



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

The following commentary was written by Don McCanne in response to an article in the March 11, 2010 edition of *Health Affairs*, shortly before the President's health care bill passed. An abstract of the article precedes McCanne's remarks, which highlight some of the reasons that make it so hard to achieve "Medicare for All."

Julia Lamborn Gettinger

A Partisan Divide On The Uninsured

The partisan split in Congress over health reform may reflect a broader divide among the public in attitudes toward the uninsured. Despite expert consensus over the harms suffered by the uninsured as a group, Americans disagree over whether the uninsured get the care they need and whether reform legislation providing universal coverage is necessary. We examined public perceptions of health care access and quality for the uninsured over time, and we found that Democrats are far more likely than Republicans to believe that the uninsured have difficulty gaining access to care. Senior citizens are less aware than others of the problems faced by the uninsured. Even among those Americans who perceive that the uninsured have poor access to care, Republicans are significantly less likely than Democrats to support reform. Thus, our findings indicate that even if political obstacles are overcome and health reform is enacted, future political support for ongoing financing to cover the uninsured could be uncertain.

Creating a national health insurance system to pay for most forms of health care was significantly more popular among people who perceived that the uninsured are unable to get care (72%) or able to get care with great difficulty (75%) than it was among those who perceived that it is not too difficult (38%) or not at all difficult

(continued on page 2)



Sunday, April 25,

11:00 a.m.

*Dr. David Gill to
deliver Health Care
Sunday address in the
auditorium of Ethical
Society (story on page 3)*

MoSP newsletter staff

Editor-in-Chief, Julia

Lamborn Gettinger

Mailing Committee, Mary

Jane & Bob Schutzius

Layout editor, Anne Bader

Webmaster, Pat Singley

(31%) for the uninsured to get care. Similarly, 63% of respondents who perceived that the uninsured do not get the same quality of care as the average insured person also favored national health insurance, as compared to a minority (43%) of respondents who said that there is no difference in the care obtained by uninsured and insured people.

These associations persisted even after political party and demographic characteristics were controlled for in multivariate analysis. As expected from prior literature, political party is still a significant predictor of support for reform. The effect of partisanship does not appear to be mediated by the perceptions of how difficult or not it is to obtain care. Republicans are less favorable toward national health insurance than Democrats, even after perceptions of care access or quality for the uninsured are controlled for.

(<http://content.healthaffairs.org/cgi/content/full/hlthaff.2009.1019v1>; by Tara Sussman Oakman, Robert J. Blendon, Andrea L. Campbell, Alan M. Zaslavsky and John M. Benson)

Comment:

Since the failure of the Clinton effort at reform there has been an intense campaign by innumerable entities to educate the nation on the problems with our health care system and the potential impact of the various solutions. The results of the surveys reported in this Health Affairs article are sobering, if not depressing.

A proliferation of studies has demonstrated beyond all doubt that uninsured individuals have difficulty gaining access to health care, and the results of those studies have been widely disseminated. Yet these surveys show that far too many individuals do not believe this is true in spite of the overwhelming evidence presented to them through the years.

This study demonstrated that those less likely to believe the facts about impaired access for the unin-

sured included Republicans, males, seniors, and the wealthy. What is perhaps most disconcerting of all is that even Republicans who do understand that lack of insurance impairs access still are opposed to creating a national health insurance system. They simply don't care about the fate of those who must do without adequate health care.

Those supporting the current proposal before Congress should take note of this quote:

“Even among those who perceive that the uninsured have poor access to care, Republicans are significantly less likely than Democrats to support reform. Further, the elderly, who are a politically influential group because of their high political participation rates, are not cognizant of the problems faced by the uninsured. Thus, our findings indicate that even if President Barack Obama signs health reform into law, its future political support could be uncertain. A shift from Democratic to Republican control of either congressional body could mean the reduction or elimination of funding for insurance subsidies. Subsidies are essential to a coverage expansion that these critical constituencies ultimately deem unnecessary.”

The proposed private insurance subsidies are already so modest that RAND predicts that 25 million people will remain uninsured. When Republicans take control, under the proposed model of reform they wouldn't even have to repeal the program. All they would have to do is slash the premium subsidies to wipe out the effectiveness of this legislation. Then the next step would be to reduce the actuarial value of the plans supported, thereby requiring sick and injured individuals to pay even more out of pocket than these plans already require.

Try that with a single publicly-financed and publicly-administered program that belongs to the people. The Republicans have already tried that with Medicare, and though they caused some damage, the program barely budged.

We desperately need a single program built on a solid foundation, a program that belongs to all of us - an improved Medicare for all.

Dr. David Gill to give MOSP's Annual Health Care Address

As an emergency room doctor in Bloomington, Illinois, Dr. David Gill sometimes works 13-hour shifts seeing dozens of patients. About half of them are emergency patients because they cannot afford insurance, family doctors or costly drugs.

“This will remain the shameful face of American medicine – even under the health care reform passed by the United States Congress – because their reform bill does little to bring adequate year-round health care to all Americans,” Dr. Gill says

On Sunday, April 25 at 11 a.m., he will give Missourians for Single Payer's 8th annual Health Care Lecture at the Ethical Society of St. Louis. His topic will be “Dr. Gill's Rx for Health Care: Single Payer, Expanded Medicare for all Americans. “

He is making his third run for Congressman from central Illinois' 15th District. He accepts no corporate gifts. His campaigns depend on small donations from individuals and the free labor of hundreds of volunteer workers.

“To serve the people best, we must change from a system run by for profit corporate insurers to a system paid for directly by a progressive tax that goes directly to health care providers,” Dr. Gill said. High costs of health care are fueled by the fact that insurers are there to create profits. “They're not evil – they must make profits for their shareholders.”

“I cannot understand how Congress and the Administration are congratulating themselves for a reform bill that does so little to secure quality health care for all citizens,” he said. “On the other hand, it's ironic that opponents of the bill call it a ‘take over’ by government when it helps to complete the corporate take over of health care by mandating commercial insurance for tens of millions of Americans.”

The preamble to the U.S. Constitution states that the main reason for a federal government is to promote the welfare of all the people. “What could do more to promote the general welfare than quality, accessible health care for our citizens,” Dr. Gill asked.

He is no stranger to hard times. His father died when he was 13 years of age. To help support his family, he promptly began working as a dishwasher. He held several low paying jobs to work his way through the University of Illinois in Urbana where he earned both his undergraduate and M.D. degrees. He is a longtime member of Physicians for a National Health Program.

He and his wife Elaine have a family of six children. Dr. Gill practices medicine at the Advocate BroMenn Regional Medical Center in Bloomington, which treats 42,000 emergency patients a year.

-- Roger Signor



Annual Dues

It's that time again. As April 25 fast approaches, we are finalizing our plans for Health Care Sunday. As you know MoSP operates on donations, special gifts and memberships. We will need extra funding for our April 25 programming. If you haven't renewed your yearly dues, or have been thinking about joining — now is the time. Any special gift that you can make will help with our upcoming expenses. Dues are \$20.00 individual, \$30.00 family, \$50.00 business. We can't succeed without your support. Thank you.

A False Promise of Reform

Response by PNHP

In good conscience we cannot join the celebration of the House's passage of the health bill. Instead of eliminating the root of the problem, the profit-driven, private health insurance industry, this costly new legislation will enrich and further entrench these firms. The bill would require millions of Americans to buy private insurers' defective products, and turn over to them vast amounts of public money.

The facts:

- About 23 million people will remain uninsured nine years out. That figure translates into an estimated 23,000 unnecessary deaths annually and an incalculable toll of suffering.

- Millions of middle-income people will be pressured to buy commercial health insurance policies costing up to 9.5 percent of their income but covering an average of only 70 percent of their medical expenses, potentially leaving them vulnerable to financial ruin if they become seriously ill. Many will find such policies too expensive to afford or, if they do buy them, too expensive to use because of the high co-pays and deductibles.

- Insurance firms will be handed at least \$447 billion in taxpayer money to subsidize the purchase of their shoddy products. This money will enhance their financial and political power, and with it their ability to block future reform.

- The bill will drain about \$40 billion from Medicare payments to safety net hospitals, threatening the care of the tens of millions who will remain uninsured.

- People with employer-based coverage will be locked into their plan's limited network of providers, face ever-rising costs and erosion of their health benefits. Many, even most, will eventually face steep

taxes on their benefits as the cost of insurance grows.

- Health care costs will continue to skyrocket, as the experience with the Massachusetts plan (after which this bill is patterned) amply demonstrates.

- The much-vaunted insurance regulations - e.g. ending denials on the basis of pre-existing conditions - are riddled with loopholes, thanks to the central role that insurers played in crafting the legislation. Older people can be charged up to three times more than their younger counterparts, and large companies with a predominantly female workforce can be charged higher gender-based rates at least until 2017.

- Women's reproductive rights will be further eroded, thanks to the burdensome segregation of insurance funds for abortion and for all other medical services.

Additional funding for community health centers could have been enacted on a stand-alone basis. Similarly, the expansion of Medicaid, a woefully underfunded program that provides substandard care for the poor, could have been done separately, along with an increase in federal appropriations to upgrade its quality. The Congress and the Obama administration have saddled Americans with an expensive package of onerous individual mandates, new taxes on workers' health plans, countless sweetheart deals with the insurers and Big Pharma, and a perpetuation of the fragmented, dysfunctional, and unsustainable system that is taking such a heavy toll on our health and economy today.

This bill's passage reflects political considerations, not sound health policy. As physicians, we cannot accept this inversion of priorities. We seek evidence-based remedies that will truly help our patients.

A genuine remedy is in plain sight: a single-payer national health insurance program, an improved Medicare for all. Only a single-payer plan can assure truly universal, comprehensive and affordable care to all. By replacing the private insurers with a streamlined

system of public financing, our nation could save \$400 billion annually in unnecessary, wasteful administrative costs. That's enough to cover all the uninsured and to upgrade everyone else's coverage without having to increase overall U.S. health spending by one penny.

Only a single-payer system offers effective tools for cost control like bulk purchasing, negotiated fees, global hospital budgeting and capital planning. Polls show nearly two-thirds of the public supports such an approach, and a recent survey shows 59 percent of U.S. physicians support government action to establish national health insurance. All that is required to achieve it is the political will.

The major provisions of the present bill do not go into effect until 2014. Although we will be counseled to "wait and see" how this reform plays out, we cannot wait, nor can our patients. The stakes are too high. We pledge to continue our work for the only equitable, financially responsible and humane remedy for our health care mess: single-payer national health insurance, an expanded and improved Medicare for All.

Oliver Fein, M.D. President; Garrett Adams, M.D., President-elect; Claudia Fegan, M.D., Past President, Margaret Flowers, M.D. Congressional Fellow; David Himmelstein, M.D. Co-founder; Steffie Woolhandler, M.D. Co-founder; Quentin Young, M.D. National Coordinator; Don McCanne, M.D. Senior Health Policy Fellow



Physicians for a National Health Program, (www.pnhp.org) is an organization of 17,000 doctors who support single-payer national health insurance. To speak with a physician/spokesperson in your area, visit www.pnhp.org/stateactions or call (312) 782-6006.

Voice of the Day: Canadians have high praise for health care system

There are many legitimate questions about universal health care. It's difficult to sort out the hype. I recently visited with several Canadian families concerning their health care. My survey was not scientific; I just asked how they liked government-sponsored health care in Canada. The response was unanimously in favor. One lady replied, "I just don't get it! Why wouldn't you want health care for all of your citizens?" A primary care physician said she had practiced in the states and now practiced in Canada. She felt the standard of care for patients was better in Canada. I asked about her income, which was higher for her in Canada. I asked about specialists and waiting times. All agreed there was no problem; you might have to wait for two to three months for elective surgery, but not for necessary or emergency treatment. The doctor stated that all a patient does is swipe his card in a "swiper." Computerized reporting is done with the government payer and payment is prompt. She emphasized there were no long, complicated, time-consuming insurance forms. She is associated with a large hospital and said the care and service provided was equal to or better than in the U.S. hospitals with which she was acquainted. All were extremely satisfied with their single-payer system and the standard of care. I recognize my study was not scientific and no doubt not all Canadians have had the same experience. I just know what I was told about how health care works in Canada. The discussions dispelled a lot of fear-mongering and erroneous information that is put out by those opposed to the reform of health care in the U.S. Of course, I already benefit from government-sponsored health care. It is called "Medicare" and it works for me.

Andy Dalton, Springfield, MO

From Springfield News-Leader, March 6, 2010

Dr. McCanne's Quote of the Day: the House Reconciliation Bill on Healthcare

Look at the reconciliation bill released by the House Budget Committee last night (link below). With a family income of 350% to 400% of the federal poverty level, the family would be required to purchase a plan with an actuarial value of 70%, and they would be required to pay up to 11% of their income for the premium. The family would be responsible for 11% of their income plus 30% of the medical expenses covered by the plan, plus all other costs not covered by the plan.

That family also would be limited to providers selected by the private insurer. That 11% of income cap on premiums applies only to the average of the three cheapest plans with a 70% actuarial value. The

family may feel compelled to purchase a much more expensive plan with the same 70% actuarial value if the cheapest plans do not include their personal health care professionals with whom they have an established relationship. The family would be responsible for the full additional costs of any such plan if they should upgrade.

The bottom line is that a family at 400% FPL is being priced out of health care, and a major factor contributing to this is that we are relying on an incompetent private insurance industry that can't even price its products properly. And Congress is... yes... cramming that down our throats!

http://budget.house.gov/doc-library/FY2010/03.15.2010_reconciliation2010.PDF





THANK YOU

Pat Singley who has been serving as our web master is stepping down. Sheri Wahlen has volunteered to become the new web master. A big thank you goes to both Pat and Sheri.

MoSP PROGRAMS 2010

Programs at Ethical Society for 2010: All Thursdays @ 6:30 p.m. (except April 25)

January 21	Movie	Hanke Room
February 18	Speaker	Hanke Room
March 18	Movie	Hanke Room
April 25	Dr. David Gill	Auditorium, Sunday, 11 a.m.
May		No Meeting
June 17	Speaker	Hanke Room
July		No Meeting
August 19	Movie	Hanke Room
September 16	Speaker	Hanke Room
October 21	Movie	Hanke Room
November 18	Speaker	Hanke Room
December 16	Annual meeting	Hanke Room

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Categories

_____ Individual, \$20 I will contribute \$ _____ towards _____

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(specific programming and expenses)

_____ Organization, \$50

_____ Other \$ _____

_____ 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.