

Summary - WMM4A Monthly Meeting, March 14, 2018
Including notes on program with Prof. Friedman

Note: We found an olive-green corduroy shirt in the room after the meeting. If you left this behind, please contact info@wmMedicareforall.org

Also note: Anyone interested in getting involved with **Medicare for All organizing in Holyoke**, please attend this meeting: The new Holyoke hub, coordinated by the Pioneer Valley chapter of DSA, will meet on **Thursday, March 29th 7:00 – 8:30 p.m.** at the Mass. Green Computing Center in Holyoke. They will discuss the hub's action agenda. Info: craymartin90@gmail.com

The WMM4A meeting March 14th began with recognition of the recent death of **Rep. Peter Kocot**. Kocot had recently been promoted to co-chair of the powerful Health Care Financing Committee that oversees the Medicare for All bills. He was a forthright supporter of Single Payer, and had met a few times with a delegation from WMM4A to discuss how to move legislation forward. His death is a loss for the Medicare for All movement in western Mass. and the state.

Non-binding Ballot Questions ("BQs") – The statewide organizing group, **Single Payer Strategy Forum**, is coordinating an effort to run BQs in at least a dozen legislative districts in different parts of the state. These would appear on the November ballot in each of the targeted districts. Only 200 certified signatures are required to place a BQ on the ballot in a representative's district. The purpose is to raise public awareness and education about Single Payer, strengthen local organizing capacity, strengthen the statewide campaign, and to keep this issue at the top of candidates' awareness: show that this is an issue they need to seriously address, not just mention in passing.

Several WMM4A hubs plan to run BQs in their legislative districts. Most of these districts will be having contested races this year, so there will be a lot of local interest. It's an important time to keep Single Payer in the forefront:

- **FCCPR** will run BQs in Mark Hinds' and Steve Kulik's districts.
- **Easthampton hub** - John Scibak's district
- **Northampton hub** - the late Peter Kocot's district
- **Amherst hub** – considering a BQ in Solomon Goldstein-Rose's district
- **Holyoke hubs** - considering a BQ in Aaron Vega's district

ACTION: If you would like to get involved with the BQs, contact us at info@wmMedicareforall.org

Special Program – Q&A with Prof. Gerald Friedman

This was a lively exchange between those in attendance and Prof. Friedman. Here are my notes. There was a lot said and these notes are just to the best of my ability. I haven't checked them with Jerry; any mistakes are MINE, not his:

- Can we afford it? It's easier to fund Single Payer than to fund the existing system, and it's cheaper.
- How fund it? There are many possible ways to fund it. About half is already funded through public programs like Medicare and Medicaid. The issue is how to replace the money now paid to insurers and providers directly – such as premiums, co-pays, deductibles, non-covered services, etc. There are many ways to do this; payroll tax is a popular way because people are already familiar with deductions to their payroll. Mass. bill also includes a tax for wealthier people on capital gains, dividends, etc. to help keep the cost down for everyone else.
- Yes, it would be a big problem if federal government cuts back funding for the public programs. Medicaid reimbursements are lower than Medicare anyway, so with SP we'd have to raise those reimbursements and that would be an added cost.
- What about federal waivers? Not as big a problem as people think. For Medicare, the state could offer its own "Medicare Advantage" plan for seniors, administered through the Single Payer trust. A Medicaid waiver should not be hard to get – federal govt. approves almost anything that doesn't cut benefits, which of course SP would not.
- School districts and towns would benefit greatly from SP.
- Partners Healthcare is a huge conglomeration of 27 hospitals, plus physician groups. Partners charges are the highest in the state – and private insurers are too small to really argue with them or negotiate prices.
- Medicare pays 22% less than private insurers, and does not pay the premiums other insurers do for Partners.
- What is global budgeting? Mainly refers to hospitals. Global budgeting sets overall reimbursement for services, rather than a per patient system of payment (called "capitation") or "fee-for-service" – reimbursing for each specific item, test, procedure, etc. (The current Medicare for All bill in Mass. proposes global budgeting.)
- Would a SP Trust Fund administration be "negotiating" prices with providers, drug companies, medical equipment manufacturers, etc. or would they be "dictating"? It depends who is on the other side of the table!
- Would there be an "explosion of care" if we passed SP? Relatively low number of uninsured in this state so not a huge influx with SP. Under-insured would probably seek more care. There would probably be more primary care, and less more-expensive care if people could afford to see their provider before problems got bigger and more complicated. Currently doctors and nurses spend a lot of time on paperwork, so we'd have more of their time to actually treat people.
- What about insurance jobs? Most front-line insurance jobs are not good jobs. Average cubical job tenure in the industry is 6 months. (Proposed M4A bills include funds for training displaced workers.) CEOs' big salaries would not be compensated.
- U.S. health spending is about 18% of GDP (military is about 3.5 % of GDP). In Canada, the figure is about 10%. Higher U.S. spending is due to high prices – not more care being provided. Prices are high because of the bloated administration, billing, drugs, etc. Currently about 35% of health care spending in Mass. goes to "monopoly profits", admin., etc – a higher % than the national average.
- Mass General Hospital has about one billing person per bed. They have 450 billers compared with two in a similar size Canadian hospital.

- What happened in Vermont? The governor lost his nerve. Taxes would have gone up, but overall spending would have decreased. They didn't make the connection between what people were spending already versus what they would spend with SP. Green Mountain Care Board study showed Single Payer would save money.
- Currently in Mass. employers and employees – on average - pay a combined 13.5% of payroll for health coverage – more than they would under SP. (Current M4A bill proposes a 10% payroll tax – 2.5 % for employee, and 7.5% for employer.)
- “Churning” is a problem now – changes in plans, providers. That would go away with SP.
- Under SP, health care coverage is not tied to your employment – so ends “job lock” problem for workers; better for entrepreneurs; levels the playing field for small businesses.
- Covering long-term care with SP is not as hard as people say. If homecare were properly covered, LTC costs would be less.
- SP ends the threat of medical bankruptcies.