



HEALTHCARE for ALL!

Missourians for Single Payer Health Care

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

President's message: The Dollars and Sense of Single Payer



Julia Lamborn speaking truth to power

Every state and federal study to determine the most fiscally conservative way to provide universal health care results in one solution: a single payer program. American taxpayers have funded countless studies which conclude the one solution that makes rational, practical and feasible sense is a single payer health program.

The phrase, “single payer,” connotes and denotes one program, one fund, one payer, and one risk pool for one goal: better health for everyone. The path to this goal is to pass into law a single payer program for which the bills already exist. The key to success rests with me and with you. In a representative democracy such as ours, we must elect leaders determined to pass the bills into law, or we must become those leaders. Your participation is needed on every step on this path.

When past MoSP President Julia Lamborn testified in Jefferson City on behalf of the state single payer bill, she was grilled on why we didn't commission a more recent study. She replied, “Because we don't need another study. This has been studied to death. Now it is time to act,” scolding legislators for their inaction. She would hand them her phone number, and tell them to call her with their plan to move forward on the bill. She never accepted a “no” answer, asserting, “There is no ‘no!’” There was a rumor in the Capitol that commercial lobbyists were plotting to “break her legs.” It takes moxie to be on lobbyists' radar, to be a threat. If one person with one voice can cause a stir, think about the unstoppable power of a group of citizens organized around our single most important issue that will save lives and money too: single payer!

This newsletter issue explains the **dollars and sense** of Single Payer. Arm yourself with information and then act. Now is the time.

—Mimi Signor, RN

“The time has arrived to help millions of Americans living without a full measure of opportunity to achieve and enjoy good health...and to have protection... against economic effects of sickness.” *Harry S. Truman, Sept. 19, 1945*

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NOW'S THE TIME FOR "WE THE PEOPLE!"

Health care for all & all for one
Would someone please help me see
Why it's a perk for those in Congress
But won't work for you & me.
I know healthcare is big business;
A big business that's quite healthy
But does it care about your health
Or making its investors wealthy?
So what if losing everything you own is just
a hospital visit away?
Has putting profit before people become
the American way?
Just like big oil, big drug, and big insurance all agree;
It's all about the money.
They don't care about you and me.
Now's the time for "we the people!"
Now's the time to wake up this nation!
Now's the time for "we the people!"
Now's the time!
Our tomorrows will depend on what we do today!
Let need, not greed, lead the way.
By Bob Wickline, Cascade Mountain Music



Americans Name Healthcare Costs Biggest Economic Burden (condensed)

The majority of Americans say the economy is the most important concern facing the U.S. today, according to a recent Gallup poll. Healthcare costs are the most worrying economic issue. "Healthcare costs impact every individual, which makes it a concern for the whole country," said Kristen Bonner, the research lead for GOBankingRates Financial Burdens Survey. "Every age group, with the exception of people under 24 years old and people over 65, chose healthcare costs as most significant."

Medicare for All can Solve America's Financial Crisis



Mark Krasnoff, MD

I've practiced general internal medicine for over 20 years, and I've personally witnessed the average American's health care burdens descend into a national financial crisis. Yes, crisis.

On Jan. 5, the Kaiser Family Foundation and the New York Times revealed their joint survey indicating 20 percent of insured Americans have serious problems paying their medical bills. Of those, 63 percent must sacrifice most or all of their savings; 75 percent are forced to cut back on food, clothing or other essentials. Medical bills financially cripple 44 percent to 45 percent of those who have a significant illness, whether they got sick while insured or not.

Today, health care insurance for many merely slows the fall to bankruptcy, and the rest of us are financially hammered at every turn with co-pays, deductibles, coinsurance and soaring drug costs. Employer-provided "coverage" substitutes for the wage increases Americans used to be able to expect.

There is no chance for affordability while insurance companies are calling the shots. There is no chance to rein in drug prices without being able to negotiate with suppliers en masse as other countries do. Our entire health care system is out of control.

The answer? Traditional Medicare (A & B) has a phenomenally efficient 3 percent to 4 percent overhead and a proven, 50-year track record. We need Medicare for everyone, Medicare for All. It's simple, efficient, fair and logical, and that's why politicians who are beholden to special interests will fight against it every step of the way. Don't let them win. Medicare for All is the answer.

—Mark S. Krasnoff, MD

Dr. Krasnoff is an internist with SSM Medical Group at St. Mary's Health Center where he serves as chairman of the peer review committee. He is past president of the medical staff of SSM Rehab. He serves on the board of directors for Physicians for a National Health Program - St. Louis.



Leon “Bud” Deraps, 1925-2016



Bud with Congressman Kucinich in 2005

Our friend, Bud Deraps champions on in memory. Bud was dedicated to world peace, single payer universal health care and justice for veterans. He was awarded Ethical Humanist of the Year in 2010 by the Ethical Society of

St. Louis.

Bud joined us in rallies and picketing. Getting arrested for civil disobedience was a matter of honor. If our right to protest was questioned, Bud pulled himself up defiantly, saying, “Arrest me!” Despite his serious dedication to social advocacy, he laughed easily, and could dance a swinging jitterbug.

Bud welcomed Congressman Dennis Kucinich, capstone speaker for MoSP’s Health Care Weekend in 2005. Bud held the Congressman’s rapt attention while he lobbied on behalf of veterans of war.

Bud was a Green Party aldermanic candidate for St. Louis, representing Dogtown. Supporters worked phone banks from the World Community Center. While he did not win the election, he did very well in percentage of votes cast. Fans urged him to run again, but Bud demurred, saying he was ready to relax and spend time with his sweetheart, Joan O’Brien.

—Mimi Signor

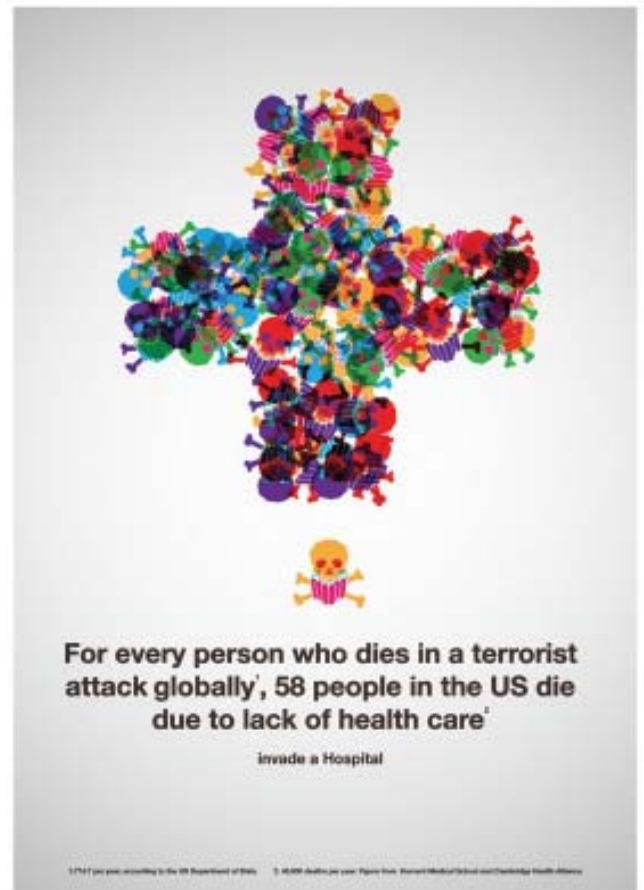
MoSP Summer Movie Nights

Thursdays at 6:30 pm Hanke Room,
Ethical Society of St. Louis

June 16: **“Where to Invade Next”** - laugh and cry during Michael Moore’s 2016 sequel to “SickO”

July 21: **“Fix It: Healthcare at the Tipping Point”** – makes compelling case for how a single payer universal health program will help U.S. businesses

August 18: **“The Health Care Movie”** – histories of the Canadian single payer health care program compared with America’s multi payer non system. Laurie Simons and Terry Sterrenberg are currently producing its sequel, “Now’s the Time” which we will show as soon as it is available.



US Healthcare System Cartel... 'til Death Us Do Part



Donna and Larry Smith with Julia, 2008

One common definition of a cartel is: *an association of manufacturers or suppliers with the purpose of maintaining prices at a high level and restricting competition.* Or this definition from Merriam-Webster: *cartel, noun: a group of businesses that agree to fix prices so they all will make more money.* That sums up U.S. healthcare. As a patient, as a policy holder, and as a caregiver, I am weary of playing my part in the profit-taking every time I need medical help. When I or my husband is ill, we are at the mercy of the healthcare cartel.

Collusion surely exists in the provision of health care in profit-driven U.S. healthcare. Why and how would health insurance prices, drug prices, and the provider charges and practices all end up being within a small window of pricing and policy? The definition of collusion: *collusion is a secret cooperation for an illegal or dishonest purpose.* Some cite economic factoring and actuarial analysis as the reasoning behind the pricing, but how do profits balloon to such grotesque levels, if not through price fixing and the collusion of the industry in cartel agreements?

Why is this collusion allowable when the U.S. Justice Department deems it illegal in the U.S.? *When*

competitors collude, prices are inflated and the customer is cheated. Price fixing, bid rigging, and other forms of collusion are illegal and are subject to criminal prosecution by the Anti-trust Division of the United States Department of Justice.

Fixing credit terms and the lack of open advertising of pricing are signals of illegal activity. Yet fixing of credit terms and the lack of openly advertised prices is the norm throughout healthcare. A patient or caregiver risks being “fired” as a patient for asking questions or question policy.

Those who oppose the Affordable Care Act/ Obamacare can argue that the law violates Federal Anti-Trust laws. The health industry clearly is not subject to the same rules and laws as other businesses. Health care is so co-mingled with public policy and employment law, that it can be very difficult to catch offenders. Nevertheless, there seems to be ample evidence to prove that health industry professional associations provide the perfect cover for cartel agreements.

If we had an improved and expanded Medicare-for-all for life system, financed through a public, single-payer model, it would be our health care system. We would be the ones making sure that good health care access and fairly negotiated pricing was done in the best interests of us all. Until then, we are at the mercy of the healthcare cartel that is so powerful that it controls almost one-fifth of the U.S. economy. Could the healthcare industry be this profitable while failing to perform well and not be cartel-controlled?

by Donna Smith (condensed)

Published on Common Dreams September, 2014

Donna Smith is the Executive Director of Progressive Democrats of America and past Executive Director of Health Care for All Colorado



“The secret of the care of the patient is in caring for the patient.” *Francis Weld Peabody; JAMA 1927*

Latest Kaiser Poll shows that People want Single Payer

Democrats support Medicare for All by 81%, Independents by 60%, and Republicans by 30%. Overall support is 58%. There has been majority support for single payer for decades, but since the passage of the Affordable Care Act, the issue has been excluded from the Kaiser Poll. The influential Kaiser Family Foundation does not normally poll on Medicare for All or single payer. The inclusion of Medicare for All in this tracking poll is remarkable, showing support is still growing.



Coming in the Summer Newsletter...

“Voter Suppression”, a three part, in depth series by **Cynthia Richards**, President of Missourians for Honest Elections, begins with the first essay in the MoSP summer newsletter. Watch for this fascinating treatise on voting rights.



“It is amazing what you can accomplish if you do not care who gets the credit.” *Harry Truman*



Dr. Quentin Young, 1923 - 2016



Quentin Young, MD

Quentin Young, M.D. served as national coordinator of Physicians for a National Health Program from 1992-2014, and also served the organization's past president. Since the 1980s, he was the nation's most eloquent and high-profile spokesperson for single-payer

national health insurance and a vigorous champion of “The Expanded and Improved Medicare for All Act,” H.R. 676.

In his 2013 autobiography, “Everybody In, Nobody Out: Memoirs of a Rebel without a Pause,” Dr. Young wrote: “From my adolescent years to the present, I’ve never wavered in my belief in humanity’s ability – and our collective responsibility – to bring about a more just and equitable social order. I’ve always believed in humanity’s potential to create a more caring society... my views and actions have also propelled me into sharp conflict with institutions and persons who would perpetuate injustice. That was true yesterday; it remains true today. My work is unfinished.” Help carry on his work, inspired by his example, to win single payer.



“It is more honorable to repair a wrong than to persist in it.” *Thomas Jefferson, 1806*



“You can always count on Americans to do the right thing, after they’ve tried everything else.”

Winston Churchill

Health Carriers Blame Losses on Obamacare, but their Stock Gains are ‘yuge,’ thanks to Uncle Sam

The years of the Obama administration have been “yuge” for the health insurance industry, and for stockholders in the for-profit companies that dominate the industry, including Cigna and Humana, the two insurers I used to work for. In 2009, Obama hosted the White House Forum on Health Reform, a day-long meeting of administration officials, members of Congress, corporate executives, union leaders and lobbyists, beginning a year-long ordeal to enact the Affordable Care Act, or Obamacare.

Few companies in any industry have rewarded shareholders as much as health insurers. Despite record-breaking profits year after year, UnitedHealth’s CEO Stephen Hemsley, who made more than \$66 million in 2014, said the company might stop selling policies on the Obamacare exchanges in 2017 because financial results from that segment of its operations have been lower than executives had hoped. The company lost \$720 million in 2015 on its individual health insurance business. UnitedHealth Group reported a profit of \$11 billion (on revenues of more than \$157 billion) in 2015, up from \$10.3 billion (on revenues of \$131 billion) in 2014. The company’s Obamacare business is a tiny portion of its overall operations, but it is bailing out of the exchanges for the benefit of its shareholders.

Private insurers’ biggest customer is Uncle Sam. The states, most of which have turned to private insurers to operate their Medicaid programs, comprise their second biggest customer. UnitedHealth has been making money from federal and state governments, just as WellCare has. More than half of the \$157 billion it took in last year came from Medicare and Medicaid.

Big for-profit insurers no longer get most of their revenue from the private sector, individuals and

employers that provide coverage to their workers. Enrollment in Medicare is growing, but not enrollment in commercial health plans. During 2015, Anthem’s commercial revenues declined, while revenues from its government operations skyrocketed. When Anthem’s acquisition of Cigna and Aetna’s acquisition of Humana are approved, the remaining big three for-profit insurers, Aetna, Anthem and UnitedHealth, will collect most of their revenues from the government.

The government had been overpaying private insurers to keep them committed to the Medicare Advantage program. Enrollment in Medicare Advantage plans now stands at 18 million, a third of all Medicare beneficiaries.

Medicare Advantage carriers got a big raise from the government on February 19, rewarding private insurance companies that participate in the Medicare Advantage program, the private alternative to traditional Medicare. Medicare Advantage plans received \$170 billion from the government in 2015. Although the increased payments vary for each participating health plan, “many industry observers believe 2017 will be ‘the best rate environment we’ve seen in years,’” John Gorman, a consultant for Medicare Advantage insurers and a former CMS official, told Modern Healthcare. Investors rushed to buy health insurance companies’ shares. A week later on February 26, Cigna’s stock was up 5.5 percent. Humana’s was up 8.1 percent. By comparison, the Dow Jones industrial average was up just 1.5 percent.

Modern Healthcare reporter Bob Herman wrote: *“Insurers are salivating over the growing membership and revenue base because even a small margin of 2% to 5% reaps billions of dollars in profit for the industry, assuming plans have high quality marks.”* Insurers that score higher on quality metrics get more of taxpayer’s money.

As a result of heavy lobbying by industry officials (the industry’s biggest trade group, America’s Health Insurance Plans, hired former CMS administrator Marilyn Tavenner, an Obama appointee, as its presi-

dent and CEO), Congress approved a one-year moratorium on an Obamacare-imposed tax on health insurers.

Thanks to hundreds of millions of dollars the industry doles out in campaign contributions, the Medicare Advantage program has many champions in Washington on both sides of the political aisle. Whichever party comes out on top in November, health insurers will do well. The industry will get deeper into both the Medicare and Medicaid programs, thanks to big contributions insurers make in House and Senate campaigns. Bottom line: Expect to see many more “yuge” years ahead for the industry’s shareholders.

by Wendell Potter (condensed)



ACA add Billions to Healthcare Bureaucratic Waste (condensed)

Initial \$6 billion in start-up costs of exchanges pale beside \$273.6 billion in extra insurance overhead from 2014 through 2022, researchers say. The Affordable Care Act will add more than a quarter of a trillion dollars to the already very high administrative costs of U.S. health care through 2022, according to a study published at the *Health Affairs* Blog.

Drawing on the “National Health Expenditure Projections for 2012-2022,” released by the Office of the Actuary at the Centers for Medicare and Medicaid Services (CMS), the authors, Drs. David U. Himmelstein and Steffie Woolhandler calculated yearly estimates for private insurance overhead and government program administration costs.

Using estimates from the Congressional Budget Office, they calculated the ACA’s coverage and cost. “Between 2014 and 2022, the ACA will add \$273.6 billion in new administrative costs over and above what would have been expected had the law not been enacted,” said Himmelstein. “That’s equivalent to \$1,375 per newly insured person per year, or 22.5 percent of total federal expenditures for the program.”

Himmelstein and Woolhandler write: “Two-thirds of this new overhead, \$172.2 billion will go for increased private insurers’ administrative costs and profits,” while the rest of the added overhead “is attributable to expanded government programs, i.e. Medicaid. The added dollars to administer Medicaid will flow mostly to private Medicaid HMOs, which will account for 59 percent of total Medicaid administrative costs in 2022.”

By comparison, traditional Medicare, runs for about 2 percent overhead. Were the 22.5 percent overhead figure associated with the ACA to drop to traditional Medicare’s level, the U.S. would save \$249.3 billion by 2022. The overhead rates of universal, single-payer systems such as Taiwan’s or Canada’s are lower, closer to 1 percent. If the U.S. were to adopt a single-payer system, savings on bureaucracy and paperwork would amount to about \$375 billion annually, enough to provide high-quality, first-dollar coverage to all Americans. “In health care, public insurance gives much more bang for each buck,” they write.

“The Post-Launch Problem: The Affordable Care Act’s Persistently High Administrative Costs,” by David U. Himmelstein, M.D., and Steffie Woolhandler, M.D., M.P.H. *Health Affairs* Blog, May 27, 2015.

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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.