



Health Care for All - Washington

An Information Pipeline for Members and Friends of Health Care for All-Washington
Formerly known as HealthCare2000



**April - June
2009**

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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.

MARCH AND RALLY!

“Mothers Leading the Way” for health care for all, Seattle, May 30. We need a huge turnout for this one---make plans to attend now! See item on page 7 for details.

Single Payer Bill Introduced In U.S. Senate

Senator Bernie Sanders (I-VT) has introduced a single payer national health coverage bill in the U.S. Senate, S. 703. The title is: “American Health Security Act of 2009”. His bill is essentially the same as Rep. Jim McDermott’s HR 1200, and differs somewhat from Rep. Conyers’ HR 676. The bill would create a program funded by the federal government, but administered by each state.

Highlights:

- Patients can choose any doctor or hospital.
- Funding is from a combination of current sources of government health spending and modest new taxes (amounting to less than what people now pay for insurance premiums and out-of-pocket expenses).
- Comprehensive benefits, including coverage for dental, mental health and prescription drugs.
- Eliminates private insurance with its bureaucracy, paperwork, and profits from regular medical care, generating at least \$400 billion annually in savings – enough to cover the additional cost of quality care for the currently uninsured.
- Provides full funding for community health centers, thus supporting access to quality care for 60 million Americans living in rural and underserved areas.
- Provides resources for the National Health Service Corps to train an additional 24,000 health professionals, to address the critical shortage of primary care physicians and dentists.

The last two provisions are not in HR 1200, and are in response to the increasingly obvious need for federal support for the health care delivery system to maintain and improve rural health care and primary care everywhere.

S. 703 has been referred to the Senate Finance Committee, chaired by Sen. Max Baucus. He has expressed determination to join with Senators Kennedy, Grassley, and Enzi to enact reform this year. Sen. Sanders will have some input as a member of the Budget Committee and a member of Sen. Kennedy’s HELP Committee.

It’s unclear what will happen now. It’s great that this bill is in the Senate, but the pressure must be maintained to keep the focus on the single payer national health program financing framework that will make these improvements affordable – and therefore possible.

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Message from Our President

Health Care Incrementalism Robs Our Kids' Education

Two weeks ago I pulled out an 8-1/2 by 11 postcard from the clutches of my tiny mailbox at the post office. It was from the Washington Education Association. Their message was splashed across the face of the card which read: "\$1 billion in classroom cuts will set our kids' education back at least 10 years."

Having worked on operating and capital budgets for more than a dozen years for public agencies, I know that the cost of health care benefits is a critical factor in determining which programs are funded or cut entirely. Rather than talk about how these costs affect our economy in general, I am going to focus on education because, frankly, the quality of our society's human resource is vital to the social and economic development of future generations to come.

Let me help you connect the financial dots to better grasp what is going on here. Your local School Board announces to the public that there is a budget shortfall due to the escalation in health care inflation. In order to balance the budget, the Board decides to eliminate some full-time positions for teachers, teacher training programs, classroom aides, crossing guards, and even school nurses. But the Board doesn't stop there. It also cuts classroom supplies, textbooks, and technology as well as discontinuing band and swimming programs and deferring building maintenance. To bolster the flow of a revenue stream for operations, the Board wants you, the voters, to approve a new tax levy. Once approved, your property taxes go up. The lingering question is: "When is this vicious cycle going to stop robbing our kids' future of a decent education and draining education of the funding that it so desperately needs?"

Here's the deal, folks. As long as we keep marching down the historical road of incremental health care reform as one happy family, I will guarantee you that even more cuts are on the way, but they will be deeper than ever and they will really hurt for a long time. Ironically, some people in our community are so afraid of reforming our health care system that, unbeknownst to them, they are directly burdening themselves with higher property taxes to keep the local school operating until there is another call for another tax levy because of health care inflation. Thus the practice of incrementalism in health care reform is leading us down the path of defunding public education.

Just look at Massachusetts as a case in point. To borrow the words of Maggie Mahar, author of the book *Money-Driven Medicine*,



(President--from previous page)

Massachusetts' reformers didn't set out to contain costs: their primary goal was to cover everyone, and on that score, they came very close to succeeding. But having insurance doesn't mean much if you cannot afford to use it. The March 16, 2009 issue of the *New York Times* reports that Massachusetts expects to spend \$595 million more on its health insurance programs this year than in 2006, a 42 percent increase. But if costs continue to spiral, the state will not be able to continue funding its universal health care plan controlled by Massachusetts' private sector insurers, a fatal flaw in its design. A financial drain that gets 42 percent larger siphons off funding for education at a faster rate. Think about higher property taxes along with ever more out-of-pocket medical expenses and you come up empty handed.

Robbing Peter to pay Paul or as I see it, robbing our kids' education to pay the bank robber, the insurance companies, is an incremental failure of major proportions. Washington State needs single-payer legislation that will finally stop the deadly financial bleeding of critical funding for education, a systemic change for the common good. Single-payer contains costs by implementing a highly regulated budget program from which it pays hospitals, doctors and pharmaceutical companies while at the same time guaranteeing high quality care for everyone.

As the saying goes, things won't change until the pain of staying the same is greater than the pain of change. Have we now learned enough by cutting funding for education just to make the insurance companies happy?

Here's what you can do. Join Health Care for All – Washington and be part of that change to reinvest in our kids' educational future. Who is going to do it for you, if you don't?

Larry Kalb
President
Health Care for All - Washington

Legislative Action Committee

By Mary Margaret Pruitt, Co-Chair

Success, Progress, Diversion, Development

Rep. Sherry Appleton (D-23) and Sen. Ken Jacobsen (D-46) courageously agreed to introduce the Washington Health Security Trust (WHST) bill in this legislative session. The bill numbers are: HB 1892 (House) and SB 6093 (Senate). If you are willing to take one action, call 1-800-562-6000. Ask to speak to Rep. Appleton's office and say something like "I believe the best way to get health care for all Washington residents is by enacting a single payer plan. I want to thank Rep. Appleton for being the prime sponsor of HB 1892." Then use the same free number to get Sen. Jacobsen's office and thank him for introducing SB 6093.

Did the bills pass? No. However, they are still alive for next year's session. What is happening in health care? Success, progress, diversion, development – it all depends on which color glasses one looks through. Our legislators face a financial shortfall of about \$8 billion. Since President Obama aims to provide affordable health coverage for all U.S. residents, many of our state elected officials are hoping they won't have to deal with this thorny issue here. Nationally, Health Care for All-Washington certainly believes we should strongly support Rep. Jim McDermott's HR 1200 and also support Rep. Conyers' bill HR 676. Either of these bills would provide single payer health coverage for all U.S. residents.

However, we also believe we should work diligently in this state to have the wisest plan possible while the federal dialogue proceeds. We continue to believe our WHST bill is the most efficient, economical, and inclusive way to provide high quality, affordable health care to all our Washington state neighbors.

Governor Gregoire and many legislators have made a commitment to provide affordable health coverage to all Washington residents by 2012. However, the choice of plan to accomplish this is very much in flux, as the final report of the Mathematica study of 5 proposals has not yet been submitted. There were many flaws in Mathematica's work evident in the preliminary report, especially regarding the assessment of a single payer plan, so we're holding back our enthusiasm until we see the final product. There definitely will be more discussion about how to cover everyone by 2012 once the final report is out.

Outreach Committee

By Ruth Knagenhjelm & Chuck Richards, Co-Chairs

We are continuing to promote our committee's mission/agenda to increase our membership and its understanding of HCFA-WA's role in promoting health care reform. We plan education events to help propel our members to action by lobbying our legislators and helping recruit more members in all neighborhoods. There are five areas that now have local action team meetings at least quarterly: Bellingham, North Seattle, South Seattle, South King County, and Tacoma. We are pursuing some interest in Olympia, Bellevue, and other places.

Local Action Team Reports

The **South King County Action Team** met January 11, and watched a good video presentation by Don Bunger suggesting how to make a single payer video that he would like to present at a PTA convention in May. He was invited to present his idea to the Board at its next meeting, and received approval for funding for the video and for having a HCFA-WA table at the convention.

Additionally we had some fruitful discussion/education on single payer health plan developments statewide and nationally, and we started developing short, concise responses to our critics' typical questions in preparation for recruiting more members in public places.

Members of this Action Team also attended the Healthy Washington Coalition lobby day in Olympia on March 11. Thank you so much to those of you who took the time and used the opportunity to talk face-to-face with your legislators about co-sponsoring the WHST bills.

The next quarterly meeting is scheduled on Sunday, April 12 at the Kent Regional Library from 2-4 pm.

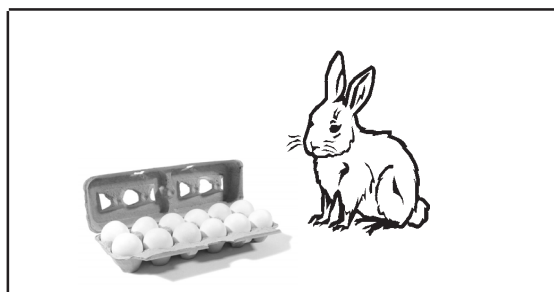
The **North Seattle Action Team** meets quarterly to plan community "actions" to reach other supporters of single payer health reform. Member Jeanne Perrin

joined others to testify before the Senate Health & Long-Term Care Committee in January. Doug Conrad and Chuck Richards manned a HCFA-WA table at the 46th LD Democrats' community activism night in February. Five participants, including Mary Margaret and Paul Pruitt, joined others to meet with staff in U.S. Sen. Murray's office, and five members, including Mary Lang-Furr and Kathleen Randall traveled to Olympia for the Healthy Washington Coalition lobby day March 11. We will also have a HCFA-WA table at a north Seattle health care forum sponsored by the 65th Street Gang on March 25.

In addition, several North-end members are engaged in launching a new Action Team in the Shoreline-Edmonds area scheduled to meet at the Shoreline Regional Library Sunday, April 26 from 2-4 pm.

The next quarterly meeting for North Seattle will be at the Green Lake Library Sunday, May 3 from 2-4 pm to plan for our participation in the May 30th rally and march for national health care reform. Come join your North-end neighbors!

The **South Seattle Action Team** is planning to use their May 3 meeting as a training session on learning how to present the case for single payer. They may also do some letter-writing to elected officials on the spot!



Suppose the Dream of Single Payer Comes True: Then What?

By Sarah Weinberg, Editor

Given the national prominence of efforts to enact real reform of the U.S. health care system, it's time to take a look at the consequences if a single payer proposal actually becomes an American reality. Such a system would not be a radical way to run a health care system – variations on single payer exist as examples in all of Europe and in much of the rest of the developed world. One way to look at a single payer system in the U.S. is to think of it as a platform upon which an improved health care delivery system can be built. This article presents a list of topics that will all be affected by a change to universal coverage of all Americans by a single health plan.

Budgeting and Cost-Effectiveness

All national health systems have some kind of central budgeting for the anticipated costs of health care for the entire population. As they bargain with physicians, hospitals, and other health providers, they find they must deal with issues not only of efficacy of tests and treatments, but also the cost-effectiveness of these expenses. Some agency within the management of the health care system has to decide what will and what will not be included in the benefits covered for the population. Some taxation authority has to decide how much total health care expenditure is sufficient, and how much to tax the population to pay for that total. The United Kingdom has its National Institute for Health and Clinical Excellence (NICE), one of the most respected efforts to deal with these issues among European nations.

In the U.S. currently, the agency closest to this definition is the Centers for Medicare and Medicaid Services (CMS). This agency makes decisions about coverage by Medicare for a huge list of tests, drugs, devices, home treatment services, etc. Beyond CMS, private insurers do a notoriously self-serving and secretive job of deciding these matters for their enrollees, leading to massive dissatisfaction and distrust among patients and physicians.

Adjusting the Health Care Workforce

Experts who have studied the U.S. health care workforce have commented repeatedly on the lack of a sufficient number of primary care physicians, nurse practitioners, and physician's assistants in America, especially when compared with other nations. A rough rule of thumb worldwide is that at least 50% of health care providers should work in primary care, with specialists making up less than 50%. In the U.S., the number of primary care providers is well below 50% and is dropping. Less than 20% of U.S. medical school graduates are choosing primary care residency programs, and physicians in primary care practices are retiring early or quitting medicine at higher rates than specialists. Many if not most primary care training spots and jobs after training are being filled by foreign medical graduates.

Under a single payer health coverage system that covers every American, there will be a large increase in demand for primary care services, and even more pressure for our health care delivery system to respond to this demand. If we expect the health care system to make available a "medical home" for every American, there will need to be much better remuneration for primary care services to attract and keep primary care providers.

Other workforce changes might help improve the health care system in other ways essentially unheard of in the U.S.:

- Development of community-based support services for the management of common chronic diseases such as diabetes and obesity
- Public health nurses to contact new mothers and to make sure their infants get vaccinated on schedule
- Visiting nurses to help maintain the frail elderly in the least restrictive environments possible.

Implementation of Electronic Medical Records and Other Information Technology

The U.S. is far behind European nations in adopting electronic medical records and the widespread use of other forms of information technology. One reason is the lack of national oversight and coordination of these systems. All the systems available are very expensive, and those expected to pay the large up-front costs are usually not those who will realize any financial gain. Systems competing for purchase in the U.S. are mostly unable to communicate with other systems, meaning that smooth transfer of information to follow a given patient is not possible.

There is one system in the U.S. that demonstrates how useful a national intercommunicative system could be: the Veterans Administration Hospital (VA) system. A veteran can go to any VA in the nation, and his/her entire medical record is immediately available to those treating that vet. The VA has already demonstrated savings in tests not repeated needlessly, no duplication of medications prescribed, and no delays in implementing necessary treatment for the patient.

Standardization of Medical Care Across the Nation

Researchers at Dartmouth College have documented wide disparities in how medical care is delivered in different parts of the U.S. Some areas spend over twice as much as the less heavily utilizing areas, without any documented improvement in health outcomes. The same is true even of highly regarded hospitals, ranging from the Massachusetts General Hospital through the Mayo Clinic to UCLA Medical Center. This variation in expense with no better results indicates the need for some sort of national guidelines to help physicians make better choices based on studies about efficacy of tests and treatments, as well as cost-effectiveness of different possible choices.

Supporting the Professionalism of Physicians

In Europe, physicians choose their career largely because they feel called to public service. In most European nations, the cost of a medical education is low, supported by general taxes. Physicians expect to be paid decently, but they are not out to make a financial killing. European physicians look mystified by the question when asked about government or insurer interference in their day-to-day decisions with their patients. Conversely, patients never expect their physicians to make any decisions other than what is best for the patient. Limitations on elective surgery or very expensive drugs and cancer therapies are handled outside the physician-patient relationship, and are rare. Also rare-to-non-existent are physicians with a financial interest in providing tests or operations of questionable necessity. And, there is no direct-to-consumer advertising of pharmaceuticals and devices.

Upcoming Events

April 3. Physicians for a National Health Program Annual Public Meeting, Kane Hall Room 120, University of Washington, 7-9 pm. Anticipated speakers: Rep. Jim McDermott; Dr. Oliver Fein, chair of PNHP; and Robby Stern, chief lobbyist of the Washington State Labor Council and Chair of the Healthy Washington Coalition. This should be a fantastic program!

April 12. South King County Action Team meeting at the Kent Regional Library from 2-4 pm.

April 26. First meeting of the Shoreline-Edmonds Action Team at the Shoreline Regional Library from 2-4 pm.

May 3. South Seattle Action Team meeting at the Green Lake Branch Library from 2-4 pm.

May 3. North Seattle Action Team meeting at the Green Lake Branch Library from 2-4 pm

May 16. First meeting of the Eastside Action Team at the Lake Hills Library in Bellevue from 3:30-5 pm.

May 30. "Mothers Leading the Way": March and Rally for health care for all in 2009. Organized by Washington CAN and lots of other organizations, this rally should attract thousands of people demanding health care reform that covers every American. This will be located somewhere in central Seattle- the exact place is not yet determined. **SAVE THIS DATE!!! This is the time for a major turnout of all single payer supporters, and that includes YOU!!!** Even if you live outside the Seattle area, plan for a weekend trip to attend this Saturday march. 1:30-4:30 pm. Start location to be determined; check our website (healthcareforallwa.org), CAN's (washingtoncan.org), or call 877 903-9723 for update.

We Need Your Help!

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 level ___ \$250 ___ \$500

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(Dream, from page 6)

The professionalism of physicians in the U.S., on the other hand, has been slowly eroded over the last 25 years as the profession has adapted to view medicine as a business, and the physician-patient relationship as a vendor-consumer transaction.⁽¹⁾

The change from the trusting relationship between a professional physician and his/her patient to the more adversarial purchase of health services by a consumer from a physician/vendor may bear some relationship to the much higher rate of malpractice litigation in the U.S. than in Europe. Not only that, any poor result or mistake in the U.S. leaves the patient very frightened about how the resulting extra health care expenses will be paid for, increasing the incentive to sue for costs and damages. A single payer health coverage system that covers everyone for any necessary health services would remove that frightening consequence of poor results or medical errors, and thereby markedly reduce the incentive to file lawsuits to recover damages.

⁽¹⁾The best presentation of this issue is in Dr. Arnold Relman's book "A Second Opinion". Dr. Relman has been in medicine during the entire transformation process, coming out of medical training in the late 1940s and practicing, teaching, and editing the New England Journal of Medicine over the next 50+ years.

Health Care for All-Washington

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dba HealthCare 2000, and Washington Single-Payer Action Network

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Health Care For All-Washington is a statewide, all-volunteer coalition working to replace the current inadequate health care system with a universal, "single-payer" health care system. We feel that if countries possessing only a fraction of our wealth can have a successful universal health care system, so can we. Among our ranks, you will find patients, health care professionals, youths, seniors, insured, and uninsured.