HEALTH CARE FOR ALL EDUCATION FUND

Summer

2021

Thoughts on the 4th of July: Democracy and Single Payer

Review by Sarah K. Weinberg MD, Editor

(Editor's Note: "Health Justice Monitor" is a successor to Dr. Don McCanne's "Quote of the Day". Dr. McCanne is decreasing his involvement due to health issues.)

A comment by Jim Kahn was published in Health Justice Monitor on 7/4/21 about how democracy and single payer fit together. His thoughts grew after thinking about all the severe challenges our governmental system has faced in the last several months: the January 6 riot in the Capitol, the Supreme Court upholding of voter suppression state laws, manipulations in the Senate enabling minority rule, and more.

"What does this have to do with single payer financing of health care? A lot, actually."

Democracy and single payer:

- Both honor human rights
- Both foster equality
- Both reflect and strengthen community values
- Both honor majority rule
- Both use simplicity to achieve performance & efficiency
- Both reduce manipulation of the system
- Both recognize that some societal functions are most efficiently and effectively accomplished by government agencies

Mr. Kahn notes that the day-to-day struggles for both causes are linked – see article in this issue of the Newsletter *"Tell It Like It Is"* If voters cast their ballots in support of candidates pledged to single payer (Medicare for All), and that reform is enacted, it will showcase the advantages of a benevolent government, which will further build support for other progressive ideas.

We're approaching 250 years since our nation's founders declared: "All men are created equal." We have work to do to make that statement a reality (and not by just adding "and women").

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What's inside

Thoughts on the 4th of July.............1
President's Message 2
Tell it like it is 3
Fundraising Committee Report......3
Policy Committee Report...............4
Medicare Cliff.................................5
Recent COVID Info........................ .5
Health Insurance Systems..............6

Health Care for All - WA advocates for high quality, sustainable, affordable, publicly funded health care

Health Care is a **Human Right**

Health Care for All-WA Newsletter

Summer 2021

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From the President's Desk

by Marcia Stedman, President.

Summertime! and the viewing is EASY

The past 16 months have seen an explosion of seminars, webinars and Zoom meetings, as our triple crises in health care, racism, and economic equity have become ever more painfully evident. Like many of you, I have been reading, listening, and thinking about how and why we arrived at this historic moment, and what we can do to achieve our goal of a more just and equitable society. As always, I come to the conclusion that health care is at the heart of it. Thanks to the internet, many of us have been privileged to participate in virtual events that originated across our nation. And it seems the discussions just keep getting better.

In a twist on those "Summer Reading" lists, here are a few recent video presentations for your summertime viewing pleasure. A good excuse to come in from the heat, grab yourself a nice cool beverage, and get inspired by your fellow advocates. Happy viewing!

- **Health Care is a Human Right's "Medicare Teach-in"** – presented June 15, 2021. This information-packed event can be accessed via the full recording here: https://www.youtube.com/watch?v=hh9dJ_LhEvM Speakers included:
  - Stephanie Kang, Rep. Pramila Jayapal's Health Policy Director, on the Improved and Expanded Medicare for All Act, HR 1976
  - Steve Bauck of Puget Sound Advocates for Retirement Action on "The Disadvantage of Medicare Advantage"
  - Ann Vining of Northwest Health Law Advocates on the **Medicare Cliff** https://drive.google.com/file/d/1GcQ0cC0Q_F6k5_g3BB6KPXDBS8Ygu263/view experienced by Medicaid patients when they must switch to more costly Medicare coverage at age 65.
- **One Payer States' "HMOs vs. Single Payer"** — presented June 18, 2021
  Michael Lighty, a national leader in the fight for Medicare for All, spoke on the role of integrated care systems within a single-payer system. Stephen Kemble, MD of Hawaii had a major role in the discussion after Michael Lighty's presentation. Access the recording here: https://www.youtube.com/watch?v=Q8aTScoYc7Y
- **HCFA-WA's own "2021 Healthcare Victories"** – presented June 9, 2021

Continued on p. 4

Tell It Like It Is: Why Health Care Reform Isn't Happening

Article Review by Sarah K. Weinberg MD, Editor

Published in "Jacobin" 7/7/21, "Everyone Wants Health Care Reform. Industry Lobbying Won't Let Them Have It." by Luke Savage, really does tell it like it is. A poll by Morning Consult and Politico asked about the six proposed reforms to be included in the Democrats' forthcoming reconciliation bill. All six enjoyed majority support across the electorate, and four even got >50% support among Republicans. Here are the six items:

- Add dental, vision, and hearing to Medicare (84%)
- Expand home health services and support for direct care workers (77%)
- Creating another health coverage option in states that haven't expanded Medicaid (68%)
- Allowing the U.S. to negotiate prescription drug prices through Medicare (66%)
- Lowering the Medicare eligibility age to 60 (61%)
- Making premium subsidies for Obamacare health plans permanent (54%)

All but the last two garnered majority support from Republicans as well as large majorities of Democrats.

Why are these ideas being relegated to a reconciliation bill that may or may not actually become law? As has been the case for years, "… the inner workings of Beltway lawmaking often operate independently of public opinion: the interests which shape and control the legislative process being able to do so without having to worry much about what the majority wants or thinks." Industry front groups like the Partnership for America's Health Care Future, for example, spend vast sums to defeat the public option in Colorado and to stop Congress from lowering the age of eligibility for Medicare to 60.

"Through astroturfed PR offensives, campaign donations, and the various privileges now afforded to dark money by America's Wild West political financing regime, public opinion can be treated as basically irrelevant – even, and especially, when explicit promises have been made and a clear majority wants something that will imperil industry profiteers' balance sheets."

That's telling it like it is!!!

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Fundraising Committee Report

By Peter Lucas, Co-Chair

When the previous newsletter was mailed-out in May, HCFA was in the midst of the GiveBig campaign, one of our major yearly fundraising activities. There is good news to report: HCFA-WA did very well thanks to broad support from many donors, a significant percentage of whom had not previously contributed. Thanks to their generosity, much of it matched by donations from the board, we have the finances required to support our employee, part-time contracted lobbyist, webinars, and operating expenses for several months.

Even though it is summer now, the 2022 legislative session will be upon us before we know it. That entails greatly ramping-up our work in Olympia which requires the talents and dedication of our contracted lobbyist. She will put in long hours starting in the fall advocating for various healthcare improvement bills which will bring us closer to universal healthcare. These efforts will require additional funds.

We are gearing up for meetings with individual supporters, hopefully most in-person, to thank them, solicit their ideas for helping us become a more effective organization, and to ask them to introduce us to their friends and colleagues who share our values and vision. These meetings can help us to grow our membership and donor base.

In the meantime, we welcome your one-time and recurring donations. They will enable us to be very active legislatively starting in the fall.

Thank you for your support.

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Policy Committee Report

By Sarah K. Weinberg MD, Chair

Since SB 5399 has become law, the Policy Committee has been very busy monitoring its implementation of a Universal Health Care Commission. We encouraged HCFA-WA to engage our lobbyist, Cindi Laws, for part-time work to help with nominating suitable experts who also are supportive of a single payer publicly funded approach to a universal health coverage system for our state. We are in contact with Gov. Inslee's main health care advisor, Molly Voris, and have put together a list of 12 people who would be good choices for the 7 positions the governor gets to appoint. Our list is diverse, both geographically and demographically, but all have expertise in various aspects of organizing and running health care systems. Applications for appointment are due by the end of July, and the expectation is that the appointments will be made by the end of August, so that the UHCC can get started and meet by October. Cindi has also been working with some legislators to (hopefully) influence the choices they will make – one appointed to the UHCC from each party in each legislative chamber, or total of four.

We are also working with the Health Care Is a Human Right (HCHR) drafting a letter responding to a request from Sen. Patty Murray and Rep. Frank Pallone (D-NJ) for advice about how to write a public option bill. The letter is almost ready. It is very long and very detailed, and essentially would set up Medicare (with improved benefits) as a public option for residents <64 years old. It remains to be seen if this plan will go anywhere.

We are starting to think about what HCFA-WA should prioritize for the 2022 legislative session. High on the list will be further work on controlling pharmaceutical prices, something that really can't wait until the UHCC does its work.

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President's report *Continued from p 2*

Sen. Emily Randall, Sen. Karen Keiser, Sen. David Frockt, and Rep. Nicole Macri, key HCFA-WA Health Care Champions, highlighted the huge wins for healthcare in Washington State this Session. They gave special recognition to members and supporters of Healthcare for All-Washington for their effective testimony and advocacy over the years that helped move the bills over the finish line and on to Gov. Inslee's desk, where they were signed into law. https://www.youtube.com/watch?v=7_woyIBGLns&t=156s

We would not have achieved these historic wins without your support. Thank You!

Did you know? All of our print Newsletters are archived on our website, where the video links are easy to access with a quick click of your mouse. Please visit our website: www.healthcareforallwa.org

Navigate to the *Resources* tab at the top, select Newsletters and e-bulletins then look for the "new! Summer" edition.

Enjoy the rest of our fabulous Northwest summer and remember - stay cool, stay hydrated, stay healthy!

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Any Day Can Be "Give BIG" Day!

By Sarah K. Weinberg, MD and the whole HCFA-WA Board

The 2021 **Give BIG** Day was May 4-5. If you missed it, HCFA-WA ***ALWAYS*** needs donations, and you can make yours through our website or mail in your check to: Health Care for All – Washington, PO Box 30506, Seattle, WA 98113-0506.

Our heartfelt thanks in advance!

Beware the “Medicare Cliff”!

Report Review by Sarah K. Weinberg MD, Editor

Northwest Health Law Advocates (NoHLA) has recently released a thorough report on the rough edges of Medicare and Medicaid eligibility in Washington State : “Addressing the ‘Medicare Cliff’: Extending Health Equity Lifelines to Older Adults and People with Disabilities”. Your reviewer had never heard this term before!

Most of us expect better health coverage when we reach Medicare age, but for low-income adults in Washington state there may be a surprise awaiting. Under the ACA, the Medicaid eligibility income ceiling is 138% of the federal poverty level (FPL). But the eligibility for Medicaid for those enrolled in Medicare is much lower: about 75% FPL. Many low income seniors who were eligible for Medicaid before turning 65, now have to pay the Medicare premium (deducted from Social Security for most people), and all the cost-sharing built into Medicare (deductible and 20% co-insurance with no out-of-pocket limit). In addition, Medicare doesn’t cover vision, dental, or hearing care at all. There is some help with Medicare premiums if income is below 135% FPL, and cost-sharing assistance if income is <100% FPL. Although policies available on the ACA Exchange are subsidized up to 250% FPL, people whose incomes are in this range face a steep drop in affordability of health coverage along with a rise in cost-sharing when they join Medicare.

Can this cliff be fixed? Yes. Federal law allows states to change eligibility requirements for assistance programs for Medicare recipients. Federal funding will even share the cost! 34 states plus Washington, DC have done at least something, but Washington state is one of the 16 states that have not done anything. Here’s another item we should pursue in the next legislative session. Who knew?

You can read the full NoHLA report here: https://nohla.org/index.php/reports/medcliff/ In addition, NoHLA is holding a Webinar on Thursday, July 15 at noon – probably before this newsletter gets to our readers. Maybe a recording of the Webinar will be available.

Addendum

An article published by Dylan Matthews in Vox (7/9/21) discusses possible improvements to the Supplemental Security Income (SSI) program that could increase the cash benefits for the disabled and low-income seniors. President Biden is under strong pressure from his allies in Congress to include these improvements in the $6 trillion spending package Democrats plan to pass later this summer or in the fall.

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Some Recent Links on COVID-19

Prepared by Martha Koester, Newsletter Assistant

Shutdowns stopped 60 million Covid-19 infections in the US, new research finds

https://www.nationofchange.org/2020/06/09/shutdowns-stopped-60-million-covid-19-infections-in-the-u-s-new-research-finds/

While the study period ended on April 6, the orders to shelter-in-place long after April 6 have likely led to many millions more infections avoided, the study’s lead author, Solomon Hsiang, a professor and director of the Global Policy Laboratory at the University of California, Berkeley, said in a press release on Monday, as CNN reported.

“The last several months have been extraordinarily difficult, but through our individual sacrifices, people everywhere have each contributed to one of humanity’s greatest collective achievements,” Hsiang said in the press release, according to CNN.

“I don’t think any human endeavor has ever saved so many lives in such a short period of time. There have been huge personal costs to staying home and canceling events, but the data show that each day made a profound difference. By using science and cooperating, we changed the course of history.”

On Monday, *Nature* also published another study from epidemiologists at Imperial College London. As *The Washington Post* reported, that study

Continued on p. 7

Communications Committee Report

By DW Clark, Chair

The Communications Committee has been busy. Without in-person events, electronic communications have been even more important than usual. We make good use of our website, but also email blasts, and Facebook, Instagram and Twitter postings.

Since the last newsletter, we have promoted the following:

- HCFA-WA Webinar on June 9, in which we reviewed “Health Care Victories in the 2021 Legislative Session.
- Health Care Is a Human Right Teach-In on Medicare for All and State-based Universal Health Care on June 10.
- Imagine: Healthcare that Cares on June 24.
- June issue of the HCFA-WA eBulletin near the end of June.
- Virtual Town Hall with Rep. Pramila Jayapal on July 14.
- Northwest Health Law Advocates Webinar on the Medicare Cliff on July 15.

We hope that these promotions have helped HCFA -WA members find, attend, and enjoy these virtual events! We expect things to change in the next few months as in-person gatherings start up again. Meanwhile, enjoy the summer, and keep monitoring your email!

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“Health Insurance Systems: An International Comparison”

Review of interview with the author, by Sarah K. Weinberg, MD

Dr. Thomas Rice, professor in the UCLA School of Public Health, has just published (May, 2021) a book comparing health systems in various countries (10 in all). He was recently interviewed by Reginald Williams II of the Commonwealth Fund about his findings and conclusions. Dr. Rice started by noting that “for a health policy researcher, the world is like a laboratory!” All nations face challenges, and each has tackled them differently.

From our perspective at HCFA-WA here are some key observations:

- All involve far more regulation health care supply and prices than in the U.S.
- All (except the U.S.) view health care access as a right.
- Many systems include private insurance, but for-profit insurers rarely allowed.
- Spending is limited by controlling prices and providers’ fees. Comparative effectiveness measures are used to decide what to cover.
- Out-of-pocket costs are only a barrier in the U.S. and Switzerland.
- Most equitable: broad set of benefits and low cost-sharing.
- Some patient cost-sharing is universal. Usually not via deductibles.
- Waiting lists are longer in single-payer countries. These countries finance their systems largely through taxes not earmarked to health care. Thus health care needs must compete against other government priorities.
- All (except the US) require that all insurers pay providers the same amount. This makes all patients equally remunerative

“Affordability and equity are issues in many of the countries, but nowhere do they present as much of a barrier to seeking care as in the US”

Conclusion: “It’s not one-size-fits-all.” Substantial reform and universal coverage can be done in the U.S. Strategies using government market power to control prices, comparative effectiveness to determine what to cover, and autoenrollment to guarantee that people are covered are all possible after the ACA.

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Join Now for 2021!
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COVID-19 *Continued from p. 5*

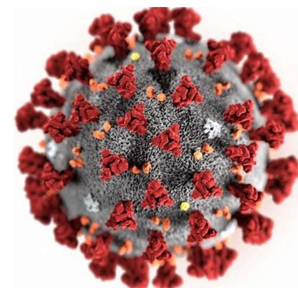
estimated that the shutdowns saved about 3.1 million lives in 11 European countries, including 500,000 in the United Kingdom, and dropped infection rates by an average of 82 percent, which was enough to drive the contagion well below epidemic levels..

Steroid Drug Hailed as 'Breakthrough' in COVID-19 as Trial Shows It Saves Lives

https://readersupportednews.org/news-section2/318-66/63517-steroid-drug-hailed-as-breakthrough-in-covid-19-as-trial-shows-it-saves-lives

Trial results announced on Tuesday showed dexamethasone, which is used to reduce inflammation in other diseases such as arthritis, reduced death rates by around a third among the most severely ill of COVID-19 patients admitted to hospital.

The preliminary results suggest the drug should immediately become standard care in patients with severe cases of the pandemic disease, said the researchers who led the trials.



The researchers said they would work to publish the full details of the trial as soon as possible, with some scientists saying they wished to review the evidence for themselves.

Britain's health ministry wasted no time in acting on the findings, saying the drug had been approved for use in the state-run health service, export restrictions had been introduced and Britain had stockpiled 200,000 courses of the treatment.

'Can't quite believe it': New Zealand tiptoes towards elimination of coronavirus

https://www.theguardian.com/world/2020/jun/05/cant-quite-believe-it-new-zealand-tiptoes-towards-elimination-of-coronavirus

Continued on p 8

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COVID-19

Continued from p 7

Twenty-two New Zealanders have died of Covid-19, ; thousands have lost their jobs and the nation's largest export sector, tourism, lies in tatters. But as New Zealanders look to the hundreds of thousands of deaths recorded in other countries, there is a sense that the rest of the world faced a different pandemic, the disastrous scale of which never fully arrived here.

Now, providing there are no new and unexpected cases to mar the country's 14-day streak of zero fresh instances of COVID-19, scientists say they expect to be able to declare next week that the virus has been eliminated from New Zealand – making it the first country among the OECD group of wealthy nations, and the first country that has recorded more than 100 cases to make such a statement, analysts said.

Data provided to the *Guardian* by the Ministry of Health, showing that the last person known to have contracted the virus domestically from an unknown source had been diagnosed on 29 April and remained in quarantine until 18 May, was "pretty reassuring", said Nick Wilson, a public health specialist from the University of Otago.

"According to our model that would put us nearly at the 99% probability of elimination," he said.

Dogs Trained to Sniff Out COVID-19 Score Near-Perfect in Diagnosis of Human Sweat Samples

https://www.goodnewsnetwork.org/dogs-can-smell-covid-19-in-human-sweat/

Does sweat from someone infected with COVID-19 have a unique scent? Researchers in Paris, and elsewhere, believe it does—and we now know dogs can sniff it out. A new study from researchers at the national veterinary school in Alfort, outside Paris trained 8 Belgian Malinois shepherds to identify the smell of COVID-19 in the sweat of infected individuals. The dogs' overall success rate was near-perfect, correctly guessing an average of 95% of samples. Four dogs successfully identified a positive COVID-19 sweat sample 100% of the time.

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