

*Newsletter of the*  
***Capital District Alliance for***  
***Universal Healthcare***

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***Calendar of Events***

**April 1:** Wednesday, April 1, 7:30 p.m. **CDAUH Monthly Meeting, B'nai Sholom Reform Congregation**, 420 Whitehall Road, Albany. All are welcome. 482-0420 for information.

**April 14:** Tuesday, April 14, 7:00 p.m., **Navigating the Healthcare Crisis**, Saratoga Springs Public Library, Dutcher Community Room.. Sponsored by the Saratoga Springs Public Library and Single Payer New York – Saratoga. [PReed9@nycap.rr.com](mailto:PReed9@nycap.rr.com) for information.

**May 29:** **Rally** in Albany in conjunction with the Healthcare-NOW! National Day of Action for HR 676. Details forthcoming.

**June 12:** **Single Payer Music Event** at WAMC's Linda Norris Auditorium, 5-10 p.m., sponsored by PNHP-Capital District Chapter. Details forthcoming.

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[CDAUH@nycap.rr.com](mailto:CDAUH@nycap.rr.com)

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## *Comments from the Chair*

The healthcare “reform” effort is in full swing. President Obama has conducted White House healthcare forums to discuss how his health care principles can be achieved. Regional health care summits are occurring. President Obama’s eight health care principles are vague, but bear repeating:

1. Protect families’ financial health. *The plan must reduce the growing premiums and other costs American citizens and businesses pay for health care. People must be protected from bankruptcy due to catastrophic illness.*
2. Make health coverage affordable. *The plan must reduce high administrative costs, unnecessary tests and services, waste and other inefficiencies that consume money with no added health benefits.*
3. Aim for universality. *The plan must put the United States on a clear path to cover all Americans.*
4. Provide portability of coverage. *People should not be locked into their job just to secure health coverage, and no American should be denied coverage because of pre-existing conditions.*
5. Guarantee choice. *The plan should provide Americans a choice of health plans and physicians. They should have the option of keeping their employer-based health plan.*
6. Invest in prevention and wellness. *The plan must invest in public health measures proven to reduce cost drivers in our system – such as obesity, sedentary lifestyles and smoking – as well as guarantee access to proven preventive treatments*
7. Improve patient safety and quality care. *The plan must ensure the implementation of proven patient safety measures and provide incentives for changes in the delivery system to reduce unnecessary variability in patient care. It must support the widespread uses of health information technology and the development of data on the effectiveness of medical interventions to improve the quality of care delivered.*
8. Maintain long-term fiscal sustainability. *The plan must pay for itself by reducing the level of cost growth, improving productivity and dedicating additional sources of revenue.*

A single payer healthcare plan would meet most of these requirements. However, President Obama has made it clear that he does not favor a single payer plan. He tried to keep single payer advocates from even attending the recent White House forums. It was only after a huge grassroots effort that Rep. John Conyers and PNHP’s President Oliver Fein were invited to attend. Single payer advocates had to work hard to achieve a presence at the regional health care summits. For unfathomable reasons, President Obama wants the private insurance industry to continue to be the key player in the delivery of health care. The Massachusetts Plan experience has clearly demonstrated the folly of that approach.

HR 676, at last count, now has 72 co-sponsors. Vermont Senator Bernie Sanders has just introduced a Senate version of a single payer bill entitled “The American Health Security Act of 2009” which is not exactly a companion version of HR 676. This is far from a victory. We must secure additional sponsors of HR 676 and seek a true companion Senate version. We must step up our efforts to make sure that President Obama and our Senate and Congressional representatives are educated on single payer. Surely, once educated, they will have no choice but to finally acknowledge that single payer is the only feasible way that true universal health care can be achieved.

Richard Propp, MD, Chair

## *Letters to the Editor*

Please feel free to email your letters to the editors at [crangy@aol.com](mailto:crangy@aol.com) or [euthemia@nycap.rr.com](mailto:euthemia@nycap.rr.com).

### **LETTER TO THE EDITOR:**

I am writing to suggest that though it may look like there are deep disagreements between those who support a single payer only plan and those who support a public health insurance plan as a choice alongside private insurance, the differences are mainly tactical.

As an organizer in the campaign for 'choice,' I have yet to meet anyone who wouldn't prefer a single payer only system. We all want it. The question—the crucial question—is how do we get it?

Many believe that a single payer only plan can be achieved soon. Many others do not. These folks, including me, believe we have no choice but to compromise with a public option that competes with the private ones.

There are various claims to support both sides. My point here is that all these claims concern one topic: the practical question of how we get from here to there.

If we acknowledge that, then a great opportunity presents itself. That is the opportunity to work together against our common adversary. If we don't work together, we work against each other, and that is self-defeating.

I look at it this way: Moving up the field against the opponents of health care reform are three main groups. On the right flank we have the insurance industry, pretending to be for reform. In the center we have Health Care for America Now, the coalition I'm working in that supports a choice between private insurance and a single payer plan. On the left are the coalitions supporting H.R. 676.

With that array of forces, how do we win? If the left flank and center turn against each other, the battle is lost. If we advance side by side, we strengthen each other's position. The left helps the center by pulling the reform debate away from the right. The center helps the left by making a single payer plan acceptable to those who oppose it as the only option.

We are not adversaries. We are allies.

Best wishes,  
David Vigoda  
Albany, New York  
[dvigoda@verizon.net](mailto:dvigoda@verizon.net)

### **Dr. Andrew Coates of CDAUH and Capital District Physicians for a National Health Program responds to David Vigoda.**

It is disappointing that in his effort to further the cause of single payer national health insurance, David Vigoda chooses to frame the question as a "tactical" struggle of "left" vs. "right," while claiming for himself "the center." The large majority in the United States want single payer -- the majority of physicians, too. Mr. Vigoda is welcome conclude that he stands to the right of the large majority of the American people. But there is something more.

Single payer advocates have chosen health policy science over ideology. And we come from all political hues, right, left and center. We have chosen to support the cause of single payer national health insurance because ample evidence and experience prove that it will provide comprehensive care -- not insurance, health care -- for everyone in the United States and also reduce spending by hundreds of billions of dollars each year. The secret of the enormous popularity of single payer is that it will work.

To state that adding a public insurer on top of the private insurance mess we now suffer represents "a choice between private insurance and a single payer plan" is, at the very least, disingenuous. More, what does the "public plan option" have to do with "choice"? The choice that matters is the choice of provider, the choice of treating facility. Choices about insurance only matter because they restrict our choices about our care. Our goal is not health insurance -- but health care.

Meanwhile what does it mean when advocates for a "public plan option" insist upon the "choice" of "keeping our private insurance if we like it?" Mr. Vigoda represents this self-proclaimed "center" position as the best tactic to advance the cause of single payer against the "right," the insurance industry. His logic would just as reasonably claim that the same tactic best defends private health insurance companies against the single payer "left." The "public plan option," an untenable and self-defeating position, will flounder not because of its relationship to single payer activists, but simply because it is so weak and unworkable.

To win single payer national health insurance, honesty will prove our best tactic. Tell the truth that reform built upon the scaffold of the private health insurance industry cannot and will not improve the health of the nation. Tell the truth about what single payer national health insurance would offer the people of the United States of America. As David Himmelstein said at the PNHP annual meeting last October, we physicians know that "it would be malpractice to prescribe a placebo when effective therapy is available."

Here is a note by Drs. Himmelstein and Woolhandler and McCanne, posted on Don McCanne's "Quote of the Day" on this very topic:

### **Public Plan Option in a Market of Private Plans**

by David Himmelstein, M.D. and Steffie Woolhandler, M.D., M.P.H.

The "public plan option" won't work to fix the health care system for two reasons.

1. It forgoes at least 84 percent of the administrative savings available through single payer. The public plan option would do nothing to streamline the administrative tasks (and costs) of hospitals, physicians offices, and nursing homes, which would still contend with multiple payers, and hence still need the complex cost tracking and billing apparatus that drives administrative costs. These unnecessary provider administrative costs account for the vast majority of bureaucratic waste. Hence, even if 95 percent of Americans who are currently privately insured were to join the public plan (and it had overhead costs at current Medicare levels), the savings on insurance overhead would amount to only 16 percent of the roughly \$400 billion annually achievable through single payer -- not enough to make reform affordable.

2. A quarter century of experience with public/private competition in the Medicare program demonstrates that the private plans will not allow a level playing field. Despite strict regulation, private insurers have successfully cherry picked healthier seniors, and have exploited regional health spending differences to their advantage. They have progressively undermined the public plan -- which started as the single payer for seniors and has now become a funding mechanism for HMOs -- and a place to dump the unprofitably ill. A public plan option does not lead toward single payer, but toward the segregation of patients, with profitable ones in private plans and unprofitable ones in the public plan.

[www.pnhp.org](http://www.pnhp.org)

**Comment by Don McCanne:** The option to purchase a public plan within a market of private health insurance plans would merely provide one more player in our inefficient, dysfunctional, fragmented, multi-payer system of financing health care, that is if the public option even survives the political process. It would leave in place the deficiencies that have resulted in very high costs with the poorest health care value of all nations (i.e., overpriced mediocrity in health care).

Those who believe that the people of this nation would have the wisdom to drop their private plans and join the government program are ignoring history. When Congress authorized private plans to compete with our existing public program, Medicare, many enrollees did just the opposite. One-fifth have left the traditional Medicare program and joined the private plans.

So why should we care? Why shouldn't they have the right to choose private plans if they want them? We know that those

private plans are wasting money, both in their own costs and the administrative burden they place on the delivery system, but what all too many don't realize is that we are all paying for that waste because of the inherent structural deficiencies in our financing system. Plus we are being deprived of the reforms needed in our health care delivery system that our own single payer monopsony would bring us.

Single payer activists, don't give up. As President Obama said in his press conference this week, "persistence!"

## *Reprints of Interest*

**Each month we will try to reproduce articles or columns we have read that we think are of interest to everyone. If you see something on the web or are sent an article that you think we should include, please feel free to forward it to either [crangy@aol.com](mailto:crangy@aol.com) or [euthemia@nycap.rr.com](mailto:euthemia@nycap.rr.com).**

**The following article is a reprint from Don McCanne's March 10, 2009 *Quote-of-the-Day*, "A health insurance broker speaks up". Don McCanne's *Quote-of-the-Day* is available free from Physicians for a National Health Program. To subscribe to McCanne's excellent daily health policy comment, log onto <http://two.pairlist.net/mailman/listinfo/quote-of-the-day>**

The Health Care Blog  
March 7, 2009

### **A Broker's Lament: We Brought This On Ourselves**

By John Sinibaldi

A huge segment of the American population is simply far too strapped to ever afford the premiums and costs associated with health insurance/health care as it is structured today.

It isn't the employees of government (local, county, state or federal) who will demand immediate change. It isn't the employees of institutional companies (the Motorolas, GEs, Microsofts of the country) who will demand change. It isn't those on Medicare or Medicaid or the VA who will demand change. It isn't the wealthy. It isn't the poor. And, it isn't the vast majority of health insurance agents who work with large group clients (because, while that market is becoming ever more difficult and the work more taxing, they're still selling SOMETHING to these bigger businesses and government entities).

Why don't these people see what I'm seeing? Simply because, while they are feeling the effects of the rise in health care/health insurance costs and the downturn in the economy, most of these businesses and their employees and dependents (and the affluent) have yet to have a clue about how expensive things really are (or in the case of the rich, they can still afford their out-of-pocket expenses). The agents who market to large employers are still making lots of money (I know, I rub elbows with them at my local Health Underwriters meetings once a month).

That leaves individuals and small businesses and the agents who work primarily in those markets - the very folks most beleaguered by the current situation. While the employee of a regional electric utility is complaining about monthly payroll deductions for his family that now exceed \$500 or more on a \$60,000 annual salary, the longtime employee of a local small electrician is looking at monthly payroll deductions for his family of \$1,500 on a \$35,000 annual salary. His apprentice is younger, and so is "fortunate" to have monthly deductions for his family of only \$900 on a \$20,000 annual salary. The electrician's helper making \$9/hr can't afford even his half of the premium for just himself.

Individuals on personal health insurance policies are also feeling the "pinch." Most of my individual clients see increases of 18-25% a year.

It is all of these folks (and there are tens of millions of them), coupled with those who have already been priced out of the market altogether, who will fuel the fire for radical reform. It is these folks who complain - long, loud and bitterly - that the American dream is leaving them behind. It is these folks to whom the politicians will ultimately listen, because they're the ones making all the noise. It is these folks who will ultimately define what the next set of reforms looks like - and

those reforms will NOT be confined only to the small group and individual markets - nor do these folks give a rat's rear end if the insurance industry is involved. (After all, we're doing such a wonderful job for them now.)

And, in my opinion, rightfully so. The health insurance industry (with lots of complicity from legislators, lobbyists and industry groups like ours) has let them down. Period. We have chased profits, chased commissions, swallowed every piece of spin the insurance industry has fed us, and generally ignored the growing number of folks who are beyond dissatisfied with the status quo. They're mad, and they're not going to take it any more.

We're not talking about 5 million, or 15 million people. No, when you add together all small group employees and their dependents, with those who have individual coverage, and the 50 million or so who have no coverage, you're talking about 100 million people or more.

We have brought this upon ourselves, because we (the industry, maybe not each of us individually) have ignored what folks want in favor of what WE want. The industry has ignored calls for more efficient claims and billing, lower bloat, curtailing outrageous CEO and executive salaries, and a more reasonable approach to return on investment. Our industry has ignored any attempt at out-of-the-box thinking to get reasonably priced health insurance to most low-wage Americans, instead focusing on mis-communications to get Americans to buy into what the industry wants ("High Deductible Health Plans are good for you. We don't care if you can't afford the deductible. Now accept that fact and shut up.") Most of all, our industry has simply ignored an ever-louder clamor for us to get our act together. Instead of focusing on a long-term vision for the future of the industry (one that actually includes the very consumers to whom we sell products), the health insurance carriers have instead bellied up to the short-term trough of immediate reward (executive compensation, shareholder value, golden parachutes).

I'm normally not negative, either. I've always considered myself a realist. Yet here I am, watching every prediction I've made over the past 15 years on forums like this come true.

The saddest part is listening to all of the gnashing of teeth and screeching and wailing, mostly from the very folks who have repeatedly turned a deaf ear to the situation year after year because they were making gobs of money. (Yes, I'm talking about a lot of you on this very forum). In fact, some of you are still wearing your rose-colored glasses, and acting like if you just click your red-sequined shoes together, you'll be able to get back home.

Well, you ain't Dorothy, and this ain't Oz.

Let's see what the President and Congress come up with, and try to work with it - because it is inevitable that the reforms will be major, because we've waited too long to save our current system as we know it.

I will not apologize for the above, and I will probably not respond to the rants, flames and cacophony that are sure to ensue. We brought this upon ourselves, so now we'll have to deal with it.

Note by Brian Klepper: John Sinibaldi is a St. Petersburg, FL-based health insurance agent - or as his industry association prefers to be called, "Health Underwriters" - catering primarily to small employer groups. He's posted reality-based columns here in the past, including a particularly pithy one recently on small group coverage in Florida. The fiery comment above was written to colleagues on a national health care brokers' forum.

[http://www.thehealthcareblog.com/the\\_health\\_care\\_blog/2009/03/a-brokers-lament-we-brought-this-on-ourselves.html](http://www.thehealthcareblog.com/the_health_care_blog/2009/03/a-brokers-lament-we-brought-this-on-ourselves.html)

**Comment:** John Sinibaldi has provided a consistent voice behind the scenes expressing many of the problems with our private insurance industry and the clear need for reform. His observations have been very helpful to me in providing insight to many of these issues, from the industry's perspective.

In spite of his personal efforts, along with the efforts of many more of us, the problems grow worse. It has reached the threshold such that he now feels compelled to speak up quite frankly to his colleagues in their health care brokers' forum.

John Sinibaldi really cares. He believes that health insurance should assist patients in receiving the health care that they need. The system fails far too many today. He sees no other option than to support comprehensive change that places

patients first, even though that will be highly disruptive to his own business and that of his colleagues. We need to listen to him.

(For those who would like more of John Sinibaldi's invaluable insight on brokering health insurance, access his commentary at the link above, and then scroll down to "Posted by: John Sinibaldi | Mar 9, 2009 7:21:02 AM" and read his comment above.)

The following article was published on Sunday, March 1, 2009 by [CommonDreams.org](http://CommonDreams.org)

## **America's Stupid Health Care Debate**

### **Keeping Some Ideas Off the Table**

by Dave Lindorff

When President Barack Obama made his quick dash up to Ottawa last week, it's too bad he didn't suffer a gastrointestinal attack, or slip on some ice and twist an ankle or something. If he had, he might have had a chance to do what he should have done anyhow: visit a Canadian health clinic.

Maybe then he would have had his eyes opened to a better idea: government-run health care.

It is a sad commentary on the pinched and strictly censored level of political discourse in this nation that any serious consideration of Canada's successful approach to health care is simply out of bounds in America. It is nothing short of absurd that even though the nation that is closest to the US geographically, culturally, linguistically and economically has, since 1973, had a system of provincially administered single-payer government-run health systems which have kept the country's health costs at about 3/5 of what they are in the US as a percentage of GDP (9.7% vs. 17% for the US), at the same time serving all people and (not surprisingly) achieving better health statistics than the US, no one in Washington has talked about inviting Canadian health authorities down to explain how their system works and whether it might make sense here.

Canadians have complete freedom to choose their physicians. They pay nothing to go to hospital. I interviewed one hospital administrator in Canada who had worked earlier managing a US hospital. He said a whole wing of the facility in the US was devoted to billing and accounting staff, while he had only two people for that job in Canada, "mostly to handle the bills of the occasional American tourist!" (Some 20% of every US health care dollar goes for paperwork.) Interestingly, when I interviewed the CEOs of a number of huge Canadian subsidiaries of US corporations, they universally told me that they were ardent supporters of the Canadian system, and in fact, were involved in lobbying to have it expanded to include long-term care and psychiatric benefits.

There has for years been a huge ongoing propaganda campaign by US health care companies and their lobbies to denigrate Canada's system, but the big truth that they cannot deny is that it is loved by Canadians. The best evidence of this: Despite years of conservative governments in Canada, and in the various provinces, no political leader has ever tried to re-privatize health care in Canada. Clearly such an effort would be political suicide, so popular is the system there. As Canadian resident Joe Sotham explains, "In Canada we complain about wait list length, and the reality is that there is rationing, but everyone gets care and nobody is bankrupted, no HMO clerk stands in the way of treatment. We treat health care like a fundamental right. I took my cat to the vet last year and got a 3-page, \$1,875 bill. My comment was 'this must be what it's like in the States for people.'"

Well yeah, Joe, but you'd be hard-pressed to get out of a hospital ER in the US with a bill that small. My wife had an uninsured grad student who had the flu during spring break when the school's infirmary was closed. He went to the ER of Temple University Hospital, got looked at by a nurse practitioner, and was given some aspirin. His bill: \$2000. That's pretty typical.

Surely, when President Obama assembles his panels to work out some kind of health "reform" package for the out-of-control US health care system, he should include Canadian health experts and ministers into the mix. It makes absolutely no sense to embark on a \$650- billion-to-\$2-trillion project without considering all the available options--including

options that have a proven track record of keeping costs down, services available to all, and that delivers better health outcomes.

The truth is that every other modern country in the world has long ago figured out that you can't have cost-effective, universal health care unless the government is the paymaster, with prices set by the government. The truth too is that no country that has moved to such a single-payer system has later rejected it--a good indication that the people of these countries are satisfied with the results and with what they're getting for what they're paying.

No one would say that about the US health care system, which is failing over 50 million people completely, that is the leading cause of bankruptcy, that is making US companies non-competitive, and that sucks up over 17 percent of GDP while producing life expectancy and infant mortality figures that make some Third World countries look good.

Next time President Obama travels to Canada, Britain, France, Germany or some other country with a single-payer system, we should all wish for him to "break a leg," as they say in the performing arts. He might learn something valuable from the experience.

Dave Lindorff is a Philadelphia-based journalist and columnist. He is the author of "[Marketplace Medicine: The Rise of the For-Profit Hospital Chains](#)" (Bantam Books, 1992) and "[The Case for Impeachment](#)" (St. Martin's, 2006). His work is available at [www.thiscantbehappening.net](http://www.thiscantbehappening.net).

*[A Chicago physician seized upon Natasha Richardson's death as an excuse to blame single payer. His piece appeared in the Chicago Tribune and the NY Post and I suppose elsewhere. Here is a most poignant reply.]*

## **Don't blame Canada**

March 27, 2009

As a former Chicagoan who has lived in Canada for 32 years, I find it disappointing, though not surprising, that a physician would exploit the Natasha Richardson tragedy to attack the Canadian health care system. This strategy used by medical professionals and insurance companies has kept universal health care from being offered to millions of Americans. THIS issue is truly a civil rights issue.

My experiences with the Canadian medical system differ greatly from my siblings medical treatment in the United States. In his article Cory Franklin ("In case of emergency," News, March 25) makes conjectures of how Richardson might have survived in the US. I prefer to deal with facts.

My oldest son was born with congenital heart disease and needed emergency surgery. He spent the first 6 months of his life in a hospital where he underwent four surgeries.

Fact: Our cost for all this health care was \$0.00.

In the first two and half years of his life, a public health nurse saw him every three days and his doctor saw him every week. He has had more surgeries since then.

Fact: Our cost for this continuing health care is \$0.00.

Fact: We would never have financially recovered from this one catastrophic illness if our son had been born in the United States.

I've had surgeries, as has my husband and other son.

Fact: Our cost for this health care was \$0.00.

I've given birth to my children here.

Fact: Our cost for all maternity care was \$0.00.

There isn't a single day that goes by that I am not thankful for the Canadian health care system. All of us have had

excellent care and we have lived in isolated communities as well as urban ones. Most importantly, we have never had the stress of worrying about how to pay for this care added to the stress of being sick.

Fact: We pay about \$125.00 a month for this coverage in British Columbia. In other provinces there is no premium what so ever.

I have a brother who worked for a large corporation for many years. He was laid off last year. My brother is a diabetic who now has trouble meeting his medical needs because he lost his insurance coverage.

Fact: This would not be a concern anywhere in Canada.

Last week, after working for them for 7 years, my sister was laid off by a large construction company. She is battling brain cancer and doesn't know how she is going to continue to pay for her chemotherapy.

Fact: This would not be a concern anywhere in Canada.

Neither my sister nor brother knows if they can get coverage again because they now have pre-existing conditions.

Fact: This would not be a concern anywhere in Canada.

I have never understood why it is that one's economic status should determine whether or not they receive health care. It is time for the American people to have another civil rights movement, based on the premise that everyone, regardless of economic standing or pre-existing conditions, deserves the best health care as a basic human right.

Dawn Fuller  
Chilliwack, British Columbia

[http://www.chicagotribune.com/news/opinion/letters/chi-090327fuller\\_briefs.0.4396999.story](http://www.chicagotribune.com/news/opinion/letters/chi-090327fuller_briefs.0.4396999.story)

To access the article attacking Canadian health care in the NY Post --

[http://www.nypost.com/seven/03262009/postopinion/opedcolumnists/canadacare\\_may\\_have\\_killed\\_natasha\\_161372.htm](http://www.nypost.com/seven/03262009/postopinion/opedcolumnists/canadacare_may_have_killed_natasha_161372.htm)

**The following article is a reprint from Don McCanne's March 27, 2009 *Quote-of-the-Day*, "Sen. Bernie Sanders introduces single payer bill".**

PNHP  
Press release  
March 26, 2009

## **Single-payer health reform bill introduced in Senate**

Challenging head-on the powerful private insurance and pharmaceutical industries, Vermont's Sen. Bernie Sanders introduced a single-payer health reform bill, the American Health Security Act of 2009, in the U.S. Senate Wednesday.

The single-payer approach embodied in Sanders' new bill stands in sharp contrast to the reform models being offered by the White House and by key lawmakers like Senators Max Baucus (D-Mont.) and Edward Kennedy (D-Mass.). Their plans would preserve a central role for the private insurance industry, sacrificing both universal coverage and cost containment during the worst economic crisis since the Depression.

In contrast, Sanders' new legislation would cover all of the 46 million Americans who currently lack coverage and improve benefits for all Americans by eliminating co-pays and deductibles and restoring free choice of physician. The most fiscally conservative option for reform, single payer slashes private insurance overhead and bureaucracy in medical settings, saving over \$400 billion annually that can be redirected into clinical care.

Highlights of the bill include the following:

- \* Patients go to any doctor or hospital of their choice.
- \* The program is paid for by combining current sources of government health spending into a single fund with modest new taxes amounting to less than what people now pay for insurance premiums and out-of-pocket expenses.
- \* Comprehensive benefits, including coverage for dental, mental health, and prescription drugs.
- \* While federally funded, the program is to be administered by the states.
- \* By eliminating the high overhead and profits of the private, investor-owned insurance industry, along with the burdensome paperwork imposed on physicians, hospitals and other providers, the plan saves at least \$400 billion annually - enough money to provide comprehensive, quality care to all.
- \* Community health centers are fully funded, giving the 60 million Americans now living in rural and underserved areas access to care.
- \* To address the critical shortage of primary care physicians and dentists, the bill provides resources for the National Health Service Corps to train an additional 24,000 health professionals.

Sanders, who serves on the Senate Committee on Health, Education, Labor, and Pensions, is a longtime advocate of fundamental health care reform. His new bill draws heavily upon the single-payer legislation introduced by the late Sen. Paul Wellstone (D-Minn.) in 1993, S. 491, and closely parallels similar legislation pending before the House, H.R. 1200, introduced by Rep. Jim McDermott (D-Wash.).

[http://www.pnhp.org/news/2009/march/singlepayer\\_health\\_.php](http://www.pnhp.org/news/2009/march/singlepayer_health_.php)

S.703 - American Health Security Act of 2009 - full text:

[http://pnhp.org/PDF\\_files/American-Health-Security-Act-single-payer.pdf](http://pnhp.org/PDF_files/American-Health-Security-Act-single-payer.pdf)

Thomas (S.703 is listed but the text has not yet been received from GPO):

<http://thomas.loc.gov/>

**Comment:** At a rare time in our history when comprehensive reform may become a reality, it is important that the single payer model be represented in the legislative process. The House already has Rep. John Conyers' H.R.676 and Rep. Jim McDermott's H.R.1200, and now the Senate has Sen. Bernie Sanders' S.703.

S.703 is very similar to H.R.1200, with two important additions regarding budgeting. Specified funds are budgeted for community health centers, and other specified funds are budgeted for the support of the National Health Service Corps, health professions education, and nursing education, including education of clinical nurse practitioners, certified registered nurse anesthetists, certified nurse midwives, and physician assistants.

These additions in budgeting are not simple tweaks to the bill. They provide a remedy for both the deterioration in our primary care infrastructure and the impaired access to care in underserved regions. There is an urgent need to provide the professionals and the facilities that can help fill the most serious voids in our health care delivery system today.

S.703 has been referred to the Senate Finance Committee, chaired by Sen. Max Baucus, who is determined to join with Senators Ted Kennedy, Charles Grassley and Mike Enzi to enact reform this year. Sen. Sanders will have some input as a member of the Budget Committee and a member of Sen. Kennedy's HELP Committee.

What happens now? Will Senators Baucus and Kennedy take a fresh look at single payer as a model that addresses many of the policy problems that they currently face with their model based on private plans? Or will they accept Sen. Sanders' contribution emphasizing the importance of health centers and primary care professionals? Or will they look at his budgeted numbers and decide that they can't add those to the deficits they already face with their unnecessarily over-

priced model of reform? Will they simply say that they'll have to deal with that later, after they fix the insurance problem (the later that never comes)?

It's great that there is a single payer bill in the Senate, but now is not the time to sit back and watch the process unfold. We certainly support the emphasis on improving primary care access, but we need to support that within a financing framework that will make it happen - a single payer national health program.

**The following article is a reprint from Don McCanne's March 24, 2009 *Quote-of-the-Day*, "Battle over public option to private insurance plans".**

The Wall Street Journal  
March 24, 2009

## **Health-Care Battle Set to Focus on Public Plan**

By Laura Meckler

Congress is poised for a battle over whether an ambitious health-care overhaul should include a new government-run health plan to compete with private companies in the effort to cover the uninsured.

The matter is likely to come to a head first in the Senate Finance Committee, where Chairman Max Baucus (D., Mont.) has pledged to write a bipartisan bill. His partner, Sen. Charles Grassley of Iowa, the top Republican on the panel, is adamantly opposed to the provision for a public health-care plan. As such, aides in both parties say it's unlikely a public plan will be included in the legislation now being negotiated.

The House of Representatives, on the other hand, is likely to include the provision in its version of the bill, expected in late spring or early summer, aides say. That suggests the issue would have to be worked out in negotiations between the chambers later this year.

But opponents say a public plan would be an unfair competitor because it could become big enough to drive down reimbursements to doctors and hospitals, much like Medicare does, putting more cost pressure on the private sector. Consumers would then flock to the public plan because its premiums would be cheaper, opponents fear, and ultimately no viable private plans would remain.

Insurance companies, many of which support other aspects of the health-system overhaul, strongly oppose a public plan, said Karen Ignagni, president of America's Health Insurance Plans, the industry lobby group. "It's a very short step to a Medicare-like program for all Americans in a single-payer system," she said.

<http://online.wsj.com/article/SB123785156695519283.html>

And...

U.S Senate Committee on Health, Education, Labor, and Pensions

March 24, 2009

Hearing: Addressing Insurance Market Reform in National Health Reform

Senator Tom Harkin: I want to ask about a public plan... Can a public plan coexist with private insurance plans? That seems to be a question I'm getting all of the time. Can we have a health reform that has all these private plans, and then have a public plan?

Ronald A. Williams, MS, Chairman and Chief Executive Officer, Aetna Inc.: My opinion is no, it cannot...

Janet Trautwein, Executive Vice President and CEO, National Association of Health Underwriters: I would just add to that, and also I don't think it is possible for a public and private sector to compete on a level playing field. I don't see any way that that's possible...

Karen Pollitz, M.P.P., Research Professor, Health Policy Institute at Georgetown University: Private health insurance and public plans coexist today... ...I think it's absolutely essential.

Karen Ignagni, M.B.A., President and CEO, America's Health Insurance Plans: ...what we have done is propose an aggressive system of government regulation that would supervise private sector competition...

Len Nichols, Ph.D, Director, Health Policy Program at the New America Foundation: ...if we just decide to put everybody into Medicare, except for the private plans that would survive for maybe three years... we're going to end up with a system that is basically going to be run from Washington and Baltimore... think about a public plan model more like what state employees do... ...let it compete with the private insurance industry... ...a PPO type arrangement... We would suggest even stronger firewalls between the people who run the new marketplace and the people who run the plan...

Katherine Baicker, PhD, Professor of Health Economics, Department of Health Policy and Management at the Harvard School of Public Health: ...I worry that in practice one ends up doing more harm than good...

Sandy Praeger, Health Insurance Commissioner, State of Kansas: The public plan... and I've read Dr. Nichols' report... and I think he makes some very good points. ...if it's competing on a level playing field with the private marketplace... If you have equal rules and are treating the public plan the same as the private plan, it can help drive market changes...

[http://help.senate.gov/Hearings/2009\\_03\\_24/2009\\_03\\_24.html](http://help.senate.gov/Hearings/2009_03_24/2009_03_24.html)

**Comment:** Perhaps the surest sign of trouble for the proposal to offer a public Medicare-like plan to compete with private insurance plans is the commitment of Finance Chairman Max Baucus that reform will be bipartisan along with the adamant opposition of a public option by Ranking Member Charles Grassley. Having discarded other public insurance proposals such as single payer, even before the negotiations began, the competing Medicare-like option is standing alone as the obvious trade-away for achieving political consensus.

The insurance industry contends that a public plan would provide "unfair" competition to the private plans, just as the private Medicare Advantage plans had to be granted large overpayments to counter the "unfair" advantage of the traditional public Medicare program. It is surprising how many others perpetuate this framing that the private insurers should be granted extra tax dollars in order to level the playing field with a more efficient government health financing system. The real unfairness is gifting taxpayer funds to the private insurers.

So what is being proposed as a compromise public insurance option? Let's have the government set up a private insurance-style PPO, and require it to copy the private sector business model of taking away choice through restricted provider lists, expanding administrative functions including the necessity of marketing its product, competing on benefits and cost-sharing provisions, and engaging in all of the other non-beneficial excesses of the marketplace. Just to be absolutely certain that the public option has all of the flaws of the private health plans, Len Nichols would put up even stronger firewalls between the government administrators and the government's own public option disguised as a private plan. And this ridiculous effort to "level" the playing field is all for the benefit of... not the patients... but the insurers!

What is sad is that the enemies of reform have already won. They have managed to eliminate comprehensive reform from the national dialogue and have reduced the debate to whether or not we'll add one more plan, a public plan, to our dysfunctional, fragmented, multi-payer system that costs so much and serves us so poorly. Anyone who believes that the mere additional option of purchasing a public insurance plan is going to transform our health care system is living in La La Land.

## **Single-Payer Poll, Survey, and Initiative Results from**

<http://www.wpasinglepayer.org/PollResults.html>

Go to website for links to poll information

Western PA Coalition for Single-Payer Healthcare

Date	Poll, Survey, or Initiative	Highlight
Feb. 2009	Grove Insight Opinion Research	Proposals to expand Medicare to all Americans as an alternative to private insurance are met with widespread approval by voters nationwide. More than six in 10 (64%) support federal legislation to create this public health plan option.
Feb. 2009	New York Times/CBS News Poll	Americans are more likely today to embrace the idea of the government providing health insurance than they were 30 years ago. 59% say the government should provide national health insurance, including 49% who say such insurance should cover all medical problems.
Nov. 2008	Ballot initiative question in Massachusetts, "Should the representative from this district be instructed to support legislation creating a cost-effective single payer health insurance system that is available to all residents, and oppose laws penalizing those who fail to obtain health insurance?"	<i>"...local ballot initiatives <b>supporting single payer and opposing individual mandates</b> passed by landslide margins in all ten legislative districts where they appeared. With almost all precincts tallied, roughly 73 percent of 181,000 voters in the ten districts voted YES..."</i>
Apr. 2008	Quinnipiac Poll in PA, FL, OH	9. Do you think it's the government's responsibility to make sure that everyone in the United States has adequate health-care, or don't you think so? In Pennsylvania; Yes 65%, No 31%, NA/DK 4%
Apr. 2008	Annals of Internal Medicine, Study of Physician Support of National Health Insurance. (Includes a comparison of 2002 and 2007 surveys.)	<i>"...59 percent of them 'support government legislation to establish national health insurance,' while 32 percent oppose it and 9 percent are neutral."</i>
Dec. 2007	AP - Yahoo Poll	14. "Which comes closest to your view? 34% - The United States should continue the current health insurance system in which most people get their health insurance from private employers, but some people have no insurance 65% - The United States should adopt a universal health insurance program in which everyone is covered under a program like Medicare that is run by the government and financed by taxpayers 2% - Refused / Not Answered"
Dec. 2007	New Hampshire Medical Society, Survey of New Hampshire Physicians	<i>"Two thirds of New Hampshire physicians, including 81% of primary care clinicians, indicated they "would favor a simplified payor system in which public funds, collected through taxes, were used to pay directly for services to meet the basic healthcare needs of all citizens."</i>
May 2007	CNN/Opinion Research Poll	30. Do you think the government should provide a national health insurance program for all Americans, even if this would require higher taxes? 64% - Yes, 35% - No, 2% - No opinion
Feb. 2007	New York Times/CBS News Poll	27. Do you think the federal government should guarantee health insurance for all Americans, or isn't this the responsibility of the federal government? 64% - Guarantee 27% - Not responsibility 9% - DK/NA  30. If you had to choose, which do you think is more important for the country to do right

		<p>now, maintain the tax cuts enacted in recent years or make sure all Americans have access to health care?</p> <p>18% - Cutting taxes  76% - Access to health insurance  1% - Neither  2% - Both  4% - DK/NA</p>
Feb. 2007	Minnesota Medicine Magazine, Poll of Minnesota Physicians	<p>"Of 390 physicians, 64% favored a single-payer system, 25% HSAs, and 12% managed care. The majority of physicians (86%) also agreed that it is the responsibility of society, through the government, to ensure that everyone has access to good medical care."</p>
Oct. 2005	The Harris Poll	<p>"Please indicate whether you support or oppose the policy."  "Universal health insurance"  75% - Strongly/Somewhat Favor  17% - Strongly/Somewhat Oppose</p>
Nov. 2004	Kaiser Family Foundation Health Poll Report	<p><i>Public Opinion of "Consumer-Driven" Plans</i></p>
Oct. 2003	Washington Post/ABC News Poll	<p>49. Which would you prefer – (the current health insurance system in the United States, in which most people get their health insurance from private employers, but some people have no insurance); or (a universal health insurance program, in which everyone is covered under a program like Medicare that's run by the government and financed by taxpayers?)</p> <p>62 % Universal  33% Current  6% No opinion</p>