

Single-Payer Activists Outline Possible 2016 Ballot Measure

While a legislative effort for single-payer does not have enough support to pass, particularly in the Senate, Sen. Michael Dembrow believes a ballot measure could bring universal healthcare to Oregonians before the end of the decade, using a template to be decided by a comprehensive study.

By Chris Gray

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Single-payer advocates came to the Capitol on Monday to air their passions on behalf of a bill that's not going anywhere, but a pair of efforts on the horizon may bolster their ideas for replacing private health insurance with a single-payer health plan for everyone.

Charlie Swanson of Health Care of All Oregon told *The Lund Report* that his organization has submitted three potential ballot measures to the Secretary of State's office, to put before the voters in 2016. His organization will decide later this month whether to begin collecting signatures.

"The most ideal time would be on the 2016 ballot, and that'd be great if that could happen," said Sen. Michael Dembrow, D-Portland, Oregon's longtime champion of single-payer health insurance. "We don't want to go to the ballot until the organizers could guarantee us a million votes," he added, reserving the possibility to delay the vote to 2018 or 2020.

Swanson explained that none of the ballot initiatives include details about how the system would actually work. One measure says that healthcare is a human right, and would require the state to guarantee healthcare to everyone. Another calls upon the Legislature to enact a universal healthcare system based on the outcome of [House Bill 2828](#), which funds a comprehensive study.

HB 2828 does not call specifically for a single-payer system, but asks health researchers to weigh its merits against other models, including a public option, and then develop a system that meets the goals of affordable, comprehensive healthcare for all Oregonians. Because HB 2828 would involve multiple options, it has a Republican sponsor, Rep. Andy Olson of Albany. A previous, unfunded study attracted nine Republican supporters, including Sen. Jeff Kruse, R-Roseburg.

Dembrow has asked for an unspecified amount of money -- potentially \$100,000 to \$250,000 -- from the general fund -- after the unfunded study was unable to attract private funding. It's too early to tell how much money will actually become available, however Sen. Alan Bates, D-Medford, who oversees the health and human services budgets, has co-sponsored the study bill, even though he hasn't signed onto single payer.

The single-payer bill, [Senate Bill 631](#), is similar to previous legislation that would initiate a single, streamlined health financing system for Oregonians. Championed in the Senate by Dembrow and Sen. Chip Shields, D-Portland, it drew a few more sponsors this time -- five in the Senate and 22 in the House, but still stands short of a majority, and the hearing Monday was a courtesy from Sen. Laurie Monnes Anderson, D-Gresham, since it occurred after the filing deadline.

"Even under the Affordable Care Act, many people will remain left out," said Dembrow. "Second,

for most people, insurance will still be tied to employment and that has distorted how employment works in this state.”

Obamacare has slowed the rise in healthcare costs, which remain a burden for the business community. And, the high costs of health insurance may deter businesses from hiring sufficient employees, and make existing employees work longer hours, even though they’re less productive. Employers can also reduce the hours of employees to avoid paying for health insurance.

Monnes Anderson is numbered among the Democrats on the fence about a single-payer system, and told activists she questioned the comparisons with other countries since some face higher tax burdens than the United States.

“They have such a high tax, 50 to 60 percent of income going to the government,” Monnes Anderson said. “That’s why I get nervous when it comes to a funding mechanism.”

But as Professor Chunhuei Chi of Oregon State University pointed out to The Lund Report, the United States already spends more tax money on healthcare than many industrialized countries without a universal healthcare system. In addition to Medicare, Medicaid, Veteran’s Affairs and the Indian Health Service, state, federal and local governments spend an enormous amount of money on public employee health costs. The government also loses revenue from tax expenditures given to businesses that provide healthcare for their employees.

A single-payer system would supplant many if not all of these disparate funding streams.

Beyond government funding, the overall costs of the U.S. healthcare system as a percentage of gross domestic product is 50 percent higher than the next-highest country, The Netherlands.

Chi lamented in the hearing that despite its high costs, the U.S. system lags well behind other industrialized countries when it comes to access, efficiency, and outcomes. Patients also have much longer wait times in the United States than in Britain or France, where about 60 percent of the population is assured of next-day service for primary care, compared to 43 percent of Americans and 80 percent for those living in The Netherlands.

In his testimony, SEIU Local 503 president Rob Sisk laid the reasons for high healthcare costs at the feet of a profit-driven troika: the health insurance, pharmaceutical and hospital industries, all angling separately to increase their bottom line and fatten executive salaries at the expense of everyone else, including each other. These are the same entities that oppose single-payer.

“Tragically, for what should be a humanitarian-driven system, healthcare services continue to be exploited by those using it for their own financial interest,” Sisk said. “Executive compensation and profits in all these industries are outrageously – and immorally – high as these industries have spent nearly \$3 billion in the last 15 years lobbying for more tax breaks, tax loopholes, exemptions, protections and other special privileges enabling monopolies on high-cost drugs and procedures, excessive fees and other profit drivers.”

In Oregon, all but two hospitals are non-profit, while nearly two dozen hospitals pay their top executives in excess of \$1 million, and their official “non-profit” status seems like little more than a means to avoid paying taxes and sharing net revenue with stockholders.

Health insurers, hospitals and the pharmaceutical industry have helped ensure their dominance over both federal and state politics through heavy spending on political campaigns of both major political parties. In Oregon, SEIU, which represents state workers as well as many healthcare

workers, and also spends generously on political campaigns, provides one of the few counterweights to their heft.