least awful of the three uninspiring options available to us in Marion County.

We pay \$19,000 a year in premiums for health care that does not include the health of our eyes or teeth (which, last time I checked, were part of the body).

It does not cover my prescriptions for thyroid disease, with which, I'm pretty healthy and without which, I literally will die.

Notably, our insurance covers consultations (after office visit co-pays) but *not diagnostics*, an easy way for insurance companies to make more money — when we have symptoms of a health problem so we go to the doctor, or something concerning comes up in an annual health screening appointment.

That initial information (“oh dear, something’s wrong, but what?”) costs us only the office co-pay, a hard-won insurance mandate that certainly sounds good (“Preventative care must be covered, yay!”), but is quite misleading.

A diagnosis - not even the treatment, just finding out what’s wrong - is not covered, because insurers know we will pay out of pocket for that information. Gotcha!

For example, when I get my annual mammogram, it’s covered. If the radiologist sees something suspicious, though, the tests or services, such as an ultrasound, to diagnose it, are not covered, not one dime.

There in the exam room, when the tech points to the image and says, “this dark spot is a concern, you’ll need an ultrasound right away,” am I going to say, “No, let me make sure my insurance covers this first,” or, “how much does it cost to find out?” With six friends currently in treatment for breast cancer?

No, I am not. Gotcha! That’s another \$500.

I’d been having stomach problems, so a month ago, my PCP referred me to a gastroenterologist. The in-network “preferred provider” I saw recommended an endoscopy to diagnose the problem.

I asked the clinic to help me determine what my out of pocket costs would be before I agreed to schedule the endoscopy: \$5,000, plus the anesthesiologist’s costs, estimated to be \$800-\$1,000.

That’s what I’d pay merely to find out what’s wrong, not to treat it, and my insurance covers none of it.

Gotcha! \$6,000.

If the gastroenterologist finds something they can fix during that procedure, that costs more, and my insurance may or may not cover it. (I’m anesthetized, I have to consent up front to them treating whatever is found to be problematic.)

Gotcha! \$10,000.

More baffling still, the insurer says certain of those treatment costs will apply to my annual deductible, but not all. Whaaaaaat? Why?

“That’s our policy.” Gotcha!

And the “max out-of-pocket of \$6,000/year” the insurance agent talked about when we signed up applies to exhausting the deductible through the application of costs that, if there were no deductible, would be covered —

it does not apply to costs not covered in the first place. 🙄 🗨️

And they (insurance companies) almost always decide which out of pocket costs get applied to my deductible AFTER services were rendered.

**Keep in mind that, to the consumer, *all of these costs: deductibles, premiums, co-pays, and other ordinary health care (eyes and teeth) not covered by insurance — it ALL comes out of our pockets.*** Remember, every year, my spouse and I already pay \$19,000 in premiums, plus self-pay for oral health care, eye care, and most of our prescription drugs.

I declined the endoscopy (like the 40% of Oregonians in OHA’s report, I am opting to hope for the best until it becomes more than I can bear).

But still, our ordinary health care costs for 2022, no health crises, totaled more than \$25,000 out of pocket - and we’re insured!

So that “max out of pocket” promise is terribly misleading in terms of actual impact on ability to pay.

Worse yet is the situation my spouse faced recently. He has a deadly peanut allergy he’s had since he was a preschooler. We keep epipens (which are expensive and expire in short order) and Benedryl in every vehicle and piece of luggage.

We take every precaution, but while on vacation in Washington back in 2021, he was exposed to peanut oil (impossible to detect unless ingested) at an event 30 minutes from the closest hospital. We took immediate measures to keep him alive, and I rushed him to emergency care.

Nearly two years later (!!), we received a hospital bill for *thousands* of dollars. It was the first bill - the first contact of any kind, in fact - we had received since the incident two years prior.

None of his emergency care was covered by insurance. Isn’t this situation the very reason one buys health insurance in the first place?

Plus, we are told, the amount due was applied retroactively to his 2021 deductible, even though we are just receiving the bill now. And payment is due in full within 30 days.

So for 2023, our health care out of pocket cost will be more than \$32,000 - if nothing else goes wrong. Gotcha!

Policymakers have access to all the data on Oregonians who are bankrupt due to medical bills or drowning in medical debt; now you've got this OHA report that Oregonians with insurance are not seeking care because of costs.

It seems clear we have a system designed to turn a profit for insurers and their investors by denying care or disincentivizing insured people from seeking health care. It's as simple as that.

For many years, policymakers were told high health care costs were largely due to people without health insurance not getting preventative care and using the emergency room as their primary source of health care.

This is indeed still happening; just add insured people to the list of people doing it. Now there's definitive proof of the correlation between out-of-pocket costs and access, as opposed to health insurance (having it or not) and access. We can't blame the uninsured anymore for the high price of health care in Oregon. It's insurance.

Bottom line: if we have to have health insurance and can't get rid of it altogether, then diagnostics should be covered. Prescription drugs required to sustain life (like insulin, thyroid replacement, etc.) should be covered. Emergency care when one's life is threatened should be covered. There should be a limit on how long providers/hospitals can delay billing - such as 60 days, not two years.

Additionally, our insurance-dependent system fosters sheep-versus-goats health care. Employer-based plans (sheep) can often offer better coverage; self-employed people (goats) have fewer options, and the coverage is likely both inferior and more expensive. We need a system that is not only affordable for consumers, but equitable in terms of coverage. It's time we acknowledged that eyes and teeth are body parts and health insurance plans should be required to cover them.

If insurance is required (and I don't think it is) we need a way to better identify and address inequities and hold insurance companies accountable for Oregonians not seeking care.

That said, the insurance industry itself is a significant problem because of the inherent conflict of interest: it is a for-profit enterprise that benefits from denying coverage, and from Oregonians buying it but not seeking health care. And it adds, I am told, upwards of 25% in administrative costs to the total cost of health care.

It's time to find a new model.

My apologies for the length of this testimony; I hope this information can be put to good use. Many thanks for your consideration.

Sincerely,

Kristen Grainger  
Salem, Oregon

## 25. Subject: Cost Growth Target Public Comment for 9/14/23

*Received September 13, 2023*

To: Cost Growth Target Committee

I do want to provide oral testimony but I am also providing written testimony.

I will start with the quote posted by OHA.

" A new OHA report shows people in the state spent about 22% of their household budgets on insurance premiums, prescription drugs and over-the-counter health care items in 2021. The report also found that high health care costs disproportionately impact communities of color, with significant portions of some groups spending all of their savings on medical bills. Additionally, commercial health insurance premiums and deductibles rose significantly."

While the new OHA report says much, it does not come close to telling it all. Besides the measurable dollar figures that are given there are many other costs including significant dollars not measured, provider burnout often because of time wasted with insurance companies, the stress on patients trying to manage the complexities related to accessing care that each person can individually afford and, of course, lives lost and poorer outcomes related to delays in care.

While there are a mere 15 minutes of public testimony for people to tell their stories, the LARA Media through focus groups gathered extensive stories and detailed them in its [report to the Joint Task Force on Universal Health Care in 2022](#). I encourage you to use this as a point of reference.

In fact, almost everyone has a story now. As a nurse practitioner, my story is one of wasting time helping the well insured, the slightly insured, and the uninsured navigate the system instead of just caring for patients. This Included a teenage suicide tragedy because of care delayed. This is a cost to the system and even an immeasurable greater cost to the individuals and families who should be getting the care they need when and where they need it.

It is clear the system is broken. It is time for transformation. This work must focus on recognizing that Oregon now has a constitutional mandate of access to affordable care. This work must recognize that the Joint Task Force on Universal Health Care dedicated over 2 years and came to the conclusion that a single payer system is the path to reducing costs. This work must recognize that the Universal Health Plan Governance Board will begin its work to recommend the transformation under a set of principles among which are:

- Protecting individuals from the financial consequences of ill health;

- Providing equitable access to person-centered care;
- Removing cost as a barrier to accessing health care;
- Removing any financial incentive for a health care practitioner to provide care to one patient rather than another;

Is the Cost Growth Target work operating under the same set of principles or is cost the only measure? Is the work simply a plan to reduce measurable costs which can be manipulated by denying or delaying needed care or by otherwise hiding the cost in the burdens passed on to those suffering under the burdens of a failed system and its poor outcomes.

With Gratitude,

Tom Sincic, MSN, FNP-Retired

## **26. Subject: Testimony for Cost Growth Target public hearing**

*Received September 13, 2023*

In my daily work as a pediatrician and managing partner of a practice, I see first-hand the behavior of the insurance companies and CCOs whose members are our patients. I also negotiate with commercial payers for fair compensation for our primary care pediatric and behavioral health services and for fair premiums for our employees. My experience is that, on average, commercial payers are underinvesting in pediatric primary care and behavioral health while at the same time extracting ever-higher premiums from our employees.

The headline data in the report can generate misleading conclusions:

- The increase in behavioral health spending for commercial and Medicare Advantage plans looks alarming but is probably good. We need more investment in behavioral and mental health care, which have been underfunded for decades. The decrease in behavioral health spending by Medicaid is probably not good, especially for children, who are overrepresented in the Medicaid population. Even with big percentage increases, behavioral health still makes up a very small part of the health care spending pie. There is good evidence that preventing and treating behavioral health conditions helps reduce spending on medical care. Payers should be investing a whole lot more in behavioral health.
- The net cost of private health insurance (NCPHI) went down from 2020 to 2021. One possible conclusion is that payers became more efficient. Another is that their profits, which were high in 2020 when we all paid premiums but used less healthcare, went down as people sought care that was delayed by the pandemic. My experience in primary care pediatrics is that there has been no increase in health plan efficiency, but rather an increase in purposeful friction: prior authorizations, algorithmic denials, delays in payment, delays in credentialing providers, denials of payment for spurious reasons, unnecessary

and burdensome changes in coding and documentation requirements, hours-long telephone hold times, non-sensical drug formularies, etc. This friction increases provider costs and burnout, delays needed care, and increases payer profits. A comprehensive effort to reduce healthcare costs and make the healthcare system work for patients should address these harmful insurance practices.

- The year over year increase in some pediatric practices is very high. This does not mean they have run amok, for a few reasons. First, the increase is in the total cost of care – not spending by the practice itself. Most of this spending difference is probably on hospital care. Second, the sample sizes are small. In a practice of, say, a few thousand patients, a handful of high-cost patients - for example, a premature newborn with an extended NICU stay, a school-age child with leukemia, or an adolescent with new onset type 1 diabetes or Crohn's disease - will tip the scale. None of these typical pediatric examples are in the control of the practice. Measurement of total cost at the small practice level, especially in pediatrics where cost increases are caused to a much greater degree by chance than by action of the providers, is not reasonable. We also know that investing in health early on reduces long term health costs. Vaccines, for example, pay for themselves almost three times over in health care savings and more than seven times over in total savings for society.\* We should be investing in pediatric primary care, not penalizing it.

Apart from potentially misleading conclusions from the data, we also need to be mindful that focusing on healthcare cost containment at the level of the providers, the payers, or even the entire healthcare delivery system, is important but far too downstream to be most effective. We need to address the upstream factors that contribute to poor health and, therefore, high healthcare costs. Tobacco, for example, costs Oregon \$1.8 billion per year in healthcare spending (and \$3.7 billion in lost productivity).\*\* Banning tobacco sales would do more to contain the healthcare cost curve than any measures within the healthcare system. Similarly, we must invest to end poverty, reduce income inequality, create a healthy built environment, mitigate climate change, promote active transportation, and support vibrant communities. We can and we should engage providers and payers in this work, but holding the healthcare system responsible for cost containment without also addressing the upstream causes of poor health is misguided.

Peter Reed, MD, MPH, FAAP

President of Pediatric Associates of the Northwest, PC in Portland, OR

\* The September 2022 issue of for the journal *Pediatrics* has an article titled "Value of Routine Childhood Immunization" in which the authors conclude that routine childhood immunization for a one-year cohort of 3,855,500 children resulted in a net \$13.7 billion (or 2.8 benefit-to-cost ratio) in savings for health plans and \$55.1 billion (7.5 benefit-to-cost ratio) in savings for society. These are all 2019 dollars.

\*\* <https://www.tobaccofreekids.org/problem/toll-us/oregon>

## 27. Subject: Testimony on Recent OHA Healthcare Cost Report

*Received September 13, 2023*

The recent OHA report on Costs of Healthcare in Oregon, shares findings similar to many other previous reports and studies from years past. The percentage of household income spent on the many facets of healthcare has been steadily increasing for more than a decade and according to this report, is now 22%—nearly one-quarter of Oregonians’ household incomes/budgets.

With the ever increasing “other” basic costs of living—food, clothing, shelter, childcare, etc., is it any wonder that we are experiencing unprecedented homelessness not only in single individuals but also children and families?

In addition, this recent report does not represent or include the many “less tangible” costs that are not strictly “monetary,” e.g. healthcare professionals, including doctors, nurses, mental health providers and others who are “burned out” from not only the difficult health conditions recently exacerbated by the pandemic, but also the increasing hours spent each day “fighting” with many insurers to get the “authorizations required” to provide needed care and medical equipment, AND the innumerable hours and days also being spent by clients and their families fighting the same battles. The true cost of unpaid hours spent by family members providing support and care to their loved ones and neighbors would be staggering if included in the “cost” calculations.

Ask any nurse or doctor if they “allow” their family members to stay in hospitals or other care facilities “alone” after surgery or other medical treatments--the answer is usually, “no.” They realize that these facilities are understaffed and/or staffed by caring/competent providers who simply “don’t have time” to be present to all those under their care at any given moment. Many “mistakes” occur because of these conditions and I know as a retired nurse that I don’t let any of my family or friends “stay alone.” Luckily I am “retired” and “privileged” but most are not so fortunate and must give up paid work hours all to often to care for loved ones who have the misfortune of becoming “ill.” So, again the true costs of healthcare are underestimated.

I hope you are also reviewing the consumer input that was solicited and documented in the Lara Media report made to the Joint Task Force on Universal Healthcare (JTFUHC) less than a year ago. The stories and insights shared as part of this process are heartbreaking. I fear that this report along with so many others will simply sit on shelves gathering dust!

Also, the two years of work by the JTFUHC, chaired by Dr. Bruce Goldberg, documented in much detail the costs of healthcare as part of their final report to the Legislature and this work and report provided the impetus for the the recently passed and signed SB1089. The JTFUHC examined healthcare costs and possible “solutions” and came to the conclusion that a single payer system is the only true way to meet the principles that were set out in



2019, in SB 770 that formed the basis for the creation of the JTFUHC. These principles include:

- *Protecting individuals from the financial consequences of ill health;*
- *Providing equitable access to person-centered care;*
- *Removing cost as a barrier to accessing health care;*
- *Removing any financial incentive for a health care practitioner to provide care to one patient rather than another;*

I submit this brief response to the recent OHA Cost Containment Report, hoping that the usual governmental “silo’s” that are so frustrating to the public will be “broken through” by the SB 1089 Governance Board as it works to truly move Oregon to living up to our new Constitutional Amendment that assures ALL Oregonians access to healthcare.

Thank you for the opportunity to provide this input.

Mary L. Hennrich, MS Retired RN

## **28. Subject: High costs**

*Received September 13, 2023*

The high cost of pharmaceuticals for patients is a huge complaint for our patient population.

The fact that sports physicals for children aren't covered under insurance plans unless it's part of a well child check up is marginalizing families who have multiple barriers to getting the child to a doctor, let alone having to pay for it out of pocket if the child isn't due for a wellness check.

Our clinic, Salem Free Clinics, provides no-cost medical, dental, mental health medication management and counseling services for the uninsured and the underinsured in our community of Marion and Polk County. We operate with 40 volunteer providers, 60 volunteer nurses and over 100 support volunteers.

We see people who make a little too much for the Oregon Health Plan, but not enough for private insurance and the high out of pocket costs for healthcare.

Our patients are hard workers trying to make their paychecks stretch from payday to payday. The top occupations in 2022 were construction, agriculture, restaurant work and retail. In 2021 Healthcare workers were in the top 4. Many businesses keep employees at hours below benefits because of the high cost to the employer.

I get it - we began offering healthcare benefits to our employees in 2022 and it is extremely expensive for our clinic, but we felt it was a necessary justice for our staff of 15.

Is there someone at OHA or over the Oregon Health Plan I can talk to about OHP and the complication our patients who get on OHP are having to see a Provider?

Thank you,

Trina Fowler | CEO | Salem Free Clinics

## **29. Subject: high cost of health care can be reversed**

*Received September 13, 2023*

Health Care is the wild, wild west with the entire structure run within the confounds of insurance. Oregonians can do better! We want a system where everyone is included and can get needed health care when their doctors say it is needed. We currently have no choices like will be possible when Oregon acts upon the Joint Task Force that studied Oregon for several years. It is time to implement findings via a Governance Board. Time is now! We need a system that will prioritize patients over profit and Oregon has the tools and resources to make this happen. The time is now!

Thank you,  
Wes Brain  
Ashland, Oregon

## **30. Subject: Public Comment for 09/14 Public Hearing**

*Received September 13, 2023*

Healthcare costs continue to increase in Oregon, and across the nation. One component of those costs is related to motor vehicle crashes (MVCs). According to National Highway Traffic Safety Administration, the cost of MVCs in Oregon in 2019 was \$2.822 billion. This equals a cost per capita of \$669. It is difficult to quantify exactly how much medical expense is attributed to motor vehicle crashes, but according to the CDC in 2018 health care costs associated with motor vehicle crash fatalities alone were 6 million dollars. As a point of reference, that year Oregon saw 502 crash fatalities, and 41,089 traffic-related injuries. According to the CDC, for every fatality in a MVC, 8 people are hospitalized, and 100 people are treated in emergency rooms and released.

More than 17% of fatal and injury crashes in 2020 involved young drivers between the ages of 15 and 20. While historically studies have produced mixed results when it comes to evaluating the effectiveness of driver education on reducing the incidence of MVCs, a 2017 study shows promising results and statistically significant injury reduction when pre-licensing courses are longer and more comprehensive. Some studies have shown up to a 35% reduction in the risk of crashes when driver education includes 118 hours of behind the wheel instruction. Combining our current Graduated Driver's License Program with a comprehensive mandatory driver education program, including extensive behind the wheel

practice and education to reduce distracted and impaired driving, has the potential to make a significant dent in how much money Oregonians spend on crash related medical bills each year.

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Elizabeth Price, CPSTI | Injury Prevention Coordinator | Trauma Services  
Peace Health

### **31. Subject: My health care story**

*Received September 14, 2023*

I have worked as a nurse practitioner at a federally qualified health center in Oregon for the last 11 years. I have had a panel of patients in addition to working on a mobile unit and at a school based health center. We provide care to patients with Medicare, OHP and private insurance in addition to providing a sliding scale for the uninsured. My biggest challenge as a provider is trying to provide high quality care to every patient. Insurance silos, changing coverage and out of pocket costs create barriers for many of my patients everyday creating a complicated and unequal system of care. One of my patients had a seizure and went to the emergency room for treatment, because of no insurance they gave her pills, no imaging was done at all to evaluate for possible tumor or other causes. I had a patient end up with late stage uterine cancer because she made too much money for OHP and could not afford an individual plan after paying her other expenses so she waited to get the care she needed until she had the money to pay out of pocket. A suicidal youth could not be seen by a

school therapist because her health coverage did not cover the school counselor. We need transformation now! Oregonians have amended the Constitution stating all residents of the state are entitled to cost effective, comprehensive care. We have a governance board with recommendations from the task force. It is time to roll up our sleeves, create one system of care that is simply delivered for everyone. Let's make sure health care money goes for care, not stockholders, pharmacy benefit managers, CEOs or private equity firms! We can have affordable health care if human health and justice is our priority.

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