

# Everybody In!

WWW.HEALTHCARE-NOW.ORG

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## New York Health Act Passes! An Interview with Katie Robbins

*Katie Robbins is the executive director of Physicians for a National Health Program - NY Metro. She served as national organizer with Healthcare-NOW! from 2008 - 2011. She lives in New York City with her husband and daughter.*

**Healthcare-NOW:** Can you tell us what the New York Health Act would do for New Yorkers, and why close to 2/3rds of the State Assembly voted in favor?

**Katie Robbins:** When the New York Health Act is passed and implemented, it will create a universal, publicly-financed health care system that provides high quality, comprehensive coverage for medically necessary health care. It will make healthcare a basic human right for every New York resident. There will be no more uninsured residents of the state, and no one will go bankrupt because they are unlucky enough to get sick. While the Affordable Care Act (ACA) has made important changes to the health care system, it only goes so far. Even after the ACA is fully implemented, at least one million New Yorkers will remain uninsured. People are not able to choose their doctor or hospital, but are limited by the restrictive networks of their health insurance companies. Cost



*Assemblyman Richard Gottfried, lead sponsor of the New York Health Act, stands (holding the banner's left corner) with single-payer activists from across New York at the Capitol Building.*

barriers prevent people from accessing the care they need when they need it. These are serious deficiencies in a health care system. As a result, more and more people, including 2/3 of the New York State Assembly, realize that single-payer universal health care is not just a good idea, it is politically possible.

**HCN:** You have organized and been part of the single-payer movement since 2008. Why, personally, has the issue of single-payer healthcare been so important and urgent for you?

**KR:** I first learned about single-payer health care from Ralph Nader when he was running for president in 2000, but the systemic failures of our system had become very clear to me through my own experience of being uninsured and under-insured, but also working in social services in rural Ohio. I worked with families at both Head Start and in the domestic violence shelter who made very difficult choices about their lives to stay on health insurance. Families frequently returned to unsafe homes because of their need to stay on health insurance of the abuser. It was awful. In my own life, I know what it's like to ration care because of cost, and it's so humiliating. I lived in other countries with national health insurance, and the peace of mind that comes with knowing you can see a doctor when you need to without worrying about the cost is something everyone should have as a guaranteed right. It should be illegal to make obscene profits off of sick people. That has got to stop. We need our healthcare dollars to be spent on health care in order to have a healthy society.

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### Take action for Medicare's 50th anniversary!

Join one of dozens of events planned across the country to improve and expand Medicare to everyone!

The official event list can be found here:

<http://tinyurl.com/Medicare50Events>

To organize your own event, or find fliers, articles, handouts, signs, and other resources for Medicare's 50th, go here: <http://tinyurl.com/Medicare50Resources>

# What does Medicare mean to us on Its 50th anniversary?

by *Ibrahima Sankare*

On July 30, 1965 Medicare was signed into law, giving all seniors ages 65 and up access to universal, public health coverage. By any measure, Medicare has been a lasting success as it has extended health coverage from 54% of seniors in 1963 to 98% of seniors by 2013 and its costs rise slower than private insurance costs. It is therefore not surprising that seniors are more satisfied than people with private insurance because Medicare is cheaper and provided better financial security than private health insurance.

As we approach Medicare's anniversary, we need to celebrate its tremendous achievements, but also improve it by filling in its coverage gaps and extending it to everyone so as to provide universal, comprehensive and affordable care.

Single-payer, or as it is often referred to "Expanded and Improved Medicare For All," will reduce the burden of healthcare costs on patients, give us the ability to budget healthcare spending, provide comprehensive coverage to everyone regardless ability to pay, reduce costs by saving \$829 billion in the first year by cutting admin-



istrative waste and allowing negotiations for prescription drugs. All indicators show that for-profit healthcare is unsustainable: the U.S. now spends almost twice as much as the next highest-spending country and healthcare is projected to consume 20% of all spending by 2022 and to continue rising rapidly for future generations (CMS 2013). As the current healthcare system is consuming a growing share of scarce financial resources, it is depriving families, employers, state government and the federal government from funding other basic human rights like education, housing, and the safety net.

Without a single-payer system, any reform of the current private healthcare system will be insufficient. The primary goal of the Affordable Care Act is to expand insurance, yet by 2023, 10.9% of the population - 31 million people - will still lack coverage according to the Congressional Budget Office.

The current for-profit system creates unacceptable healthcare inequities and disparities because without a right to healthcare, coverage is driven by the profit motive of health insurers. Groups that are discriminated against in the labor market such as minorities and immigrants are much less likely to receive quality workplace health insurance coverage, while those with greater health needs such as women, the disabled, and people with chronic conditions suffer disproportionately from high deductibles and co-payments.

Make sure to TAKE ACTION on Medicare's 50th anniversary this year - July 30th - by checking out our listing of Medicare's 50th events being planned across the country and our resources for taking action! **HCN!**

<http://tinyurl.com/Medicare50Events>

<http://tinyurl.com/Medicare50Resources>

## Save Medicare

By Expanding it to Everyone

[www.Healthcare-Now.org](http://www.Healthcare-Now.org)

### GOOD

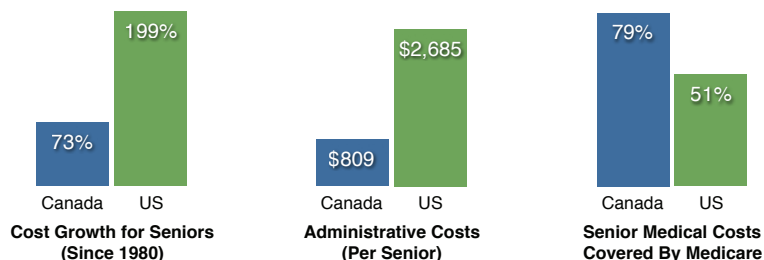
Medicare extended health coverage from 54% of seniors in 1963, to 98% of seniors by 2013.

### BETTER

Medicare costs rise slower than private insurance costs do and seniors are more satisfied than those with private insurance.

### BEST

Canada's single-payer system covers 100% of seniors (plus all other Canadians) for less and covers more.



**Single-Payer Healthcare Would Have Saved Medicare \$2 Trillion Since 1980**



The Greatest Generation Gave Us Medicare



Let's Give the Next Generation Improved Medicare for All

Healthcare-NOW! is a grassroots organization that addresses the health insurance crisis in the U.S. by educating and advocating for the passage of expanded and improved Medicare-for-all legislation, such as H.R. 676.

**HCN:** What did it take to pass universal healthcare legislation in a state with large healthcare and health insurance industries?

**KR:** Passing the bill, even in just one house, took a coalition effort working in conjunction with our legislative leaders on this issue. Last year, Assemblyman Gottfried, the Chair of the Assembly Health Committee, and the lead sponsor of the New York Health Act, announced a series of hearings to take place across the state, including three upstate cities, Buffalo, Rochester, and Syracuse. This galvanized support from long time supporters and activists as well as brought new people on board. Hundreds of New Yorkers testified to the need for a single payer universal health care system. It was very powerful. We formed the Campaign for New York Health with a broad coal-

ition of allies and increased our coalition to over 100 endorsing organizations. Key to the success has been having organizers on the ground in key communities to support the work there, and raising money to help people travel to lobby days. The same day as our lobby day on May 5th, the insurance underwriters were in Albany lobbying against our bill. However, their influence didn't stop the Assembly from coming on board in support, but we still have a lot of work to do to get the bill to the Governor's desk.

**HCN:** What are the next steps in terms of organizing for the single-payer movement in New York State, and are you hopeful that the New York Health Act will be passed into law?

**KR:** We passed the bill in the Assembly, but we still need to win the Senate and the

Governor to our side. We have 20 cosponsors in the Senate and need 12 more. We are at least an election cycle (or a couple more indictments!) away from winning the political support we need in the state. When launching the Campaign for New York Health, key unions were brought into the leadership of the effort in order to change the political trajectory of this bill. Without the support of the New York State Nurses Association, 1199/SEIU, NYSUT, IATSE, and more, we wouldn't have seen the progress we made this legislative session. These leaders were anchored by the long time supporters in New York State who have been working on this issue for years. History shows us that working people and the people most impacted by the broken system are a necessary ingredient in the fight for winning national health care. **HCN!**

## Ohio Everybody IN-stitute!

On May 2, 2015, Healthcare-NOW! partnered with Single Payer Action Network (SPAN) Ohio to host an Everybody In-stitute in Columbus, Ohio.

The conference brought together advocates of health care for all — businesses, community groups, faith groups, health care providers, unions, women's organizations, and others. Participants came together to devise ways to build support for publicly funded, not-for-profit universal health care guaranteeing comprehensive coverage for all Ohioans.

Ben Day, Executive Director of Healthcare-NOW!, gave the keynote address on the state of the single-payer movement and movement action planning. The keynote discussed the differences between winning a campaign and building a movement, the current state of the single-payer movement, the "movement action planning" developed by Bill Moy-er, the stages social movements pass through including "take-off" and majority-building phases, as well as the pervasive feeling amongst many movement activists - in every movement - that they are failing, even when they are not.

The Everybody IN-stitute also featured a range of hands-on workshops, including "Building victories along the way" - "Building relationships with your legislator" - "When your legislator says no" - and "Effective use of social media." To view full video Day's keynote address and materials from all the other presentations including slideshows and handouts, visit the conference wiki at <http://ohioinstitute.wikidot.com> **HCN!**



## Register for the 2015 Single Payer Strategy Conference

Register today to join hundreds of activists from around the country for a weekend of inspiration and strategy to win single-payer national health insurance!

**Friday, October 30 @ 7:30PM  
to Sunday, November 1 @ noon**

*(A rally & action will also take place in downtown Chicago on Friday at 4:00PM)*

**Chicago Hilton, 720 S. Michigan Ave.,  
Chicago, IL 60605**

For the first time ever, we will be hosting a joint conference of Healthcare-NOW!, the Labor Campaign for Single Payer Healthcare, and One Payer States that will have significant overlap with Physicians for a National Health Program's annual meeting. The conference includes a joint reception with United Steelworkers President Leo Gerard, National Nurses United Co-President Jean Ross, music by labor singer Anne Feeney, a presentation by PNHP co-founders Steffie Woolhandler and David Himmelstein, and joint strategy workshops.

**Register here: <http://tinyurl.com/2015SinglePayerConference>**



# Health insurance CEO compensation skyrockets in 2014

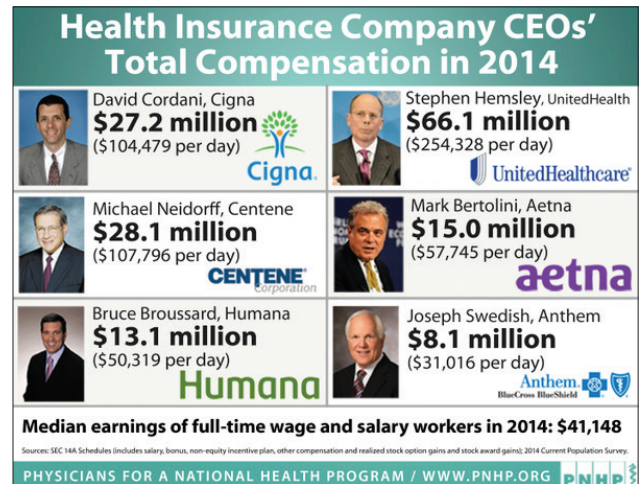
Our partners at Physicians for a National Health Program have published the 2014 compensation for health insurance CEOs, which hit new highs with Stephen Hemsley of UnitedHealth topping the list with \$66.1 million (\$254,328 per day) in annual compensation.

By comparison, median earnings of full-time wage and salary workers in 2014 was \$41,148. These staggering figures are a reminder of why we need to turn away from the private health insurance model in which our premiums are utilized to pay for the generous compensations of health insurance executives instead of covering healthcare costs.

To provide these astronomical compensations, for-profit health insurance companies have to prioritize shifting healthcare costs (high deductibles and co-payments) onto patients rather than

providing full coverage to patients regardless of their ability to pay or health status.

With healthcare spending in the United States now averaging \$8,389 per capita, it is time we implement a single-payer system that guarantees that taxes leveraged toward health insurance coverage are effectively used to provide everyone with quality and affordable healthcare coverage. **HCN!**



## HR676 Re-Introduced: Take Action!

**Rep. Conyers' bill would create single-payer system, "expand and improve Medicare for all"**

This February 3, Representative John Conyers reintroduced HR676, the Expanded & Improved Medicare For All Act, which currently has 49 co-sponsors. This year will mark Medicare's 50th anniversary, a testament to universal, public healthcare, and a lesson on how the United States has diverged from the rest of the world in turning healthcare into a commodity instead of a public service - a commodity we can now no longer afford, as individuals or as a society.

If you don't see your Representative listed as a co-sponsor below, make sure to call the Capitol Switchboard at (202) 224-3121 to be connected to your Representative and ask them to co-sponsor HR676!

Rep. Bass, Karen [D-CA-37]  
 Rep. Beatty, Joyce [D-OH-3]  
 Rep. Brady, Robert A. [D-PA-1]  
 Rep. Cartwright, Matt [D-PA-17]  
 Rep. Chu, Judy [D-CA-27]  
 Rep. Clark, Katherine M. [D-MA-5]

Rep. Clarke, Yvette D. [D-NY-9]  
 Rep. Clyburn, James E. [D-SC-6]  
 Rep. Cohen, Steve [D-TN-9]  
 Rep. Cummings, Elijah E. [D-MD-7]  
 Rep. DeSaulnier, Mark [D-CA-11]  
 Rep. Doyle, Michael F. [D-PA-14]  
 Rep. Edwards, Donna F. [D-MD-4]  
 Rep. Ellison, Keith [D-MN-5]  
 Rep. Engel, Eliot L. [D-NY-16]  
 Rep. Farr, Sam [D-CA-20]  
 Rep. Fattah, Chaka [D-PA-2]  
 Rep. Green, Al [D-TX-9]  
 Rep. Grijalva, Raul M. [D-AZ-3]  
 Rep. Gutierrez, Luis V. [D-IL-4]  
 Rep. Hastings, Alcee L. [D-FL-20]  
 Rep. Honda, Michael M. [D-CA-17]  
 Rep. Huffman, Jared [D-CA-2]  
 Rep. Jackson Lee, Sheila [D-TX-18]  
 Rep. Jeffries, Hakeem S. [D-NY-8]  
 Rep. Johnson, Henry C. "Hank," Jr. [D-GA-4]  
 Rep. Kaptur, Marcy [D-OH-9]  
 Rep. Lee, Barbara [D-CA-13]

Rep. Lewis, John [D-GA-5]  
 Rep. Lieu, Ted [D-CA-33]  
 Rep. Lofgren, Zoe [D-CA-19]  
 Rep. McDermott, Jim [D-WA-7]  
 Rep. Moore, Gwen [D-WI-4]  
 Rep. Nadler, Jerrold [D-NY-10]  
 Rep. Nolan, Richard M. [D-MN-8]  
 Rep. Norton, Eleanor Holmes [D-DC-At Large]  
 Rep. Pingree, Chellie [D-ME-1]  
 Rep. Pocan, Mark [D-WI-2]  
 Rep. Rangel, Charles B. [D-NY-13]  
 Rep. Roybal-Allard, Lucille [D-CA-40]  
 Rep. Rush, Bobby L. [D-IL-1]  
 Rep. Schakowsky, Janice D. [D-IL-9]  
 Rep. Scott, Robert C. "Bobby" [D-VA-3]  
 Rep. Serrano, Jose E. [D-NY-15]  
 Rep. Takano, Mark [D-CA-41]  
 Rep. Tonko, Paul [D-NY-20]  
 Rep. Welch, Peter [D-VT-At Large]  
 Rep. Wilson, Frederica S. [D-FL-24]  
 Rep. Yarmuth, John A. [D-KY-3]