



Health Care is a **Human Right**



WELCOME

We know you agree that now is the time to act and create a health care system that allows all of us access to quality, affordable health care. A campaign is underway that endeavors to create a health system that is guided by human rights principles. It's a provision of the Affordable Care Act and would transform our health care system as we know it.

Welcome to our **APRIL** Health Care is a Human Right newsletter! Every month, we will keep you up to date on the progress of the campaign.

In this issue you will learn about:

- High Deductible Health Plans
- Other State News: Massachusetts
- News Center



The Growth of High Deductible Health Plans Makes the Need for Universal Healthcare More Immediate for Workers

It's the same old story – the corporation making millions of dollars, and often getting huge tax breaks, claims healthcare costs are “creeping up” and decides to push its employees on to a high-deductible health plan. For some younger, higher-wage employees, this seems like a small change. But for employees with chronic conditions, with children on their plan, or who face unexpected health problems, it's the difference between getting the care they need or not.

In 2015, 24% of workers were on high deductible health plans. That's up from just 8% in 2009. These plans have clear benefits to business—the cost of healthcare shifts from the employer to the employee, who may or may not be able to afford it. Much like the shift from pensions to 401(k) plans, this shift means the employee stands to lose much, much more if something goes wrong.

But Kaiser Family Foundation studies have shown that high deductible health plans don't actually save money—they just make people who need care wait longer or avoid needed care. Delays in vaccinations, check-ups, and medications result in more serious and costly conditions in the long-run.

High deductible health plans also disproportionately hurt lower-wage workers, older workers, and workers of color—the people who need healthcare the most, who can afford the least, or who are already left out of our healthcare system. By favoring higher-income patients, these plans reinforce the disparities in who gets care.

The only way to stop the trend toward high deductible plans is to take employers out of the picture. Our patchwork system is not just failing to cover everyone—it's failing to cover even patients who *have* insurance.

Workers in some companies have used their union voices—as they have at Swedish Medical Center, for example—to stop employers from implementing high deductible plans. But others have had no choice. We can't let employer greed and the lack of a solid, reliable, affordable system stand between workers and equitable, accessible care. It's time to ensure Health Care Is a Human Right.

Other State News

The latest state to consider a single-payer system is Massachusetts. Lawmakers are considering a bill that would move private insurance to a single-payer system for all residents of Massachusetts.

Proponents for the bill have argued more needs to be done despite gains in state and federal law. Massachusetts boasts the highest insurance coverage rate at 200,000, but also has very high premiums.

Massachusetts is known as a liberal state that embraces health care reform,



but skeptics question the cost of the new system. Neighboring Vermont made a gutsy effort to bring a single-payer system in the state, but gave up after lawmakers realized there was no way to pay for the system.

Single-payer supporters in Massachusetts say cost is the most important reason why a single-payer system is needed. Health care costs there jumped by 4.8 percent from 2013 to 2014, according to a September 2015 report by the nonpartisan Center for Health Information and Analysis.

The proposed system is estimated to cost \$4.3 billion in the first year, with taxpayers picking up \$2.6 billion and the federal government covering the rest.

News Center



Only One Country Offers Universal Health Care To All Migrants *NPR*

Last year, a record number of migrants and refugees — more than 1 million — crossed into Europe, sparking a crisis as countries struggle to cope with the influx of more and more people. And one element of the crisis is health care. Migrants often have trouble getting medical care in the country in which they resettle. Those who are in the country illegally have an even harder time. While many countries struggle with whether — and how — to provide health care for their migrant populations, one country seems to stand out in its policy to provide equitable coverage for migrants and refugees, regardless of their legal status: Thailand.

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Universal health care examined Thursday *Durango Herald*

The question at the Durango Public Library on Thursday will be: Should the state of Colorado adopt, and effectively set the precedent, for universal health care in the country? At 5:30 p.m., Denver resident and health care author and journalist T.R. Reid will talk about Amendment 69: A citizen initiative that, if passed, would create a single-payer health care system in Colorado. Reid said he will speak on behalf of the Colorado Foundation for Universal Health Care, which has a presence in 60 out of the 64 counties in the state, in which people believe “a pretty simple idea.”

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Universal Health Care Study Open for Researchers to Bid *The Lund Report*

The Oregon Health Authority has finally released a request for proposal to analyze the financing of healthcare in Oregon and provide for a possible state-based universal healthcare system, such as single payer. Researchers interested in bidding on the project have until April 14. On April 29, the state expects to award the contract, for which the Legislature budgeted \$300,000 last July.

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