SUMMER 2006

Missourians for Single Payer Health Care

438 N. Skinker Blvd., St. Louis, MO 63130 ~ Ph: 314.862.5735 ~ www.mosp.us

MESSAGE FROM YOUR PRESIDENT
Julia E. Lamborn-Gettinger

Summer is almost over. MoSP doesn't hold regular meetings in June, July, and August, but be assured that activities are happening. We are continuing to work on the City by City Campaign to enact HR 676 and ramping up to work on resolutions in even more cities. Currently seven municipalities are in differing stages of the campaign. Please give considerable thought to the possibility of you spearheading a campaign in your community. Detailed information was in the last newsletter. If you need more information, please contact me at Julia0409@aol.com.

Primaries were just held. In the St. Louis area, some of our very best single payer supporters were elected. Some do not have opposition for the November elections. Some of our supporters won the Democratic primary, but do have opponents for November. As individual citizens we can all support these candidates. Please do what you can. We need more single payer supporters elected.

Speaking of candidates, I recently heard from Dr. David Gill. He is a single payer candidate in Illinois. I am sorry to report that his wife was recently diagnosed with colon cancer. After much thought, he and his wife have decided that he should continue his campaign. Dr. Gill came to St. Louis last year to speak at one of our MoSP meetings. Please keep this family in your thoughts.

MoSP newsletter staff
Editor-in-Chief, Julia Lamborn Gettinger
Mailing Committee, Mary Jane & Bob Schutzius
Layout editor, Anne Bader
Webmaster, Pat Singley

State Senator Jeff Smith, MoSP's September guest speaker. See page 4 for exciting details!

Please mark your calendars for these dates

Thursday, September 21

Bimonthly MoSP meeting, 6:30 p.m. at the University City Library, upstairs auditorium. Newly elected Jeff Smith will be our guest speaker.

Saturday, November 4

This will be our annual meeting and election. Details will be in the fall newslettter.

University City Gives MoSP a Reason to Celebrate!

RESOLUTION NO. RS060506

A RESOLUTION IN SUPPORT OF THE UNITED STATES NATIONAL HEALTH INSURANCE ACT.

WHEREAS, every person in Missouri and in the United States deserves access to affordable, quality health care;

WHEREAS, approximately 635,000-707,000 Missourians lacked health insurance in 2005; and

WHEREAS, those insured now often experience burdensome medical debt and sometimes life-threatening delays in obtaining health care; and

WHEREAS, if Missouri adopted a single payer, universal health program, Missouri health care spending would decline by $1.3 billion savings in administrative costs; and

WHEREAS, rationing health care according to ability to pay has diminished the overall health of our citizens; and

WHEREAS, United States Representative John Conyers has introduced H.R. 676, the United States National Health Insurance Act, in the United States House of Representatives for 109th Congress, and this act would provide a universal, comprehensive, single-payer system of high quality national health insurance;

NOW THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF UNIVERSITY CITY AS FOLLOWS:

SECTION 1. The City of University City endorses Congressman Conyers' legislation, HR 676, "Expanded and Improved Medicare for All", and that copies of this resolution be sent to our two Senators and two members of the House of Representatives.

Adopted this 5th day of June, 2006.

Joseph Adams
Mayor

Attest:

Joyce Pumm
City Clerk

Labor Councils In Missouri and S. California Endorse HR 676

In Riverside, California, the San Bernardino and Riverside Counties Central Labor Council AFL-CIO became the fourth council in the state to endorse HR 676, single payer health care legislation introduced by Congressman John Conyers (D-MI).

In Missouri, the Cape Girardeau Central Trades and Labor Council also endorsed the Conyers legislation. This council with 22 affiliates and 3,500 union members joins the Building & Construction Trades Council in Cape Girardeau that earlier endorsed HR 676.

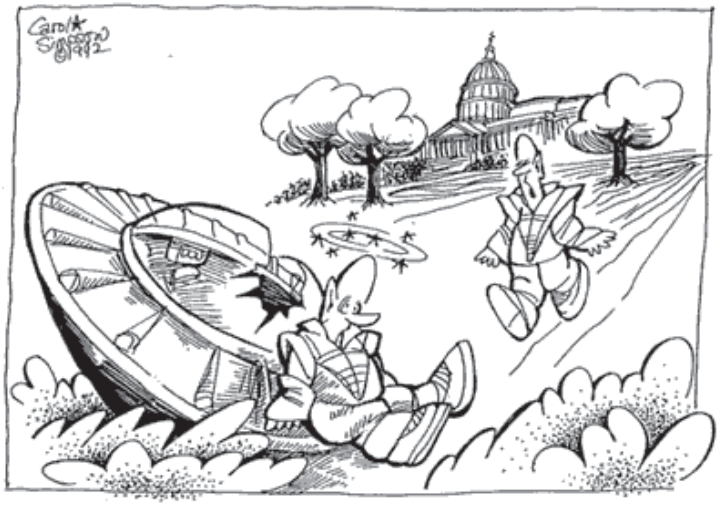
Mark Baker, President of the Cape Girardeau Council, said: "Corporate America has broken the social contract it enacted with America to emerge out of the depression. In this, the country that has the best health care system in the world, affordable quality medical attention should not be restricted to the elite few that the separation of the classes is creating."

HR 676 now has 75 congressional co-sponsors in addition to John Conyers. It would institute a single payer health care system in the U.S. by expanding a greatly improved Medicare system to every resident.

HR 676 would cover every person in the U. S. for all necessary medical care including prescription drugs, hospital, surgical, outpatient services, primary and preventive care, emergency services, dental, mental health, home health, physical therapy, rehabilitation (including for substance abuse), vision care, chiropractic and long term care. HR 676 ends deductibles and co-payments. HR 676 would save billions annually by eliminating the high overhead and profits of the private health insurance industry and HMOs.

HR 676 has been endorsed by 170 union organizations including 37 Central Labor Councils and Area Labor Federations and four state AFL-CIO's (KY, PA, CT & OH).

For further information and a complete list of union endorsers contact Kay Tillow, nursenpo@aol.com



"Bad news, Zoltron, they don't have universal health insurance."

Meet Our New Webmaster

Pat Singley has been a member of the MOSP for about four years and a board member for two years. She is a Total Quality Manager / EEO Officer for a Consurmer Goods Visual Communications Company in St. Louis and in her spare time is a Ceramics Artist and raises Bonsais. She has graciously agreed to devote some of that spare time to maintaining our web presence at *www.mosp.us*.

And Meet the New Layout Editor

Beginning with this issue, Anne Bader will assist Julia Lamborn with editing and layout. Anne is a member of MoSP, is active in the West County Democrats, and is an adjunct instructor of Media Literacy at Webster University.

Mr. Smith to Go to Jeff City!
He Tells of Tough Campaign At MoSP Meeting Sept. 21

How does a professor, who looks like he's 19 and pokes fun of his own lean, 5-foot-5-inch frame, win a rough and tumble campaign in one of St. Louis City's largest political districts?

For starters, Missouri State Senator-elect Jeff Smith, 32, played street basketball with younger men throughout the Fourth District, which covers a wide band of territory from north and south city. He also caught voters' eyes by sprinting from door to door to avoid nighttime calls during his campaign.

But these athleticisms were sideshows. For the full story, hear Senator-elect Smith describe campaigning the hard way on Thursday, Sept. 21, at 6:30 p.m., in the University City Library auditorium, 6701 Delmar Blvd.

The talk by Jeff Smith, an outspoken advocate of single payer health care, will launch the Missourians for Single Payer's first general, public program for 2006-2007.

In his informal, humorous manner, Smith will give insights about what it takes to win tough campaigns – despite voicing one's progressive ideals. Smith also supports increasing the minimum wage, innovative reform of public schools, campaign reform and voting machines with paper trails.

Jeff Smith, 32, will be the youngest member in the next Missouri Senate. After defeating four other democratic candidates in August's primary, he will be unopposed in November's general election and will fill the seat vacated by term-limited State Senator Patrick Dougherty.

Post-Dispatch reporter Jake Wagman wrote on Aug. 18 that despite Smith's short physical stature, "He is standing tall atop the city's political stage, having delivered a convincing victory in a crowded primary fraught with racial divides and negative campaigning." Smith's own campaign was clean.

A political science adjunct professor at Washington University, he's taught government and public policy at Dartmouth College and the University of Missouri-St. Louis. He co-founded the Confluence Academies, a group of public charter schools in the city. He is a board member of the National Conference for Community and Justice, which fights all forms of bias and racism. Smith has advised Democratic candidates, serving in Iowa as deputy political director for Bill Bradley's presidential campaign.

Smith lost narrowly to Congressman Russ Carnahan in the Third Congressional District primary in 2004. Despite the loss, Smith got more votes than all other candidates in both St. Louis City and St. Louis County.

– Roger Signor,
MOSP Program Chair

How Much More Cost Sharing Will Health Savings Accounts Bring?

Proponents of health savings accounts (HSAs) contend that they will reduce medical expenditures. In practice, however, the effect of HSAs, and the high-deductible health plans that must accompany them, will depend on the actual provisions of those plans and of the plans they replace. We show that typical plans in the market today already contain substantial cost sharing. We find that many HSA/high-deductible arrangements would actually reduce cost sharing for many groups. In particular, the group responsible for half of all medical spending would see no change or a decline in cost sharing at the margin and on average.

The rationale given for health savings accounts (HSAs) with HSA-qualified high-deductible health plans (HDHPs) is that the HSA controls excess health care spending by making the patient sensitive to the costs while the HDHP simultaneously provides protection against catastrophic financial loss. Does it work?

This study demonstrates that insurance products have already evolved into models that create price sensitivity through deductibles and coinsurance. For the 20 percent of individuals who use 20 percent of health care services, the HSA component provides about the same amount of financial disincentive to care as do our other current insurance products.

Much more important is the maximum out-of-pocket (OOP) spending that is required before the HSA-qualified HDHP provides "100 percent coverage" of all remaining costs (though only theoretically). Once the maximum is reached, price sensitivity is removed from the 20 percent of people who use 80 percent of our health care services. Obviously then, under the HSA/HDHP model, price sensitivity has almost no impact on much of our health care spending. In fact, the coinsurance of current PPO-type coverage actually may provide greater cost sensitivity for the larger medical bills since the maximum OOP spending is frequently greater or even without limit.

So what would you have to do to create HSA/HDHP cost sensitivity for where the real spending occurs? You would have to establish a very high OOP spending maximum before 100 percent coverage kicks in. Even then, a sick person wants relief, not discounts. The problem is that anyone who needs a significant amount of health care would then be exposed to catastrophic losses. The model doesn't work. The good news is that the policy community understands the fatal flaws in the HSA/HDHP model. Now we need to get the politicians to quit flogging that dead horse and get on with real reform. Maybe we can convince them that we're serious - this November.

From *Health Affairs*, July/August 2006,by Dahlia Remler and Sherry A. Glied

Single-payer care limits government intrusion

Regarding "Ex-health chief calls for an ounce of prevention (June 9): Former Health and Human Services Secretary Tommy Thompson must think we Missourians are fools to accept the lie that single-payer health care is the same as "government-controlled health care."

An example of a government-controlled health system would be one in which the federal government imposes a financial penalty on its senior citizens who refuse to purchase health insurance from government-selected, for-profit insurance companies that limit choices of prescription drugs, as in Medicare Part D, or one in which a state government, such as Massachusetts, forces the working poor to purchase mandatory government-selected health insurance with limited benefits, punitive rules, co-pays and deductibles that are barriers to care.

Single-payer health care, the most efficient and cost-effective way to pay for care, is the only affordable way to ensure universal health care, which every federal and state government study concludes. U.S. House Resolution 676, "Expanded and Improved Medicare for All", co-sponsored by U.S. Rep. William Lacy Clay, D-St. Louis, can provide single-payer universal health care and eliminate the government intrusions from which we now suffer.

Mimi Signor, RN
Letter to the Editor
St. Louis Post-Dispatch
June 13, 2006

Health Care Disconnect: Gaps in Coverage and Care for Minority Adults

Lack of insurance coverage and instability of coverage are persistent problems for low-income adults and racial and ethnic minorities. The Commonwealth Fund Biennial Health Insurance Survey (2005) documented that Hispanic working-age adults are particularly likely to lack basic access to medical care. This can be attributed in part to their very high uninsured rates, but it is also because of the difficulties Hispanics experience in establishing ongoing care relationships with their doctors. Findings suggest that improving coverage as well as access to a medical home would go a long way toward helping Hispanic adults connect with the health care system, receive the preventive care they need, and successfully manage and control chronic conditions.

Rates of unpaid medical bills and debt, meanwhile, are particularly high among African Americans, a consequence of the high prevalence of chronic disease and high uninsured rates found in this population. Helping to prevent the financial strain associated with unpaid medical bills and accrued debt should be a top priority area for policymakers.

Insurance alone does not ensure equal access and equal care. Having a regular doctor is important as well, in terms of timing and receipt of preventive care. Indeed, findings indicate that on certain measures of preventive care, there are few racial and ethnic disparities among Hispanics, African Americans, and whites once they have a regular doctor.

Whether insured or uninsured, or below or above poverty, people who have a regular provider are significantly more likely to get recommended preventive care, such as blood pressure and cholesterol screenings, and to feel confident about self-managing their chronic conditions. Ensuring that people have a medical home may thus be an important lever for reducing racial and ethnic disparities in care.

Comment: No reasonable person disputes that lack of insurance has been a major contributor to racial and ethnic disparities in care. Establishing a program of universal, comprehensive health care coverage may not be the only measure required, but it is absolutely essential. Health care access will always be impaired if there is not in place a system of paying for that care.

This study also demonstrates that lack of a medical home (primary care) also results in racial and ethnic disparities. We are currently witnessing an acceleration in the deterioration of our primary care infrastructure. Our current flawed method of funding health care has shifted financial resources from primary care to more lucrative, higher-tech services. Being able to pay for primary care is not enough if there is no primary care home to turn to.

A single payer national health insurance program not only would ensure that care would be paid for, but it also has the capability of correcting many of the structural defects in our health care system. One of the most important is that it could realign incentives to improve and expand our primary care infrastructure, ensuring that everyone would have access to a medical home.

Single payer is not only an insurance model. It is also a beneficent monopsony: a single purchaser of health care for the public good. As such, it would not only fund health care, but it would also enable much needed structural reforms such as improving the primary care infrastructure, improving pricing, reducing non-beneficial high-tech excesses, and dramatically reducing the profound administrative waste of our current, fragmented system.

From *The Commonwealth Fund*, August 2006, by Michelle M. Doty and Alyssa L. Holmgren

MoSP invites you to become a member. See membership form on the next page.

Missourians for Single Payer Health Care
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Categories

_____Individual, $20

_____Family, $30

_____Organization, $50

_____Other $_____

I will contribute $_____ towards _____

_____.
(specific programming and expenses)

_____ I'm unable to pay dues at this time, but I will support and promote MoSP among relatives, friends, colleagues, acquaintances, however I can. Please continue to send me the newsletter. Please call on me for volunteer help.