

Health Care for All Washington Annual Meeting
12 November 2011
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I. Exchanges are unlikely to reduce costs, improve health, or expand coverage.

1. There are no known successful models.
2. Insurance companies do not compete by reducing prices and improving benefits. They compete by excluding the sick, restricting benefits, and denying payment. Dr. Kemble's work dramatically makes these points.

Exchanges could reduce costs, improve health, and expand coverage if they follow Dr. Kemble's rules (followed in all other industrialized countries that use private health insurance):

1. Each insurance company can set its own price, but the policy must be sold at the same price to everyone.
2. Every policy must include comprehensive benefits (informally defined as coverage preventing anyone from going bankrupt if they acquire a treatable disease).
3. No one can be denied a policy. No policy holder can be dropped for any reason.
4. Public subsidies must insure that every resident can afford to participate.



To these rules we must add:

1. No insurance company can sell similar policies outside the exchange to the people within the exchange.
2. And ideally, the people within the exchange should be the entire population of the state. Short of that, it must include a critical mass of healthy people that compels every insurance company to participate in the exchange to survive financially.

II. There will be no Federal health care reform in the foreseeable future.

1. The US Congress is paralyzed. The goal of each party is to thwart the other, not to take care of the country.
2. The Republican party is committed to perpetuating our economic crisis and medical hardships in order to prevent the current president from being re-elected.
3. All political capital in the Congress was exhausted by the Affordable Care Act. The Democratic party will not willingly revisit health care reform until the Affordable Care Act is given time to fail. The Republican party is committed to destroying current legislation, not to creating new legislation.

There is higher potential for health care reform at the state level.

1. The economy of scale works in favor of states. \$5,000 is peanuts on a national stage, but substantial in state campaigns.
2. The economy of constituency works in favor of states. Oregon US Senators represent 3.8 million people; our US Representatives represent 750,000. In contrast, our State Senators

represent 80,000 people and our State Representatives represent 40,000. Letters to state legislators are ten times more likely to be read and responded to.

3. It is far easier to get a 15 minute audience with a state legislator than a US Congressperson.
4. In Oregon, our Governor is a physician on record supporting single payer health care, though he has not said one word since he began his campaign and has not mentioned it as governor. Still, if the legislature seriously considers a single payer bill, he will be inclined to support and sign it.

III. Here's how to sell health care reform in 5 minutes. Three questions, nine answers.

A. Why do we need reform?

1. Americans pay twice as much for health care as the average industrialized country. We are the most expensive nation in the world.
2. By the most basic building blocks of public health, the US is near or at the bottom of industrialized countries.
3. We are the only industrialized country in which citizens can lose their homes, limbs, lives, or family members if they get a treatable disease at the wrong time.

B. What are the goals of reform?

1. We want universal lifetime access to health care.
2. We want to pay less.
3. We want to improve our nation's health.

C. What do systems providing better care to more people for less money have in common?

1. Public subsidies insure everyone has access no matter how old, sick, poor, or unemployed they become.
2. Primary and preventative care is emphasized. Little or no cost-sharing.
3. Financing is provided by publically accountable, transparent, not for profit agencies.

If a system provides universal lifetime care, with little or no cost-sharing, and uses *one* publically accountable, transparent, not for profit agency, it is called *single payer*.

IV. How can Oregon and Washington collaborate productively?

1. There are modest discounts if both states hire the same analysis group for a state study as part of a package deal.
2. Creating a multi-state single payer program can be explored, encouraging other states to join.
3. Symbiotic letter-writing campaigns. Everyone is encouraged to send a letter to their two state legislators in this format:
 - Here is how our current health care system has failed me, my family, or my business.
 - I want a state single payer program.
 - What are you (the legislator) going to do about it?