First Meeting of the Universal Health Care Work Group

By Kelly S. Powers, Vice President, HCFA-WA

The inaugural Universal Health Care Work Group (UHCWG) met last week and it was energizing to see so many medical community, labor, and business allies from around the state on the committee and in the audience.

Presence of health care reform supporters on the UHCWG Health Care for All – WA (HCFA-WA) has three Board Members among the 33 Work Group members: Kelly Powers (ACA Exchange Consumer), Ronnie Shure (Pharmacist) and Sarah Weinberg, MD (Pediatrician, President of Physicians for a National Health Program Western Washington). In addition, two supporters from HCFA-WA Spokane are members: Denny Dellwo (former legislator who chaired the State House of Representatives Health Care Committee which achieved the Basic Health Plan in 1987) and Lynnette Vehrs, RN (President of the Washington Nurses Association).

The four legislators who are members of the Work Group include Rep. Nicole Macri (D-43) and Sen. Emily Randall (D-26) who were both sponsors of the legislation that led to the formation of the UHCWG.

The entire list of members can be found through this link: https://www.hca.wa.gov/assets/program/universal-health-care-workgroup-roster.pdf

How the meeting proceeded
After discussing the Work Group’s directive from the legislature in the Budget Proviso, there were two presentations:

• Health Coverage in Washington State

(Note that the entire meeting was recorded on TVW. The Health Coverage presentation is at 1:06:16, and the WSIPP Report is at 2:21:00.)

My Takeaways
1. Additional Single-Payer advantages that were not presented during the WSIPP presentation:
   a. Controls costs by negotiating reimbursement rates and drug prices
From the President’s Desk

by Marcia Stedman, President.

‘Tis the Season

As the season of Thanksgiving approaches, I’d like to share with you what I am grateful for in health care reform this year.

1. The Universal Health Care Work Group is up and running! With the steadfast support of its Prime Sponsor Sen. Emily Randall, the many co-sponsors, and the dedicated actions of HCFA-WA members and supporters, the Senate passed SB 5822, the Pathway to Universal Health Care bill. The House of Representatives, with the active support of Rep. Nicole Macri, enabled funding for the economic studies that will inform the work of the Universal Health Care Work Group. We are pleased that many of the members of the Work Group, including five members of HCFA-WA, are supportive of a publicly administered and publicly financed health care system. The Work Group meetings are open to the public, with time for public comments at each meeting, and there is a process for individuals to comment online. Read more about it on HCFA-WA’s blog via this link: https://www.healthcareforallwa.org/universal_health_care_work_group

2. The National Single-payer Strategy Conference comes to Portland, OR, this year, and eight HCFA-WA members - a record! - will be attending the event from Oct. 18-20. Again this year, the One Payer States group will hold a 2-hour training session, focusing this year on values-based messaging and sharing updates from states that are developing policy measures to address the high cost of pharmaceuticals. This Conference is an excellent place for networking with other single-payer activists and sharing organizing and policy tips and insights. Look for reports in our blog and e-bulletins as they become available.

3. The Health Care is a Human Right-WA Campaign, one of our organizational allies, is newly re-energized and involving more organizations than ever in its ongoing campaign to create a universal health care system in Washington State. HCFA-WA is an active member, with Pres. Marcia Stedman and V.P. Kelly Powers participating actively on the Steering and Communications Committees, and our lobbyist Cindi Laws on the Policy Committee. Their next General Meeting will be held soon. More information here: http://www.healthcareisarightwa.org/

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Why This Wonkish Article on the Executive Order of 10/3/19?

On October 3, 2019, the president issued an Executive Order making changes to the Medicare program. Although it will take months for actual changes to be implemented, the Order cannot actually improve Medicare, nor can it lead to lower costs in the U.S. health care system. But the real reason for the detailed analysis of the Order is to give health reform advocates the background detail they will need to counter lies and deceitful claims, both about how wonderful the changes will be and about how awful Medicare for All legislation would be.

As this introduction is being written, 10 days have passed since the Executive Order was released, and there does not seem to be a wave of excitement about it. Perhaps nothing will come of it, but just in case…. Keep this article around in case you need it!

Editor’s Note: A few comments in italics are inserted in this section-by-section review; the overall commentary is at the end.

On October 3, 2019, the President released an Executive Order to counteract the Medicare for All Act of 2019 (“Medicare for All”) that has been filed in the House of Representatives. The entire Section 1 is a two-page diatribe claiming that Medicare for All would destroy the health plan that seniors know and love; “eliminate health choices for all Americans” (referring to insurance choices, not actual health care choices); and “compel Americans to pay more in taxes”.

To “protect and improve” Medicare, the emphasis will be on increasing the “market-based” aspects of the current system.

Section 2 sets policy to enhance fiscal sustainability using alternative payment schemes linked to “value”, yet somehow “lower regulatory burdens” on providers.

Section 3 encourages more Medicare Advantage (MA) plan choices, include “Medicare Medical Savings Accounts”, allow cash rebates as “incentives to seek high-value care”, not allow Fee for Service (FFS) Medicare to be promoted above MA plans, and (here’s the big one!) “modify Medicare FFS payments to more closely reflect the prices paid for services in MA and the commercial insurance market”. This will “inject market pricing into Medicare FFS reimbursement.

Section 4 allows the Secretary of the Centers for Medicare & Medicaid Services (CMS) to adjust network adequacy requirements for MA plans. This has to do with the competitiveness of the health market in some states and boosting telehealth services.

Section 5 claims to enable “providers to spend more time with patients”. What it really does is to loosen licensing and supervision requirements and equalizing reimbursement between physicians and non-physician practitioners.

Section 6 speeds the “approval, coverage, and coding process” to bring new products to market faster. This section also encourages allowing MA plans to “cover items and services that make use of new technologies that are not covered by FFS Medicare”.

Section 7 CMS policies are to “encourage competition and a diversity of sites for patients to access care.”

Section 8 CMS to “propose a regulation” (What?! A new regulation?) to generate “better quality care and cost data”. There will be additional information from Medicare claims data regarding practice patterns for services “that may pose undue risks to patients” and to inform health providers about “outliers, or… outside recommended standards of care”.

Section 9 The mandatory clause about combatting “waste, fraud, and abuse”. Now the use of artificial intelligence technology will be allowed. (Will drone attacks on abusers be next?) Also in this section, the Secretary shall “recommend approaches to transition toward true market-based pricing in the FFS Medicare program”.

Possibilities: shared savings and competitive bidding in FFS Medicare; use of MA-negotiated rates to set FFS Medicare rates; and “novel approaches…."

Continued on p 4
**Medicare executive order**

**Section 11** Allowing seniors to opt out of Medicare Part A (hospitalization insurance included in Social Security) without losing their Social Security benefits. This will open the door to “private contracts” and the “development of market-driven prices”.

**Section 12** General disclaimers about not interfering with the authority of executive departments, agencies or their heads; the functions of the Office of Management and Budget; applicable law; and the “availability of appropriations”. Also, this order “does not create any right or benefit…” that would be “enforceable at law”.

**Comments**

The underlying theme of this entire Executive Order is to make Medicare more like the health insurance system available to American residents under age 65. While the expectation throughout is that a market-driven system will be cheaper without lowering quality or accessibility, that has not been borne out by experience over the years. Especially, the comparison of MA plans with FFS Medicare leads to the conclusions that MA plans cost Medicare more, and encourage disenrollment of those who become expensively sick.

Market forces may indeed lead to lower prices in consumer goods, but health care does not function that way. Indeed, corporate providers, drug companies, and device makers have successfully driven up prices that health insurers simply pass on to their enrollees as higher premiums and/or cost-sharing (deductibles, co-pays, & co-insurance). There is also a lot of hot air in this Order. Many sections depend on recommendations to come from CMS. It’s not at all certain that recommendations to accomplish the goals can be found. Examples:

- More payment-for-value schemes that also lower regulatory burdens?
- Monetary rebates to create incentives to seek high-value care?
- Eliminating waste, fraud, and abuse by using artificial intelligence?

This Order may have two effects:

- Confuse people about the benefits of Medicare for All by making totally baseless claims that it would destroy Medicare for seniors, and by conflating choice of insurance with choice of provider for actual health care.
- To the extent that this Order is implemented, it will undermine FFS Medicare, and can lead to severe cuts based on “availability of appropriations”.

**Conclusion**

This entire Executive Order should be viewed as an attack on Medicare for All proposed legislation, and is designed to sow confusion and distrust regarding the classic Medicare program that has been in effect for over 50 years.

**References**


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b. Alleviates the high costs of delayed health care

c. Reduces the need for expensive legal action to recover medical costs

d. Ends medical debt

e. Ends job lock, defined as when an employee is trapped in a job because they are afraid of losing health insurance

2. Information about underinsured Washingtonians, and the impact of health care expenses on the family budget was lacking. I believe the Work Group members need this information to inform our work.

3. There are important things to be learned from initiatives around the state, such as Accountable Communities of Health and tribal health systems.

4. Several Work Group members brought up health equity and affordability. (Note: “Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.” – The Robert Wood Johnson Foundation.)

5. Members encouraged the Work Group to be culturally attuned.

6. Public testimony, to be part of each meeting of the Work Group, included urging the Work Group to look at the Basic Health Plan work in the 1980s & ‘90s to see what could be learned and re-purposed.

7. An oncologist from Spokane also gave public testimony stating that patients and doctors agree: our health care system is broken.

8. The Work Group needs to hear from you! We need more voices of people struggling in various ways with our current health care system. Your story may make a difference!

Conclusion

All in all, it was a solid start at laying out the issues and coming together to work through the challenges.

For more information about the UHCWG and the first meeting, go to: https://www.healthcareforallwa.org/universal_health_care_work_group

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President’s message Continued from p. 2

4. HCFA-WA’s 2019 Annual Membership Meeting will be held on Sat., Nov. 16th, from 1-4 p.m. at Horizon House in Seattle, and you are cordially invited to attend. This year we are excited to present a panel discussion entitled “From Study to Reality: Getting a Single-Payer System in Washington State.” Built around the two Washington State Institute of Public Policy reports on "Single-Payer and Universal Health Care Systems," panel members will discuss overcoming the hurdles raised in the Reports and fill in some information that wasn't presented. This is vital knowledge for understanding the deliberations of the Universal Health Care Work Group, and you won’t want to miss it! Please RSVP on the link you will find in the HCFA-WA October e-bulletin.

5. And, in the “best for last” category: You, gentle reader, who, together with HCFA-WA’s talented and dedicated Board of Directors and Consultants, have made possible all that we have accomplished in 2019.

THANK YOU FOR YOUR CONTINUED SUPPORT. SEE YOU ON NOV. 16TH!

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In order to support our operations, employee, and lobbyist contract, as well as raise funds for outreach and educational activities, HCFA-WA has hired highly experienced fundraising consultants to guide and assist us. We will step up our efforts to engage previous and new donors, including foundations, and grow our grassroots support and social media presence. Our website is in the process of being optimized for fundraising as well. Once our legislative agenda is finalized and publicized, we expect that many single payer supporters will be inspired to donate again or for the first time. We are optimistic that we will be able to fund the work to achieve our goals this year and for as long as needed after that.

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**Fundraising Committee Report**

*By Peter Lucas, MD, Chair*

The Outreach Committee is gearing up for the 2020 legislative session, with plans for blitzes and educational advancements. Be on the lookout for opportunities to have your voice heard by your elected representatives.

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**Outreach Committee Report**

*By Erica Nealias-Grall, Chair*

The Outreach Committee is gearing up for the 2020 legislative session, with plans for blitzes and educational advancements. Be on the lookout for opportunities to have your voice heard by your elected representatives.

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**Letter to the Editor in The Spokesman-Review**

*By Cris Currie, RN, HCFA Spokane*

**Ensuring rural health care**

*October 7, 2019*

It is very discouraging that rural health facilities continue to close because their corporate managers can’t make enough money.

Kaiser Permanente closed a 70+ year old, formerly independent health clinic in Fairfield, Washington, forcing its substantial elderly population to travel to Spokane for services previously received within a few blocks. (*The Spokesman-Review*, 9/24/19) This loss places additional stress on families, makes the local pharmacy less viable, puts the future of the local assisted living facility in jeopardy, eliminates important local jobs and their tax support, and generally makes a peaceful country life much less tenable.

State Rep. Joe Schmick is “looking for answers and things that work.” Fortunately he was selected to represent Republican legislators on the Universal Health Care Work Group. This broad group of stakeholders will study and make recommendations to the Legislature on how to create, implement, maintain, and fund a universal health care system that is sustainable and affordable to all Washington residents. As a member of this important group, he will be in close contact with some of the most knowledgeable people in the state who all have the same goal.

We simply must find a way to ensure every state resident gets adequate, low-cost health care, and providers get fair reimbursements without all the obstacles, so they can stay financially viable while serving our smaller communities. It’s a complex task, but the Work Group is off to a very good start. Follow it at: [www.hca.gov/about-hca/](http://www.hca.gov/about-hca/). See also: [www.healthcareforallwa.org](http://www.healthcareforallwa.org) for even more information.

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Join Now for 2019!
Health Care for All – Washington

Yes, I'll join to work for high quality, sustainable, affordable, publicly-funded health care for ALL Washington residents

Circle how you can help: Speaking/ Fundraising/ Phoning/ Demonstrations/ Writing/
Action Teams/ Meet with legislators/ Online & Social Media/Other _______________________

$______ Contributions to HCFA Education Fund, a 501(c)3, are tax deductible.

$______ Contributions to Health Care For All-WA, a 501(c)4, go for vital organizational growth, but are not tax deductible.

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Thank you for your support.
Health Care For All-WA
PO Box 30506 Seattle, WA 98113-0506 (707)742-3292
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Please become a health care activist in your LD

Every two years HCFA-WA sets up constituent visits with legislators in each LD across the state. This effort can use your energy and skills. For more information, contact us at action@healthcareforallWA.org. Give us your LD number and a phone number to contact you. To help support our work this fall, here are some questions for you:

- Do you know your legislators, or do they know you?
- Can you make appointments with any of them for a meeting?
- Can you recommend a place in your LD where neighbors can meet to talk about the latest developments in advocating for universal health coverage before the meetings?
- Are you free to do any calling of other HCFA-WA supporters in your LD?
- Are you interested in hosting a house party for friends or neighbors for an update on universal health coverage in our state?
Check your label for the date of your last contribution. Renew your membership now for 2019

SAVE THE DATE!!

HCFA-WA Annual Meeting, Saturday, November 16, 2019
Horizon House, 900 University, Seattle
1:00 – 4:00 pm

Panel Discussion: Study to Reality: Getting a Single-Payer System in Washington State

You’re invited to attend this year’s Health Care for All – Washington’s Annual Meeting. A panel of knowledgeable people will discuss overcoming the hurdles raised in the two reports by the Washington State Institute of Public Policy (WSIPP) on “Single-Payer and Universal Health Care Systems”. This will include some information that was not presented in the reports that is vital for understanding the deliberations of the Universal Health Care Work Group. (See related article on page 1 in this issue.) The entire panel is not set yet, but here’s the current status:

- Ronnie Shure, HCFA-WA Board Member will present highlights of the WSIPP reports.
- David Loud, Co-Chair of Health Care is a Human Right – Washington will update us on what we need to do to advocate for the State-Based Universal Health Care Act to be introduced in Congress’ House by Rep. Ro Khanna (D-CA) Oct. 28.
- Aaron Katz, Principal Lecturer, UW School of Public Health, will discuss what can be learned from other countries.
- Ken Fabert, MD, will discuss practicing medicine in both the U.S. and New Zealand.
- Raleigh Watts, Executive Director of Country Doctor Community Health Clinic will present how Community Health Centers could play a key role in a universal health care system.

Be sure to bring your questions for the panel! RSVP to: https://bit.ly/2pYXed3.