

**Testimony of Ecumenical Ministries of Oregon
By Kevin Finney, Public Policy Director**

**Regarding SB 31 & HB 2201
The Oregon Healthy Kids Program Act**

**Before the Senate Committee on Health Policy and Public Affairs
and the House Committee on Health Care
Friday, January 26, 2007**

Chair Monnes-Anderson, Chair Greenlick, and members of both committees, thank you for your leadership on this issue and for this opportunity to testify today.

I am Kevin Finney, the Public Policy Director for Ecumenical Ministries of Oregon – a statewide association of 17 Christian denominations, congregations, social ministries, and inter-religious organizations.

Today I would briefly like to touch on the primary reasons Ecumenical Ministries of Oregon supports SB 31 and HB 2201.

First, this legislation is consistent with the deepest moral principles of the Judeo-Christian ethical tradition, to care for the most vulnerable in our society. At the center of Christian ethics is the love (agape) shown us by God through Jesus Christ, who laid down his life for us that we may have life and have it more abundantly (John 10:10). In 1 John scripture asks: “How does God’s love abide in anyone who has the world’s goods and sees a brother or sister in need and yet refuses help?” (1 John 3:17). In response to God’s love, therefore, we work to promote the health and healing of all people.

If passed, this legislation will improve the lives of many children and families living in or near poverty in Oregon. It will also benefit many working families who may be somewhat above poverty conditions, but who still can not afford the high cost of private health insurance, and who do not receive health coverage from their employers.

We also believe this is good well-thought out public policy. Here’s why:

1. First, it is ambitious and significant. In extending health coverage to 117,000 uninsured children in Oregon it accomplishes a great and important social good. And though it is ambitious and significant, it is not too ambitious or too complex. It is focused, and relatively straightforward in its approach.
2. Second, it makes maximum use of available federal funds, and thus leverages Oregon’s investment in a way that multiplies the good that comes from taking this action.
3. Third, by making sure children get increased preventive care and primary care it treats illnesses before they become more serious, and thus increases the efficiency and effectiveness of our health care system.
4. Fourth, the partially subsidized private health plans offered to the children of families making over 200% of the federal poverty level incorporate some cost-sharing by all parties,

including co-pays and co-insurance. This is good because it is fair, and because it improves the efficiency and effectiveness of our health care system.

5. Fifth, it provides funding and administrative direction for outreach and enrollment programs, and couples that with reduced barriers to enrollment and simplification of enrollment procedures. This is just smart thinking, and frankly, not what is always seen in government programs.
6. Sixth, in utilizing a tobacco tax increase to provide for the new state funding this program requires, this legislation has not only found a reasonable mechanism to fund a worthy goal, but it has selected a mechanism that will, in itself, have additional health benefits and reduce the health costs we all must bear.

Critics of this legislation argue that the state's funding mechanism, a tobacco tax increase, is not the best choice. We do not share that concern, especially with regard to the early years of this program.

Some have expressed concern about whether this funding choice is stable -- whether a decline in smoking caused by the increased tax will result in less revenue than anticipated. But this has already been taken into account in revenue projections for the increased tobacco tax, which not only account for a decline in sales due to the increased tax, but also accounted for a decrease in sales due to increased funding in the Governor's budget for other anti-smoking programs. So these revenue figures should be reasonably solid through June of 2011 at least. Their may or may not be a need to find supplemental funding after that. We hope your committee and others in the legislature will plan for this possibility, but not let it slow you in passage of the legislation before you today.

Another concern some have raised with the tobacco tax is that it asks smokers as a group to fund a program of more universal benefit, and is thus not fair. EMO is on record in favoring a tax system that is fair and progressive and provides sufficient revenue for critical state programs. But most particular taxes do not fall evenly on all members of society. We should not ask that every individual tax that that provides needed revenue be applied equally to all citizens. That approach would unduly hamper government in building the revenue base necessary to carry out important state programs, like the Healthy Kids Program.

Critics have also raised concerns about who should be covered. Ecumenical Ministries of Oregon advocates for the broadest most inclusive coverage possible. Through the stories collected in our congregations and social ministries, we know many working families in Oregon simply cannot afford insurance, medication or preventive care, much less emergency health care services. Also, children who may be in Oregon living with undocumented parents often face exacerbated health challenges. Offering the broadest coverage possible is humane, best protects public health, and takes advantage of more efficient primary care and preventive medicine rather than relying on more costly forms of intervention later in the progress of an illness or injury.

Health care has long been a special concern of many faiths, which have expressed their concern not only by founding hospitals and other health care institutions, but also through direct person-to-person work with the sick and poor in communities throughout the United States and around the globe.

This deep concern with health care is rooted, for Christians, in our strong belief that each person is a child of God, and as such entitled to our loving concern.

These special religious concerns are also consistent with fundamental principles of equal opportunity that are part of the bedrock of our political order. From this perspective, every child, whether born rich or poor, is entitled to an equal opportunity to life, liberty, and the pursuit of happiness.

When you act to extend health care coverage to 117,000 uninsured children here in Oregon you will be saying to them, “Yes, you live in a just community that offers real hope and opportunity to every child that lives here – we will not turn our backs on any children.” And you may also be saying something more to each child – You may be saying, “You are special and precious in our eyes, and we look upon your life with an attitude of loving concern for your health and your well-being.”

Isn't this what we should say to all our children?

Thank you for this opportunity to share our perspective.