

SUMMARY – WMM4A GENERAL ASSEMBLY – MAY 13, 2020

WMM4A's first "zoom" GA had good attendance and ran smoothly. Our tech and facilitation team practiced ahead of time; there were just a few minor glitches during the meeting which were quickly addressed. We had also prepared for security problems and happily none occurred.

LOCAL UPDATES:

Wake-up Call for Single Payer – WMM4A's petition addressing the COVID-19 crisis and beyond has gone statewide. **Please sign the petition now if you haven't already!** Here's the link:

<https://actionnetwork.org/petitions/wake-up-call-for-single-payer>

What else can you do?

- Ask your neighbors and coworkers to sign, too,
- Share the link on social media with a personal comment about why it matters to you
- If you belong to an organization ask them to sign – they can contact us directly at info@wmMedicareforall.org.
- Write a letter to the editor - the Gazette has printed several already. Keep 'em coming!
- Send a message to your legislators to support Medicare for All in Mass.

In addition to gathering signatures to show support for Single Payer in Mass., we are also using the petition as an educational tool to expand the public's understanding of **why we need a Single Payer system**. Here are the four major areas of need – crystal clear during this pandemic - identified in the Wake-up Call:

1. **Universal Coverage** - Free at the point of service
2. **Lifetime Health Care** - Regardless of Employment
3. **Planning & Coordination** – Resources, data, communication
4. **Funding Priorities** - Healthcare, not profit

Report from the Springfield Area Project –

The Springfield group is discussing whether to run a non-binding ballot question this year about Single Payer. They are assessing which legislative district(s) in Springfield would be best to target, and whether they have the capacity to gather signatures given the current restrictions due to COVID-19.

Campaign to keep psych beds open -

While we fight for a Single Payer system to address many of the inequities in our health care system, we must also demand access to health care now. WMM4A has therefore endorsed the campaign to **halt the closure by Providence Hospital of its behavioral health unit with the loss of 74 in-patient psychiatric beds**. These include the only adolescent beds in our region. If these beds are lost, families would have to travel to Connecticut or Worcester to visit their

children. It would also result in 200 layoffs during a crisis when the need for mental health services is increasing.

The Dept. of Public Health held a recent hearing but does not have the power to keep these beds open even though they determined the services are essential. If the hospital submits an alternative plan, which appears likely, the closure will go forward. Responding to this loss, as well as many other hospital and unit closings across the state in recent years, the **Mass. Nurses Association has submitted a bill that would give the state more authority to keep essential services open.** For more information contact Maryanne Bray, MNA Director of Legislation: 781.249.9581 or mbray@mnarn.org.

Here is a link to an article in the Gazette: <https://www.gazettenet.com/Department-of-Public-Health-rules-Providence-Behavioral-Health-Hospital-psychiatric-beds-are-necessary-34384384>

STATE UPDATES:

Webinars: WMM4A is working with the state M4A Legislative Caucus on a series of webinars about Medicare for All and COVID-19. About 90 people attended the first Zoom webinar in April, hosted by Rep. Lindsay Sabadosa and Sen. Jamie Eldridge, with two health care providers - including western Mass. RN and MNA activist, Donna Stern. Hundreds more visited the Facebook livestream and recording. Here's the link (the camera is sideways for the first couple of minutes, then straightens out):

<https://www.facebook.com/MassachusettsMedicareForAll/videos/2712685515631305/>

The next webinar will be Tuesday, May 26th at 4:00 p.m. with Dr. Robert Pollin, economist at the PERI Institute of UMass. The focus will be on the economic impact of the COVID-19 crisis in Mass. and the movement for M4A. **You can register now at:** <https://bit.ly/2WGO8HD>

Non-binding Ballot Questions - The statewide coalition, Mass-Care, is recruiting activists to run Single Payer questions in several legislative districts this year with the same question we used here in western Mass. In 2018. They are also assessing whether groups have the capacity to collect signatures (200 valid signatures per legislative district) during the COVID-19 crisis. Recent decisions by the Mass. Supreme Court allow for electronic signatures for candidates and for binding questions, but these cases do not cover non-binding questions.

NATIONAL UPDATES:

Three bills have been proposed to address the crisis of millions of people losing their health coverage, especially due to job loss during the COVID-19 pandemic.

- Sanders/ Jayapal - "**Health Care Emergency Guarantee Act**" empowers Medicare to pay the costs of medical necessary care for anyone who is uninsured, and cover all out-of-pocket costs for those with public or private insurance, for as long as the pandemic continues.

- Jayapal/ Kennedy - “**Medicare Crisis Program Act**” - provides Medicare coverage for those eligible for unemployment due to COVID-19, caps out-of-pocket costs, and expands Medicaid eligibility with federal funding.
- Scott/Dingell - The **Worker Health Coverage Protection Act** would cover the full cost of COBRA premiums for workers or the full cost of health insurance premiums owed by workers who are furloughed. It does not cover out-of-pocket costs and COBRA only covers those already covered by employer plans.

Unfortunately, the newest proposal from the Democratic party, called the “Heroes Act”, includes the least equitable of these, the COBRA plan, which is a huge handout to private insurers who lobbied heavily for it.

TRAINING/ DISCUSSION:

Stephanie, Sara, and Judi led a workshop about how we might be managing the COVID-19 pandemic better with a Single Payer system in Mass. – “*How might things look different if everyone had equitable access to comprehensive health care (Medicare for All).*” This topic was discussed in facilitated breakout groups, and then brought back to the larger group.

Notes from the workshop are arranged here according to the four major points in the Wake-up Call for Single Payer:

1. Universal Coverage with no financial barriers to care:

M4A would assure lifetime coverage without financial barriers so everyone could feel more secure about seeking health care when needed.

People wouldn’t be as stuck in abusive relationships just to retain health benefits.

It’s possible the virus trend would have been picked up sooner.

Persons with chronic and underlying health conditions could have sought treatment earlier and been more able to survive COVID.

Security of knowing that you have coverage might reduce stress and mental health problems.

The complexity of our current system leaves many gaps; people can fall on and off insurance plans, lose benefits or providers, or end up with no coverage – so they don’t seek care when needed.

We need all hands on deck to treat patients. Do we really want our nurses tied up with bureaucratic details, coding, authorizations, etc.?

More equitable - everyone with access to good quality health care regardless of income, zip code, etc.

Many lives might be saved, including those at risk for suicide from stress.

2. Health Care Not Tied to Employment:

People wouldn't be stuck in jobs they don't like or where they don't feel safe due to dependence on health benefits.

Fewer worries in a pandemic because health care isn't tied to work. People wouldn't lose health care when they lose their jobs

People wouldn't have to go back to work under potentially dangerous circumstances in order to maintain their health benefits.

3. Planning and Coordination:

Importance of having a coordinated effort, including equitable distribution of resources.

Better planning resources with M4A – expertise, coordination, communication. Would help provide enough PPE, beds, tests, etc.

May be more unified messaging with single payer, public health would be able to play a larger role in messaging and policy.

4. Funding for Health Care , not profit:

How could a Single Payer system have changed the behavior of for-profit institutions, including nursing homes? More clout to control cost-cutting / profit maximizing at the expense of safety and service.

More clout to control price-gouging on drugs, equipment, etc.

More ongoing investment in public health and prevention to lessen the impact of a crisis.