March 18, 2019 Minutes - HCACF Board Meeting

Present: Vince Markovchick, Thomas Gottlieb, Robert Messman, Michele Swenson, Donna Smith (by phone), Susan Gilbert (Office Assistant)

Absent: Shelley Dworet Cohen, Elinor Christiansen, Eldon Van Der Wege

Meeting start: 2:27pm

I.

Robert moved to approve February minutes, Vincent, seconded.
TG: Sent thank you notes to 3 organizations for their $2,000 donations.

II.

SG: King Soopers as of April 1 – changing cards. No longer doing donations on loaded cards. If you use loyalty card or scan phone number (after enrolling with group #), you can donate to a favored organization. (KS designates $250,000 each quarter for donations – sends out checks quarterly.) Susan handed out information sheet from KS. Directions on KS website; and on "Support Us" on HCACF website.

SG: Working on quarterly Newsletter for March. Send information to add to it - soon. (Susan passed out a draft). Email blasts go out every other month.

SG: Presented website data -"not so good" – 90 users in Feb. vs. 96 in January.

III.

TG: Re: event sponsored by Advocacy & CFUHC. Email of 3-17-19 from Lydia: Ivan asks if HCACF wants to co-sponsor & have name on flyer for Dr. Fine event on April 25, 6:30-8pm at First Universalist Church on East Hampden. Proposed possible contribution of $50 for event - request an information table for HCACF.

IV. **Curriculum – define Universal Health Care**

TG: Re: Medicare for All. Looking for conclusions – How to define universal health coverage – "All people have access," or universal health care. How does one get a card?

VM: "Everyone in, Nobody Out" – everyone covered. Universal health care = coverage for all residents.

RM: Leave issue of who to cover to politicians. Will universal coverage cause people to surge into the country? Part of the equation: what is it going to cost? If working, will be paying in. Word it to minimize opposition.

VM: Hundreds of undocumented show up in ER - other countries call them guest workers. Most immigrants will be working, paying into the system.

TG: Universal coverage defined by social insurance - all people have access to needed healthcare. When you eliminate people, the system becomes unjust. 70% want Medicare for All – conflict occurs with what corporate government wants. Key word is "Access" to HC. Will speak to financing later.

DS: It's not an immigration bill. It's health care. World Health Organization definition is clear & concise: Universal health coverage is defined as ensuring that all people have access to needed health services.

MS: Have to cover everyone – otherwise the purpose of universal HC is undercut.

TG: Residency defined differently by Medicaid, Medicare – require a certain period of residency?

After the above discussion with reference to the previous WHO organization definition: <u>Conclusion</u>: Accept the WHO definition of universal health care - ***Universal health coverage is defined as ensuring that all people have access to needed health services***

V. **Curriculum – Define Social Insurance**

Discussion: (continued from previous BOD meeting)
TG: Canadians happy with social insurance plan equal in quality to U.S. HC at reduced cost.
TG: Social insurance is public insurance program that provides protection from various risks – age, accident, etc.
Discussion about Medicare as Social Insurance.

Need to define social insurance by law and legal definition (?).

VM: Move to accept TG's presentation of social insurance.

TG: Based on Canadian System, social insurance, administered & financed by the gov't. Provides for program income and expense (?)
Discussion of items for inclusion. Mandatory coverage of basic HC (not social care) must be fully covered; should be regulation of expenses ~~to avoid excess (abusive) profits of insurance~~.
VM: Currently excess profits going to insurance middlemen.
TG: Social Insurance Enterprise (insurer) must assume (all) risk (of providing insurance) (RM – "risk of providing medical costs") – minimize cost using actuarial science.

Components defined in the development of Canada Social Insurance:
Trust Fund management – input determined by actuarial science. VM: Need annual determination.
Output managed by setting [costs?] of all goods & services.
Fee for Service payments work well with other controls in place (e.g., pay for performance, adjust for smokers, fraud, etc.)
Full control of output is essential. HMOs, ACOs, value-based payments not necessary.
VM: Global budgeting of hospital.
TG: Limitations to global budgets – rural hospital can have global budgets. Need global budgeting <u>and</u> requirements of specialty hospitals. Global budget doesn't work for specialty hospitals, of which some are failing.
Other conditions for regional administrators.....need guidance from the national plan. LTC controlled by social service delivery, not just HC delivery.
Consolidations may occur if aim is service to patient vs. monopolies.
Centers of excellence developed for selected metro areas.

TG: Next steps – look at Medicare law as written, how to move forward. (TG to share document).

After the above discussion and with reference to previous BOD discussion, a proposed conclusion is implied during this meeting to accept.

Conclusion: ***Definition of Social Insurance:***

Social Insurance is a type of insurance sponsored by the government. This type of insurance will be usually issued to persons facing particular peril. For example, insurance for health care is an example of social insurance. The object of social insurance programs is to transfer the risk faced by individuals to the government. The main characteristics of social insurance are:

1. *it provides benefits, eligibility as provided by the Social Security Act;*
2. *it provides for the accounting of income and expenses through trust fund;*
3. *it funds through taxes or premiums paid by participants; and*
4. *it serves a defined population.*

Social Health Insurance is governed by Title XVIII of the Social Security Act. Medicare is a social insurance.

This definition will be raised at the next BOD meeting for approval.

VI. Report from DS:

DS: Some of Dems in Washington are backing away from Medicare-for-All – being labeled "socialism" by opponents. Pushing Jason Crow to sign on to P. Jayapal bill. Susan & others met w/ Jason Crow representative – his stance unclear. U.S. public showing stronger support for M-f-A. Politicians still listening to contributors. Control of Pharma prices a common theme in 2020 elections. Gov. Polis addressing HC – conversations w/ Jeannie Nicholson, who is trying to energize CO nurses. Now on the cusp of important work. HCACF should use opportunities to get name and stance, logo out onto the scene – so folks will come to us.

VII. New agenda items:

RM: New insurance application – working with Lydia – each will write an application for the two groups. Will resubmit. Seeking info. on liability insurance. Invested too much – put money into T-Bill – added his money – will remove with interest in April. TG: Seek an audit?

RM: requested agenda item for *Financing Universal Healthcare* (2004 Report – Marmor Paper). "Finest document I've seen for revising HC" – final pages display a budget. Ask Elinor if we can get a copy, possibly project forward costs. Would like to include summary of paper on website. Only thing I dispute is need to buy out for-profit hospitals.
MS: Article by Himmelstein & Woolhandler provides links to information regarding higher costs and worse outcomes with investor-owned providers.
See email sent March 19: *Health Affairs* article *Aligning House and Senate Single-Payer Bills: Removing Medicare's Profiteering Incentives is Key.*
https://www.healthaffairs.org/do/10.1377/hblog20181116.732860/full/ (MS)
VM: For-profit hospitals secretive about costs.
TG: Get student to model the proposal with updated data.

VM: Just emailed both boards IRS form 990 – website to access tax returns of all nonprofits. Kaiser form – declared $52 million net loss; check out CEO salary ~ $16 million.

Meeting adjourned: 4:07pm.