



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 **January** 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:

- Medical Debt: Still a Big Problem
- Protected Populations
- Fix It
- News Center



Medical Debt: Still a Big Problem after Health Care Reform

Consumer Reports found that difficulty paying for medical care is the top financial problem for American households. Medical care providers are referring medical debts to collection agencies more quickly than ever. Over 20% of Americans under age 65 have trouble paying medical bills and more than 10% will be contacted by collections agencies for unpaid medical bills, triggering more than 60% of bankruptcy filings. Surprisingly, about 3/4 of these cases had insurance.

The Affordable Care Act's (ACA) health-care reform cut the number of uninsured in half. It accomplished this by expanding Medicaid and offering low-income families subsidies to buy private coverage through its Exchange. Yet, the number of Americans swamped by medical costs is still so incredibly high.

Underinsurance is the New Norm

Much of the new coverage has deductibles, co-payments, and co-insurance costs that may be unaffordable. This "underinsurance," is so limited that serious illness still leaves families with medical bills they cannot pay. The ACA subsidies are only available if you purchase at the silver plan level and even this plan only covers 70% of medical costs. Subsidies are not available for the cheaper bronze level plan that only covers 60%.

People with skimpy underinsurance policies delay getting primary care, going to the hospital, and have worse outcomes as well as other problems including difficulty affording housing and other basic necessities. Medical bills consume family savings including those earmarked for retirement.

What We Need

Like other developed nations that have virtually eliminated medical bankruptcy by treating health care as a human right, we need a system where everybody has coverage for all medically necessary care; A single-payer or expanded and improved Medicare for all where everyone would be covered by a plan that would eliminate premiums and all out-of-pocket medical expenses.

David McLanahan, MD, Physicians for a National Health Program



Protected Populations

It's important to understand that one complication that states face is how to fold in federally "protected" populations, all of which are currently insured (albeit with varying quality of coverage). These populations include:

1. ERISA – Self-insured employers are exempt from state regulation regarding retirement and health insurance benefits. If the inevitable state payroll taxes are "for the public good", it is likely that the employers can be required to pay it anyway, in which case they are unlikely to continue to pay for private health coverage that's mostly inferior to what the universal coverage plans can offer.
2. Medicare – It will require an act of Congress to be able to include Medicare enrollees (and their federal funds) into a state plan.
3. Medicaid – As a joint state-federal plan, Medicaid funds earmarked for a state could be sent to the state's plan if agreed to by the Dept. of Health and Human Services.
4. Taft-Hartley trusts – These are trusts set up by labor unions that have members employed in multiple firms for the purpose of providing health coverage. Negotiations would be required to include these employees in a state's plan.
5. Federal Employees – They are currently sharing the cost of health insurance with their federal employer through the Federal Employees Health Benefits Program. Negotiation would be required to shift them to the state plan where they live, and have the federal employer pay into the state system.
6. Veterans eligible for care in the VA system – Again, negotiations would be required.
7. Active military and dependents – Another reason for negotiating. Dependents would probably benefit from inclusion in the state's plan, but active military personnel are probably better served in the military health care system.
8. Native Americans on reservations now receive health care through the federally funded Indian Health Service. The HIS is a result of treaties between tribes and the federal government, and the tribes are reluctant to substitute a state plan that might let the federal government out of its treaty obligation.

Rep. McDermott's bill (HR 3241) would allow at least #1, 2, 3 and 5 to be included, with their federal funds, in a state's plan. It is currently being considered by a sub-committee on health, employment, labor and pensions.

Sarah K. Weinberg, MD

Fix It

A new documentary shows why a simplified single-payer health care system is THE solution for lower costs and better health outcomes for everyone in our country. Click to watch the two-minute trailer.



News Center

Majority of Americans Still Favor Single Payer *Single Payer Action*

Nearly six in ten Americans — 58 percent — say they favor the idea of Medicare-for-all single payer system — including 34 percent who say they strongly favor it. That's according to a Kaiser Family Foundation poll released last month. Thirty-four percent who say they oppose it, including 25 percent who strongly oppose it. Opinions vary widely by political party identification, with eight in ten Democrats — 81 percent — and 6 in 10 independents — 60 percent — saying they favor the idea, while 63 percent of Republicans say they oppose it.

[Read more](#)

Single-payer would be better *Herald.net*

The Dec. 28 letter, “Despite reports, it's not succeeding,” was an unexpected gift for which I bless the writer's conservative heart. He informs us that “Obamacare,” as currently applied, is failing. This, the writer says, will lead to single-payer health care funded like Medicare. Hallelujah! If conservatives are finally seeing national health care (i.e., single payer) is an imperfect but affordable, more easily managed system than is the hodge-podge of insurance companies gouging us since the 1800s.

[Read more](#)

Alaska would be better off with its own single-payer health care system *Alaska Dispatch*

As the year comes to an end, many of the headlines predict hard economic times ahead for many Alaskans, given the anticipated \$3.4 billion state budget gap, the cost of health care in Alaska being the highest of any state, property taxes going up, new taxes and user fees being proposed, and talk of limiting the Permanent Fund dividend. What are Alaskans to do? And may we look to government and/or the private sector for answers to this dilemma?

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