HCFA WA

HEALTH CARE FOR ALL EDUCATION FUND

Policy Committee Report

By Sarah K. Weinberg MD, Chair

The Policy Committee has been quite busy for the last month – and going forward into the 2022 state legislative session. We have brought our lobbyist, Cindi Laws, on board, and the amount of preparation that she has done is amazing. She has put together a spreadsheet of bills involving health care that have been pre-filed by late December: 24 in the House, and 18 in the Senate. Of course, we won't get involved in all of these, but will pick and choose as the legislative session unfolds. We plan to meet weekly during this time. Our top priorities:

—-**SB 5532** (Keiser, D-Des Moines) and companion bill in the House **HB 1671** (Ricelli, D-Spokane): Establishing a prescription drug affordability board. This bill (or one close to it) was passed in 2020, but vetoed by Gov. Inslee when there was fear that a severe state revenue shortage was about to happen.

—-**SB 5546** (Keiser, D-Des Moines): Concerning insulin affordability. The insulin affordability bills that passed in 2020 placed a $100/month limitation on co-pays or co-insurance for insulin. This cap was a temporary step, assuming that the Total Cost of Insulin Work Group would propose a long-term solution by the end of 2022. Because of COVID-19 the Work Group has yet to be implemented, so the expiration date needs to be extended, and also the cap on co-pays would be lowered to $35/month. Also, **HB 1728** (Maycumber, R-Republic) would re-authorize and amend the dates for the Work Group.

—-**HB 1713** (Thai, D-Mercer Island): Requiring cost sharing for prescription drugs to be counted against an enrollee's obligation, regardless of source. This is another insurance billing abuse. For example, co-pays or co-insurance for drugs currently may not count toward a patient's annual deductible, thereby increasing the patient's out-of-pocket costs for the year. We will support this effort to reduce out-of-pocket costs of health care. **SB 5610** (Frockt, D-NE Seattle) is a companion bill in the Senate.

—-**HB 1688** (Cody, D-West Seattle):): Protecting consumers from charges for out-of-network health care services, by aligning state law and the federal No Surprises Act and addressing coverage of treatment for emergency conditions. The title says it all, and this bill is a step toward treating everybody the same – our ultimate goal.

—-**HB 1708** (Cody, D-West Seattle): Concerning facility fees for audio-only telemedicine. This bill will prevent clinics from adding fees on top of the health care provider's fees, and it will expose (and maybe halt) abuse in medical billing.

Additional bills of interest:

Continued on p 4

Winter

2022

What's inside

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

Winter 2022

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From the President's Desk

by Ronnie Shure, President.

What are enough profits for the health care industry?

One of my favorite memories is singing a song called "Dayenu" on Passover as I grew up. The melody is great fun, and the chorus is so catchy that you can easily join in even if you don't know Hebrew. Dayenu means "it would have been enough." Each verse refers to a different event experienced by the Jewish people. After each verse, we sing the chorus to emphasize that it would have been enough if that event was the only time that God intervened on behalf of the Jewish people. As I grew up, I became increasingly aware of the consequences of unbridled materialism as opposed to a sense of sufficiency. Whether it was income inequality, climate change, social justice, or health inequity, I found myself advocating for ways to ensure enough of our basic human needs for everyone. The goal of achieving enough for everyone, "Dayenu," became one of the standard operating principles of my life.

My pharmacy career was dedicated to service for low-income populations in public health, behavioral health, and substance abuse programs. My first mentor was Harry Wise, the director of the local public health department in Norfolk, Virginia. Harry Wise even supported my mid-life move to Seattle by sharing his stories about training as a surgeon at the Public Health Service hospital in Seattle, which inspired him to lead a Public Health Service hospital for civilians in Vietnam during the war. He told me stories about the danger of treating civilians who were considered enemies to either the North Vietnamese or the South Vietnamese troops. For me, he translated that fear while working with those underserved populations in Vietnam into motivation for my involvement in treatment for similar populations that I worked with in my pharmacy career. This motivation "would have been enough" to give meaning to my life by giving me a rewarding career. Almost like another verse in "Dayenu," this motivation led me to get involved in Health Care for All - Washington when I retired.

When I first got involved with HCFA-WA about 10 years ago, we formed an alliance with other advocacy groups and labor organizations and grassroots activists, which is called Health Care is a Human Right. The leaders in this alliance met with Rep. Frank Chopp, at that time the speaker of the Washington House of Representatives. We met at his office in the Pacific Tower with Rep. Chopp sharing his pride as a partner in revitalizing this Seattle landmark to become a center for innovation in community health and education. This building started as the home of the U.S. Public Health Service Hospital where Harry Wise had trained to become a surgeon, and I was overcome with memories of stories that had helped motivate my career. The formation of the alliance of health care advocates, combined with memories from my mentor, "would have been enough" to motivate my activism for years to come.

I sat next to David McLanahan, the Coordinator of Physicians for a National Health Program in Washington, which was a key advocacy group in this new alliance. After the meeting, he turned to Rep. Chopp and thanked him for welcoming us to the Pacific Tower, because David had trained to be a surgeon on the very same floor as Frank's office, when the building was the U. S. Public Health Service Hospital. After we left the building, I told David about my mentor who had trained at the same building, and I shared stories about public health service in Vietnam and eventually with me in Virginia. David turned to me and

Continued on p 4

Outreach Committee Report

By Ronnie Shure, Co-Chair

Connecting on Zoom

Instead of meeting at local coffee houses or crowding into one of our legislator's home offices, we are reaching out online. Many of us struggled to figure out Zoom … to locate the application on our computer … to unmute ourselves … to turn off our video so no one sees us blow our nose (or fall asleep) … to raise our hand when we have a question … to remember to look for information in the Chat function. While we are finally feeling in control, many of us are overwhelmed with TOO MUCH TIME online (and really can fall asleep during an online meeting). It has been rewarding to see so many of you attending our Second Wednesday Speaker Series. Now we are starting to organize small Zoom meetings with our legislators. GET READY FOR ALERTS TO JOIN ONE OF THOSE MEETINGS IN YOUR LEGISLATIVE DISTRICT.

You can view all of our previous Speakers. Go to our website (www.healthcareforallwa.org) and click on the YouTube icon which sends you to our YouTube channel to watch any of the programs. You can even view our Annual Meeting from November 13th with the keynote address from Stephen Kemble, MD. The program on December 9th featured an introduction to the Universal Health Care Commission, and Vicki Lowe, the Chair of the Commission, led us through the upcoming plans for the Commission. One of our main goals for this year is helping the Commission adopt the basic steps needed to achieve equitable, high quality, sustainable, affordable, publicly funded, publicly and privately delivered health care for all Washington residents. GET READY FOR ALERTS TO PARTICIPATE AND ADD YOUR COMMENTS TO THE COMMISSION.

The Second Wednesday Speaker Series on January 12th featured Chris Covert-Bowlds guiding us on the health impacts of climate change. Beginning in February, we will be evaluating equity issues in diverse communities across Washington state. Each program will be featuring an introduction to another member of the Universal Health Care Commission, such as introductions to Vicki Lowe in December and Mohamed Shidane in January. Save the dates on the second Wednesday of each month to join these programs. Thank you to Stephen Kemble, Vicki Lowe, Chris Covert-Bowlds, and Mohamed Shidane for your leadership in universal health care. PLEASE CONTINUE TO SUPPORT THESE SECOND WEDNESDAY SPEAKER SERIES.

Please let me know if you want to help us plan the upcoming programs and small meetings. Rich Lague (co-chair), Leah Vetter, Gigi Davidson, and I look forward to your help. You can contact me at rushure64@gmail.com.

HAVE A NEGATIVE 2022 (negative **tests for COVID)!!!**

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More About Privatizing Medicare & Opposition Efforts

By Sarah K. Weinberg MD, Editor

In the Fall Newsletter I presented the history of incremental privatization of Medicare. With Medicare Advantage (MA) plans attracting some 42% of Medicare enrollees and now the "innovation" of Direct Contracting Entities (DCEs), serious opposition is now getting organized.

First: more evidence that the U.S. health care system is failing. Comparisons with other wealthy nations continue to show worse population health statistics in the U.S. (Data from before the pandemic) The U.S. has fared worse than other nations in responding to the COVID-19 pandemic: higher death rate, lower vaccination rate, higher cost burdens on individuals getting care, etc.

Second: Tinkering with the ACA fails to lower costs. Pandemic-related (and temporary) subsidies for ACA plans have slightly lowered the number of uninsured (at least in Washington state). However, pay-for-performance cost-control schemes like Accountable Care Organizations in Medicare have failed to lower costs. These efforts have serious side effects: burdensome paperwork for health professionals, higher burn-out rates for physicians and others, delays or denials of care by bureaucrats, etc.

Third: **Spreading privatization of Medicare is finally generating opposition.** In response to the Trump administration's "innovation" (allowed by the ACA) of Direct Contracting Entities (DCEs) pilot projects in 38 states and the threat of extending these to involuntarily enrolling everyone in traditional Medicare, Physicians for a National Health Program (PNHP) has started an active opposition with some other groups. A petition to stop all DCEs immediately, with over 10,000 signatures, has been presented to Xavier Becerra, Secretary of Health and Human Services. In addition, Rep. Pramila Jayapal (D-WA) has written a letter to Secretary Becerra demanding an immediate end to the direct contracting program. She has obtained 53 co-signing members of Congress.

None of our state's other congressional representatives has signed on to Rep. Jayapal's letter. It would be a good idea to nudge your representative – or to thank Rep. Jayapal – to add on to the list. More about the letter, and a link to the text, can be found at: https://jayapal.house.gov.

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Fundraising Committee Report

By Peter Lucas, Chair

Although our Annual Meeting was almost two months ago, donations inspired by that event continue to come our way. Our monthly webinars are attracting new folks who often make donations as well. Recurring monthly donations are increasing, both in number and in dollar amount, thus providing some steady income.

Because of our supporters' generosity, we can once again fund our talented and hard-working lobbyist, Cindi Laws, who is already meeting virtually and in-person with legislators and members of the Universal Health Care Commission to advocate for progressive health care reforms.

This month we plan to start meeting with select members to express our appreciation for their support and to update them on our achievements, activities and plans. And – we are already getting ready for the GiveBig campaign in the spring. That has become a significant source of funds in the past few years.

Thank you for your consistent generosity **over** many years. You keep us going and growing!

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Policy Committee Report *Continued from p 1*

—-**HB 1676** (Harris, R-Clark County): Using the taxation of vapor products to fund additional tobacco and vapor use prevention and cessation programs and services. This bill has the makings of a bipartisan push to really do something about the negative impact of vaping.

—-**SB 5551** (Randall, D-Port Orchard): Concerning Medicaid coverage for HIV antiviral drugs.

—-**SB 5589** (Robinson, D-Everett): Concerning statewide spending on primary care. This bill would set up measuring expenditures on primary care in the entire state, and then increase it by 12%.

—-**SB 5142** (Frockt, D-NE Seattle): Establishing the profession of dental therapists. This bill has been supported by health care champions in the Senate and House to address inequities in dental access in urban and rural areas of our state. (The bill is a carry-over from the 2021 legislative session.)

We have not forgotten two other Policy Committee goals: 1) Monitoring, and commenting on, the progress of the Universal Health Care Commission, and 2) Tracking and remarking on the progress and actions of executive agencies to set up, fund, and achieve progress in boards , commissions and work groups legislatively approved in the last several years. More about these items later this year; for now, our focus is on this 60-day legislative session, which begins January 10, 2022.

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President's Report *Continued from p 2*

said, "Was his name Harry Wise?" David went on to share that Harry Wise saved his life and became his mentor as well, when David spent a summer as a Temple University medical student volunteering at that Public Health Service Hospital in Vietnam. We shared details of those stories, about the dangers involved, about having to take a different route to the hospital every day to avoid snipers, and about the value of a mentor like Harry Wise to inspire each of our careers. This connection seemed like one of those miracles that I sang about in "Dayenu."

David and I are both activists 10 years later. We are part of a large group of people with similar motivations in our lives, who have learned that our health care system must reform itself. We are spending more money on health care in the U. S. than in any other developed country. We already pay enough to provide health care to everybody in our country. We need to stand up to limit the profits in our business-oriented system, so that there can be enough to spend on a health care system that will provide care for everyone. We do not need a miracle, because "there really is enough" money to make it happen. Dayenu.

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Washington State's Universal Health Care Commission

By Sarah K. Weinberg MD, Editor

At last, our state's Universal Health Care Commission (UHCC) has been appointed and had its first two meetings (11/30/21 and 1/4/22).

Who is on the UHCC? Of the six members appointed by Gov. Inslee, five were on our list of suggested appointees. One, Vicki Lowe, was appointed Chair. The two Democrat lawmakers appointed by their caucuses, Sen. Emily Randall, and Rep. Marcus Ricelli, have been supporters of a single payer approach for some time. The Republican lawmakers, Rep. Joe Schmick and Sen. Ann Rivers, have been active on health care issues in the past – Rep. Schmick was on the Universal Health Care Work Group (UHCWG) and attended most meetings. Sen. Rivers' participation going forward is uncertain – she had talked of resigning from the Senate, but apparently has changed her mind. Five state agencies have named staff members to participate in the UHCC. To see the full list, go to the UHCC website: www.hca.wa.gov/about-hca/universal-health-care-commission/board-members.

First meeting: Introductions and presentation of the Open Public Meetings Act (OPMA). These two topics, along with time for public comment, took up the entire two hour meeting. The limitations on the commission members imposed by the OPMA are considerable. From the perspective of HCFA-WA, this means we can essentially only have one member speak at one of our webinars at a time. Chair Vicki Lowe spoke at our December 8 2nd Wednesday Series Zoom meeting. We hope to invite one member to join us each month at these webinars.

Second meeting: Reviewed the Washington State Institute of Public Policy Report and the UHCWG Final Report. Again, these two items took up the entire meeting time (in addition to public comments), and the planned discussion and approval of a charter for the commission was put off until the February meeting. Comments strongly supported the UHCWG's support of Model A – a single payer system run by a government agency.

The UHCC will hold its third meeting on Friday, February 25, from 2 to 4 pm. It will be on Zoom and publicly available. Public comments can be made at the beginning of the meeting. Also, written comments can be made by email: HCAUniversalHCC@hca.wa.gov . The deadline for submitting written comments in time for them to be included in the meeting materials is February 1, 2022.

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A Public Option Won't Save Us. The Sick and Disabled Need Medicare for All

Excerpt from https://www.commondreams.org/views/2020/12/16/public-option-wont-save-us-sick-and-disabled-need-medicare-all

Around 26% of Americans have a disability, 60% of us have a chronic illness, and 100% of us are bound to age if illness or trauma doesn't kill us first. The pledge that Joe Biden's "public option" would provide the medically needy with a healthcare safety net is based on the premise that our safety net programs operate with a degree of benevolence that is separate from the for-profit system. But like our existing safety net programs, Medicare and Medicaid, a public option is far from a panacea for the sick and disabled. Medicare and Medicaid are not independent sources of compassionate care, but rather parts of a larger system that condemns the sick and disabled to a life of devastating health and wealth disparities.

This myth of a benevolent safety net presumes that Medicare provides comprehensive care for age and disability. Yet to be eligible with a disease like MS, I would first need to qualify for social security disability. To qualify for social security disability, I would be required to earn less than $1,260 per month and have "significant limitations in performing basic work" for at least a year. Americans with disabilities are often denied full disability status and have to fight for years to be approved, further delaying Medicare eligibility and essential healthcare.

Once enrolled, people with progressive diseases like MS have historically been denied therapeutic services for failing to demonstrate "restorative potential" under Medicare definitions. This is an absurd standard, considering that someone with a progressive disease needs consistent therapy just to tread water. A 2013 court settled in favor of protecting people like me from this unjust denial of services, but like so many regulations around disease and disability, it is difficult to enforce. Those who are already exhausted from illness, and are often low-income as a result, rarely have the resources to fight for these services.

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Communications Committee Report

By DW Clark, Chair

The Communications Committee wishes you all a happier, and healthier new year!

Our committee spent the early part of the last month of 2021 promoting our 2nd Wednesday Speaker Series with email blasts and social media posts and videos on our website. The successful December 8th zoom meeting was well attended with 57 people joining. We met the members of the Universal Health Care Commission via their video presentations during the first UHCC meeting on November 30th, and were honored to hear from UHCC Chair Vicki Lowe in person. You can view the December 8th 2nd Wednesday Speaker Series event on our website Here's a link: https://www.healthcareforallwa.org/2nd_wednesday_speaker_series

Consuelo Echeverria and Sydnie Jones published the eBulletin and managed to get it out well before Christmas. It's archived under the Resources tab on our website: https://www.healthcareforallwa.org/december_2021_ebulletin

As DW Clark steps down from the Communications Committee, Ron Lovell is poised and is already making his mark.

Currently the focus is on our next 2nd Wednesday Speaker Series scheduled for January 12th: The Health Impacts of Climate Change in Washington State, presented by HCFA-WA Vice President Chris Covert-Bowlds, MD.

Mark your calendar for 2022 **2nd Wednesday dates!**

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Health Care for All-Washington's 2021 Annual Meeting

Highlights from Dr. Kemble's talk:

A lot of money flows through public programs, particularly Medicare and Medicaid.

Private business interests want to tap into this money, but claims processing is only about 2% of healthcare dollars. If private business interests can persuade government programs to allow them to take on insurance risk and manage care they can reap 12% to 40% of the health care dollars! They invented a rationale to tap into this money, which is built on partial truths.

---Government is always inefficient. Private insurance companies can manage health care to make it more cost effective

---The major driver of excessive costs in US healthcare is fee for service because it incentivizes doctors to deliver an excessive volume of largely unnecessary care.

*Only we, the insurance companies, can rein them in.

*Turning health care over to capitated private entities makes costs predictable as competition and market forces will control the costs.

---Care is fragmented under fee for service. Private health plans and integrated delivery systems can more effectively coordinate care, restrain unnecessary care, improve access and reduce cost.

---ACA has accelerated privatization (as an unintended consequence) of requiring everyone to move away from fee-for-service with its volume incentives and replace it with Value-Based Payment.

The claims are that we can reduce cost, eliminate fragmentation and improve quality by shifting insurance risk on to providers through Accountable Care Organizations. So comes the practice of large insurance plans and hospital chains paid with capitation to buy-out physician practices and integrate them.

None of this is actually true! It's all made up to serve the insurance industry's interest in tapping into the finances of public publicly funded programs. Large numbers of politicians and health policy experts have been drinking this hallucinogenic kool-aid.

Read the full blog on Dr. Kemble's presentation here. https://www.healthcareforallwa.org/health_care_for_all_washington_s_2021_annual_meeting

New officers were also elected--see masthead on page 2.

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Join Now for 2022!
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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.

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Language Matters

By Sarah K. Weinberg MD, Editor

Certain words come up frequently in discussions about reform of the U.S. health care non-system. It's important to understand what these words mean, and what they do NOT mean. Let's start with:

Insured: Articles about increasing (or decreasing) numbers of people who are "insured" imply that having health insurance equates with getting good and timely health care. There are several ways in which this is not true:

***Patients may have to pay a sizable deductible before their insurance pays anything – a barrier to seeking care. And then there are co-pays….

***Patients may have difficulty finding a health professional who accepts their insurance. Narrow networks can be quite limiting, and many providers don't accept Medicaid.

Coverage: Insurance varies widely in what benefits are "covered" and which ones are not. Again, being insured does not guarantee coverage in any given situation. One has to "read the fine print", which most people don't do.

Access: In a way, everyone has "access" to health care in that anyone can go to an emergency room with a medical problem. Again, using this access is severely limited by the size of expected bills that will result. Many people, with or without health insurance, are reluctant to seek medical care due to the expected bills. In addition, access to specialists is often severely limited by insurance bureaucrats who deny referrals, have narrow lists of covered health professionals, or create other road blocks.

Affordable: What's affordable to a wealthy patient and what's affordable to a low-income patient are not even close to one another. Even within health care reform

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Health Care for All-Washington

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Language Matters *Continued from p 7*

discussions, this term is used in several different ways:

***What level of premium is affordable for an individual to buy health insurance?

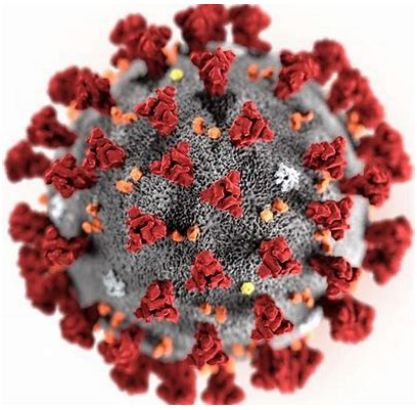
***How much out-of-pocket payment is affordable for an insured individual?

***How affordable is our current non-system for our state (or our nation) as a whole?

***How affordable is any proposed reform plan for our state?

Comprehensive: Everyone wants their insurance to be "comprehensive", but what does that mean? Sellers of insurance tout their plans as comprehensive, yet all health insurance has to have limits in what is, and what is not, covered. Here, again, one has to "read the fine print"!

Universal: This is another word that is used in ways that many would not consider truly "universal". A health system that leaves out 2% of the population is NOT truly universal. For example, our state has "universal health coverage" for children, but actually 2% are still left out.



Publicly financed: Does this mean some sort of taxes for a specific program? Funds set aside from the state's general fund? Paid directly or through an intermediary – a contracted claims processor or a private insurer?

At HCFA-WA, as we monitor and work with the Washington Universal Health Care Commission, we need to be explicit about the meaning of these words when we advocate for "publicly financed universal coverage of affordable comprehensive health care for all residents of the State of Washington."

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