

HEALTHCARE-NOW'S HR 676 WIN-WIN CAMPAIGN

Agenda for 1/23/10 Conference Call

1. Welcome. Request that after the call, you send information about where you are if we don't have it already. We will be following up with groups of you who are in the same metropolitan areas so you can work together - 2 minutes
2. Why the timing is right for Win-Win campaigns - 3 minutes
3. Overview of the eights steps - 15 minutes
4. Highlights from two successful campaigns - Jeff from Philadelphia; Richard from Albany - 3 minutes each
5. Resources we have available to assist you - 3 minutes
6. Common issues and trouble spots - 10 minutes
 - a. Strategically choosing the local jurisdiction to target (city, county, school board, quasi-public entity, high profile private entities) -- but understand that no choice is a wrong or bad one
 - b. Sorting through budgets - get help from us or locally if you need it; OPRA (Open Public Records Act) requests are always an option
 - c. The employer side percentage to use (Our recommendation to use 4.5% is explained in Resource 4 on page of the campaign guide)
 - d. Post employment health benefits
 - e. The language to use in resolutions given new developments
 - f. Getting press coverage
7. New resources that you should know about or look for - 5 minutes
8. Q & A - 30 minutes



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HEALTHCARE-NOW'S HR 676 WIN-WIN CAMPAIGN

Guaranteed, comprehensive and quality health care for all workers

Big savings for employers, especially state and local governments

Healthcare-NOW's Win-Win campaign targets major employers, especially states, cities, towns, counties, and school boards – showing them how single-payer national health insurance would bring substantial savings in employee health care costs, and guarantee better coverage for all employees. In a time of economic crisis, national health insurance makes businesses more competitive, stimulates job creation, and helps those who have been hardest hit. HR 676 is a **Win-Win** that employers and workers can't ignore.

With national health insurance, employers would save in the following ways.

- The employer payroll tax required for health coverage under HR 676 is considerably less (usually one-half to one-third) of what union employers now pay in health insurance premiums for their workers.
- Set asides to cover health benefits for already retired workers will no longer be required.
- Nationwide, 47% of worker compensation insurance premiums cover medical expenses, another area where employers can save.
- Many state and local governments provide direct health services for people who are un- or under-insured, costs no longer necessary with national health insurance.

HR 676 will mean savings and benefits for employees, too. They will pay a 3.3% tax on wages, but this will be less than the out-of-pocket costs most pay now. HR 676 will eliminate all insurance premium co-pays and deductibles, office visit co-pays, and prescription co-pays. Employees will have guaranteed coverage from cradle to grave, eliminating loss of coverage in the case of lay-offs, changing health, relocation, or intolerable working conditions.

HR 676 is a **Win-Win** for employers and workers. Unions engaged in collective bargaining can build the support and political will necessary to pass HR 676 by demanding employer endorsements. Employers can save millions of dollars; workers get guaranteed, comprehensive coverage.

*"Of all the forms of inequality, injustice in health care is the most shocking and inhumane."
-Dr. Martin Luther King, Jr.*

Healthcare-NOW HR 676 Win-Win Campaign ORGANIZING GUIDE and RESOURCE MATERIALS

This is a self-paced, learn-as-you-go campaign. We provide an organizing guide and resource materials. Use them according to your needs. **We ask only that people who work on this campaign make a commitment to follow through the eight steps**, hopefully winning a local government or other employer endorsement for HR 676. **If you are interested, please sign up or email Healthcare-NOW today.** We will communicate with everyone involved on a regular basis, sharing FAQs, good ideas that have emerged, problems we didn't anticipate, etc.

The organizing guide and resource materials for this campaign are available via Healthcare-NOW's web site www.healthcare-now.org . One pdf file has everything in it.

<http://www.healthcare-now.org/wp-content/uploads/2008/09/WinWinFullGuide.pdf>

The six-page organizing guide follows the eight steps below, providing you with background information, pointers, and examples to help you. The last page of the guide lists five resource people that you can call or email if you have questions or run into a snag.

1. **Get some background.** Stuff to read to get you up to speed.
2. **Recruit your local team.** Pull together a group of 3-5; consider working on more than one target at a time.
3. **Understand how HR 676 will be financed.** Some changes based on a new review and briefing paper.
4. **Understand your local situation and choose a government entity to target.** City? Town? School board? County? Transit authority? Your employer?
5. **Understand how HR 676 saves employers money.** Savings on current and retired employee health benefits are the big ones. Workers compensation and direct health services savings follow.
6. **Gather information.** Local press about local fiscal problems. Budget information for your targeted employer or government body. Info about employee health benefits – co-pays, deductibles, what isn't covered, etc.
7. **Calculate benefits and prepare a concise and accurate summary fact sheet.** Summarize fiscal problems. Outline savings under HR 676. Show that HR 676 will benefit employees, too.
8. **Win the victory.** Assemble a diverse delegation to meet with local officials. Take brochures, your local fact sheet, some basic info about HR 676, and a draft resolution with you. Get the resolution passed. If a non-government employer is the target, win its endorsement. Get the word out.

Win-Win Campaign Materials (in the pdf packet)

1. Healthcare-NOW Win-Win Campaign Brochure
2. Paul Sorum, MD - two articles about HR 676 targeted to County officials
3. Vincent Navarro's recent piece about why HR 676 is the BEST solution
4. Healthcare-NOW's briefing paper about HR 676 financing
5. Tim Joseph testimony (NY State Partnership for Coverage) about local government benefits
6. Local benefit calculations worksheet
7. Kingston City School District data and trend analysis sample
8. Sample fact sheets
9. Sample Letter to the Editor
10. Sample resolutions and guide for getting local resolutions passed
11. Sample media advisory

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January 2010

NEW RESOURCES THAT CAN HELP US WIN SINGLE PAYER ENDORSEMENTS

1. Reports/articles documenting the magnitude of the state and local budget crisis
 - a. Economic Policy Institute report (Briefing Paper #252, November 19, 2009)
<http://www.epi.org/publications/entry/bp252/>
 - State budgets shortfalls from 2010-2012 projected to total \$369 billion; local government \$100 billion (this is after relief from the federal American Recovery and Reinvestment Act)
 - Shortfalls will persist at least through 2012
 - Results will be devastating spending cuts and tax hikes, and millions of job losses in the public sector
 - Spin-off effect will result in the private sector – half of jobs and activity lost behind public sector budget cuts will be in the private sector
 - b. 12/28/2009 *Newsweek* article that hits the high points from the Economic Policy report in (a) above
<http://www.newsweek.com/id/228468>
 - c. *Recession Continues to Batter State Budgets; State Responses Could Slow Recovery*, Center on Budget and Policy Priorities (updated 12/18/2009)
<http://www.cbpp.org/cms/index.cfm?fa=view&id=711>
 - 48 states with budget shortfalls for 2010
 - Totals listed for every state – CA at top with \$51.8 billion shortfall; New York, Illinois, New Jersey right behind.
 - Expenditure cuts to address the shortfalls will deepen the impact of the recession
 - d. US Government Accountability Office, *State and Local Government Retiree Health Benefits*, November 2009.
<http://www.gao.gov/new.items/d1061.pdf>
 - Total unfunded post retirement health benefits in the 50 states and the 39 largest local governments exceed \$530 billion
 - "... state and local governments' fiscal pressures will increase in the future, and will largely be driven by increases in health care spending." (p.21).
 - "Health-related spending represents the fastest growing component common in government budgets at all levels in the United States." (p.23).
 - Report lists post employment health benefits liabilities for all states and the 39 largest local governments, based on CAFRs (Comprehensive Annual Financial Report) that they submit to the federal government
 - e. National League of Cities latest annual survey of city finance officers, *City Fiscal*

Conditions in 2009, September 2009.

[http://www.nlc.org/ASSETS/E0A769A03B464963A81410F40A0529BF/CityFiscalConditions_09\(2\).pdf](http://www.nlc.org/ASSETS/E0A769A03B464963A81410F40A0529BF/CityFiscalConditions_09(2).pdf)

- Wage and health benefits costs are the top two factors affecting city budgets
- 88% of cities face a worse fiscal situation in 2009 than in 2008.

3. New U.S. Bureau of Labor Statistics report (September 2009 data released 12/09)

<http://www.bls.gov/news.release/pdf/ecec.pdf>

This report helps explain why our campaign targets state and local government employers. They pay an average total compensation of \$39.83/hour in employee compensation, of which \$4.43/hour (11.1%) is for health benefits. This compares to average worker compensation costs in the private sector of only \$27.49/hour, with only \$2.01/hour for health benefits (7.3%).

Public sector workers are in the most unionized sector of our economy, now at 36.8% of the public sector workforce. Unionization reached 42.2% for local government workers in 2008, and 31.6% for state workers. (Union figures from the Center for Economic and Policy Research, *Jump in Public Sector Unionization Raises Overall Rate Again in 2008*, 1/28/09).

The higher union density explains the higher wages and benefits, and explains why public sector employers have the most to gain with single payer national health insurance.

4. Sample presentation that Jerry Policoff (Healthcare 4 All Pennsylvania) prepared for the Lancaster, PA City Council (*link*)

5. Updated list of local and state government endorsements on our web site (*link*)

6. Good state resolution template based on NJ State Senate Health, Human Services and Senior Citizens Committee version adopted June 15, 2009 (*Senate Committee Substitute for Senate Resolution Nos. 47 and 100*) (*link*)

http://www.njleg.state.nj.us/2008/Bills/SR/47_U1.PDF

SENATE COMMITTEE SUBSTITUTE FOR
SENATE RESOLUTION Nos. 47 and 100

STATE OF NEW JERSEY
213th LEGISLATURE

ADOPTED JUNE 15, 2009

Sponsored by:

Senator LORETTA WEINBERG

District 37 (Bergen)

Senator JOSEPH F. VITALE

District 19 (Middlesex)

Senator RONALD L. RICE

District 28 (Essex)

Co-Sponsored by:

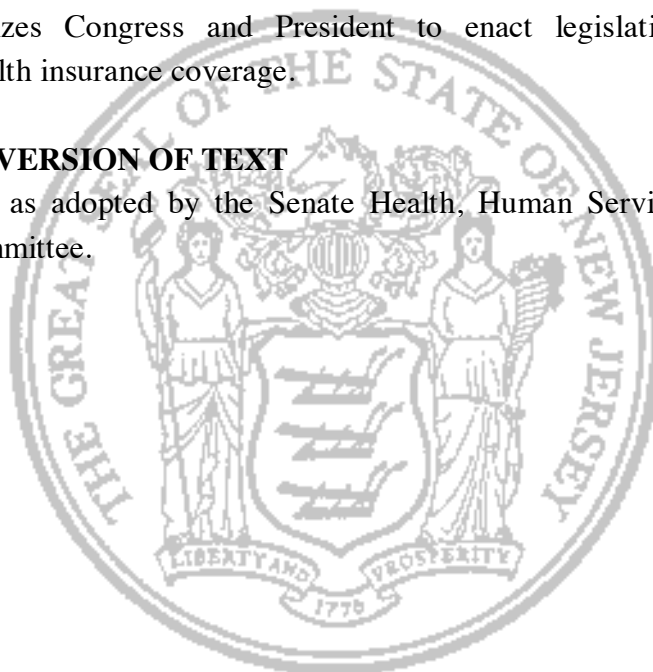
Senator Gordon

SYNOPSIS

Memorializes Congress and President to enact legislation to provide universal health insurance coverage.

CURRENT VERSION OF TEXT

Substitute as adopted by the Senate Health, Human Services and Senior Citizens Committee.



1 **A SENATE RESOLUTION** memorializing Congress and the President
2 of the United States to enact legislation to provide universal
3 health insurance coverage.
4

5 **WHEREAS**, Every person in New Jersey and the United States
6 deserves equal access to affordable quality health care; and
7 **WHEREAS**, Americans have identified the lack of affordable,
8 guaranteed health care for every citizen as one of the most
9 critical domestic problems; and
10 **WHEREAS**, The inability to provide affordable health care in this
11 country is a crisis of major proportions as millions of people can
12 not afford to go to doctors for routine and preventative health
13 care; and
14 **WHEREAS**, Illness and medical bills contribute to a significant
15 proportion of bankruptcies, affecting more than two million
16 Americans annually, especially those with inadequate or no
17 health insurance; and
18 **WHEREAS**, Americans already pay more per capita for health care
19 than any other nation, almost twice the amount of other
20 industrialized nations, yet according to the World Health
21 Organization, this nation ranks 37th in health system
22 performance; and
23 **WHEREAS**, More than 240,000 children in New Jersey lack health
24 insurance coverage, and according to Families USA, nearly one
25 out of three New Jersey residents lacked health insurance at
26 some point between 2007 and 2008, and the cost of providing
27 health care to these residents has become a burden to New
28 Jersey’s employers, municipalities, and taxpayers; and
29 **WHEREAS**, The Institute of Medicine estimated that the uninsured
30 in New Jersey cost the State an estimated \$2.9 billion annually,
31 an amount which exceeds the cost to provide health insurance to
32 these residents; and
33 **WHEREAS**, New Jersey hospitals spent almost \$1 billion to provide
34 charity care in FY 2008, with \$715 million reimbursed by State
35 taxpayers, expenses that would no longer be necessary under a
36 national health insurance program; and
37 **WHEREAS**, Healthcare NOW estimates that under a national health
38 insurance program such as that proposed in H.R.676, the
39 “United States National Health Care Act or the Expanded and
40 Improved Medicare for All Act,” the State of New Jersey could
41 realize \$2.5 billion in combined annual savings from reduced
42 health insurance costs for current and retired State employees,
43 and eliminating charity care, enabling the State to offset the loss
44 in revenue the State is experiencing as a result of the current
45 national economic recession; and
46 **WHEREAS**, H.R. 676, which is sponsored by Congressman John
47 Conyers and, as of June 2009, 82 co-sponsors, including

1 Congressman Donald Payne of New Jersey, would assure
2 comprehensive coverage to include, but not be limited to,
3 medically necessary services, including at least the following:
4 hospital, physician, prescription drug, durable medical
5 equipment, long-term care, palliative care, mental health, dental,
6 substance abuse treatment, chiropractic, hearing and podiatric
7 care for all U.S. residents, and would protect the doctor-patient
8 relationship, assure patients a completely free choice of doctors,
9 and allow physicians a free choice of practice settings; and

10 **WHEREAS**, H.R. 676 has the endorsement of 39 out of 50 statewide
11 AFL-CIO federations and 125 Central Labor Councils
12 nationwide, the New Jersey State Industrial Union Council and
13 15 union organizations in New Jersey, including seven Central
14 Labor Councils and the New Jersey State Federation of
15 Teachers; and

16 **WHEREAS**, It is estimated that the U.S. could save over \$350 billion
17 annually with an administratively efficient, single payer national
18 health insurance program that expands the risk pool to the entire
19 U.S. population, negotiates prescription drug and medical
20 supply purchases, reduces administrative costs, and eliminates
21 the need for administration, marketing, and profits associated
22 with private insurance; and

23 **WHEREAS**, According to a CBS/New York Times national poll
24 conducted in 2009, 59% of the public wants national health
25 insurance, and in 2008, the Annals of Internal Medicine reported
26 that 59% of physicians also supported national health insurance,
27 up from 49% six years earlier; and

28 **WHEREAS**, It is clearly time for a universal, single payer health care
29 system, which would improve access to care and reduce health
30 care costs for 95% of American families; and

31 **WHEREAS**, It is in the best interest of this State to support this
32 legislation in order to control health care costs and ensure health
33 care for all residents; now, therefore,

34
35 **BE IT RESOLVED** *by the Senate of the State of New Jersey:*

36
37 1. This House respectfully memorializes the United States
38 Congress and the President of the United States to enact H.R. 676,
39 pending in the 111th Congress, which would provide for universal
40 health care coverage for all individuals residing in the United States
41 and its territories.

42
43 2. Duly authenticated copies of this resolution, signed by the
44 President of the Senate and attested by the Secretary thereof, shall
45 be transmitted to the President of the United States, the Speaker and
46 Minority Leader of the United States House of Representatives and

SCS for **SR47** WEINBERG, VITALE

4

- 1 the majority and minority leaders of the United States Senate, and
- 2 to every member of Congress elected from this State.

Healthcare-Now Win-Win campaign

Government Endorsements for HR 676

(as of 1/12/10)

CITY

Albany, NY

Aliquippa, PA

Ambridge, PA

Austin, TX

Baltimore, MD

Bellingham, WA

Bloomington, IN

Boston, MA

Camden, NJ

Chicago, IL

Cortland, NY

Detroit, MI

Erie, PA

Flint, MI

Gainesville, FL

Hamtramck, MI

Harrisburg, PA

Hoboken, NJ

New Albany, IN

Indianapolis, IN (City-County Council of Indianapolis and Marion Co., IN)

Ithaca, NY

Lancaster, PA

Lorain, OH

Louisville, KY

Morehead, KY

Oberlin, OH

Philadelphia, PA

Pittsburgh, PA

Portland, OR

San Francisco, CA

Santa Cruz, CA

Santa Monica, CA

Saratoga Springs, NY

Seattle, WA

South Heights, PA

Troy, NY
Tuskegee, AL
University City, MO
West Hollywood, CA
Wilkinsburg, PA
Wilmington, DE

COUNTY

Alachua County Commissioners, Gainesville, FL
Albany County, NY
Allegheny County, PA
Bergen County Bd. of Freeholders, NJ
Beaver County Commissioners, Western PA
Boyle County, KY
Cortland County Legislature, NY
Hancock County, ME Democratic Committee
Hudson County Bd. of Freeholders, NJ
Livingston County, NY
Lorain County, OH
Marion County, IN
Rensselaer County, NY
Santa Cruz County, CA
Schuyler County, NY
St. Lucie County, FL
Tompkins County, NY
Ulster County, NY
Warren County, TN
Wayne County, MI

STATE

Kentucky House of Representatives
Maine House and Senate
New Hampshire House of Representatives
New York State Assembly

NATIONAL

U.S. Conference of Mayors

Information as of 10/30/09

For more information contact:
Healthcare-NOW www.healthcare-now.org 1-800-453-1305