HCFA WA

HEALTH CARE FOR ALL EDUCATION FUND

Report: Oregon Joint Task Force on Universal Health Care

By Sarah K. Weinberg MD, editor

Editor's Note: This article is long and is NOT an easy read. However, it is important that everyone working on reform of our health care system in Washington State (and elsewhere, as well) understand what Oregon has accomplished and what still remains to be done. SO… grab a cup of coffee and a snack, and sit down to read it all!

At the end of September 2022, this Task Force released its Final Report and Recommendations. It is important for Washington State single payer advocates to read this report for lessons we can learn to help us with our effort to achieve universal health care in our state.

Origin of the Oregon Task Force: The 2019 legislature (SB 770) created the Task Force and charged it with making recommendations for a functional single-payer health care system responsive to the needs of the residents of Oregon. SB 770 was quite specific about the composition of the Task Force: 13 public members (with various specified areas of expertise) in addition to 4 legislators and 3 state agency non-voting personnel. Originally, the Task Force was to complete its work before the 2022 legislative session, but due to COVID-19 pandemic delays, the 2021 legislature (SB 428) extended the Task Force's deadline for its Report to September 30, 2022, and additional funds were allocated to support its work. Total appropriated funds for two years of work: $1,6+ million.

Charge to the Task Force: SB 770 is very detailed and specific about what the proposed plan should include:

- Values (at a minimum): Secure health care for ALL residents of Oregon, access to care without any barriers, public transparency and accountability, and funding as a public trust
- Principles (at a minimum): Free choice for patients of health professionals enrolled in plan, no discrimination against any provider operating withing their scope of practice, health care decisions to be made by patients and their providers, and cradle-to-grave coverage.
- Scope of design of plan: be a single-payer plan, deal with federally insured individuals (Veterans Health Administration, Medicare,

Continued on p 5

Fall

2022

What's inside

Oregon Task Force Report……..1
President's Message ……..2
Outreach Committee Report……..3
Policy Committee Report……..3
Fundraising & Outreach Report……4
Communications Committee……..4
NYT on Medicare Advantage……..8

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

Health Care is a **Human Right**

Continued on p 8
Continued on p 8
Continued on p 8

Health Care for All-WA Newsletter

Fall 2022

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From the President's Desk

by Ronnie Shure, President.

Where are We Going?

About 50 years ago, Marvin Gaye asked "where are we going, what's the future showing, where are we headed, and with all that's going on where are we getting?" During this last half century, the grassroots movement to reform our healthcare system has been asking those same questions. As we answer one question, it seems to lead to another. No one said the answers would be easy.

Many leaders have motivated us to continue the fight for universal health care, but their advice seems to provide more questions than answers. "If you are not part of the solution, you are part of the problem." "Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has." "What we need are leaders who care enough, know enough, do enough, and persist enough." "Of all the forms of inequality, injustice in health care is the most shocking and inhuman." "America's health care system is neither healthy, caring, nor a system." "Health care must be recognized as a right, not a privilege. Every man, woman and child in our country should be able to access the health care they need regardless of their income." "Let's improve and expand Medicare for all Americans." How? Where? What? When?

Since most high-income countries have some form of universal health care, why can't we develop a plan in our country? Since spending more on health care than other countries doesn't lead to better health outcomes, where do we go now? Many states have taken giant steps on that road, what is Washington state's pathway to get there?

We have excellent examples to follow in the United States. Medicare has shown that social insurance can cover our elders. The Veterans Administration and the Indian Health Service have shown that national health service models are working in our country. Many states have developed programs to address health equity and guarantee health care as a human right. Washington state has several boards, commissions, and work groups that are giving us the opportunity to determine the best steps forward.

Maybe Marvin Gaye was right. Maybe he was telling each of us to participate in legislative meetings and state work groups to keep asking those questions. Watch our website to find the time and place for you to jump in and ask your questions.

PLENTY TO DO IN '22
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Health Care for All Annual Meeting December 5, 2022

The date for the HCFA-WA Annual Meeting has been set: Saturday, December 3 from 1:00 – 4:00 pm. It will be an in-person meeting – hopefully with Zoom added so that some attendees can join by Zoom. We have not yet made a firm reservation for a location for the meeting, so readers will need to watch their email for a follow-up announcement when the location is set.

Policy Committee Report

By Sarah K. Weinberg MD, Chair

We have a new lobbyist. Lonnie Johns-Brown is our version of LBJ, like the former U.S. President. She brings many negotiating skills like that quintessential politician. Her close relationships with legislators, the Governor's staff, and many state agency staff have already provided important outcomes for us. She is planning work sessions with healthcare leaders for the 2023 legislative session. We will be meeting new legislators and new committee chairs, as some of the key healthcare champions will be retiring at the end of this year.

The Policy Committee has met several times over the summer and into September. The major focus has been monitoring the work of the Universal Health Care Commission (UHCC), which is now about to file its required first report by November 1, 2022. The report is 100 pages long, and is quite detailed in outlining what steps need to be taken to build a universal health care system in Washington State.

We are encouraging the future work of the UHCC with two improvements that can be put in the 2022-24 budget that the legislature will need to pass for the next biennium (July 2023 – June 2025). The first is to allocate much more funding for staff support for the UHCC, which is currently operating with just ½ FTE staff. Oregon's Task Force, for example, had 5 FTE staff support.

The second budget improvement for the UHCC will be funds for increased reimbursement for health care professionals taking care of Medicaid patients. These patients often have trouble finding a health professional accepting new Medicaid patients, largely due to low reimbursement levels.

We are monitoring the work of the Health Care Cost Transparency Board and the Total Cost of Insulin Work Group. We are encouraging them to include the key aspects of universal health care as they address benchmarks for health care costs, levels of primary care, and improvements in access and affordability for insulin. We are encouraging state agencies as they are implementing the legislative acts that will change the purchasing, distribution, and manufacturing of prescription drugs and insulin in our state. We will be involved with the Prescription Drug Affordability Board as they appoint their members and begin meeting early next year.

All in all, we will see lots of changes in 2023!

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Fundraising and Outreach Committee Report

By Peter Lucas and Ronnie Shure, Co-Chairs

A lot happened over the past three months. We actually had a meeting in-person! There was a break in July, but we returned with Zoom meetings in our Second Wednesday Speaker Series in August and September. We have made many plans for upcoming activities.

Representative Nicole Macri gave our members at Horizon House an inspired presentation as we hosted our first in-person program since the start of the pandemic. We had to limit the attendance to fifty people, but all the seats were filled on July 14th. Although Cindi Laws will no longer be our lobbyist, she joined us in-person that night to sing her "swan song" by giving an enthusiastic review of the victories during the 2022 Legislative Session. We will very much miss Cindi! It was rewarding to see the delight in everyone's eyes to convene with no Zoom. What a night!

AnnaLisa Gellermann from the Washington Health Care Authority gave us an inside view of the goals and benchmarks that were established by the Health Care Cost Transparency Board in August. Ming Chen from the Poor People's Campaign shared his clinical experiences as a Nurse Practitioner at Public Health in Seattle and King County, as he helped us identify the moral values in our fight for universal health care. If you missed any of these Zoom presentations, you can view them on our YouTube channel. Thank you to those speakers and to the powerful group of volunteers who help us make these Zoom sessions so successful – DW Clark, Chelo Echeverria, Rich Lague, and Ron Lovell. Please save the date for our Second Wednesday Speaker on November 9th and the presentations at our annual educational conference and meeting on Decembe**r 3rd.**

We are finally planning in person speaking activities over the next few months. In fact, the first one just happened October 17, when four HCFA-WA members traveled to Bellingham to make a presentation (mixed in-person and on Zoom). It was enthusiastically received! If you are involved in social justice groups, let them know that we have a lot to share about recent victories in achieving universal, publicly funded health care.

Please let me know if you want to help us schedule and plan upcoming programs and small meetings. We need your help. You can volunteer by going to the "Get Involved" page on our website, where you can find our latest information and links to our YouTube channel. You can also check out recent eBulletins. While you're on the website, please consider making a donation if you are able.

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Communications Committee Report

By Marcia Stedman, Interim Chair

2022 Health Care Champions – Once again this election cycle, we emailed our Candidate Questionnaire to all Washington State and Federal candidates. The questions this year:

- Do you support legislation for equitable, high quality, sustainable, affordable, publicly funded, publicly and privately delivered healthcare for all Washington residents?
- Would you publicly pledge to help support a publicly funded Universal Health Care system in Washington State?
- Will you help sponsor or co-sponsor universal healthcare legislation which focuses on health system mergers, lowering the cost of treatments, prioritizing public wellness, and increasing access for all residents in Washington State?

The responses are now in and will be revealed in time for you to use them as you mark your Nov. 8th ballots. Watch for our Action Alert - coming soon to your in-box.

Website update – Our new website is nearly ready to go "live" and we think you'll be pleased with the result! Meanwhile, our current website is active and up to date with the latest e-bulletin and Newsletter, and a save-the-date for the next installment of our 2nd Wednesday Speaker Series on Nov. 9th.

Social Media – We are looking to increase our social media reach via our Facebook, Twitter, and Instagram accounts and TikTok. Are you passionate about universal health care? Do you have experience with these platforms or others? Do you have journalism experience? If so, we want to hear from you! Please contact us at https://www.healthcareforallwa.org/volunteer

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Oregon Joint Task Force Report on Universal Health Care

Continued from p 1

Medicaid, Indian Health Services), as well as those insured under the Affordable Care Act, and the Children's Health Insurance Program

- Develop cost estimates, including a payment method (and looking at the experience in other states' attempts at single-payer plans)
- Engage in a public process to solicit broad public input, and specifically include residents in rural and other underserved areas
- Governance of the plan: Specifics about structure of the governing board, statutory authority to set policies, etc., ethical standards for board members (including avoidance of undue influence by any individual or organization)
- A list of federal and state laws, rules, contracts, court actions, etc. that can affect the implementation of the plan
- Economic sustainability: Cost controls, features of the plan to allow continuation of federal funding
- Fiduciary requirements: Setting up a public trust fund separate from the general fund, restrictions on the use of the trust funds, creating a reserve fund, accountable accounting methods
- Criteria for deciding which health care services to include: several suggested sources of information mentioned
- A process for handling complaints
- Transition planning from the previous health Reimbursement of providers for services, including for services received by Oregon residents while out-of-state
- Recommendations for long-term services and supports with an emphasis on individual control

The final report to the legislature must include: Necessary federal waivers, detailed estimates of the savings and increased costs of the plan, revenue for the plan, etc. There are also some prohibitions in SB 770, mostly a grab-bag of abuses currently widespread in the private insurance market.

Now for the Final Report of the Task Force: It's about 223 pages – 4 pages of Executive Summary, 6 pages of Background, 7 pages of Task Force and Committee structure, 41 pages about the Universal Health Plan Policy Analysis, and about 165 pages of Appendices. The full report is available on the Oregon Health Authority website: www.oregon.gov/oha/HPA/HP/Pages/Task-Force-Universal-Health-Care.aspx.

Here's what is in the Task Force Plan: First of all, it's a set of 13 **Recommendations** to the legislature, and it's not in the form of actual legislation.

1) Eligibility & Enrollment – Everyone living in Oregon, regardless of job, income, immigration status or tribal membership.

2) Covered Benefits – Based on benefits in current public employees' benefits, and will increase behavioral health benefits.

3) Long-Term Services & Supports – Long-term care will continue under Medicaid. The Plan will cover some skilled nursing and home health care. The Plan's Board will work with the Oregon Department of Health Services to study possible further integration in the future.

4) Payment for Health Care – No co-pays or deductibles. Instead people will pay new taxes based on their ability to pay. All covered services will be fully paid by the Plan.

5) Medicare – People who qualify for Medicare will be covered by the Plan to extent allowed by federal law. Changes to Medicare law will be needed to fully integrate Medicare recipients into the Plan.

6) Health Care Providers – The Plan will work with a wide range of health care professionals: doctors, nurses, behavioral health providers, traditional health workers and others. A diverse workforce is a goal.

7) Provider Reimbursement – The Plan will pay providers directly. The rates of pay will be set by region to account for different health care needs and costs in parts of the state.

8) Private Insurance – Insurers will probably have a more limited role than currently. They would be able to offer insurance to cover benefits or services not offered by the Plan. Insurers would not be allowed to offer insurance that would take the place of the Plan.

Continued on p 6

Oregon Joint Task Force Report on Universal Health Care

Continued from p 5

The Plan may contract with third parties, such as private insurance carriers, to help with administration

9) Employers & Employees – The Plan will uncouple health insurance from employment. Revenue scenarios considered that all employers would contribute to the health of all Oregon residents by paying a progressive payroll tax.

10) Social Determinants of Health – The Plan will seek, whenever possible, to address conditions like housing, education, job opportunities, nutrition, racism, discrimination, and violence.

11) Nine Federally Recognized Tribes of Oregon – Tribal members will have the choice to enroll in the Plan, and tribal providers can participate in the Plan.

12) Governance Board – The Plan will be overseen by a nonprofit public corporation subject to Oregon's transparency laws. A board will govern it, that includes a variety of health care professionals and community voices.

13) Transition Plan – Given how badly the current system is working, the 2023 legislature should appoint a governance board to complete a full single-payer implementation plan for review and consideration by the 2025 legislature.

Comments on the Oregon Universal Health Plan: It's clear that there is still a lot of work to be done, starting with the legislature authorizing an initial governance board and giving it the needed authority to finish establishing the actual Oregon Universal Health Plan.

Positives:

1) A specific, publicly financed, single-payer model has been chosen.

2) A commitment has been made to include ALL residents, and to provide comprehensive, first-dollar coverage.

3) A payment structure to providers that removes nearly all shifting of risk onto the providers.

4) Needed state funds to be raised by progressive taxes on everyone by ability to pay.

5) Recognizes that social determinates of health are important and difficult for a health care system to modify.

6) Plan makes an effort to include in its governance people from a wide variety of backgrounds, geographic locations, and uses of health care services.

7) Asks the legislature to support rapid implementation of the final plan, as the current system is failing so many people.

Concerns:

1) Will Oregonians accept the tax structure and recognize it as less expensive overall as compared with premiums, cost-sharing, and profiteering in the current system?

2) Getting the necessary federal cooperation is by no means guaranteed.

3) Private insurers are certain to fight the Plan. Will they be successful?

4) How to find a way to afford to cover all long-term care needs.

Lessons for Washington State:

1) Our Universal Health Care Commission should be encouraged to think big and bold, as Oregon's Task Force was charged to do.

2) Figuring out how to raise the necessary state funds in an equitable fashion will be a major challenge given our state's rejection (at least so far) of any income tax.

3) Specific structures need to be included to include diverse segments of our population in the governance and operation of a plan.

4) Speed up the work fo the UHCC, especially by adding funding for sufficient staff and meetings, because many people are being harmed now by the poor functioning of the present system.

5) Start negotiations early with the federal government regarding the needed cooperation and legislative/regulatory changes.

6) Include mechanisms for broad public outreach for input as the new system is designed.

Join Now for 2023!
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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Thank you for your support.

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Continued from p. 8

New York Times Article on Medicare Advantage

•Treating health care as a business, as compared to a necessary public service, prioritizes profit seeking rather than optimal patient care.

•Using multiple private insurers leads to a bloated administrative bureaucracy

Readers: Use this article to emphasize with your friends why we need a single payer, publicly funded program run by a public entity. The rest of the developed world has figured this out!

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Front Page NY Times: Private Insurers' Exploitation of Medicare Advantage

By Sarah K. Weinberg MD, editor

Private Medicare Advantage (MA) insurers milking (both legally and fraudulently) Medicare's trust fund is not news to HCFA-WA Newsletter readers. BUT… a well-researched, detailed article about it starting on the front page of the New York Times this past Sunday (10/9/22) is BIG NEWS!

The article not only details multiple episodes of adding diagnoses to medical records to increase capitation payments for those patients, but also documents inappropriate pressure applied to physicians by MA insurers to find extra diagnoses – without providing any additional health care services.

Although overpayments and abuses have been reported by "inspector general investigations, academic research, Government Accountability Office studies, MedPAC reports and numerous news articles over the course of four presidential administrations", there has been little action by the Centers for Medicare and Medicaid Services (CMS) to put a stop to them. The article also discusses the revolving door between insurance company top employees and CMS officials. Will this prominent exposé lead to real changes? Who knows?

To remind our readers of what we already know about privatized health care:

- Shifting risk to insurers and physicians in paying by capitation encourages under-treatment, cherry-picking and lemon-dropping, When payment rates are modified by .patient risk adjustment, capitation encourages over-diagnosis.

Continued on p 7