“Medicare” Bills Gaining Strength in the US Senate

by Sarah K. Weinberg, MD, Editor

Perhaps in response to polls showing that a majority of Americans favor some kind of national publicly funded health coverage system, there are now four bills filed in the U.S. Senate with the word “Medicare” in the title that involve expanding access to Medicare coverage to Americans outside the traditional eligibility rules. These four bills all address the perception that difficulties with access to and affordability of health coverage are at the top of the list of voters’ concerns as the 2018 election approaches.

S. 1804 Improved and Expanded Medicare for All – Sen. Sanders (I-VT)

Sen. Sanders filed his bill in September 2017, and one-third of the Democrats in the Senate are backing it. The bill sets up a four-year transition period at the end of which all Americans will be covered by Medicare. The bill also improves the coverage provided by Medicare currently – it includes vision and dental services, and it eliminates deductibles, nearly all co-pays, and premiums. The bill does not include coverage for long-term care, which is left to Medicaid to handle. Separately, Sen. Sanders has listed several possible sources of federal funding for this ambitious bill.


Introduced in October 2017, this bill would create a plan called Medicare-X that would allow individuals, families, and small businesses to choose it on the ACA exchanges. The expected premiums would be lower than the private insurance plans. This Medicare as a public option would initially be offered in parts of the nation where there are few private insurance options available, and would expand gradually until covering “every zip code” by 2023. In 2024 it would be offered on the Small Business Health Options Program (SHOP). Except for adding pediatric and maternity services, the bill does not improve current Medicare coverage and out-of-pocket costs. Whether additional federal funding would be needed (or not) is not discussed.

Continued on p 5
From the President’s Desk

by Marcia Stedman, President.

Spring has sprung and it’s full steam ahead at HCFA-WA!

Following a very busy and productive Legislative Session in Olympia this past winter, we have turned our attention to improving our infrastructure and streamlining our processes in order to support our summer field organizing efforts and prepare for the fall campaign season and the 2019 legislative session.

A key element has been locating office space so that we can better communicate with each other and develop our strategy for the coming year. We are very pleased to report that we have just signed the lease for our new offices at Ballard’s Trinity United Methodist Church. Since this is our very first office, we need all sorts of office equipment and supplies. If you have any useable items you’d like to donate, from desks to chairs to table lamps, please send an email to sydnie@healthcareforallwa.org. We will work with you to arrange pickup or drop-off. Once we’re all settled in, we look forward to meeting you at our Open House.

Another exciting development is the opening of our online Swag Spot. Remember those nifty ‘Everybody In, Nobody Out’ scarves, T-shirts, and umbrellas that we sported in Olympia last winter? You now have an opportunity to secure your very own by donating via our Swag Shop page. Just click on the “Swag” tab on our website or go directly here: http://www.healthcareforallwa.org/swagdonation. As a non-profit organization, Health Care for All-Washington exists because of donations from people like you. Please be as generous as you can so that we can continue this vital work.

Throughout the year, we have been working to strengthen connections to our community as we speak at community events and gatherings, participate in coalitions, and obtain support and endorsements from other community groups. We are grateful for the support of the Health Care is a Human Right Coalition and its allied organizations, and look forward to participating in their newly reorganized Steering Committee. On the national level, we are looking forward to the 2018 Single Payer Strategy Conference in Minneapolis, Minnesota, June 22nd -24th. Hosted by Healthcare-NOW and the Labor Campaign for Single Payer, it is open to all single payer advocates and organizations. Within and alongside the conference workshops will be several sessions devoted to a range of legislative, resource, and organizing issues of interest to state-based single payer organizations and their members.

Meanwhile, in mid-May, the Board of Directors will gather for its day-long Annual Retreat. We will review our efforts of the past year, set our goals for the next 12-18 months, and fine-tune our strategy for 2018-2019. At the end of the day, we will have an updated road map for the next segment of our journey to universal and comprehensive health care for all Washingtonians. We are pleased to have you along, and grateful for your support. Thank you!

###
Outreach Committee Report

By Jeannie Ernst, Chair

As winter moves into spring, the Outreach Committee has been busy planning to be present at events around the state.

Dr. Dan Schaffer and Cris Currie, RN have given two presentations at Eastern Washington University. (See report elsewhere in this newsletter.)

Sunday, May 6, Tacoma: Red Berets for Medicare for All & National Nurses Day. There will be speakers, a march, and tabling. HCFA-WA is supporting this event. Hours are 10 am to 5 pm at Wright Park, 501 S. I St (at Division Ave.). More info at: http://redberetsmedicareforall.com/about-us/

General ideas for Outreach activities:
• Contacting libraries in the Spokane area for rooms available for HCFA-WA to use
• Fairs at senior independent living facilities. Spokane has a senior group “Sip and Schmooze” that meets weekly.
• Two Outreach Committee members went to a fair at Metaline Falls, and had good contact with attendees and local officials.
• Plans are being made to contact Chambers of Commerce, Rotary, and Kiwanis around the state. HCFA-WA has a good presentation targeting business owners.

We urge our readers to keep thinking about possible endorsements for the WHST from health-related businesses and organizations. Have an idea? Contact us: outreach@healthcareforallwa.org.

Our committee urgently needs someone to take charge of the Speakers Bureau. Also, please do visit our recently update website: www.healthcareforallwa.org. Let us know if you have any comments or recommendations for improvement.

Fundraising Committee Report

By Peter Lucas, MD, Chair

HCFA-WA continues to make great progress in advancing the Washington Health Security Trust in the legislature, increasing outreach to communities and organizations across the state, and expanding its membership. However, there is still much work to be done to establish universal, government-funded health coverage in our state.

Our efforts require ongoing funding. During the past year, HCFA-WA has received several large donations and many smaller donations via one-time contributions and recurring monthly donations. Now we are fully committed to raising substantial additional funds in several ways. HCFA-WA has contracted with a professional fundraising organization to assist us in soliciting support from high-profile progressive donors, helping to plan and carry out fundraising events and house parties, and to broaden our base of grassroots donors.

The Board and our contracted staff (Program Director, Regional Directors, and Communications/Website Director) constantly network and reach out to organizations such as unions and foundations to obtain financial support. HCFA-WA is present at community events including farmers’ markets and rallies where our volunteers sign up new members and donors.

In particular, as our campaign expands, we need support for our lobbying, etc. arm. HCFA-WA is what is called a “c4 non-profit organization”. As a lobbying group, donations to HCFA-WA are not tax deductible. We also have a separate arm, HCFA Education Fund, a c3 non-profit organization that emphasizes education of the public (including legislators), including the publication of our newsletter. Donations to the HCFA Ed Fund are tax deductible.

We hope that you, the readers of this newsletter, will consider making a first or additional donation soon, either to HCFA-WA or to HCFA Ed Fund, and will reach out to your family, friends, and communities to bring them into the single-payer movement. Please spread the word!

###
Legislative Wrap Up: Our work together sets the table for 2019

Our initial goal for this year’s short 60-day session was to get one hearing. We did that – plus, we got a second hearing in the House.

Our Senate hearing saw more than 80 people sign on in favor of our bill. So many people showed up in support that there wasn’t room for everyone. The bill came within one vote of being voted out of committee.

At our House hearing we testified about work at the federal level to keep federal dollars flowing to states that choose to move forward with their own systems, and the strong relationships we’re building with our congressional delegates, state legislators, the Office of the Insurance Commissioner, Labor and other coalition partners critical to enacting the Washington Health Security Trust (WHST).

We worked with the legislature to allocate funding for research on a single payer health care system in our state to be completed by the Washington State Institute for Public Policy by early December. This is the first time that our state legislature has ever funded research on single payer to this extent, and it will inform us as we sit down to consider changes to our bill for the next legislative session in 2019.

We are ready to spring forward with renewed energy and hope for major advancement of the WHST next year!

To keep this amazing momentum going, we need your support.

We want to hire more field organizers to spread our message, better educate citizens, and lobby legislators. All of these activities will make the WHST more likely to be enacted and thereby achieve universal coverage for Washington residents. Our legislative and lobbying efforts are funded by HCFA-WA, the 501(c)4 part of our advocacy organization. Donations to HCFA-WA are not tax-deductible, but are badly needed. (HCFA Education Fund is the 501(c)3 part of our organization that emphasizes education about single payer and other health reform issues, including the publication of this newsletter. Donations to HCFA Education Fund are tax deductible.)

Donate to the 501(c)4 to help us continue our legislative efforts Go to our website: www.healthcareforallwa.org click on “Donate”. ###

Report from HCFA Spokane

By Cris M. Currie, RN

Dr. Dan Schaffer and Cris Currie gave an hour-long presentation on single payer health coverage to 28 students in the Masters in Healthcare Administration program at Eastern Washington University in Spokane. A month earlier they had given the same presentation to 19 students in the Masters in Public Health program. They found that their own 23-minute edited version of the “Fix It: Health Care at the Tipping Point” movie is a very effective introduction.

They then quickly described the nuts and bolts of a Medicare for All system before spending the bulk of the time answering questions and encouraging discussion. The students were especially interested in how a nationally coordinated, uniform electronic medical record might work.

Most of the students were unfamiliar with the concept but rather quickly realized it is something they need to pay attention to. When we finally asked them what value health insurers bring to our healthcare system, nobody had an answer.

The last question they asked was: Why do we still have this terrible insurance system? We wasted no time in telling them how they can help us make the kinds of changes that are sorely needed!

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**“Medicare” bills**  Continued from p. 1

**Medicare Extra for All – Proposal by Center for American Progress**

First proposed in February 2018, this is a plan to build a universal coverage health system in the U.S. Although the ACA did expand coverage to 20 million more Americans, there are still over 28 million without coverage. An additional 41 million are underinsured and face potentially bankrupting bills if they become ill. The proposal would first improve Medicare’s coverage: limiting out-of-pocket payments, including dental and vision services, and including prescription drug coverage (no more Part D with its extra premiums). Then the plan would be made available to all Americans, either individually or through their employers. Although Medicaid is not specifically mentioned, allowing people with incomes <150% of the federal poverty level (FPL) to enroll with no premium, a sliding scale for those with incomes 150-500% FPL, and with a premium cap of 10% of income for those with incomes >500% FPL, should make enrollment affordable for everyone. There are other provisions affecting Medicare Advantage plans and long-term care. Financing needed beyond the premiums is not specified.

**S. 2708 Choose Medicare Act – Sen. Chris Murphy (D-CT) & Sen. Jeff Merkley (D-OR)**

The filing of this bill was announced with much fanfare just this week (4/19/18). This bill would allow individuals and employers (for their employees) to purchase Medicare plans, to be called Medicare Part E. The bill also improves some of the shortcomings of today’s Medicare: limits out-of-pocket spending, adds reproductive services, improves the level of coverage to the “gold” level, and allows Medicare to negotiate prescription drug prices. The bill also allows use of premium tax credits under the ACA for purchase of Medicare Part E, and expands eligibility for those credits to middle-income families (up to 600% FPL). In addition, the bill would require that all health insurance plans stop discriminating against people with pre-existing conditions. Private insurance, including employer sponsored insurance (ESI), would still be available, but the premiums would likely be lowered in order to compete with Medicare Part E. This plan would not affect Medicaid, a serious flaw, leaving Medicaid enrollees as second-class citizens. The bill has not yet been scored by the Congressional Budget Office, leaving any need for additional federal funding unspecified.

**Others….**

There are literally dozens of bills filed in the U.S. Senate that tinker around the edges of Medicare. The vast majority of these are sponsored by Democrats, with just a few by Republicans.

###

Marcia Stedman, Bevin McLeod, Sydnie Jones and Kelly Powers in our new office.
Perhaps the transformation of medicine from a profession to a business has reached the end stage. A recent report by Goldman Sachs asks: “Is curing patients a sustainable business model?” Maybe my Hippocratic Oath to put my patients’ welfare above my own has become quaint, an anachronism after 2500 years since Hippocrates put words to the ethics of being a physician in Greece.

What brought out this startling question?

The question was buried in a report on “The Genome Revolution”, which discussed the possibilities of gene therapy to cure inherited diseases. Most patients with these diseases now are only able to control their symptoms by taking expensive medications over a lifetime, resulting in ongoing profits to the makers of those medications. A one-shot cure with gene therapy would eliminate the need for these medications and the profits they bring in to their makers. “While this proposition carries tremendous benefits for patients and society, it could represent a challenge for genome medicine developers looking for sustained cash flow.” (Goldman Sachs analyst Salveen Richter)

There’s already an example

Gilead Sciences won FDA approval around 2014 for Sovaldi, a drug with a 95% cure rate for hepatitis C, a common chronic viral liver disease easily spread by intimate contact and blood contamination. Sales of Sovaldi and combinations with other anti-virals peaked in 2015, and have been falling rapidly ever since. Apparently the cure rate is so high that the pool of patients with hepatitis C needing treatment is disappearing. Not only that, but with widespread cures there are many fewer infected individuals available to pass the infection to others.

Market-based vs social infrastructure view of health care system

Goldman Sachs, obviously part of a market-based capitalist economy, has inadvertently exposed America’s schizophrenic approach to our health care system. On the one hand we have built a system expecting market-based solutions to problems, but on the other hand we are shocked at price-gouging pharmaceutical companies, denials of medical care to people who can’t pay, and bankruptcies for families dealing with serious illnesses.

Treating our health care system as part of our nation’s social infrastructure, like police, fire protection and public schools is the heart of the mission of Health Care for All – Washington. We can hope that the shock value of the Goldman Sachs cold economic analysis of the effects on business profits of curative medical treatments for otherwise chronic diseases will help the American public understand why we support the WHST in our state and Medicare for All nationally.

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Health Care as a Business

by Sarah K. Weinberg, MD, Editor

Seattle Foundation provides deep community insights, powerful civic leadership, effective philanthropic advising and judicious stewardship of assets in support of our mission. In addition, Seattle Foundation annually presents GiveBIG, a 24-hour online giving event to raise funds for area nonprofit organizations.

Donate to HCFA here: https://www.givebigseattle.org/health-care-for-all-education-fund
Join Now for 2018!
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/
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$______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
Info@healthcareforallwa.org ; www.healthcareforallwa.org

On January 16th we rallied on the Olympia Capitol steps, and turned in stacks of our Washington Health Security Trust postcards with personal stories to our legislators.
Check your label for the date of your last contribution. Renew your membership now for 2018

HCFA-WA Has a New Office!

We just signed the lease for our first office, located at the Trinity United Methodist Church in Ballard, on NW 65th St. & 23rd Ave. NW. We’re very excited about this, because we will have a base from which to launch our 2019 legislative campaign and coordinate our educational activities. This is our first office, so we have many needs, from chairs to staplers.

Email Sydnie at sydnie@healthcareforallwa.org about potential donations. We can even come to you to move and transport needed items!

We’re looking forward to meeting you at our Open House after we get settled in!