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Oregon and Nationwide Advocates Celebrate Colorado's Certification of Measure 69 for the 2016 Ballot- Would Create The First State-Based Universal Health Care System in U.S.

The Lund Report, Nov, 13, 2015

by Jim Robison

In Oregon and nationwide health reform advocates are celebrating the certification this week by the Colorado Secretary of State of Measure 69 for the 2016 ballot. The Measure would create the nation's first state-based universal health care system. Advocates from the group ColoradoCare Yes delivered over 156,000 signatures to the Colorado Secretary of State several weeks ago by ambulance.

For this event, T.R. Reid, spokesperson for ColoradoCare Yes and author of NY Times Best seller *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care* noted "State-by-state change has been the template for some of the most important policy reforms in American history: women's suffrage, the minimum wage, the progressive income tax, same-sex marriage, etc. If we can convert one state at a time, it will not be long until the U.S. joins the democratic, economically advanced countries of the world with universal health care."

Members of Health Care for All-Oregon met with ColoradoCare Yes and representatives from over 20 states seeking universal, publicly funded health care systems at a conference in Chicago Oct 31-Nov 1 to share their success.

[Click here for video of Health Care for All Oregon and other advocates at the national conference in Chicago.](#)

Some disturbing statistics underscore the need for a universal health care system in Oregon.

- According to the Department of Consumer and Businesses Services, individual premiums in Oregon are expected to rise between 8.3 and 37.8 percent.
- A report just released by Mental Health America ranks Oregon number 51 in provision of mental health care, measured by low rates of access to care and high prevalence of mental illness.
- A 2014 Oregon Health Insurance Survey posted on Oregon.gov, shows that over 135,000 Oregonians still lack insurance, with the major reason being cost. Compounding this, hundreds of thousands of Oregonians who do have health insurance still cannot afford access to care due to the high costs of copays, premiums and deductibles.

All of these point to a serious crisis in health care access throughout the state of Oregon. Proponents of a universal health care system, where everyone is covered, with no premiums, copays, or deductibles, believe this is the only way to bring real health care reform to the state,

and the country.

Health Care for All-Oregon, a statewide coalition of 118 organizations and chapters and nearly 20,000 individual supporters throughout Oregon, has been working towards universal health care for over a decade. Their long-term plan is to engage Oregonians in designing such an "improved Medicare for all" type system, and to achieve it with a ballot measure either referred by the legislature or, like Colorado, by initiative petition.

"No one in the state of Oregon, or in this country, should be without the care they need...including mental health care....because they do not have the means to pay for it," said Lee Mercer, President of Health Care for All-Oregon. Supporters point out that the investment necessary to build such a system will have a strong return on the investment, through savings gained by greatly reduced administrative costs of the complex insurance billing systems, by controlling pharmaceutical costs and by people getting the preventative care they need before their medical problems reach a crisis stage.

Members of Health Care for All-Oregon will be gathering in Corvallis for a Statewide Strategy Meeting this Saturday.

Health Care for All Oregon Statewide Strategy Meeting
Church of the Good Samaritan Episcopal
Saturday, November 14, 2015, 9:30 am – 4:00 pm
Location: 333 NW 35th St, Corvallis

Over 50 member organizations- business, labor, faith, community groups, medical practitioners- will be represented by over 100 statewide activists. Spokespersons with these organizations will be available for comment during and after the meeting.