



Health Care for All-Washington Newsletter

An Information Pipeline for Members and Friends of Health Care for All-Washington

Summer 2017

Status Report: Real Reform vs “Fake” Reform

by Sarah K. Weinberg, MD, Editor

Lately, the news has been so full of stuff about reforming the health care system that it’s like drinking from a fire hose. Here’s an effort to summarize and give an overview as of this writing (7/4/17).

War on the poor

Both of the congressional bills (House American Health Care Act & Senate Better Care Reconciliation Act) would result in millions of Americans losing health coverage, drastically cutting Medicaid, and giving large tax breaks to wealthy individuals and certain special interests. For every million people without health insurance, an estimated 1,000 die every year as a result. War? Let’s put it this way: Every member of Congress who votes for one of these bills is willing to stand by as thousands of Americans die preventable deaths. Doing so at the behest of wealthy donors and special interests is not much different than murder for hire. Prediction: Neither bill will actually become law, but, if your Representative or Senators are Republicans, be sure to contact them and use sufficiently strong moral language to encourage them to vote “NO!”

Continuation of the Affordable Care Act

The ACA depends on the willingness of insurance companies to sell policies in a given location. These companies are reluctant to participate if their likelihood of profits (or at least not losses) is low. The current uncertainty over how much subsidies will continue to support the ACA exchange markets means that insurers either leave or raise premiums to avoid losses. If the AHCA and BCRA are abandoned, and further efforts to undermine the ACA are also dropped, these markets should stabilize and we will be left with the ACA as it was in 2016: functioning, but still leaving around 30 million people uninsured and millions more with inadequate insurance when faced with significant medical expenses. It’s possible that Democrats and Republicans might cooperate to try to fix some of the problems, but it’s unlikely. Keeping the private,



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



**Health Care is a
Human Right**

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Summer 2017
P.O. Box 30506
Seattle, WA 98113-0506

Contact us at:
(707) 742-3292

info@healthcareforallwa.org
www.healthcareforallwa.org

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E. Bulletin Editor

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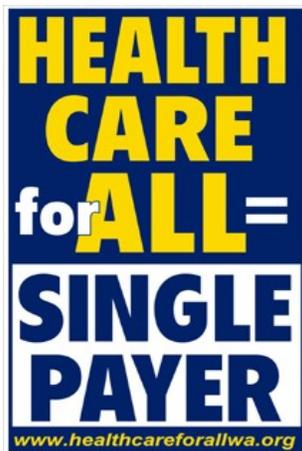
Sarah K. Weinberg, MD

Webmaster

Reed Wacker

Contact:

office@healthcareforallwa.org



From the President's Desk

by Marcia Stedman, President.

Having newly arrived at the President's Desk, I have a confession to make: my desk is a mess! This includes my virtual desk as well as the one I'm sitting at. Are you as ready as I am to consider survival strategies? Read on for some suggestions.

Separate the news from the noise. Those tweets and e-mail links are so tempting, but try to spend some time reading the many thoughtful essays and studies by respected health policy experts. Physicians for a National Health Program has a very informative website with answers to single-payer FAQ's: <http://www.pnhp.org/facts/single-payer-faq>. Dr. Don McCanne maintains a listserv to which anyone can subscribe and receive articles from a variety of media: <http://www.pnhp.org/news/quote-of-the-day/feed>, together with his commentary. HCFA-WA also has an FAQ section for questions on our own state-based single-payer plan, the Washington Health Security Trust: <http://www.healthcareforallwa.org/wp-content/uploads/2013/01/20150601-WHST-FAQs.pdf>.

Check out the latest news articles mentioned in our monthly e-bulletins, here: <http://www.healthcareforallwa.org/hcfa-wa-e-bulletin-index/>

Seek out fellow travelers. Join Health Care for All-Washington and get regular updates on events around the state and articles of interest. Become a Facebook friend of HCFA-WA, and follow us on Twitter. You can find links to both on our website: <http://www.healthcareforallwa.org/>. Consider joining one of our committees to meet with others who share your passion for universal single-payer health care. Help us plan fun events and create the materials we share with single-payer supporters throughout the state. Invite an HCFA-WA speaker to give a presentation to your group or club on the Path to Single-Payer Health Care in Washington State.

Play to your strengths. Consider what you are good at and what you like to do. Do you like to write? We have a Writers' Team. Do you have a knack for public speaking? We have a Speakers' Bureau. Do you like to engage with legislators and voters? We have a Legislative Committee. Maybe you like to talk to others one-to-one.

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Outreach Committee Report

*By Ruth Knagenhjelm and Jeannie Ernst,
new Outreach Committee co-chairs*

Tabling events in June and July

It's summertime – a busy season for tabling and single payer has wind in its sails!

June 3, we tabled at an interesting and successful community organizing workshop in Seattle, hosted by Americans for Refugees and Immigrants. There were speakers with Q&A and those who participated were able to visit tables to learn how they could volunteer for different organizations, including Seattle Transit Riders Union, NW Detention Center, Resistance, 350 Seattle, ACLU, World Relief, Indivisible, and HCFA-WA.

June 11, we tabled at Metropolitan Democratic Club of Seattle's 4th Annual Chautauqua 2017. Keynote Speaker was Jeanne Kohl-Wells and Lisa Herbold was the Master of Ceremonies.

June 17 – 18, Burien Strawberry Festival, with 33rd and 34th LD Democrats

July 21 – 23, Vashon Strawberry Festival, with the 34th LD Democrats.

We'd be happy to help volunteers learn to participate in these types of tabling. Please contact us.

Presentations and House Parties:

Are you involved with a local group, church or organization that would like a presentation to learn about our legislation and how we fit in with the national efforts to obtain single-payer health care? We'd be happy to schedule a speaker for your group to discuss the current situation and how supporters can be most effective.

We particularly need supporters and volunteers in Southwest and Central Washington to help us reach people and inform them about universal single payer health care and our legislation. We need people to contact their legislators in legislative districts which have health care committee members. We also look to connect with like-minded organizations for endorsements and to continue the growth of the grassroots movement.

2017 New and Renewing Members

Second quarter 2017

New

John & Andrea Adams
John Baumann
Kathryn Carruthers
Cris Currie
Sari Lisa Davison
Lisa Dekker
Kristin Distelhorst
Jessica Felt
Joyce Gorham
Elizabeth Hanson
Elizabeth & Mike Hively
Wendy & John Indvik
Bert Jackson
Kathryn Keller
Omie Kerr
Julia Maslach
Paul Merriman
Karen Noble
Andrea Opolenik
John Pizzo
R. Scott Raber
Diana Schott
Jim Schwing
Cynthia Sears
Claire Siegel
Rich & Lisa Thomas
Teresa Tyler
Leslie Weertman
Judith Zeh
Carollyn Zimmers

Renewing

Walter Alt
Jean Brechan
Nancy Corr
Kenneth Fabert
John Geyman
Marshall Goldberg
Marjorie Gray
Paul Grekin
Lee Gresko
Toby Harris
Dana Iorio
Jean & Roger Leed
Alice Litton
Ramona J. Memmer
Kelly Powers
Charlton Price
Paul & Mary Margaret
Pruitt
Emily Ray
Chuck S. Richards
James T. Smith
Elaine & Sidney Smith
Ernest & Ruth Solowan
Jim Squire
Lounette Templeton
Sarah Weinberg
Robert Weschler
Dave & Jeannette
Woodruff

We can also help you with a house party. As Fall approaches, bring together neighbors and friends to have a party. Watch a film, ask questions, and discuss options to help us all move forward. We will assist you and have materials. Please contact us: Jeannie— bulletin@healthcareforallWA.org, Ruth— outreach@healthcareforallwa.org

###

Legislative Action Committee

by *Ronnie Shure, Legislative Chair.*

Washington State candidates make strong response in favor of single payer

There are 5 Legislative Districts holding elections this year to replace legislators who have moved to other positions, and there are 5 Senate and 3 Representative positions overall being decided this year. We sent a questionnaire to all 17 candidates in our state. There was a very strong level of support in favor of single-payer in their responses, and, in fact, there was not a single response against the concept. This election is an opportunity to swing the vote in favor of single-payer health care.

YES – these candidates support HB 1026 / SB 5701 to establish a Health Security Trust to provide coverage for all Washington residents

**currently appointed to the position*

7th LD – Karen Hardy – State Senate candidate
7th LD – Susan Swanson – State Representative Pos. 1 candidate
31st LD – Nate Lowry – State Representative Pos. 2 candidate
37th LD – Rebecca Saldana – State Senate *
45th LD – Manka Dhingra – State Senate candidate
45th LD – Parker Harris – State Senate candidate
48th LD – Patty Kuderer – State Senate *
48th LD – Richard Knierim – State Senate candidate
48th LD – Vandana Slatter – State Representative Pos. 1 *

Please note that Senators Saldana and Kuderer signed as co-sponsors to SB 5701 when they joined the Senate this past January as appointed members.

Waiting for response – please contact these candidates if you live in these Legislative Districts

7th LD – Shelly Short – State Senate *
7th LD – Jacquelin Maycumber – State Representative Pos. 1 *
31st LD – Phil Fortunato – State Senate *
31st LD – Michelle Rylands – State Senate candidate

31st LD – Morgan Irwin – State Representative Pos. 2 *

45th LD – Jinyoung Lee Englund – State Senate candidate

48th LD – Michelle Darnell – State Senate candidate

48th LD – Ciaran Dougherty – State Representative Pos. 1 candidate

Please repeat the questions from our initial email:

1. Do you support HB 1026 / SB 5701 to establish a Health Security Trust to provide coverage for all Washington residents?
2. What is your plan to provide coverage if the Affordable Care Act is repealed?

Please refer to the email that was sent from action@healthcareforallwa.org on June 1st. We included the Background Paper on WHST and a letter from Governor Inslee about repeal of ACA, when we sent that original email.

The candidates who responded to our questionnaire emphasized that single-payer would be the best response to repeal of the Affordable Care Act. **We must provide more information to these candidates about taking action in our state.** It is important to contact all candidates whenever you get a chance to attend town hall forums, public gatherings, and individual meetings. The primary ballots will be mailed out on July 14th (and due back by August 1st), and the general election ballots will be mailed out on October 20th (and due back by November 7th). Remember that democracy is a participative sport, so get out there and enjoy the summer!

Please share any response that you receive with us by sending an email to action@healthcareforallwa.org.

###

New Single Payer Advocacy Group: Whole Washington

By Georgia Davenport, Interim Campaign Director, Vivian Queija and Cindy Black

What Is Whole Washington?

Whole Washington is an ambitious group of citizens and health care professionals, determined to bring a single payer health system to Washington State through a statewide ballot initiative. We believe health care is a human right, and therefore a responsibility for society to provide for everyone.

Who We Are

- Nine board members: Activists, doctors, and union organizers, including Cindy Black (director of the I-735 campaign and Fix Democracy First), Bill Moyer (director of the Backbone Campaign), and Pam Keely (nurses union and activist).
- Steering Committee: Our steering committee president, Leslie Zukor, has assembled members from each congressional district and from most major stakeholder organizations. We are also working on getting LD leads for each state legislative district.
- Initiative Writing Committee: Whole Washington has started paying economics expert Dr. Gerald Friedman to carry out a funding study and provide advice. The committee is led by Spokane's Erin Georgen, and has members from United for Single Payer, Physicians for a National Health Program Western Washington, and input from Health Care for All – Washington.

What Can You Do to Help?

We need volunteers, especially those who currently live outside the Puget Sound area, either for staffing at Whole Washington booths and fairs, photography/videography, or data entry. We can help you organize and set up wherever you are located. Go to our website to volunteer: www.wholewashington.org.

We don't want to see health care sliced and diced in ways that exclude people. We want the whole apple for Whole Washington!

President's desk

Continued from p 2

If so, our Outreach Committee puts together informational tabling events at community fairs, celebrations, and farmers' markets. Perhaps you have data entry or public relations/media skills. We have a place for you! <http://www.healthcareforallwa.org/volunteer-with-health-care-for-all-washington/>

Take care of yourself. Remember that you have a personal life too. Take the time to unplug from the action, relax, and re-create by

connecting with family and friends. Your desk, and mine, will still be there when we return. Whether you are new to the health care justice struggle or a long-time activist, we need you and your available energy now more than ever. Unprecedented attention is focused on our issue, and we are closer than ever to our goal of universal single-payer health care. Together, we can do this!

###

for profit insurers at the core of the health care system means that improved coverage for more people has to cost even more taxpayer money. That can't continue for much longer.

Boost for single payer Medicare for All!

The horrors of the first, and the inadequacy of the second is bringing new prominence to the third: using Medicare as the basis for a universal coverage system to provide health care for everyone living in the U.S. HR 676 Expanded and Improved Medicare for All now has 113 co-sponsors, more than half of the Democrats in the House. (If your Representative has not yet signed on, this would be a good time to urge him/her to do so!) Sen. Bernie Sanders (I-VT) has promised to submit a Medicare for All bill – the latest rumor is that he's waiting for the fuss over the Republican bills to die down. If and when he does submit the promised bill, that will be a good time to contact your Senators and ask them to co-sponsor.

Efforts in several states

Currently, two states have state single payer bills under active consideration, and more states have similar bills that are being largely ignored at present (including our Washington Health Security Trust bills).

California

There has been a lot of publicity surrounding California's single payer bill, SB 562. The bill would set up a central plan with full benefits, including dental, vision, and long-term care coverage. The bill passed the state Senate, but has recently been bottled up in committee in the Assembly. There are serious roadblocks, some in every state wanting to keep federal funding for a single payer plan, and some peculiar to each state's constitution and laws. Tying up this legislation for at least a year is part of arguing, even among supporters, over how much taxes will have to be raised, how to deal with necessary federal waivers, and how to deal with two California-specific

blockages: Proposition 98 and the Gann Limit. The former is a constitutional requirement (since 1988) that a large chunk of any funds raised must go to education. The latter is a year-to-year limit on how much taxes may be increased.

New York

A single payer plan, A5062, has passed in the state Assembly, but is languishing in the Senate. The bill specifically states that "...all residents of the state have the right to health care." The bill would set up a New York Health Plan that would provide "comprehensive health coverage", and be financed by "broad-based revenue based on ability to pay." The bill instructs the state to work to get the necessary federal waivers to be able to be a "true single-payer program". It also provides for the possibility that the New York Health Plan will not be able to include all federally exempted populations. However, there is no more discussion in the bill about how to raise the necessary funds.

In the Senate, a similar bill, S4840, is under consideration. Prof. Gerald Friedman, a health care economist at the University of Massachusetts Amherst, estimates that the New York Health Plan could save as much as \$45 billion in the first year alone. His study assumed financing would be by a graduated payroll tax averaging 8.1%. It notes that currently payroll health care deductions average 12.8%. There would be an additional assessment on non-payroll income such as capital gains and investment income.

Currently, the New York Senate has a one vote Republican majority, which may mean that the bill will have to await the results of the 2018 election. "The bill has been endorsed by numerous civic and labor groups, as well as by the medical community." ("NY Senate Considers Proposal for Single Payer Healthcare", Health Payer Intelligence, 4/19/17)

Real vs. fake

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Nevada

In May 2017, the Nevada legislature passed AB 374, a bill that would have had the state's Medicaid program allow insurers to sell plans offering Medicaid coverage (and paying providers Medicaid rates) to the general public through Nevada's ACA exchange. It would have been necessary to apply for federal waivers to permit this plan, and also to allow ACA premium subsidies to be available for purchasers with incomes below 400% of the federal poverty level. The concept was to allow Medicaid buy-in to fill the gaps among the existing Medicaid program, plans purchased on the ACA exchange, employer-sponsored insurance, and Medicare.

The plan was attacked by conservatives (and others), who pointed out that many providers exclude or limit Medicaid patients due to low payment rates, and that standard insurers would be unable to compete with cheaper Medicaid plans, causing them to leave the state's ACA exchange. In addition, some employers would stop offering insurance to their employees, expecting them to purchase Medicaid instead, further accelerating insurers' departure. Many providers would be unable to stay in business with a greatly increased proportion of their patients covered by Medicaid. Conservatives were especially alarmed that "... these actions will drive Nevada toward a single-payer system such as those in European countries." Horrors!!! On June 16, Gov. Brian

Sandoval vetoed the bill, just hours before it would have become law.

Conclusions

1. The two Republican bills are truly awful, and are unlikely to become law.
2. Entitlements, like Medicaid, Medicare, and now the ACA exchanges, are nearly impossible to rescind or cut back, as the Republicans are learning through the huge backlash against their attempts.
3. Medicare for All is getting more public attention, and needs more. Supporters (like us!) can and should take the high moral ground: our proposal will provide guaranteed affordable health care to everyone and actually lower costs overall once fully implemented.
4. Recent polls show growing support for the concept of government guaranteed health care: 80+% of Democrats, 30% of Republicans, and 60% overall.
5. **The time is ripe for constituents to apply pressure on their members of Congress. Readers of this article: GO FOR IT!!!**

###

Dem senator: even conservative constituents want single-payer

<http://www.cnn.com/2017/07/11/politics/jeff-merkley-new-day-cnntv/index.html>

"What I'm hearing -- even in these conservative parts of my state that I lost by 30, 40% when I was running for re-election -- what I'm hearing is the system is way too stressful," Sen. Jeff Merkley told CNN's Alisyn Camerota during a discussion on health care legislation on "New Day." "I've been asking each audience, I've been saying, 'How many people here 10 years ago would have supported a single-payer Medicare-for-all?' And it's a small number. And then I ask, 'How many now?' And the hands just go up throughout the room."

Merkley added, "People are so stressed about the complexity and difficulty of our health care system. Can't we make this simpler?"

America's Primary Care Problem

by Sarah K. Weinberg, MD, Editor

In addition to the problem with lack of universal health coverage, our nation lags other wealthy nations in its primary care workforce. There are many reasons why our commodity and profit oriented health care system disincentivizes primary care, but two recent items have presented proposals to fix the problem.

Hisam Goueli, MD, candidate for Mayor of Seattle

Dr. Goueli is a primary care physician in Seattle, associated with the University of Washington. He completed residencies in both Family Medicine and Psychiatry, believing that both sets of skills are badly needed in primary care. His practice emphasizes care for the underserved, including LGBTQ patients.

Dr Goueli recently gave a presentation to Physicians for a National Health Program Western Washington about the role that Federally Qualified Community Health Centers can (and should) play in improving access to primary care and medical homes in the U.S. There are several such centers in the Seattle area, but more are needed. These centers provide: primary and preventive care, dental and vision care, low-cost prescription drugs, access to specialists and hospitals when needed, and accept all patients with or without insurance. The Affordable Care Act included extra funding for these centers, which helps subsidize the uncompensated care they provide, as well as encourage more such centers to start up.

Dr. Goueli would like to build on Community Health Centers to provide access to affordable health care to every resident of Seattle, similar to what has been done in San Francisco.

Community Health Center and Primary Care Workforce Expansion Act of 2017

Senator Bernie Sanders (I-VT) and Representative James Clyburn (D-SC6) unveiled this bill, filed in the House as HR 3059, late in June. The bill would fund expansion of federally qualified Community Health Centers to double the number of patients seen – from 25 million to 50 million in a decade. The bill would also double the funding support for the National Health Service Corps, which offers debt forgiveness for health care providers who agree to practice in underserved areas. Additional funds would be provided to Teaching Health Centers and Nurse Practitioner Residency Training Programs, both of which prepare physicians and nurse practitioners for primary care practice.

Some more numbers of Community Health Center users:

- 13 million people in rural areas, most with nowhere else to go
- 300,000 veterans
- Tens of thousands of homeless people
- 2 million underserved seniors
- 1/3 of people living in poverty
- 20% of CHC patients are uninsured

Last, but not least, Community Health Centers create jobs for health care workers! Currently around 190,000 people are employed by CHCs, generating \$45 billion in total economic activity

###

Join Now for 2017!
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 _____

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HCFA-WA supporters got lots of applause from the crowd in Everett as they walked with Indivisible North Seattle on July 4th.

Health Care for All-Washington

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Medicare For All Is Coming, No Matter What They Say

<https://www.commondreams.org/views/2017/07/12/medicare-all-coming-no-matter-what-they-say>

It's easy to understand why the Washington Post, with its history of hostility to social spending, would oppose Medicare For All. But why is there such entrenched opposition among some liberals? Some Democrats want to defend the Affordable Care Act out of loyalty, because it's a Democratic program.

Some people have developed deep expertise in the current, flawed system. Consciously or unconsciously, they will be inclined to resist changes that render their knowledge obsolete. Other people want to be proven right about politics, and they've staked their reputation on claiming that single-payer is a "hard sell" because it will raise taxes.

Actually, it's an easy sell: I can save you thousands of dollars a year by replacing a terrible system with a much better one. People say Medicare For All is "politically unfeasible." But the past ten years have taught us that it's politically unfeasible to aim for anything less.

Editor's Note: It's also morally indefensible to be satisfied with leaving 30 million Americans without health insurance. Thousands die each year as a result.