

**Oregon Academy of Nutrition and Dietetics**  
**Nutrition Policy Questions for Oregon Congressional Candidates**  
**January 31st, 2012 Special Election (District 1)**  
Suzanne Bonamici and Rob Cornilles

1. *The Centers for Medicare and Medicaid Services (CMS) has continued to exclude Registered Dietitians (RDs) from nutrition programs that manage obesity treatment. Would you support legislation that includes RDs as a provider for obesity treatment?*
  - **Cornilles:** Yes – this strikes me as fiscally responsible as such treatment by RDs could save money in the long run through lower incidences of diabetes, heart disease, etc.
  - **Bonamici:** Yes.
  
2. *Do you support direct insurance compensation for services provided by Registered Dietitians?*
  - **Cornilles:** Again, it would seem logical and ultimately beneficial to the insurance underwriter, but I will need to be convinced that government should dictate such coverage to a private insurer.
  - **Bonamici:** Yes. Nutrition therapy services provided by Registered Dietitians can certainly be less expensive than other therapies focused on treating the consequences of bad nutrition. I will support health care reforms that emphasize compensation for services that provide good health outcomes, and reduce the overall cost of health care.
  
3. *The Supreme Court will be considering the fate of the Affordable Care Act in this session of the court. What argument would you make in favor of, or in opposition to, the Affordable Care Act at this critical time?*
  - **Cornilles:** I am not a lawyer, and will leave the question of the Constitutionality of the ACA to the Supreme Court. What I have said – and I have taken heat from my own party on this - is I think my party was badly misguided in wasting precious time with a doomed from the start effort to repeal the ACA last year. They only did it as a partisan political stunt in the House, knowing such repeal would fail in the Democrat-controlled Senate and even beyond that would obviously face a veto from the President.

I recommended to my party that they use that time instead to fix what is wrong with the ACA. While the ACA has some good measures, and nobly attempts to expand access to health care, it did too little to address the burgeoning costs of health care. Hence, the system is unsustainable. Meanwhile, as Americans learn that they aren't getting what was promised (like so many government services), our nation's health care system will cease to be the finest in the world and will sink into mediocrity. For that reason, among others, I would not have supported the bill were I in Congress at the time. Here are some of the reasons we need to start immediately to make necessary fixes to the Patient Protection and Affordable Care Act. Too many Oregonians will lose their existing coverage: The law provides an incentive for businesses to drop employer-provided coverage and dump their employees into a government-run regional exchange. According to a study published by McKinsey Quarterly in June of this year, 30% of private employers will shift their employees from their company plan into the government health care exchange plan. That is a staggering number. Hundreds of thousands of Oregonians would be forced to change their health care plan once the law goes into effect in 2014. Their government-run plan will be managed through the principle of cost control (fewer covered medical procedures), not quality of care.

Tax increases: The law raises taxes by \$400 billion and directs every penny of that tax increase into a new health care entitlement program. With all the talk about reducing the deficit and debt, why are we raising taxes to fund new entitlement programs that are sure to cost more than originally estimated?

Medicare cuts: The new law cuts Medicare by \$500 billion and directs every penny of that savings to the new health care entitlement program. Again, with the Medicare system going bankrupt and the explosion of deficits and debt, why are we taking money from Medicare to give to a new, controversial entitlement program? [Please find my views on preserving Medicare by clicking here.](#)

#### BETTER SOLUTIONS

So how would I expand access to health care as an alternative to the Obama health care plan? I support proposals that retain the current private health care system, with all of the quality that it can provide, but makes that system accessible to more Oregonians.

Small employer insurance: One of the biggest obstacles to health care coverage for Oregonians is that they work for a small business that can't afford to offer health care to its workers. At a time when we are trying to encourage small business growth – and thus jobs – why should employees of big corporations get better coverage just because they can leverage their massive “buying power?” I support the expansion of purchasing pools, which allow small businesses to band together to purchase insurance as a group. This would reduce their premiums and expand their insurance options so that they are on par with larger businesses.

Support community health centers: As a board member of the Virginia Garcia Memorial Foundation which assists in funding the Virginia Garcia Community Health Centers in Washington and Yamhill Counties, I am well aware of how community health centers (CHC's) can provide essential care to low-income Oregonians who may not otherwise have access to health care. As New Jersey Governor Chris Christie recently stated, “Community health centers are an essential part of our health safety net for those who otherwise would not have a medical home.”

CHC's are cost-effective, locally-governed clinics that require each patient to pay for care based on their income. In fact, nearly half of the operating budget of Virginia Garcia comes from the patients themselves. Whether patients contribute a lot or a little, CHC's promote responsibility and preventive care, thereby reducing the overall financial burden all Americans must carry for the underserved. On average, a single emergency room visit in Oregon costs the health care system an estimated \$1,900. Contrast that to an entire year of preventive care at a community health center, where the system cost averages \$765 per patient.

Wyden plan: While the existing employer-based insurance model served a valuable role for a time in our country, it's time to look at different models that can place coverage at the individual level, where it ultimately belongs. Sen. Ron Wyden (OR) has proposed the Healthy Americans Act and deserves credit for starting this discussion.

Under his bi-partisan plan, an employee would have their employer-provided insurance converted into salary so they can go into the private market and purchase a health plan that best suits their situation. Most importantly, if the employee ever had to change jobs, lost his or her job, or became too sick to work, the health plan would follow the individual. While I disagree with the proposal's mandate that individuals buy insurance – we will soon find out if the so-called “individual mandate” violates the U.S. Constitution – making the health plan an individual plan, rather than an employer-provided plan will help ensure that people don't lose

their insurance. By creating a large private market for individuals to buy health insurance, insurance companies will have to compete for that business, much like car insurance. Market competition will lower rates and increase customization and customer service.

**Allow consumers more choice:** Another sensible way to increase market competition and lower the overall costs of health insurance is to allow consumers to purchase coverage across state lines. Some states have placed onerous and costly requirements onto insurers in an effort to require “Cadillac” plans for all state residents. But, if you live in a state that requires all insurers to cover services you have no interest in (plastic surgery, fertility, toupees) you are prohibited from purchasing cheaper coverage from another state. This artificially increases the cost of insurance. We must encourage a broadening of the insurance marketplace by allowing consumers to purchase their coverage across state lines, and to take their coverage with them if they move from state to state.

**Tort reform:** One of the leading drivers of the extraordinary growth in the costs of health care is our overly litigious society. Many Oregon doctors tell me they can diagnose a patient with nearly complete certainty by only running one or two relatively inexpensive tests. Yet, the fear of litigation and the need to practice “defensive medicine” means doctors feel compelled to order a battery of up to a dozen highly expensive and usually unnecessary tests. This defensive medicine raises the cost of care, increases everybody’s insurance premiums and wastes valuable resources.

One of the main challenges we face in delivering health care to all Americans is how to expand the number of healthcare providers like doctors so as to serve more patients as we expand access. Unfortunately, many doctors, especially those in specialties like anesthesiology and obstetrics are leaving their practices because they can no longer afford the exorbitant cost of malpractice insurance. These good physicians are forced out of medicine because of the explosion of frivolous lawsuits and unreasonable jury awards that have become a cottage industry for some lawyers. We cannot afford to lose good doctors because some lawyers like to use the medical tort lawsuit as if it were a roulette game.

While patients and their families should always be entitled to actual damages caused by a careless medical provider, we must look at capping the punitive damage awards as well as considering a loser pays system to dissuade shady lawyers from filing nuisance suits. Some states have already successfully instituted common-sense tort reform that is working. We need this reform on a national level. Even a progressive think-tank estimates that such national reform could save \$207 billion a year just by reducing defensive medicine!

- **Bonamici:** Access to healthcare is essential to our quality of life. The Affordable Care Act will take the first steps to address the skyrocketing healthcare costs that have made access to healthcare so difficult for many of our citizens. I support its full implementation and will oppose any efforts to repeal it.

4. *In addition to nutrition education, how would you approach the issue of overconsumption of sugar sweetened beverages/empty calories in Oregon?*

- **Cornilles:** Education really is key, as is the work of RDs. The role of government here is limited, and many look to government programs as the answer to all things that ail our citizens, but in many cases that just shifts responsibility. While we need to care for the poor and disabled among us, Individuals living healthy lifestyles and teaching their children to do the same will do wonders for the health of our communities — and drive down the costs of this escalating problem.

- **Bonamici:** We are currently subsidizing big agricultural industries that produce products that lead to poor health outcomes. We should redirect some of those dollars to our local farmers that grow healthy food - like nuts and berries - so we can create better health for our citizens. As a state legislator, I supported multiple pieces of legislation with the goal of increasing nutrition awareness and encouraging healthy eating. I supported farm-to-school program legislation, the passage of a menu-labeling law for chain restaurants, and the Healthy Schools for Healthy Students bill, which set nutrition standards for all foods and beverages sold in school locations outside of the National School Meals Program. I am encouraged to see that progress has since been made enacting similar laws and programs at the federal level, and I will support legislation in Congress to both sustain and strengthen these efforts.

5. *In this time of budgetary constraints, do you support protecting nutrition assistance programs?*

- **Cornilles:** Absolutely! Oregon leads the nation in child food insecurity and 50% of children in the Beaverton School District go to school hungry. We must not rest until those numbers are turned around. We also should look at the various successful “farm to school” programs.
- **Bonamici:** Yes, this is a matter of priorities. Nutrition assistance programs are an important part of our social safety net and are essential in fighting hunger and food insecurity. I simply will not balance the budget on the backs of our most vulnerable.

6. *Would you support legislation to reform commodity policies that currently result in the cheap production and cheap pricing of many snack foods and beef, which makes the price of fruits and vegetables seem high?*

- **Cornilles:** Certainly we need to revisit the costly and wasteful agricultural subsidies for certain favored crops.
- **Bonamici:** Yes, as outlined in question #4, we need to reinvest agricultural subsidy dollars to our local farmers. Not only will this lead to better health outcomes, but it will also help our small farmers, particularly here in the First Congressional district, and will be critical to rebuilding our rural economies.