



Health Care for All-Washington Newsletter

An informational publication of HCFA Education Fund for health reform advocates

Winter 2019

Report: Health Reform Legislation in Washington State in 2019

By Sarah K. Weinberg, MD, Editor

We have delayed this Winter issue of the HCFA-WA Newsletter in order to be able to report on several health reform (both real and over-hyped) bills filed in the current 2019-20 biennium. This is up to date as of February 23, 2019.

Washington Health Security Trust, HB 1104

Our long-standing bill that would set up a true single-payer publicly funded and administered health system was filed again in the House by our prime sponsor, Rep. Sherry Appleton. No action is expected, unless something really unusual happens. The bill delineates the structure needed to run a health care system, but leaves the specifics of how to finance it to the Joint Select Committee on Health Care Oversight to figure out.

Whole Washington Trust, SB 5222

This bill is a follow-up of the unsuccessful I-1600 campaign of last spring. It would set up a true single-payer publicly funded and administered health system (almost identical to the WHST), but includes a financing mechanism based on individual premiums, payroll assessments, and a capital gains tax. The prime sponsor is Sen. Bob Hasegawa. There is unlikely to be any action on this bill.

Increase Availability of Affordable Health Coverage in the Individual Market, HB 1523/SB 5526

This bill, with its prime sponsor, Rep. Eileen Cody, being the Chair of the House Health and Wellness Committee, has attracted essentially all the attention and publicity in the area of health reform. Gov. Inslee held a press conference with Rep. Cody praising the bill as a “public option” (which it isn’t). There was a hearing before the Committee on January 30, and HCFA-WA submitted testimony that was neither in support nor in opposition, but suggested improvements..

The bill aims to improve the plans offered on our state’s Affordable Care Act Exchange by having a group of stakeholders write some “standardized” plans (SHPs) for private insurers to use, and then phasing out over five years plans that aren’t SHPs. Trouble is, there can be up to three SHPs per metal level (bronze, silver, and gold), or 9 SHPs altogether. That’s hardly setting any kind of a standard that must be met!

Another section of this bill attempts to set up some additional special plans, with hoped-for reduced premiums, for the Health Care Authority to contract with willing private insurers to offer on the Exchange. These special plans must restrict payments to providers to Medicare rates or below, which will cause rebellion among physicians and probably other health care providers. (This is what is being touted as a “public option”.)

The last section of the bill raises the possibility of state-funded premium subsidies and cost-sharing support for people with incomes less than 500% of the Federal Poverty Level. No promises, however.



HCFA-WA
HEALTH CARE FOR ALL
- WASHINGTON -

What’s inside

2019 state legislation.....	1
President’s Message	2
Updated Medicare for All.....	3
Political Action Committee.....	4
Universal health care forum.....	5
Lobbyists trying to kill Medicare for All.....	6
2019 legislative activism.....	7
Dr. Geyman on TrumpCare.....	8

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

Fall 2018

P.O. Box 30506
Seattle, WA 98113-0506

Contact us at:
(707) 742-3292

info@healthcareforallwa.org
www.healthcareforallwa.org

Officers

President Marcia Stedman
Vice President ... Kelly Powers
Secretary.....
Treasurer Dana Iorio, ARNP

At-Large Board Members

DW Clark
Peter Lucas, MD
Gina Many, PhD
Erica Nealious-Grall
Chuck Richards
Ronnie Shure
Hal Stockbridge, MD

EBulletin Editor - Jeannie Ernst

Newsletter Editor - Sarah K. Weinberg, MD

Program Director - Bevin McLeod

Communications Lead- Sydnie Jones

Regional Directors

Jessa Lewis – Eastern WA
Carmen Mendez – Central WA
Dale Porter – Southwest WA

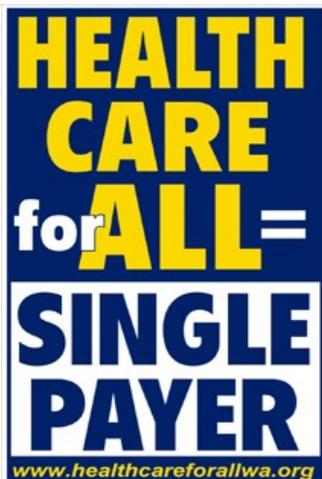
Consultant Team

Charles Carley – AV Technician
Rich Lague – Writers Team

Affiliates

—United for National Health Care, Bellingham
—Jefferson County Citizens for Health Care
Access, Port Townsend
—HCFA - Spokane

Contact: office@healthcareforallwa.org



From the President's Desk

by Marcia Stedman, President.

We Have a Win!

First Steps on the Path to Universal Health Care

For the first time ever, a universal health care bill has made it out of Committee! Two weeks ago, SB 5822, the Pathway to Universal Health Care Bill, was heard in the Senate Health & Long Term Care Committee. It moved on to the Ways & Means Committee where it was heard last week.

HCFA-WA members and supporters testified in both Committees in support of this bill, and offered recommendations for improvements in three key areas:

Section 2.1.a – Broaden the participation of the Work Group to include additional members of the community and medical professions, as well as other sectors of our population.

Section 2.2 - Strengthen the goal of the work group by including the stipulation that the goal include a health care system that is not only publicly funded, but also publicly administered and both publicly and privately delivered.

Section 3 – Increase transparency by providing periodic preliminary reports to the public, in addition to the final report which to be made to the appropriate committees of the Legislature.

None of our many suggested improvements to this bill was adopted by the Senate Health & Long-term Care Committee. However, **during the discussion in the Ways & Means Committee's Executive Session, 4 of our 5 most important amendments were incorporated into the Second Substitute Bill. This is HUGE!** We very much appreciate the dedication of Senators Bob Hasegawa and David Frockt who worked the language of this substitute bill right up to the end of the Executive Session.

By the way, that "missed" 5th amendment had to do with including in the Work Group "representatives of organizations which advocate for publicly funded and publicly administered health care." It is likely that by including in the Work Group "patient advocates and community health care advocates" (another of our key amendments) this important viewpoint may be represented as well.

We are extremely grateful to the bill's Prime Sponsor, Sen. Emily Randall, and to the 13 co-sponsors in the Senate who worked so tirelessly to move it forward. The House companion bill HB 1877 was Prime Sponsored by Rep. Nicole Macri who as Vice Chair of the House Health Care & Wellness Committee secured the support of 21 co-sponsors on this important bill. We look forward to working with them and their colleagues as the Legislative Session continues.

It has been said that achieving health care reform is not a sprint, but a marathon. Continuing the track and field analogy, we'll probably need to complete a few hurdles, a long jump, a high jump, and a shot put before we get to the finish line. Help us keep up the momentum!

Here's what you can do now:

Watch the video of the Senate Health & Long Term Care Committee testimony:

https://www.healthcareforallwa.org/video_sb5822_pathway_to_universal_health_care_hearing

Contact your Senator and let them know why you personally support Universal Health Care. Ask them to support passage of the second SSB 5822 out of the Senate Rules Committee & on the floor.

Details here: https://www.healthcareforallwa.org/the_pathway_bill

New, Updated Version of Medicare for All Legislation Expected Soon

By Sarah K. Weinberg, MD, Editor

For 15 years HR 676 Expanded and Improved Medicare for All has been introduced into each session of Congress. It has been considered a “messaging” bill, outlining what should be included in a bill getting serious consideration. That serious consideration has been lacking, but “...the times they are a-changing...” It’s taking quite a bit of time and effort to bring various interests together to draft a comprehensive fleshing-out the essential features of a real Medicare for All bill. The bill was just filed yesterday (2/28/19) in the House (Rep. Pramila Jayapal) but not in the Senate. Here’s a list of expected features from people who have been working with Rep. Jayapal. (*Editor’s note: I have not had a chance to read it yet.*)

Everybody In, Nobody Out

All residents are to be included, and perhaps there will be specific language including immigrants without regard to their status.

Full and comprehensive medical coverage

Will include prescription medications, devices, dental care, and vision care, with a free choice of provider.

Long-Term Care

This section is still being written, with extensive input from the disability community. LTC was poorly addressed in both HR 676 and S 1804 in the past, and the goal is to include it in a meaningful way.

Reproductive health care

Should specifically protect access to all reproductive health care, which means exempting the bill from the Hyde Amendment (that prohibits any federal money paying for abortions).

Single standard of care for all

Will prohibit private insurance for benefits covered under Medicare for All. Insurance can be sold for extras. This provision is needed to prevent the system from devolving into a two-tiered system: private, expensive care for those who can afford it, and deteriorating support for the public system for everyone else.

National and regional budgeting

Probably will have global budgeting for hospitals and fee-for-service payment for physicians. The bill will prohibit measures that decrease costs by providing incentives to discourage utilization.

Protect workers and health care professionals
Will provide a “just transition” for displaced workers and others affected by a large change in our health care system’s structure.

Transition period

Probably will be two years, with some benefits available in one year. Also, people who lose insurance during the transition and some of the uninsured will be able to get earlier coverage.

Investor-owned facilities

This is another contentious area. On the one hand, investor-owned facilities have worse quality records, but on the other hand, wiping them out would be expensive and entangled in the courts for years. The bill will probably address the need to get these facilities operating for the benefit of patients rather than for maximizing profits by using budgetary and regulatory means.

Maintaining commitment to Native Americans and veterans

The Indian Health Service and Veterans Administration Health system will be fully funded and left intact. Since individuals will be fully covered regardless, those eligible for these two programs will be able to choose where to seek their health care. This is probably being done in response to concerns expressed by Native Americans and Veterans.

Collaborative drafting process

There are good reasons not to make drafts of the bill public before it is filed. First of all, it is not the usual custom in Congress. Second, it’s important for the main sponsor to get lots of co-sponsors, and that may involve some wheeling and dealing. Also, the bill needs to be evaluated by legal advisors before making firm commitments. Lastly, the less time that opponents have to prepare their attack on the bill, the better.

Actually, Rep. Jayapal has had numerous discussions with single-payer advocates along the way, and has accepted many of the suggestions that have been made.

In the end, what will be really important will be for all the health reform advocates to unite behind this bill when it is finally filed. Getting it passed will be a major battle, to put it mildly.

###

Political Action Committee

By Ronnie Shure, Co-Chair

TIME TO CELEBRATE!

We saw some real victories for universal health-care in 2018, and we are witnessing even greater changes this year. We may not enact Medicare for All in our state this year, but you should buckle your seatbelt. We are going to have a wild ride in 2019.

The Washington Health Security Trust had hearings in the House and the Senate in 2018, and it was the first time the Senate Health Care Committee discussed our bill. The Washington State Institute for Public Policy was given funding to study single-payer and universal health care systems, and a preliminary report was issued on December 1, 2018; with the full report expected in summer of 2019. We had great volunteer support from our members and staff, and we celebrated strong voices from legislators such as Rep. Sherry Appleton, Sen. David Frockt, Rep. Nicole Macri, and Congresswoman Pramila Jayapal last year.

There were some remarkable steps forward on the national scene as well, with the introduction of the State Based Universal Health Care Act of 2018 in Congress, and the strong opposition to attempts to dismantle the Affordable Care Act.

We have already seen victories in the 2019 legislative session. The bill to create a pathway to

universal health care was passed out of the Senate Health & Long Term Care Committee (check out SB 5822), and the companion bill has been introduced in the House (watch for some action on HB 1877). With your help, we can make the ‘pathway bill’ lead to the Washington Health Security Trust in the next session of the legislature.

We submitted testimony at hearings on the bills to expand access to individual health insurance market (HB 1523/SB 5526) with the intention to improve the plans promoted by Governor Jay Inslee, Sen. David Frockt, and Rep. Eileen Cody this year. While these bills are far from universal health care bills, we welcome the voices of these leaders in moving closer to our primary goals. Now is the time to call or meet with your legislators especially if they sit on health care committees, Ways and Means [funding] or Rules committees and ask their support in passing these current bills during this session.

This is the action that we need to get the ball rolling. There will be a lot to celebrate at the end of this legislative session. Please watch for alerts to help move each of these bills forward to the Ways & Means committee and the Rules committee and more. You can celebrate each step along the way and enjoy the wild ride in 2019!

###

Review of Geyman on TrumpCare

Finally the reader gets to the last chapters on how to fix the system. Favoring national improved Medicare for All, these chapters will not surprise. Although not stated explicitly, it is clear that policy makers in the U.S. need a paradigm shift: from belief in a market-based, commodity approach to a recognition that a nation’s health care system is part of the public infrastructure of the nation. Even conservatives in other nations understand that universal access to necessary health care fits four conservative moral principles: anti-free riding, personal integrity, equal opportunity, and just sharing.

How do we get there? The book ends on a hopeful note, leading up to the 2018 mid-term elections. As Dr. Geyman hoped and expected in his

Continued from p. 8

concluding chapter, many more progressive voices are now in Congress, and “Medicare for All” as a slogan has now moved into the main stream. It will take a continuation of that trend through the 2020 elections to get a Congress and an Administration ready to say “No!” to a corporate, for-profit health care system and “Yes!” to a system focused on providing health care to all U.S. residents as a government responsibility.

The book can be ordered through Amazon.com at \$18.95. Dr. Geyman is a professor emeritus of family medicine at the University of Washington School of Medicine in Seattle. He now resides in Friday Harbor, WA.

#####

Forum: Winning Universal Health Care



On Saturday, January 26, the Health Care Is a Human Right Coalition hosted a Forum on Winning Universal Health Care in El Centro de la Raza on Beacon Hill in Seattle. It was well attended, with about 200 people crowding into the meeting room. Six elected officials attended and discussed how this policy could become a reality. The discussion was quite lively and full of energy.

In the photo, from left to right: Seattle City Councilwoman Teresa Mosqueda, King County Councilman Dow Constantine, Representative Nicole Macri, Senator David Frockt, Sen. Joe Nguyen, and Senator Bob Hasegawa. Congresswoman Pramila Jayapal, prevented from travel due to the federal government shutdown, sent a video address.

Current bills *Continued from p. 1*

This bill's prime sponsor in the Senate is Sen. David Frockt, and a hearing was held on February 18 in the Senate Health and Long Term Care Committee. The bill has passed out of that committee and is currently in the Ways & Means Committee. It is likely to pass the legislature and be signed by Gov. Inslee.

Pathway to Universal Coverage, HB 1877/SB 5822

This bill, with prime sponsors in the House Rep. Nicole Macri and Sen. Emily Randall in the Senate, would set up a Work Group to study options for a universal coverage system in our state in case there is real help available from the federal government after 2020. Specifically mentioned is Rep. Pramila Jayapal's Congressional bill from 2018, the State-based Universal Health Care Act., which is expected to be introduced again in 2019.

The Work Group is to include most current stakeholders, and is charged with making recommendations to the legislature by 11/15/20. It does not specifically mention single-payer, but the criteria for the study, which includes contracting for an actuarial study if needed, make it highly unlikely that anything but a single-payer system would work.

The best feature of this bill is its statement at the beginning that health care is a human right. The main danger, assuming it passes, is having its report ignored

as have so many health reform studies in the past. A couple of amendments have been drafted to improve it:

- Adding "publicly administered" to the criteria, to prevent another "public" plan being farmed out to private insurers.
- Adding representation of single-payer reform to the Work Group on the theory that if insurers are to be there then single-payer supporters should be there, too.
- Requiring two interim reports to allow for public comment before the final report is released.
- Including some kind of requirement that the legislature take action on the recommendations of the Work Group.

This bill was included in the hearing in the Senate's Health and Long Term Care Committee on February 18. It passed out of committee to the Ways & Means Committee, but without any improvement. Perhaps after Rep. Cody's bill is finished....

Want more up-to-date information on the progress of these bills?

The legislature's website, www.leg.wa.gov is the place to go. Select "bill information" from the menu, and enter the desired bill number in the search box. That will bring up a page with links to lots of stuff about each bill as well as how it is progressing.

#####

Small Army of Lobbyists Mobilizes to Kill Medicare for All

By Sarah K. Weinberg, MD, Editor

(From an opinion piece by Robert Pear in the New York Times, February 23, 2019.)

Although their Executive Director denies hiring any "direct lobbyists", the newly formed Partnership for American Health Care Future, is mounting a broad campaign of disinformation and scare tactics to oppose any and all proposals to expand Medicare. Their "daily fusillade of digital advertising, videos, and Twitterposts" has started even before an actual Medicare for All bill has been filed in the current session of Congress.

This coalition or partnership started with the Federation of American Hospitals, representing investor owned hospitals, America's Health Insurance Plans (AHIP), representing insurers, and Pharmaceutical Research and Manufacturers of America (PhRMA), representing the drug industry. Since the start, more than 25 members have joined, notably the American Medical Association (AMA), the American Hospital Association (AHA), Blue Cross and Blue Shield plans, and the National Retail Federation (primarily giant companies like WalMart, McDonalds, and Amazon). In addition to their obvious mission to oppose expansion of Medicare, this coalition advocates for "positive" policies, all of which improve the bottom lines of those who currently profit from the ACA and our existing medical-industrial complex. These include: expanding Medicaid in those states that haven't already done so, expanding government subsidies for premiums and/or cost-sharing in private insurance, and getting states to set up reinsurance programs (using federal and state funds) to pay for enrollees with high medical bills. Note that all three proposals would funnel tax dollars (both federal and state) mostly into the pockets of insurers.

Newsletter readers: be prepared to help your family and friends reject the disinformation coming at them:

- "The ACA is working, just needs some improvement." The ACA still leaves millions uninsured, and tens of millions more underinsured, even before the current undermining of its protections.
- "Mostly, employees like their employer-sponsored insurance." This is increasingly not the case as the premiums, deductibles, and other cost-sharing costs rise.
- "Medicare for All will require huge tax increases." Of course, this depends on how it will be paid for, but don't forget that premiums, deductibles, co-pays, etc. will disappear even if taxes are raised.
- "Politicians and bureaucrats will control medical decisions." This has not happened in other nations. It also ignores the interference currently experienced when insurance company bureaucrats deny payments or prior authorizations.
- "What happens if the government shuts down?" Perhaps Congress should first pass a bill prohibiting shutdown of the federal government!

Meanwhile, now's the time to contact your representative and urge them to co-sponsor Rep. Pramila Jayapal's Medicare for All bill now that it has been filed. They should also be urged to join her Medicare for All caucus.

From the President's Desk Continued from p. 2

Contact Sens. David Frockt and Bob Hasegawa and thank them for their efforts to advance Single Payer. Let the other bill sponsors know how much you appreciate their help working together with their Ways & Means colleagues to advance this bill. Details on the bills can be found here: <https://app.leg.wa.gov/bills/summary?BillNumber=5822&Chamber=Senate&Year=2019> **Request a presentation by a member of our Speakers' Bureau here:** <http://www.healthcareforallwa.org/contactus> We will be happy to talk to your group, & answer questions.

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.

\$ _____ total

Suggested contribution \$35 _____ \$ 50 _____ \$100 _____ Other \$ _____

____ Check ____ Visa ____ MasterCard # _____ Exp. Date _____

Name: _____

Address _____

Phone _____ Email _____

Legislative District _____ Monthly email bulletins __ Yes __ No

Thank you for your support.
Health Care For All-WA
PO Box 30506 Seattle, WA 98113-0506 (707)742-3292
Info@healthcareforallwa.org ; www.healthcareforallwa.org

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?

Health Care for All-Washington

~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~

P.O. Box 30506
Seattle, WA 98113-0506

RETURN SERVICE REQUESTED

Non-Profit
U.S. POSTAGE
PAID
Permit No. 6109
Seattle, WA

Check your label for the date of your last contribution. Renew your membership now for 2019

Book Review: “TrumpCare: Lies, Broken Promises, How It Is Failing, and What Should Be Done”, by John Geyman, MD

By Sarah K. Weinberg, MD, Editor

This book, released in September, 2018, is the latest (#16) in Dr. Geyman’s long series of books and pamphlets about the progress (or lack thereof) in reforming the health care system in the U.S. The focus this time is on the damage done to the Affordable Care Act (“Obamacare”) by the Trump Administration in less than two years.

The first two chapters briefly review past efforts at achieving national health coverage for everyone, and how these efforts have constantly been derailed by those who view health care as a commodity, and especially by those who profit enormously from this “market-based” approach. The next several chapters discuss the various ways in which the Trump Administration, in

sabotaging the ACA, now owns the system they now seek to destroy, earning the name “TrumpCare”.

After this, the next several chapters describe the various ways in which TrumpCare is failing, both in not improving the functioning of the ACA and in failing to control ever-rising costs. Access to affordable health care is falling; health insurance is increasingly unstable and inadequate; profiteering is increasing as quality of care decreases; there is no meaningful cost containment; bureaucratic complexity and outright fraud are increasing; and there is no adequate oversight or accountability.

Continued on p 4