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## **Journalist turned activist promotes changes in health insurance coverage**

*Portland Tribune*, 26 July 2015

by [Peter Wong/Capital Bureau](#) |

### ***T.R. Reid now leading Colorado effort; 'we will beat Oregon to universal health care'***

A journalist turned activist says that it's more likely that Colorado, not Oregon, will be the first to lead the United States in providing health coverage for everyone.

"We beat you to marijuana and we will beat you to universal health care," says T.R. Reid, the one-time Washington Post reporter who is now leading a campaign to qualify a financing measure for the 2016 ballot in Colorado.

Reid spoke Saturday at Salem Hospital during a presentation sponsored by the Salem City Club. He also spoke at Linn-Benton Community College in Albany. He also made several appearances in Portland.

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Oregon lawmakers have just budgeted \$300,000 for a study, which they authorized two years ago, of better ways to pay for health care.

While the national health care overhaul signed by President Barack Obama in 2010 and known as "Obamacare" has taken some steps toward putting the United States on a par with other democracies with advanced economies, Reid says it's still far short of the ideal of universal coverage for everyone.

"We are not going to get to that destination on a national basis," he says. "The U.S. Congress is gridlocked and cannot do anything big. The way we are going to get there is state by state."

He mentioned Canada's program, which started with government-paid hospital care in 1961 and evolved into universal coverage in 1984. It originated in the province of Saskatchewan after World War II.

Under the 2010 law, any state that offers universal coverage may opt out of the federal requirements. Sen. Ron Wyden, D-Ore., authored the provision as a way to encourage state experimentation.

Personal interest

Reid is the author of "The Healing of America: A Global Quest for Better, Cheaper and Fairer Health Care." It was published in 2009, the year after the documentary "Sick Around the World," made for PBS Frontline. He also took part in a 2012 documentary, "U.S. Health Care: The Good News."

Reid acknowledges he is not an expert in the field.

“I’m just an ink-stained reporter who got interested in this topic,” he says.

He did so when he was the Washington Post’s bureau chief in Tokyo, where he was initially worried when he had to take his children for medical care. He need not have worried.

“It was an American standard of care; the facilities were fine,” he said. “We did not wait very long. But the really striking thing was the bills — one-20th or one-tenth what you would pay in the United States for the same treatment.”

Japan relies on private doctors and hospitals. Great Britain, where Reid was London bureau chief for the Post, has a National Health Service established in 1948 that provides most care.

As Reid investigated health care in other nations, he spotlighted his quest for relief for an ailing right shoulder he injured in the early 1970s while a seaman in the Navy.

His conclusion: “We are paying vastly more and getting much less than all the other countries like us when it comes to health care. The main answer I get in those other countries is that they see it as a moral obligation. The United States has never seen this obligation like all the other rich countries.”

According to a July 20 compilation by the World Health Organization, based on 2013 data, the United States led with 17.1 percent of its gross domestic product on health spending. Of five other advanced democracies, the range was from 9.1 percent in Great Britain to 11.7 percent in France.

On Obamacare

Reid spent most of his talk about the Patient Protection and Affordable Care Act, the official name of the 2010 congressional overhaul, in terms of expanding coverage, restraining costs and other factors.

“It is working better than before,” he said. “But it doesn’t get us to where I think we ought to be. It has expanded coverage much more broadly than what opponents say, but much less than what the White House promised.”

Although some provisions took effect earlier, the law kicked in on Jan. 1, 2014.

While the law has expanded coverage to more than 16 million people, Reid said that’s still about half the intended target of 32 million people. By 2020, an estimated 31 million will still be without coverage, counting 11 million in the nation without immigration documents, who also had been excluded from the initial target.

Some are covered through plans under health insurance exchanges, for which there are federal tax subsidies.

Others are covered through an expansion of Medicaid, the joint federal-state program of health insurance for low-income people. Oregon is among the 30 states that have some form of expansion, according to the Kaiser Family Foundation; 19 states do not, mostly in the South, Great Plains and Mountain West. Exceptions are Maine and Wisconsin. Utah is considering its options.

States will have to share costs of that expansion beginning in 2017, but Reid said it is a fallacy for critics to say that states will have to assume 100 percent. “Congress does not take away entitlements,” he said.

Health care costs, which had been rising annually by two to three times the rate of the Consumer Price Index, have moderated. While costs have still grown, Reid said they rose by just 2 percent in 2014, matching the CPI, and actually fell by just under 1 percent in the first quarter of his year. However, drug prices are increasing much faster.

“If cost increases level off, I think we have to give some credit to Obamacare,” even if there are other factors involved, Reid said.

Reid said the 2010 law also did some good things, such as put an end to insurance company exclusions for pre-existing medical conditions and arbitrary policy cancellations known as “rescissions.”

It also put an outside limit of 20 percent for administrative costs from premium dollars, down from 30 to 35 percent. But Reid said that’s still far more than the international average of 5 percent, or the 3.8 percent paid by Medicare, the federal program of insurance for those 65 and older and for some people with disabilities.

“Those of us who have looked at other countries believe the (2010) limit is not enough,” he said.