



It's Time to Add Your Voice

PNHPWW April 20th Meeting/Monthly Report

Introductions – Don Mitchell, 16 attending

Coordinator's Report – David McLanahan

Email list - 520; March web site unique visitors – 319, 235 visits, 1522 pages

Treasurer's Report – Sherry Weinberg out of country. No significant expenditures since last month when we had about \$5000 in the bank

PNHP National News

PNHP Board statement on Vermont health care plan – emphasized that what was passed by the VT. House is not a single payer plan, despite being described by the media and some politicians as such - [see PNHP statement](#) Its current form mainly establishes a plan to implement P-PACA, with an exchange with a public option that SP advocates hope will morph into a single payer plan that will include all state residents, possibly before 2017, if legislation enabling state “experimentation” programs is enacted before then. The VT. Senate is expected to pass similar legislation in the next week or so, but there are many amendments being offered. The political battle is heating up. Keep watch for the final form of the legislation.

Recent Activities and Events

Meeting with Barb Flye – Mike Kreidler's senior policy assistant – Don and others met to discuss if MK could play a role in having the Governor press our Congressional reps to advocate for moving up the date for state experimentation within P-PACA to 2014 or sooner. Though MK may be favorable, Barb suggested we focus to get a single payer advocate appointed to

the “consumer advocate” position in the board that will oversee the implementation of Washington State’s P-PACA Health Benefit Exchange program. Doug Conrad, health policy economist at UW who is familiar with the WHST was suggested as a possibility to fill the board’s economist slot.

MM Walsh visits Washington, DC. - MM visited the offices of 97 US Senators, speaking mostly with staff, and leaving literature on Improved Medicare for All with them. Also met Dennis Kucinich.

Don Mitchell addressed an American Medical Students Association meeting in Seattle - where he framed the health care crisis as a moral issue, as a human right. He emphasized a point made by TR Reid, and others, that we may not make any real progress until our government makes an explicit commitment to guarantee health care to all its residents, as does most every other industrialized nation. Better than framing the issue in terms of how much money we would save under single payer.

Future Activities and Events

July 9 - Northwest Roots Conference - Nancy Spaeth told us of the upcoming conference. Someone from Canada will speak on health care. PNHPWW was invited to speak on the progress of single payer on the national and state levels. Nancy will investigate and provide more details as they become available.

Discussion (after the main speaker discussion)

How should we react now to the new attack on Medicare as represented by Paul Ryan’s proposal, passed in the US House?

Martha Koester emphasized that this attack presents an unparalleled opportunity to organize and educate, as the general public, or even advocates for a specific cause such as health care as a human right, are unlikely to get out into the streets to gain something compared to the demonstrated likelihood of fighting when they are afraid of losing something. Advocates must learn from recent events. She cites the lukewarm response to union attempts to get “employee free choice act” laws vs. the public response in Wisconsin to the taking away of public employee union bargaining rights.

Martha suggests that arousing public anger to Ryan should be our top priority, and we should focus on getting a coalition of organizations with acknowledged national scope and credibility, such as the National Association

of Retired Americans, PNHP and even the American Hospital Association might be considered. There should be a national website and 1-800 number to coordinate opposition to Ryan. We need a place for people to jump on board and provide information. Use this opportunity to fight the conservatives as well as push for a single payer national health plan, a Medicare improved to include everyone.

Others suggested that the problems with Medicare as pointed out by Seffie Woolhandler and David Himmelstein (see attached) could be part of the educational effort to save and improve Medicare. But the focus should be that if we can't save Medicare for some, we won't get Medicare for All.

Martha pointed out that we constantly hear that "people are living longer" and that is a reason why we have to constrict Medicare, but that there are several segments of our underserved population that are not living longer, such as poor women – who would suffer even more with further collapse of safety nets.

Don Mitchell recommended that the issue be framed in the context that health care is a human right, and that we should strongly urge our country to have an open discussion about this. We will consider advocating for state or national legislation that would establish health care as a human right. The Legislature, City Council, King County Council and others could be asked to become involved.

In the discussion we agreed to the following actions:

- Martha agreed to spearhead our work towards the creation of a national coalition and will take leadership in creating a work plan for carrying this out. She will provide an update at our next PNHP WW monthly meeting on May 18, and will keep us informed by email earlier as she deems desirable.
- David agreed to contact the PNHP national office to determine the interest there to participate in this. At the same time, he will ask the PNHP national office of the status of the Leadership Conference For Guaranteed Health Care and if this would be a vehicle for the Ryan response.
- Don M., will contact Katie Robbins of HealthCare-Now to discuss this and will contact the American Medical Student Association (AMSA) to ask for its participation
- Martha suggested the possible involvement of Jim Wallis, of Sojourners. Don M., who receives the regular Sojourners e-newsletters, will contact Mr.

Wallis.

Charles Heaney provided the link to an analysis of Rand vs. Medicare by the Kaiser Foundation - <http://www.kff.org/medicare/upload/8179.pdf>

Advocating for Single Payer Legislation in Oregon State

Michael Dembrow – State Representative, Oregon House District 45

Once again, Skype came through, providing the venue for a very nice session with an important and influential advocate in the single payer movement. Rep. Dembrow said he was a natural to be the Oregon Representative to introduce a single payer bill in the House as he has a background as a college professor long active in faculty affairs advocacy.

The AFL-CIO passed a SP resolution in 2007 or 08. He asked SP advocates in Oregon to get together to come to a consensus on what they wanted to see in a single payer bill. The bill, HB 3510, covers everyone in Oregon with progressive funding, though vague as to financing. It's not tied to employment.

The bill had a very successful 2-hour hearing in the House health care committee, with lots of publicity. In Oregon, a similar Senate bill would await passage in the House. Nothing further is expected to be done this session.

Rep. Dembrow and SP advocates are working to get a fiscal study of HB 3510 – a cost/benefit analysis for the state. Hopefully, this would be done in the interim between June 2011 and the next legislative session that begins in February, 2012, and be financed by public money (trying to get a formal commitment from the Legislature), though private fund-raising would also likely be necessary. They are considering asking William Hsiao to do such a study.

An economic analysis could cost \$500,000 to be done right and be credible to the general public, essential if the bill is placed before the public in the form of a referendum. Taxing would be necessary for SP to happen. This requires a vote of 3/5th's of the Oregon legislature and would be then referred to the voters for approval.

Oregon had a progressive health care ballot measure in 2002 that failed. The advocates spent most of their money collecting signatures and had nothing left to run the campaign and advocate against the counterattacks.

A lot of work needs to be done to educate about single payer. Most organizations don't understand what SP is about, much less the general public. It's very important not to do a ballot measure prematurely. If the voters reject single payer, it will set the cause back in Oregon 5-10 years.

The Mad as Hell Doctors are doing a great job at educating the public about single payer and can talk about HR 3510 specifically. They are taking their events to rural areas as well as small towns and cities across the state.

Question – What has been the stance of other legislators?

Answer – It is much easier to get this done from the inside with passionate legislators rather than from the outside. But most are not taking the legislation seriously. It hasn't generated much opposition yet.

Q – Need for federal enabling legislation?

A – Yes, met with Senator Ron Wyden & got him moving towards state “experimentation” in 2014.

Q – Would it be desirable for Oregon, California and Washington to try to cooperate, and if so, how?

A Would be great, but restrictions placed by individual state constitutions would make very similar state legislation difficult. Possibilities might be a single risk pool, state referenda at the same time to dilute the enemies' counterattack on a single state.

Q – Collaboration among state legislator from different states, as PNHP and others once considered having a conference of progressive legislators?

A – Haven't heard anything about such an effort. Would be a good idea.

Audience Comment – When talking to people, especially traditionally conservative group, we need to having something very specific to back the argument that single payer is fiscally sound. And that we can cover everyone for the same money.

Response – Interested in getting an Hsiao study for Oregon. Maybe we could get him to come to Portland and Seattle for a forum.

AC – A proposed bill must not be complex – it offers to many points for specific interest groups to offer disapproval.

R – Agree that the bill should offer general value statements, but you need to give the public something – they will eventually have to vote on funding

AC – States differ in funding restrictions – may require 2/3rds for taxes, but the same funding mechanism may only require 51% if called a “fee.”

AC – “Value vs. Money” argument. We should argue in favor of taking care of members of our state.

Finale – We in Oregon and Washington should explore how we can work together, such as our sharing the information from the economic study on the WHST done by Doug Conrad and colleagues at the UW in 2007.

Next PNHPWW Monthly Meeting – Wednesday, May 18th, 7PM
Swedish/Cherry Hill Campus, Conference Center Auditorium - [directions](#)

Submitted by

David McLanahan
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