

## HEALTHCARE–NOW! CONFERENCE CALL MINUTES January 14, 2010

### **Speakers:**

- Ronald Hikel, Legislative Director for Rep. Eric Massa
- Dr. Len Rodbery, PNHP NY Metro Chapter
- Dr. Margaret Flowers, PNHP DC Congressional Fellow

### **Listeners**

120 participants

### **Ronald Hikel's Commentary**

The final version of the integrated House and Senate healthcare reforms bills should be finished by Tuesday, January 19<sup>th</sup>. After that, it will go to the Congressional Budget Office (CBO) for fiscal analysis, then back to Congress for a 72 hold before final debate begins. The remaining issues to be decided include:

- The Cadillac excise tax to pay for reform – this will be changed or eliminated.
- Insurance exchanges – will there be one federal, or 50 state exchanges?
- Abortion language – final language to be determined.
- Antitrust exemption for the health insurance industry – will this provision stay?
- Employer mandate – will this provision be included?
- Implementation date – will this be changed? Most provisions don't take effect for 4 years.
- Affordability for the poor – the President wants the bill more affordable
- \$100 million to Nebraska's Medicaid program – this may be traded for some other concession to Senator Nelson.
- Public option – “deader than a doornail”

### **Len Rodbert's Commentary**

- The rise in health care costs this past decade is pushing reform to the forefront.
- The final bill will do little to reduce the rise in costs. CBO estimates expected rise of 6.4% might be slowed to 6.0%.
- Bills address universal coverage with a simplistic approach – mandating the purchase of coverage. The underlying system remains largely unchanged.

- The subsidies to individuals to help them buy insurance are inadequate. People will have to pay 15–20% of their annual income for insurance including co-pays.
- The statement that 30 million more Americans will be covered is wrong. 12 million will be covered by Medicaid, which is inadequate. 18 million will be forced to purchase, but the penalty is only 2% of annual income, so many will elect not to purchase.
- About 20 million Americans will get a waiver from the penalty because they can't afford coverage, or will opt to pay the penalty.
- By the time the important provisions kick in (in 4 years) health care costs will have risen another 25%.

### **Margaret Flowers Commentary**

2009 was a good year for single payer in terms of making the issue visible. Accomplishments include:

- Supporters testified before all committees of jurisdiction for HR 676.
- PNHP held 3 events for members of Congress, including Medicare Birthday events.
- The Mad as Hell Doctors tour from Washington state to DC took place.
- 2009 saw increased media coverage of single payer.
- Amendments to create a single payer system were introduced into both the US House and Senate for the first time in US history.
- A mobilization campaign of civil disobedience took place last fall.

In the future we need to:

- Grow our movement
- Emphasize that single payer is a non-partisan issue and that there is enough money in the system already to pay for it.
- We need to organize at the district level; Maryland is working on a network.
- We need to support candidates for office who support single payer.

### **Questions**

What about the Kucinich amendment?

Ron: The Kucinich amendment would have allowed state to seek a waiver from ERISA requirements making it easier to establish their own single payer systems. It will not be part of the final bill. Nonetheless, Ron feels it is an appropriate and important strategy for the movement to pursue single payer at the state level. The Senate bill has language that would allow states to opt out of the insurance exchanges in 2017.