



Health Care for All-Washington

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

Health Care in Cuba

by Dana Iorio, ARNP

Cuba's health system first began to attract international attention as a successful model for developing countries in the 1980s. Last year, Michael Moore's film "Sicko" once again threw health care in Cuba into the limelight. Moore brought 9/11 Ground Zero volunteers, suffering from the aftereffects of toxic dust exposure from that grim day, to Cuba. There, the volunteers were treated with dignity and respect by Cuban health professionals, and were given the care that they'd been unable to get in their own country.

After Fidel Castro took leadership of Cuba in 1960, roughly half of the country's MDs rapidly left the country. Most of them were highly competent, trained in U.S. and French schools. To deal with this



Schoolkids at Polyclinic preparing to sing an anti-smoking song

loss, the new government nationalized the health care system and colleges, rendering all personnel and facilities (doctors, nurses, dentists, social workers, clinics, hospitals, schools) as government employed and run entities. A new constitution established health care as an individual right and government responsibility, and aimed to provide universally accessible and free health services to the whole Cuban population. This was a daunting task, given the wide disparities across the island, particularly for the rural poor for whom services had previously been unavailable. Potential health care workers were recruited from these rural areas to become physicians, dentists, and nurses with the newly established Rural Health Service.

The foundation of Cuba's system is the "Polyclinic"—a community clinic that focuses on primary care and specialty care if needed. Each

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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.

Healthy Washington Lobby Day in Olympia January 16

Activity begins at the Capitol at 10 a.m. on Wednesday, January 16, and will include a rally and opportunities to hear Senate floor debate as well as hold direct talks with legislators.

Help the Healthy Washington Coalition advance our position on the WA Health Working Group and other shared legislative goals---plan to come! For more info, contact Mary Margaret Pruitt at (206) 3382-2785 or marympaul@foxinternet.com.

Health Care for All- Washington

January - March 2008

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Message from Our President

Carolyn Apel



I am proud of all the work our board is doing. They have been attending meetings and conferences on health care, and making sure that OUR voices are heard. Several of our members attended the Annual Washington Health Legislative Conference. And Bob Fithian got a special award. In Bob's own words, here is what he was awarded:

"Kit Dexter was an activist in the early days of the 33rd Legislative District Democratic Organization. She organized and cooked an annual fundraising banquet until she died about 10 years ago. The organization has continued this event and now calls it the Annual Kit Dexter Dinner.

"This year, the Kit Dexter Dinner committee created the first Annual Kit Dexter Community Service Award and announced it at the 12/10/07 Dinner. Sen. Karen Keiser presented me with an engraved crystal plaque saying, "2007 Kit Dexter Community Service Award: Presented to Bob Fithian for your outstanding work to promote health care for all".

"That's about all there is to it, except to say that Sen. Keiser (Chair of the Senate Health and Long Term Care Committee) personally presented the award with a laudatory speech that took me completely by surprise!"

We are all as proud as can be that Bob has been so honored!

In addition to our Board members attending various local meetings and conferences, we also work closely with Rep. John Conyers and his Congressional bill Hr 676. Our Board is busy working for YOU!

Carolyn

PNHP Western Washington Chapter Annual Public Meeting

Sunday, February 10, 2008 at 7:00 pm at Kane Hall on the University of Washington campus. Keynote speaker Dr. Brent Asplin, ER director at the Regions Medical Center in St. Paul, Minnesota will address "The Community Effects of Uninsurance." Dr. Asplin has done extensive research on this topic, the so-called "spillover effect."

Rep. Jim McDermott and Washington Insurance Commissioner Mike Kreidler are as yet unconfirmed but possible speakers.



Legislative Committee

By Mary Margaret and Paul Pruitt, Co-Chairs

Action Focus

Though the 2008 session of the Legislature is mandated to last only 60 days, we hope for progress in providing all residents quality, accessible, affordable health care. Health Care for All - Washington is joining with the Washington Health Security Coalition in supporting the following bills:

- 1) SB 5261 which will expand the Insurance Commissioner's authority to review and regulate the individual health insurance market.
- 2) A prescription privacy bill that will protect the privacy of patients' and their physicians' prescription information from being used by the pharmaceutical companies for marketing purposes.
- 3) HB 1071 which will provide health care coverage for all children by 2010.
- 4) The Washington State Health Professional Loan Repayment and Scholarship Program with an increase of \$3 million to ensure that we will have enough health care professionals, especially in primary care.
- 5) A Washington Health Working Group to evaluate, including an actuarial analysis, several possible plans to provide health care to all Washington residents. We expect to lobby for inclusion of our Washington Health Security Trust (WHST) plan in this evaluation.
- 6) SB 5756 and HB 1886, our WHST twin bills, are still alive.

We, along with the WHS Coalition, plan to remain neutral regarding the Health Insurance Partnership (HIP) plan that passed at the end of the 2007 session. The HIP is a connector plan, similar to the current law in Massachusetts. It is our opinion that the HIP will not help move our state toward affordable universal health coverage, despite its good intentions.

Your advocacy for the six issues we are supporting can make a significant difference in helping them pass. Here's how you can help:

- Read enough about these issues so that you can write out a brief, coherent statement in support.
- Contact your state Senator and two Representatives - use email, telephone, or regular mail. Need help? Call 1-800-562-6000. The people answering this line can help you identify your legislators, give you contact information, or even take your brief message and send it to all three. Access this information on line via this link: http://access.wa.gov/government/state_legislature.aspx. There, you can look up contact information for any Senator or Representative, or email the ones in your district directly.
- Contact your HCFA-WA Legislative District contact person (see the flyer in this issue) for notice of last minute requests for lobbying legislators or traveling to Olympia in a group to lobby in person.
- Contact Sen. Karen Keiser, Chair of the Senate Health and Long Term Care Committee, and Rep. Eileen Cody, Chair of the House Health and Wellness Committee to encourage them to promote these six measures, and to thank them for their support in the last session.

Helpline Report

By Caroline Apel, Chair

Our Helpline is busy as we help people get inexpensive drugs, and also fine Canadian doctors who are much less expensive than American ones. We also collect testimonials that illustrate so poignantly how dysfunctional the U.S. health care system is. Here is one that we received recently:

From Fay B.:

"My husband has a low-paying job without health insurance. Therefore, we have been dependent on my job for our health care coverage. Unfortunately, I was laid off. Without my income, we could not afford the cost of COBRA [*Ed. Note: COBRA is the program that allows laid-off employees to continue their employer-sponsored health plan for up to 18 months, but the employee must pay the ENTIRE premium.*] because the premium for the two of us would have been several hundred dollars per month. So I managed to enroll in Washington's Basic Health Plan (BHP).

"A few months later I finally found another job, this time one that did not offer health insurance. I did not notify the BHP until after the probationary period (to be sure I was going to be able to keep the job). BHP did the following:

- Recalculated the premium to continue the BHP given my higher income, and determined that I am no longer eligible because our income is now \$100/month above the eligibility ceiling
- Demanded that I pay extra for the months I was on the BHP but didn't notify them of my increased earnings
- Cancelled my BHP coverage immediately.

"So we're back to being uninsured, and there is no way we can afford private insurance. To make matters worse, my husband recently had an emergency and was sent to the hospital. He was there six hours and our bill was \$2,000, which we had to pay ourselves. It is horrible to pay for insurance, and then when you need it, your policy is cancelled. The BHP is NOT an adequate safety net in our state - it certainly wasn't for us!

"Health coverage should NOT be tied to your job!"

If you need our help, or just want to vent, please contact me at: carolyn_apel@hotmail.com. If you call our phone numbers, be sure to speak EXTRA LOUD and EXTRA CLEAR. Sometimes we cannot return a call because we could not hear the phone number.

- Contact Sen. Rosa Franklin, prime sponsor of SB 5756, and Rep. Sherry Appleton, prime sponsor of HB 1886, to urge them to be sure that the WHST is included in any Working Group evaluation of plans, and to thank them for their past support of the WHST.
- Expect to be contacted during January and February with updates and last minute requests.

See the Legislative Preview on page 4 for details on these bills--- and thank you for being part of the growing number of workers committed to achieving the right of health care for all.

2008 Legislative Preview

By Sarah K. Weinberg, MD, Vice Pres., HCFA-WA

This report summarizes legislators' plans about bills to be promoted in the 2008 short session of the Washington State Legislature. Linda and Kent Davis of Olympia on behalf of the WHS Coalition, and the Healthy Washington Coalition (HWC) headed by the Washington State Labor Council helped to compile this information.

1. SB 5261 - Expand the Insurance

Commissioner's authority to review and regulate the Individual Rating Pool - Due to continuing increases in premiums in the individual health insurance market, ever fewer state residents can afford to buy policies, and thus remain uninsured. This bill would restore the Commissioner's duty to regulate this market, a duty taken away in 2000 for not very good reasons. The bill failed to pass in 2007, whereupon Regence Blue Shield promptly raised its premiums by as much as 40%. Premera Blue Cross used its surplus in its non-profit Washington organization to subsidize and expand the market for its for-profit division in Arizona that was operating at a loss. Responding to these outrageous behaviors, there is new momentum to pass this bill in 2008. The HWC, the WHS Coalition, PNHPWW, and HCFA-WA all support it.

2. Prescription Privacy Bill - For years, pharmacies have been providing (or selling) prescription histories to the drug manufacturers. In addition, the American Medical Association (AMA) has been selling its list of all physicians licensed in the U.S. so that drug companies can discover which drugs are prescribed how often by which physicians. This information is used to individualize the marketing to physicians and has been shown to result in increased use of expensive drugs. Even with specific patient identifiers removed, there are serious privacy invasion problems with this scheme. Most physicians have been completely unaware that their prescribing information was being used this way. The AMA, under pressure, allows physicians to opt out of this data mining. Better, as in this proposed bill, would be to require physicians to actively choose to opt in (otherwise their information won't be released). If this bill passes, very few physicians will opt in, effectively killing this data-mining scheme. The

HWC, the WHS Coalition, PNHPWW, and HCFA-WA all support this bill.

3. HB 1071 - Cover All Kids by 2010 - This bill was passed in 2007, but the bill expected to use SCHIP money for funding. If SCHIP is not renewed at the current or greater levels than before, Washington's capability to fund this program is in doubt. There needs to be a back-up funding plan in case SCHIP money is insufficient or too restricted to allow complete coverage for ALL kids by 2010. The HWC, the WHS Coalition, PNHPWW, and HCFA-WA all support this bill.

4. Increase funding of the Washington State Health Professional Loan Repayment and Scholarship Program by \$3 million - Our state faces a severe shortage of primary care physicians and other health professionals (nurse practitioners, and physician assistants, for example). The main reason for this shortage is that primary care medicine is poorly reimbursed by both private insurers and state programs. Graduates of training programs in primary care often have large outstanding educational debts, making it impossible to take low-paying primary care jobs, especially in rural areas and low-income neighborhoods with high numbers of uninsured patients and patients on Medicare and Medicaid. Helping health professionals who choose to practice in these areas with repayment of their educational debt will help. This is a fine program, but more funding is needed. The HWC, the WHS Coalition, PNHPWW, and HCFA-WA all support this bill.

5. Washington Health Working Group (WHWG) - A bill advocated by the HWC would fund an actuarial analysis of up to five plans for reform of the health care system in Washington. The WHWG members will include business, labor, providers, and consumers, 8 legislators from the majority caucuses and 4 from the minority caucuses, and 3 appointees by the Governor. The plans to be included must meet a list of 7 criteria: 1) secure quality and affordable health care to all Washingtonians, 2) allow for choice, 3) sliding scale subsidization to ensure personal responsibility for all adult Washingtonians, 4) share costs and responsibilities among employer, employee and the state, 5) reward employers who currently provide quality affordable health care for their employees, 6) encourage personal health-promoting behaviors by providing incentives

(Preview, from previous page)

and health education, and 7) require that government be a watchdog, ensuring that the health system is working and fair for all, and that affordable high quality health care plans are available. In addition to the HWC, the WHS Coalition, PNHPWW, and HCFA-WA all support this bill, and consider it a very high priority to include the WHST bill in this study.

6. SB 5756/HB 1886 - The WHST bills - This is our bill, and needs no lengthy explanation here. It's still alive, but no one expects movement this year. Emphasis will be on updating the language, especially funding numbers, and lobbying to get the bill included among the plans to be studied by the WHWG.

7. Health Insurance Partnership-based Reform Option (HIP) - Created in a 2006 bill, the HIP was severely watered down in 2007. The end result was a very limited program putting small businesses into one risk pool with a connector mechanism to collect money from the participating businesses and negotiate with the insurers for the entire pool. There is currently no adequate funding for subsidizing low-wage workers. The HWC is supporting more funding for this "pilot program", but the WHS Coalition, Physicians for a National Health Program Western Washington, and HCFA-WA are remaining neutral, believing that connector schemes are not having much success elsewhere and are serving to postpone dealing with the real issue: the need to ensure affordable decent health coverage for all Washingtonians.

8. Guaranteed Health Security for Washington - The Office of the Insurance Commissioner (OIC) is proposing a plan that would have the state guarantee coverage (provided by private insurers) for preventive and catastrophic care. Premiums for these high-deductible plans would be provided on a sliding scale for those unable to afford the full cost. People could purchase supplemental insurance to cover the very large deductible envisioned by this scheme. This plan helps the insurers by lessening their risk exposure for expensive diseases. The hope is that lower premiums will be the result, but there is no requirement that insurers cooperate. Everything else about this scheme is a step backward: new administrative layer determining which expenses count against the deductible and which are covered as "preventive care"; determining eligibility for subsidies; what to do with people who can't afford the supplemental insurance but who also can't pay the huge deductible;

(continued page 7)

Outreach Committee Report

By Ruth Knagenhjelm & Chuck Richards, Co-Chairs

The HCFA-WA Outreach Committee continues to work on establishing chapters in our state. HCFA-Pierce County is finishing its second year with the triumph of the Health Care Is a Right ballot measure in Tacoma in November (70% YES vote!!). This chapter meets on the 2nd Sunday of each month at 4:00 pm at (currently) the League of Women Voters office in Tacoma at 702 Broadway, Suite 105.

Health care advocates in Snohomish County have just formed a HCFA chapter, which meets in the Marysville Library two Saturdays a month. They hosted their first Health Care Forum this month and are planning their next steps.

At the Annual Meeting of HCFA-WA, building a network of neighborhood volunteers in legislative districts around the state was given a high priority. Our focus should include developing a dependable presence in those districts where legislators have already signed on as co-sponsors of the Washington Health Security Trust (WHST). In addition, we should target districts with key members on the important health care, budget, and rules committees where support is needed to move legislation along to a floor vote once it has passed out of its first committee.

For activity anticipated in the 2008 short session of the legislature, see the Legislative Committee Report in this newsletter. For more information about the legislation that we know about as of late December, see the article on Legislative Preview.

We are still looking for volunteers from among our readers to be contacts in their Legislative Districts. Check to see if your district needs a contact!

Interested in forming another chapter? Contact Chuck or Ruth - we're both on the list of Legislative District Contacts.

The Outreach Committee hopes many of you can pledge as little as 30 minutes to as much as several hours each month through the November 2008 elections. Whatever your energy level or availability, we will be glad to talk with you. Contact the Legislative District Contact person nearest you (see enclosed flyer) to get started.

(Cuba---from page 1)

Polyclinic is responsible for about 10,000 to 25,000 people and offers comprehensive services as well as health education, prevention, and environmental issues. To augment the Polyclinic, as waits for services were sometimes long, a Family Doctor Program was established in the 1980s to provide each neighborhood of around 150 families with a family doctor and nurse. These neighborhood clinics concentrate on health promotion, prevention, immunizations, prenatal care and early detection of infection and chronic disease. If specialty services are needed beyond the ability of the neighborhood clinic, people are sent to the Polyclinic where they can receive care, as well as dental care or vision care. When further services are called for, referrals are made to specialty hospitals. Treatment there is free of charge.

All funding is provided by the federal government and distributed according to the needs of each province. There are no out of pocket costs, deductibles, or copays for individual patients. For pharmaceuticals, patients are sent to a local pharmacy or herbal pharmacy, often located side-by-side, where a nominal fee is charged for items depending on income. No one is ever denied care. Consideration of employment is nonexistent. In the schools, children are taught from an early age about healthy lifestyle choices and prevention, and discouraged from practices such as smoking, unprotected sex, illicit drug use, and excessive alcohol use.

The outcomes of this public health oriented system have drawn the attention of world leaders everywhere. Particularly in Africa and Latin America, other countries have frequently requested and received help from Cuba's highly competent physicians and nurses. Cuba's main health problems parallel those of other western developed countries, namely cardiovascular disease and cancers. Infant and maternal mortality/longevity are on par with the US. Doctor/patient ratio is better in Cuba than anywhere in the world. Waiting times for basic services are minimal. Because of universal immunization programs, more than a few preventable diseases have been eliminated entirely, e.g. measles, polio, and tetanus. Benefits are truly comprehensive, covering physical health, mental health, dental health, vision care, preventative care, drug and alcohol treatment equally.

In 1993, I traveled to Cuba for two weeks on a public health tour. At that time, due to dwindling support and subsidy from the Soviet Union, Cuba had been forced to become more self-reliant in all sectors of society. Along with basic foodstuffs and fuel, medical supplies, drugs, and equipment were at extreme shortages. A consequent vitamin deficiency caused an outbreak of peripheral and optic neuropathy.

Helping the country survive this period was the abundance of highly trained health professionals. Health indicators held the line. Some, including infant mortality, actually got better. When I talked to the Cuban people about their health care system, there was nothing that they were more proud of than those accomplishments. They were aghast at the inequities in the US when I described our dependence on employers to provide coverage—if they can afford it—and that many people go without basic health care because of cost.

Summing up, the basic tenet of health care in Cuba is that health care is an individual right, and its delivery a responsibility of the government. Cubans do not treat their patients as commodities, or clients to be served for the purposes of investment or profit. There is much to be learned from this, especially in contrast with the U.S., where health care is an individual responsibility and far from guaranteed for all citizens. Cuba manages to cover everyone despite spending a much smaller percentage of the government's budget than we do in the U.S.



rather than controlling costs, actually increasing administrative costs; etc. Not much action is anticipated on this bill in 2008 - it may be a trial balloon for 2009 when real movement on health care reform is expected. The HWC doesn't even mention the bill. The WHS Coalition, PNHPWW, and HCFA-WA plan to remain neutral.

9. Washington Health Care Plan - This is not yet a bill, but Sen. Karen Keiser plans to make it into one. She has modeled her proposal on the Healthy Wisconsin Act. The proposal would create a single plan providing standard benefits, available to all Washington residents with some limited exclusions. A public-private Health Care Partnership (HCP) would implement the program, functioning either as a connector between individuals and insurers offering these plans through "provider networks", or as a direct negotiator with large groups of health professionals who agree to risk-bearing contracts under which they would accept patients enrolled by the HCP. Employers and individuals would be free to purchase additional coverage beyond the standard benefits. This program envisions folding Medicaid, SCHIP, and the Basic Health Plan into it by using subsidies for the premiums and by raising reimbursement rates to health professionals to what private insurers pay. The expectation is that this level of supported coverage would enable nearly everyone to have a medical home, increase the focus on preventive care and management of chronic diseases, lessen the use of the ER for ordinary care, etc. The HWC does not mention this proposal. The WHS Coalition, PNHPWW, and HCFA-WA are cautiously optimistic, but waiting to see what the bill actually includes.

Crime Pays...with Health Benefits?

Federal and most states' laws require that prisoners be furnished adequate medical care. In March 2001, Larry Causey was arrested in his car outside the post office in West Monroe, LA, which he had just held up, apparently for the sole purpose of being incarcerated so he could get treatment for his cancer. Upon being jailed, Causey was immediately prescribed three drugs and scheduled for a colonoscopy. (Source: Associated Press, 4/19/01)

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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Health Care For All Washington

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“American College of Physicians Ensorses Single-payer System”

Despite the above headline from the 12/4/07 issue of *Philadelphia Inquirer*, the American College of Physicians (ACP) did not exactly do that. The ACP, a professional organization of physicians in Internal Medicine with 124,000 members, is publishing a Position Paper in the January 2008 issue of its flagship journal *Annals of Internal Medicine* that compares health care systems in the US and 12 other industrialized nations.

The paper concludes that there are several lessons the US can learn from other nations, many of which have better functioning, less expensive systems than the US. Chief among these lessons is that the US must move to guarantee adequate coverage for health care for every resident. This primary goal can be achieved either by having one public system (single-payer), or by a pluralistic system that includes both public and private entities. The paper briefly states advantages and disadvantages of each approach, and does not make a choice between the two in its recommendations. However, elevating the concept of a single-payer system to equality with a pluralistic system is new for the ACP, which in a position paper in 2002, suggested only a pluralistic approach to universal coverage.

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 innadequate 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.