



Jan. 30, 2019

Dear colleague,

Our single-payer movement is eagerly awaiting the re-introduction of improved Medicare-for-all legislation in the House of Representatives. Rep. Pramila Jayapal (WA-7) gave PNHP leaders an opportunity to review a draft of the bill she's preparing to introduce, and we learned to our satisfaction that it **retains many of the critical components of H.R. 676**.

Rep. Jayapal is to be commended for including long-term care, retaining global budgets with separation of capital and operating expenses, prohibiting value-based payment schemes and ACOs, and overturning the Hyde Amendment (which is an improvement on H.R. 676). That's all great news and a reflection of the advocacy PNHP and others have already done.

However, **we're very concerned that where H.R. 676 called for the buy out of investor-owned facilities, Rep. Jayapal's bill might not explicitly ban investor-owned, for-profit providers** (hospitals, nursing homes, dialysis centers, hospices, etc.), all of which provide inferior care at inflated prices.

Two other features of the House bill should also be addressed: (1) enrollment would be prolonged over two years (instead of one year under H.R. 676); and (2) when covering "all individuals residing in the United States," it is crucial to explicitly say that "all individuals" includes citizens, non-citizens, immigrants, and the undocumented. "Everybody in, nobody out."

Please contact Rep. Jayapal today to voice your concerns.

Phone: (202) 225-3106

Twitter: @RepJayapal

Fax: (202) 225-6197

DC Office: 1510 Longworth House, Office Building, Washington, D.C. 20515

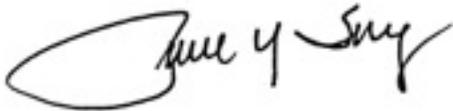
The bill will likely be introduced the first week of February, so it's of the **utmost importance that you contact Rep. Jayapal's office at once** with your message:

1. Investor-owned, **for-profit providers must convert to not-for-profit status** to participate in the program (with fair compensation for their shareholders). Depending on the response you receive from Rep. Jayapal's office, please note:

- If the goal of this provision is to allow for-profit institutions to persist, that would jeopardize the financial sustainability of a single-payer program and the quality of care delivered to patients.
  - If the goal of this provision is to starve for-profit institutions of their profits, that would risk massive disruption and the loss of needed medical facilities should investors choose to liquidate.
  - The most orderly and affordable solution is to buy out investors. Per an analysis by PNHP co-founders Drs. Steffie Woolhandler and David Himmelstein, a one-time buyout, financed over 15 years, would cost about \$12.75 billion annually, equivalent to about 1 percent of annual hospital costs.
2. All residents of the United States **must be covered regardless of citizenship status.**

This message is urgent. Please circulate it immediately and as widely as possible!!!

Thank you,

A handwritten signature in black ink that reads "Paul Y. Song". The signature is written in a cursive, flowing style.

Paul Y. Song, M.D.  
President  
PNHP-California