



Health Care for All-Washington Newsletter

An Information Pipeline for Members and Friends of Health Care for All-Washington

Winter 2011

Universal Coverage is still possible – Sooner, Better, & Cheaper

A state plan for universal coverage, the Washington Health Security Trust, (WHST) is being introduced into the 2011 state legislature by Rep. Sherry Appleton of Poulsbo WA.

Washington joins other states, such as Vermont, which is considering a Single Payer plan to offer all its residents comprehensive health care coverage for all medically necessary conditions.

The current federal legislation enacted in 2010 leaves many American residents still uncovered. Even so, those promised coverage have years to wait, and they wait for only partial coverage. There is little in the new law to stop premiums from rising every year."

There is a better way.

Arguments for publically-funded health care coverage:

If Washington state were to choose to implement the WHST with its potential to cover ALL residents using a dedicated funding stream, we believe our state, both its government and its residents, would benefit in the following ways:

- Security in knowing that everyone has health coverage accepted by virtually all health providers.
- Decrease in overall health care costs by perhaps as much as 20% due solely to decreased administrative costs.
- Ability to consolidate all health-related purchasing into one agency (something Gov. Gregoire already wants to do with the state's current responsibilities in health care).

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Health Care for All - Washington advocates for affordable, comprehensive health care coverage for all Washington residents implemented through a unified financing system.

PNHP Annual Meeting

Sat. 5 Feb.

7 pm

Kane Hall, U of W

"Moving Forward with Health Care for All in 2011"

- Keynote Speaker, Dr. Margaret Flowers, Congressional Fellow, PNHP
- Katie Robbins, organizer HealthCare-Now!

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P.O. Box 30506
Seattle, WA 98113-0506

Seattle phone (206) 323-3393
Toll-free (877) 903-9723
E-mail: office@healthcareforallwa.org
Web site: www.healthcareforallwa.org

Officers

President Chuck S. Richards
Vice-President Sarah K. Weinberg, MD
Secretary Kathleen Myers, DDS
Treasurer Dana Iorio, ARNP

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Hal Stockbridge, MD

Newsletter Co-Editors

Sarah K. Weinberg, MD
Richard Bard

Webmaster

Don Bunger



From the President's Desk

by Chuck Richards

There are always more than two options.

We are preparing for a grim political season this January. The next session of Congress has those rising in power who want to dismantle both Medicare and Social Security as we know them. For us, of course, this is a fundamentally important fight because it is a publicly-financed, improved Medicare that we want to expand to cover everyone in the United States.

Then, the current session of the Washington legislature is facing a nightmare session with an enormous revenue deficit. Washington voters have restricted any new taxes even as revenues continue to fall from our tax system so dependent on the sales tax and B & O tax. We have to hope that as "Shrink the State" confronts the Great Recession some sense of fairness and social justice will win out.

At the Annual Meeting, we announced our 2011 dual legislative program both in support of universal health coverage for our state's residents (the Washington Health Security Trust or WHST) and in support of a national improved Medicare for All (expected to be filed in the new Congress early in January).

Now is the time to get ready for the state legislative session ahead. Consult our new HCFA-WA web page (www.healthcareforallwa.org) to get the resources you need. Our legislative requests are posted there. Background Papers are posted as fast as we get them edited. And, as an additional resource, Talking Points are also available.

Don't let yourself get sidetracked by the arguments that there are only private market solutions or that the loss of the Basic Health Plan will be solved in 2014 by the coming of the exchanges mandated by PPACA. We don't have to settle for the inadequate, delayed, and exorbitant. We can cover everybody sooner, better, and cheaper.

Do also let us know if postal mail, email, or phone calls are the best way for us to keep you informed about activities in 2011. Remember, each year a written form filled out indicating your support of the purposes of HCFA-WA makes you a voting member of HCFA-WA. There is a suggested membership donation of \$35, but all are welcome to work with us for high quality, sustainable, publicly-funded health coverage for all Washington residents.

Legislative Action Committee

by Mary Margaret and Paul Pruitt, Co-Chairs

What do we do next?

Do you remember the incredulity of the young Thai children when “Mrs. Anna” (in “Anna and the King of Siam”) tells them about tiny crystals that fall from the sky and cover the earth? Those of us who delight in seeing and using the “tiny crystals” on the slopes of the mighty Cascades and Olympics should have no problem at all in believing that one vote plus one vote plus one vote... can produce the “grass roots” power to bring affordable, accessible quality health care to all.

What do we do next? The Patient Protection and Affordable Care Act (PPACA), grateful as we are for it, does not cover everyone, is not affordable, and is exceedingly complicated to implement. Speaking the truth consistently, effectively, and persistently is what we do NEXT.

Will YOU call, write, email, or visit

your three state legislators and give them two messages: (1) Thank you for working for the common good, and (2) Please sign on as a co-sponsor of the Washington Health Security Trust bill (WHST).

The WHST would provide health coverage for all Washington residents with at least 90 cents of every dollar actually paying for health care. (At present, insurers keep anywhere from 15 to 30+ cents of each dollar for “administrative expenses”.)

You can reach your legislators by calling 1-800-562-6000. The operator will know who they are when you give your address. Prime sponsor in the House will again be Representative Sherry Appleton (D-23). Prime sponsor in the Senate will be known after the newly elected senators are sworn in on January 10, 2011.

Watch our website for further details and updates: www.healthcareforallwa.org.

Pierce Co. Health Dept. reports on Health Access

by Susan Eidenschink

The first annual report by the Pierce Co. Department of Health released on Dec. 10th revealed the results of a recent survey on county-wide health care indicators, including information on access to health care.

This first-time effort is a direct result of a 2007 petition campaign carried out by the Pierce Co. chapter of Health Care for All-WA, the League of Women Voters of Tacoma-Pierce Co. and many other organizations and individuals to the City of Tacoma to place health care access on the Tacoma ballot. Over 5000 signatures were collected.

Because of that effort, the City Council of Tacoma agreed to place Prop.1 on the

Nov.2007 ballot, which passed by over 70%.

As a result of this ballot measure, the Mayor of Tacoma sent letters to state and federal lawmakers in 2008 “to enact legislation providing access to high-quality health care for all individuals.”

The council also agreed to ask the Tacoma-Pierce County Health Department to take actions such as researching ways to improve access for uninsured Tacoma residents, and convening experts to recommend specific steps the City and private employers could take to improve insurance coverage for Tacoma residents.

The Health Dept. report is found at www.cityoftacoma.org/hrhs. A news summary is found in the Dec 31st *Tacoma Weekly* http://www.tacomaweekly.com/news/city/week_in_review_dec_31_jan_6/ >>> Health Care Report.

2010 Keynote Address

“Lessons about health care reform from the Indian Health System”

*By Mark Trahan,
Kaiser Media Fellow*

[This is a summary of the keynote address presented to the HCFA-WA Annual Meeting on 7 Nov 2010..]

Two success stories of government-run healthcare people need to hear

“In my capacity as Editorial Page Editor, I sat many times in interviews of candidates and health policy experts. I always asked how the Indian Health Service fit into their schemes for



health care reform. There was mostly silence.

“Yet the Indian Health System, as well as the former Public Health Service, are two stories we should all know by heart as success of government-run healthcare that serve as models of what this country needs to help us get to universal health coverage .

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“There is a telling chapter in my new book *The Last Great Battle of the Indian Wars: the campaign for the self-determination of America's Indian tribes* (2010). It explains the contradictions in Gerald Ford's presidency when he completed the work begun by President Richard Nixon to establish the Indian Health System, even as he closed down the Public Health Ser-

vice's hospital system.

“It is important to dispel the myth that the federal government is ineffective when it comes to health care. The IHS is the largest direct provider of health care in the public health care system. It's true that some of the hospitals in the system have serious issues, mostly because of Congressional underfunding.

“But don't accept comments made by folks who want to deny government should be concerned with the health of its people.

“We can shape the debate, and win, if we insist on improved access and measurements of good health, insist on value for dollars spent, and demand that health care system must match our demographic realities.

Public Health Service legacy

“Everyone in Seattle should remind others of the history of the Public Health Service Hospital on Beacon Hill. It was a prime example of how well government health care can work.

“The PHS could have been the basis of a national federal health care delivery system. By 1970, it served the urban poor, American Indians, as well as the traditional clients of merchant marines, and some federal retirees.

“The PHS hospitals' demise began in 1970 when Pres. Nixon refused to fund the Public Health Service and the Marine Hospital Network. In his veto message, Nixon wrote, “While these hospitals have a record of service to this nation, and especially to merchant seamen, it is clear that their in-patient facilities have outlived their usefulness to the federal government....”

“Nixon basically articulated many of the arguments that remain a part of our current health care discourse, essentially that medical

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services are not a federal responsibility. In the budgets that followed Pres. Nixon, and then Pres. Ford, executed the incremental implementation of that idea.

“There were those who tried to fight back. John Murphy, Chairman of the House Committee on Merchant Marine and Fisheries, testified, ‘If we close down the PHS, we are dismantling a valuable laboratory.... The PHS could serve as a yardstick to measure both the cost and the quality of health care in private institutions.’

“The government’s own numbers in 1976 showed that the PH system was far more cost-effective than comparable private institutions. One study showed that 3 people could be cared for at a PHS hospital at the cost of 2 in a private facility.

“The failure of the administration to realize the potential of Public Health hospitals is a great tragedy,’ Murphy said. ‘Our nation is in the midst of a deepening health care crisis. Medical costs are rising twice as fast as wages, rising beyond the ability of families to pay.’ And this was in 1976!

Indian Health Service today

“The I.H.S. today is divided in two models: The Indian Health Service, where doctors work for the federal government, and the Indian Health System, which is made up of tribally-run facilities. Each has success stories to share.

“Providers with experience in the Indian Health Service have developed expertise in conditions such as diabetes and other disease that are prevalent among Indian communities. As other American communities face increases in such chronic conditions, they would benefit from systemic sharing of such information.

“A shining example within the Indian Health System is the Alaskan Native Medical Center located in Anchorage, AK. Staff there have implemented a program, Improving Patient Care (I.P.C.), designed to show measurable improvements in preventative care.

“Each patient entering their facility is given a survey to detect early warning signs for depression, domestic violence, tobacco use, blood pressure, obesity, etc. The questionnaire is now used in over 80 facilities throughout the Indian Health System. It has become a learning tool to help standardize and improve preventive care in these facilities.

“Another feature in the Indian Health System is that their patients are part of a comprehensive health care system. When patients are discharged from the hospital, follow-up happens.

“Since 75% of health care dollars are spent on treating chronic diseases, good continuity of care is important in providing high quality care at a low cost. The importance given to follow-up care after hospitalization reduces the time to recovery and reduces hospital re-admissions.

The 2011-12 Congress - “Bring It On!”

“The narrative against Single Payer assumes the National Health Service in the United Kingdom is the only model. We know there are many variations on that theme to help provide universal coverage.

“If the opponents of health care reform want to re-argue the health care debate – I say **‘Bring It On!’** We can win this debate on the merits, because, there are few alternatives. We need a national system of some sort. And that is missing with our current, chaotic non- system.

“I say **‘Bring It On!’** because the current law is only a small step and we have a long way to go to meet the three tests of access, improved care, and meeting the demographic imperative.

“I say **‘Bring it on!’** because there is a demand that the debate go beyond the one-word slogans, such as ‘Obamacare’, that convey no meaning.

“I say **‘Bring It On!’** and tell stories about the successes that are so often mis-described as failures.

“I say **‘Bring It On!’** because we deserve better.” ###

“Medicare: First, the Program Must Be Saved”

By Sarah K. Weinberg, MD, Editor

(This article is the first of three about Medicare. First the program must be saved, then it must be improved for the 21st century, and then it should be expanded to cover all Americans.)

Medicare is under attack by deficit hawks

President Obama convened a commission this past year to propose ways to lower the national deficit in coming years. The commission was supposed to issue a report by Dec. 1, 2010, but there was no faction on the commission with a large enough majority to pass a report. The co-chairs issued their own report, and several other commission members issued independent statements. Chaos!

The expectation is that the new Congress, especially the House of Representatives which will now be under the control of Republicans, will take a serious look at reining in the costs of “entitlements”, especially Social Security and Medicare. All the focus seems to be on cutting these programs’ benefits and/or eligibility to reduce the deficit. None of the focus seems to be on the consequences to the public who are dependent on these programs for a decent quality of life.

What changes are being proposed for Medicare?

The main proposal for reducing the government’s Medicare costs is to change Medicare to a premium support program. The proposal is stated this way to avoid the politically charged words “privatize Medicare.” Yet that is exactly what this proposal is: give Medicare beneficiaries vouchers and let them buy health insurance in the private market.

The vouchers would intentionally be too low to cover the full cost of the premium to encourage seniors to shop wisely – that is, to be forced into buying lower cost and/or lower coverage plans. The net result would be a large shift of actual health costs to seniors who get sick. Yes, this would lower the federal deficit, but the cost in lives unnecessarily lost and bankruptcies of sick seniors would ruin the quality of life for families all over the nation. Medicare was enacted in 1964 specifically to fix these problems that were plaguing families at the time. In fact, looking back to 1964, it is noteworthy that the insurers were eager to off-load seniors – the elderly were not profitable to insure. If anything, that situation is worse today.

What to do?

When cutting Medicare comes up in the next Congress, be sure to contact your Representative to express your strong opinion that Medicare should be supported and improved, and definitely NOT cut or privatized with a voucher system.

Renew Now for 2011

Health Care for All—Washington, despite being an all-volunteer organization, relies on membership dues and donations to promote the cause effectively. Please join in helping to make our movement even stronger.

Membership donation ___ \$35 ___ \$50 ___ \$100 ___ other.	Organization ___ \$250
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<u>Clip and mail to:</u> Health Care For All Washington P.O. Box 30506 Seattle, WA 98113	

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- Ability to innovate in new ways to pay for health care that enhance quality and reward good outcomes, and to do this on a large enough scale to really make a difference.
- Ability to use teams of providers or neighborhood centers to provide better coordinated, high quality preventive care and management of common chronic diseases.
- Ability to use results of peer-reviewed studies to promote cost-effectiveness in the use of high tech care and highly specialized drugs.

The rest of HCFA-WA's Legislative Agenda

- Ask our legislators publically to call for Congress to pass S 3958, the "Empowering States to Innovate Act."

Both Sen. Bernie Sanders and former Gov. Howard Dean says they are committed to getting Congress to pass this waiver to allow states to experiment with plans for universal coverage without waiting until 2017.

- Ask our legislators publically to call for Congress to expand Medicare by "federalizing" the Medicaid program, and fold it into Medicare, which would save Washington taxpayers \$3.2 billion a year.

Debate in Congress last year considered expanding Medicare as the best way to offer health care coverage for residents in the United States. So, extending Medicare to all low-income residents would end the need for state matching funds now required by Medicaid.

Health Care for All-Washington

dba HealthCare 2000, & Washington Single-Payer Action Network

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Office of Insurance Commissioner asks for regulatory legislation

Commissioner Mike Kreidler is only one of eleven elected state Insurance Commissioners in the United States. Those eleven commissioners are more responsive to state residents needs by virtue of being directly elected for set terms. And yet, they are bound by the limits of authority granted them by the various state legislatures.

In the upcoming legislative session the Insurance Commissioner is asking for three rate review related legislative proposals: (1.) Considering surplus in rate review, (2) Repealing the sunset on the OIC's rate review authority of the individual market, and (3) Allowing greater transparency in rate filings.

The **first proposal** would allow the Office of the Insurance Commissioner to consider non-profit health insurers' surpluses when reviewing rate requests.

The **second proposal** would extend the OIC's authority to review individual health rates which was restored in 2008, but it's set to expire Jan. 1, 2012.

The **third proposal** will allow all information included in a health insurer's rate filing be open to the public. Currently, the OIC reviews the specific information in a filing to see if a rate is justified, but it can't share that information with the public.

With this legislation, all information included in a health insurance rate filing will be releasable to the public, including: how much premium a health insurer collected in comparison to what it paid in claims; how much of the proposed premium will be spent on claims and administrative costs; and how much will be profit."