

Health Care for **ALL** Oregon

Talking Points for the Health Care for All Oregon Act (SB 631)

- Every resident of Oregon will receive comprehensive health coverage, regardless of income, race, ethnicity, employment, or age. **No** co-pays and **no** deductibles; care is based on need, not ability to pay. Care from inception to end of life.
- Will create *savings* for 95% of the population- only the top 5% pay slightly more. 80,000 new family wage jobs will be created in healthcare over the next 10 years; 25,000 in the first 3 years.
- Is the next step in Oregon's now famous health care transformation initiative (HB 3650), which is in its 4th year of implementation and is expanding to cover more Oregon residents over the next several years. The HB 3560 bill revolutionized health care delivery. The HCAO Act revolutionizes health care *finance*. The two are a winning combination that will modernize health care in Oregon, making it equitable, affordable, and world class.
- Will reduce health care cost significantly, increasing the efficiency of the health care system by lowering health care administrative cost, centralizing and negotiating drug purchasing- saving \$3 billion a year alone- moving to global budgets with pay for health care outcomes, prevention and early intervention. This results in an estimated overall savings of 24.3%.
- The US, including Oregon, pays nearly twice as much for health care as any other modern democracy. Health care finance and delivery inefficiencies cost Oregonians nearly 12 billion a year. That is enough to cover *every resident in the state* with **no** deductible, **no** co-pay, and comprehensive medical care.
- Employers will no longer be responsible for health care expenses and forced to make medical insurance coverage decisions for themselves and their employees; freeing them of considerable cost, headache, and the heartache of not being able to provide coverage.
- Employers will almost certainly see an increase in employee productivity, as employee's health security will be guaranteed as the result of receiving necessary and prevention medical care in a timely manner. Employers no longer have to choose between profitability, needed wage increases, and health insurance cost.
- Will replace the Affordable Care Act (ACA) with an Improved Medicare for All system, which the sponsors and authors of the ACA now lament not passing in the first place. The ACA created a larger and subsidized insurance pool for private insurance companies, making them more profitable and powerful.
- The HCAO Act will bring Oregon into the **21st Century**, giving it a significant economic and quality of life advantage over other states.

Additional Talking Points for the Health Care All Oregon Act (HCAO Act)

- Health care delivery will continue to be delivered via a mixture of private and public providers in a much more efficient and sustainable model. This model ensures ever-improving health care to all Oregon residents by means of greater transparency, patient involvement, regional oversight, and global budgeting.
- Health care costs will be paid from a single insurance pool, much the same as Medicare is today. Meaning simplified and streamlined payment of health care, while saving 20% in administration costs overall.
- Prescriptions will be purchased centrally with prices negotiated such as the VA and other national health plans do today, saving \$3 billion annually.
- Doctors will, on average, be paid as much or more than they are today, and never have to hassle with collecting a debt or billing multiple insurance agencies.
- Medical bankruptcies will be a thing of the past in Oregon. Today 70+% of the families and individuals who are forced into medical bankruptcies *have medical insurance*. Today high deductibles, co-pays, and other out-of-pocket expenses the result of a serious illness or accident accumulate and very quickly exceed a family's means to make repayment.
- Medical insurers will no longer profiteer at your expense; \$10 million dollar CEO salaries and \$40 million sport center renaming will be obsolete.
- Complicated insurance policies riddled with exceptions and denials will no longer exist. Policies will no longer be age-rated, with their many risk pools used to increase rates and expand their profitability.
- The cost of public employee health care- a runaway expense that has risen at 2.5 times the rate of inflation- will fall to 1.0 or 1.25 the rate of inflation, saving the state \$300 million a year and \$4.25 billion in the first 10 years.