

Lawmakers struggle over health care

PETER WONG Statesman Journal
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Oregon's health-care debate so far this year has been dominated by just two questions: How many more people will get coverage under state-supported programs? And who will pay for it?

But the answers lawmakers come up with this session for some related questions may shape how much all Oregonians pay for coverage in the future and how that care is delivered.

How those questions will be answered by the Oregon Legislature and U.S. Congress still is uncertain — and may not be answered for a few more years while more information is gathered and different approaches are tested.

Yet at a meeting last week of the Oregon Health Reform Collaborative — which includes most of the state's major health-care participants, plus the Oregon Business Association and the Oregon Business Council — the consensus was that the status quo is no longer acceptable.

Employer-based coverage, which has been the mainstay of health insurance in the United States for 60 years, now is declining as costs continue to increase and employers shift costs to employees, reduce benefits — or simply drop coverage. Workers who lose their jobs often cannot afford to continue insurance, although recent federal subsidies may help them.

"People are more ready for change than we think," said Liz Baxter, executive director of the Archimedes Movement, founded by former Gov. John Kitzhaber in 2006 as a citizen voice for change. "Even people who have good insurance today have no confidence they are going to have it tomorrow."

Core issues

Acting on the recommendation of a blue-ribbon panel, Gov. Ted Kulongoski proposed increased provider taxes on hospitals and health plans, proceeds from which would recoup more federal money under the joint Medicaid program. State-supported programs would expand to cover 80,000 more children and 75,000 more low-income adults — about a quarter of the estimated 600,000 uninsured Oregonians.

The current provider tax, set to expire Sept. 30, supports about



THOMAS PATTERSON | Statesman Journal file

"I'm so glad this guy's here," said Mike Selden of Dallas. "I've been waiting so long to see somebody." The Monmouth Medical Center's first physician, Dr. Charles Essex, meets with Selden. Lawmakers are debating health care issues this session.

What's next

The House Health Care Committee and the Senate Health Care and Veterans Affairs Committee will meet jointly two evenings to review progress on House Bill 2009, which incorporates most of the recommendations of the Oregon Health Fund Board.

Meetings are 6 to 8 p.m. Wednesday and March 30 in Hearing Room F of the Capitol. No public testimony is scheduled.

Information: House committee staff at (503) 986-1286.

See this story at StatesmanJournal.com to read the final report of the Oregon Health Fund Board, which submitted it to Gov. Ted Kulongoski late last year.

Lobby days

Two groups will press the case for change in Oregon's health-care system during upcoming lobby days with lawmakers:

ARCHIMEDES MOVEMENT: 9:30 a.m. Thursday, Hearing Room 50, Capitol. Information: (503) 709-8574 or (503) 860-5854.

OREGONIANS FOR HEALTH SECURITY:

28,000 low-income adults who would retain coverage under the new plan.

An alternative backed by the Oregon Association of Hospitals and Health Systems would keep the hospital tax at the same rate, but extend a provider tax to all health insurance claims, and would recoup less federal money. It would extend coverage to about 60,000 children and between 31,000 and 49,500 low-income adults, according to the Office for Oregon Health Policy and Research.

But Kitzhaber, a physician who made his mark on health care as a legislator before he was elected governor, said last week that lawmakers will make a mistake if they focus only on those questions.

"Without dealing with the underlying question of cost, these additional public subsidies that all these plans call for will increase the strain on public budgets being brought on by health care," he said at a Marion County DemoForum luncheon. "Unless we do, the system is not going to change."

Kitzhaber said delivery has to change to give children priority, put more money into less costly prevention and screening measures, and improve management of chronic diseases such as asthma, diabetes and heart conditions — rather than simply pay for costly medical treatments when illnesses become acute.

New state try

Oregon had a convergence of business, labor and health-care advocates 20 years ago, when then-Senate president Kitzhaber drew them together to help transform the state's traditional Medicaid program into a broader Oregon Health Plan with basic coverage for all people under the federal poverty line.

That original concept defined "basic" and also envisioned employers providing similar coverage for employees, but the requirement was repealed.

Ellen Pinney, then and now the executive director of Oregon Health Action Campaign based in Salem, said she is optimistic that different groups are coming together again as a result of last year's discussions by the Oregon Health Fund Board. That's the blue-ribbon group whose recommendations are incorporated in House Bill 2009.

One of its proposals would create an Oregon Health Authority, which would consolidate some health functions of state government. Minority Republicans say they might seek a statewide vote on the authority, which is contained in the same legislation as the higher provider taxes.

"Oregon voters should decide whether raising taxes and creating more bureaucracy are the

9:30 a.m. April 8, which is Health Care Action Day, starting at First United Methodist Church, 600 State St., Salem. A rally is scheduled for noon on the Capitol front steps. Information: (503) 239-8800 or (888) 654-2273.

See this story at StatesmanJournal.com for links to Web sites of both organizations, as well as Oregon Health Action Campaign and the Northwest Health Foundation, which helped organize a presentation last week on behalf of the Oregon Health Reform Collaborative.

Links

ARCHIMEDES MOVEMENT

<http://archimedesmovement.org/>

<http://wecandobetter.org/>

OREGONIANS FOR HEALTH SECURITY

<http://www.oregoniansforhealthsecurity.org/>

OREGON HEALTH ACTION CAMPAIGN

<http://www.ohac.org/>

NORTHWEST HEALTH FOUNDATION

http://www.nwhf.org/index.php?/areas/access_2008

right solutions for our health-care system," said Rep. Ron Maurer, R-Grants Pass, who runs a community health clinic and is the top Republican on the House Health Care Committee.

Case for change

Pinney has a different view.

"The Oregon Health Authority is about implementation," Pinney said. "It is not about creating a new state agency, but streamlining the work of the existing agencies."

She said one such example came up recently, when Congress approved subsidies that will enable laid-off workers to continue their health insurance coverage by paying 35 percent, instead of the usual full cost. Three state agencies did studies of how the federal subsidies would work, she said — and only by accident was the duplication discovered.

Federal role

Some advocates said that given how much the federal government spends on health care through Medicaid and Medicare, which serves people 65 and older, states should await congressional action.

"It cannot be solved on a state level, because more than half the dollars come from the federal government," Norm Gruber, chief executive of Salem Hospital, told the Statesman Journal editorial board last month. "Somewhere along the line, you have to bring all those pieces in to achieve universal coverage."

President Obama's proposed federal budget outline also would set aside more money for health care. But Obama has left details of change to Congress, unlike candidate Obama, who had a more developed proposal to create a plan with benefits similar to those of federal employees. Among those who has a plan is U.S. Sen. Ron Wyden.

The most recent federal effort, led by then-first lady Hillary Clinton, failed 15 years ago — although many of the interests that killed it in Congress then say something must be done now.

The United States tops the list of developed nations with the highest costs. Health care consumes one of every six dollars in U.S. goods and services produced. But more than 46 million Americans still lack coverage, according to the Kaiser Commission on Medicaid and the Uninsured.

Oregon is one of about a dozen states considering their own proposals to extend coverage to more uninsured people. Of the three states that have approved such plans in recent years, Maine and Massachusetts have run into difficulties with soaring costs; Vermont's plan has not yet kicked in.

House Speaker Dave Hunt, D-Gladstone, said Oregon should proceed with smaller steps.

"I would love it if the federal government just did it," Hunt told health-care advocates last week. "But I have somewhere between minimal to moderate confidence that they will do something this year."

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