



# Health Care for All-Washington

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

## McCain vs. Obama In the Health Care Arena

by Sarah K. Weinberg, MD

Both Sen. Obama and Sen. McCain now have considerably more detail available about their proposals for dealing with problems with the American health care system than they did when this newsletter published summaries of the candidates' positions in 2007. Information for this article was gleaned from the candidates' websites, from statements written by each candidate for the New England Journal of Medicine (NEJM) just this week, and from a video of a panel discussion of the two candidates' proposals hosted by the NEJM.

Obama's proposal runs to 14 pages, with two more of references. McCain's is two pages total.

Both candidates agree that the American health care system has severe problems: too many people uninsured, costs way too high and increasing too fast, and quality of care is suffering. They differ markedly in how they propose to improve the system.

### Sen. Barack Obama's Proposal

Sen. Obama has a detailed 14-page proposal, complete with two pages of references. The proposal has three main components: "providing affordable, comprehensive and portable health coverage for every

American; modernizing the U.S. health care system to contain spiraling health care costs and improve the quality of patient care; and promoting prevention and strengthening public health, to prevent disease and protect against natural and man-made disasters."

To accomplish the first component, Obama proposes a Massachusetts-like plan. It would set up a public plan open to individuals without access to group coverage or current public programs, and to the self-employed and employees of small businesses. The plan would have comprehensive benefits (like the Federal Employees Health Benefits Plan), and premiums would be subsidized as needed for those unable to pay. Competing with the public plan would be private plans vetted by a National Health Insurance Exchange (NHIE). These private plans would have to meet the same standards as the public plan in order to be available through the NHIE. The NHIE would also be responsible for providing comparison information about the included plans to would-be

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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.**

### HCFA - WA ANNUAL MEETING

Sunday, November 9  
from 1:00 to 4:00 pm in  
the Forum at Horizon  
House, 900 University  
Street in Seattle.

Mark your calendar!

# Health Care for All- Washington

October - December 2008

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# Message from Our President

## The Law of Unintended Consequences

About three years ago I remember reading in the local newspaper about the dire consequences if voters did not pass an increase in taxes for school districts within the county. This particular article grabbed my attention because it connected the financial dots to form an image that few people could visualize.

This specific article expressed the time-worn plea for funds that I have become accustomed to hear over the last three decades – a plea to which voters have usually responded. But this time around, there was more at stake. Let me illustrate for you how this scenario tends to play out: whenever school board members convene to discuss the budget, they generally are confronted with the realization that health care costs have increased more than projected. What this means is that operating budgets for all educational programs are critically jeopardized by unsustainable health care costs. Escalating health care costs hurt schools. When there is a budget shortfall, positions for teachers, classroom aides, crossing guards and even school nurses are cut. Classroom supplies, textbooks and technology are eliminated. Band and swimming programs are discontinued and building maintenance is deferred. Then health care benefits are trimmed back for employees who are told to suck it up and pay more. School districts are then forced to go to the voters to ask for approval of an increase in the tax levy to recover lost operating revenue. As a result, our property taxes go up. This is where the law of unintended consequences adversely affects our cherished values: one of those values being a good public education.

At a recent presentation a gentleman blurted out a comment that made this unintended consequence come full circle and seem even perverse. He said: “How much longer are we willing to sacrifice our children’s education so that insurance companies can make a profit denying health care?” True enough.

My answer to his question was something that I heard about ten years ago during a church service. I remember the statement clearly: “Nothing will change until the pain of staying the same is greater than the pain of changing.” Have we reached the point where double-digit increases in premiums, higher deductibles, more co-pays, and increasing property taxes have become too painful for us to bear? I know we have.

The strength of our resolve to find an equitable solution will define our generation and at Health Care for All – Washington we are working to put care first without sacrificing our children’s education. I hope that you will consider joining us in forming communities throughout the state who believe that we should take the profit out of health care for the betterment of our society and the well-being of our kids because, after all, they are the future of our country.

Larry Kalb President, HCFA-WA

## Legislative Committee

*By Mary Margaret and Paul Pruitt, Co-Chairs*

### ARE WE THERE YET?

Presidential candidates are debating the need for health care reform, gubernatorial candidates are talking about health care reform, many unions are endorsing HR 676. The Healthy Washington Coalition has been holding town meetings across the state and newspapers, magazines, television and radio are all having stories and reports about health care reform. Good news. Why aren't we "there" yet?

Health Care For All-Washington consistently states that the best and only financially realistic way to provide all Washington residents with basic, high quality health care will be through a required central fund with private providers.

As we work toward this goal, we are encouraged by the support of many legislators who tell us they need to hear from thousands of their constituents—not just HCFA-WA officers. For this information, we are calling and meeting with legislators and their staff. You can significantly promote progress by (1) attending candidate forums and asking candidates to support health reform that includes all residents and excludes none (2) visiting your elected legislators and repeating your support for health care for all with central funding and private delivery of health care.

We hope to have our Washington Health Security Trust introduced in the 2009 legislative session. Clusters of activists in adjacent legislative districts have been meeting to strategize ways to grow "grass root" support. If you are interested in participating in this, please check our website.

## Outreach Committee

*By Ruth Knagenhjelm*

Legislative District (LD) Action Teams are now being formed, starting in the Seattle area. These meetings have been arranged by the HCFA-WA Outreach Committee. (See report on the first meeting in North Seattle in this issue of the newsletter.) The second meeting recently took place on Beacon Hill for LDs 11, 34, and 37 on September 28.

Planning is underway for a meeting in South King County, LDs 30, 31, 33, and 47. The date and site have not yet been determined. Those of you living in this area stay tuned for people calling you or for blast emails to alert you as to the date and place.

We hope to be able to form an Eastside LD Action Team sometime after the election. Contact us, please, if you are interested in helping out on the Eastside!

For readers whose districts are not mentioned, PLEASE contact us if you would like meetings started in your LD. We will work on starting meetings where there is the most activist support and the most urgent need to get our message to the legislators from those districts.

To motivate you, think of the effect in Olympia if we could engineer a march of even 1,000 people on the Capitol, all demanding single-payer health coverage for all Washington residents!

If interested, please contact either Ruth Knagenhjelm (phone: 206-242-3606, email: [georgiaboy@qwest.net](mailto:georgiaboy@qwest.net)) or Chuck Richards (phone: 206-783-9245, email: [csrcrichards@msn.com](mailto:csrcrichards@msn.com)).



purchasers. Subsidies would be available for those unable to pay the full premiums, but only for plans certified by the NHIE.

To accomplish the second component, Obama recommends federal reinsurance for catastrophic illness costs incurred by employer-sponsored plans in an effort to keep premiums for the whole group from becoming unaffordable. Quality improvement initiatives specifically mentioned are:

- Support disease management programs
- Coordinate and integrate care by implementing a “medical home” model
- Require full transparency about quality and costs
- Promote patient safety using best practices guidelines and adjust reimbursement for providers based on provision of valid information about quality of care delivered.
  - Establish an independent institute to look at comparative effectiveness of diagnostic and treatment options for individual situations.
  - Tackle disparities in health care, particularly in populations that have been shown to receive lower quality health care than others.
  - Reform the medical malpractice system, focusing on abusive overcharging by professional liability insurers and on new ways to reduce physician errors, improve patient safety and strengthen the doctor-patient relationship.

Other proposals to lower costs include: investing in nationwide implementation of electronic health information systems; using the NHIE to encourage more competition among insurers; allowing reimportation of prescription drugs; encouraging more use of generic drugs; allowing Medicare to negotiate directly with drug companies; and discontinuing the extra subsidies Medicare is paying to Medicare Advantage plans.

To accomplish the third component, Obama proposes broad programs throughout society to promote and support healthier lifestyles, especially involving individuals, employers and school systems. He also proposes vigorous support for the public health system to maintain an adequate, well-trained workforce ready to deal with possible bioterrorism or pandemics. He would work to coordinate federal efforts with state and local governments in support of a 21<sup>st</sup> century public health system.

Sen. Obama does not propose to make purchase of health insurance mandatory, except for children, believing that if affordable comprehensive insurance is available nearly everyone will purchase it.

Sen. Obama also does not want to interfere with states’ efforts that are leading toward meaningful health care reform. He would allow states to continue to experiment, as long as they meet the minimum standards of the national plan.

### **Sen. John McCain**

Sen. McCain’s proposal is slightly more than two pages, with no references. The primary vision is “to restore control to the patients themselves.” To accomplish this goal, Sen. McCain would use the following strategies:

- Widen the variety of health insurance companies and plans available to individuals mainly by allowing purchases across state lines.
- Reform the tax code - he doesn’t mention in his website piece that he would abolish the tax deductibility of employer-sponsored health insurance, but he does mention the \$2,500 individual/\$5,000 family refundable tax credit he would give to “offset the cost of insurance.”
  - Make insurance “more portable” – no specifics provided.
  - Encourage and expand the benefits of health savings accounts, believing that HSAs “take an important step in the direction of putting families in charge of what they pay for.”

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# Healthy Washington Coalition Caucuses

## --- Reports from Attendees

### Tacoma

*By Susan Eidenschinck*

About two hundred people attended the Tacoma Caucus hosted by the Healthy Washington Coalition (HWC) on July 1, 2008. Many attendees spoke about the values that they think are important. When moderator Robby Stern listed the different proposals being studied in Washington, there was some applause when the single payer plan was mentioned. Mr. Stern insisted that only values be discussed, not reactions to specific proposals.

Of the twelve “values” on the list handed out by HWC (and printed in our July-September issue of this newsletter), #1 – Cover everyone – received 140 votes. The next three winners were: #11 – Eliminate disparities, #4 – Assure affordability, and #2 – Assure access.

HCFA-WA attendees handed out about 60 brochures about who we are, and also some of the brochures that contain specific information about the Washington Health Security Trust legislation.

### Vancouver

*By Robby Stern (from emails to Coalition members)*

140 people signed in at the HWC Caucus in Vancouver on September 23. Our expectations were exceeded by a large margin, and we ran out of packets of materials! Many people expressed their thanks that the HWC came to Vancouver, as citizens there often feel left out of the public debate on a variety of issues. Molly Coston, President of the Clark County League of Women Voters and City Councilor in Washougal presented the call to action, and Dr. Shane Dunaway, Medical Director at SeaMar Community Health Clinic in Vancouver, did a good job of bringing the problems we face as a state home to Clark County.

The attendees especially seemed to enjoy the opportunity to talk with one another. Many commented that they were able to talk to people they would never otherwise get a chance to spend time with. There was a real spirit to this event.

The results of the voting on the list of values were a little different compared with the other caucuses: the top vote-getter was #10 – Provide public health prevention service for all. Second was #4 – Assure affordability, third was #1 – Cover everyone, and fourth was #2 – Assure access.

*Editor’s Note: There were four more caucuses in addition to the ones reported in our newsletters: Yakima, Spokane, Bellevue, and Everett. “Cover everyone” has been the most popular of HWC’s “values” at every caucus except the Vancouver one, where major concerns about the future of public health were evident.*

Combining the results from all 7 caucuses, the top value was #1 – Cover everyone. Second was #4 – Assure affordability. Third was #10 – Provide public health prevention services for all. Virtually tied after these three were: #2 – Assure access, and #11 – Eliminate disparities.

An eighth caucus is planned on October 30 in Wenatchee, and it’s possible that one will be put together in Longview.

## First Legislative District Action Team Meeting!

by Maureen Rase

An enthusiastic and committed group of HCFA-WA and Physicians for a National Health Program – Western Washington (PNHPWW) members met on September 14 to brainstorm ways to build support in their North Seattle communities for single-payer health coverage. Three “Legislative Action Teams” were formed, one each for the 36<sup>th</sup>, 43<sup>rd</sup>, and 46<sup>th</sup> legislative districts (LDs). Each team then identified and committed to specific action items.

There was a clear sense of urgency about preparing for the November elections. HCFA-WA members plan to meet with candidates and seek their support for universal, single-payer health coverage. A candidate forum, jointly organized by HCFA-WA and PNHPWW, was discussed as another option. Once the candidates’ positions on health care are clear, HCFA-WA will disseminate this information so members can make informed decisions at the polls.

All teams recognized the importance of building support within the community and identified specific groups they would like to target, such as the 500 residents of Horizon House; student government at the University of Washington; small business owners who want to discuss the health insurance needs of

their employees; and members of labor unions interested in learning about our issues and events.

Looking beyond the election, teams proposed many ideas for involving and informing the community. The 46<sup>th</sup> LD team proposed a Health Care Advocacy Summit, jointly sponsored by HCFA-WA and PNHPWW, and on-going fun events such as movie nights with health care-related films. Michael Moore’s *SiCKO!* comes to mind. The 43<sup>rd</sup> LD would like to develop a website to make it easy for our supporters to contact their elected legislators to voice their opinions. The 36<sup>th</sup> LD wants to participate in the annual nationwide Health Care – NOW vigil in 2009, and prepare this fall for a Lobby Day in Olympia during the 2009 legislative session.

And the list goes on. Clearly there was no shortage of ideas about how to promote our agenda. Team members signed up for action items, yet there is still plenty to be done. Whatever your interest, you are sure to find a project that can make use of your talents.

Contact Chuck Richards, our North Seattle legislative coordinator (phone: 206-783-9245) for more information about how to sign up.

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(McCain - Obama, from page 4)

Sen. McCain would insure the traditionally uninsurable by encouraging states to set up high risk pools, perhaps using nonprofit corporations to contract with insurers to cover these high risk patients. He would work with Congress and states to assure adequate funding and to encourage chronic disease management, individual case management, and health and wellness programs. No specifics.

Next is a long list of initiatives to lower health care costs:

- Lower drug costs through greater competition – no specifics.
- Better management of chronic diseases. Would dedicate more federal research to this.
- Promote coordinated care. “We should pay a single bill for high-quality disease care which will make every single provider accountable and responsive to the patients’ needs.”
- Greater access and convenience – walk-in clinics in retail outlets.
- Information technology – “We should promote the rapid deployment of 21<sup>st</sup> century information systems and technology that allows doctors to practice across state lines.”
- Reform payment system for Medicaid and Medicare – “[we] should not pay for preventable medical errors or mismanagement.”
- Encourage smoking cessation programs.
- State flexibility – “...to experiment with alternative forms of access, coordinated payments per episode covered under Medicaid, use of private insurance in Medicaid, alternative insurance policies and different licensing schemes for providers.”
- Tort reform, especially stopping endless frivolous lawsuits.
- Bring transparency to health care costs.

The proposal on the website ends with a reference to a program to help people who need long term care stay at home – giving a stipend to hire workers and purchase other care-related services, and providing some counseling and bookkeeping services for caregivers.

## Progress in Other States

### Massachusetts

Implementation of the Massachusetts Connector insurance reform has cost the state \$158 million more than the estimated \$472 million so far. Governor Deval Patrick has proposed about \$100 million in additional employer, insurer and hospital contributions to narrow the gap. Raising the contribution amounts threatens to fracture the fragile coalition that was essential in passing the law in the first place.

The new health insurance law is popular among Massachusetts residents: 69% supported it in a July 2008 poll. However, of those residents who bought health insurance or changed policies under the new law, the support fell to 52%. In addition, 33% believed the uninsured were being hurt by the law. Nevertheless, 70% favored continuation of the law. In other words, residents were saying that it's better to have more people covered, even though there are problems that need to be fixed. Enrollment has greatly exceeded expectations, mainly among those residents eligible for subsidized insurance, leading to the dramatic 50% cost overrun.

Reaction to Gov. Patrick's proposal has been negative in the business community. "This jeopardizes the support of the business community," stated business leader Rick Lord. "Any reform that has been tried anywhere else – when the business community opposed it, reform has not been successful."

The Massachusetts reform law has not been challenged in court. There is reason to be concerned that a challenge under ERISA of the requirements the new law imposes on businesses

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## 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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### **I'd like to help with:**

\_\_\_ Speaking \_\_\_ Fundraising \_\_\_ Phoning \_\_\_ Signature gathering \_\_\_ Mailing Party

\_\_\_ House Party \_\_\_ Doorbelling \_\_\_ Demonstrations

Clip and mail to:

**Health Care For All Washington**

**P.O. Box 30506**

**Seattle, WA 98113**

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could destroy the new system. There have been no specific threats yet, but the possibility of such a lawsuit has been discussed. Raising the necessary funds to continue the program without increased contributions from employers would be ugly: increasing premiums for subscribers, capping enrollment, reducing spending for other state budget priorities all would have nasty consequences and probably would cause the whole program to unravel.

### **California**

Once again, the California legislature has passed SB 840, a single-payer health insurance bill, and sent it to Gov. Schwarzenegger for signature. Sen. Sheila Kuehl, the prime sponsor of the bill, sent a lengthy letter to the Governor on Sept. 10, pleading with him to at least deal with the bill as actually written this time. (In 2006, Gov. Schwarzenegger vetoed the bill with a statement so full of errors it was apparent he hadn't read it.) On September 30, the Governor again killed universal health insurance in California with a repeat veto.



## **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.