

# Everybody In!

[WWW.HEALTHCARE-NOW.ORG](http://WWW.HEALTHCARE-NOW.ORG)

ISSUE NO. 12 - FALL 2016

## Single-Payer Strategy Conference in New York City, January 13-15

You are invited to join hundreds of activists for a weekend of inspiration and strategy to win single-payer national health insurance! This year's national Strategy Conference will be hosted January 13-15 in New York, where the Campaign for New York Health has passed single-payer legislation through the state Assembly the past two years and is closing in on legislation in the Senate. The conference also takes place one week before the Presidential Inauguration, providing space for new activists and experienced leaders alike to learn best organizing practices from around the country and analyze the challenges and opportunities facing the single-payer movement this coming year.

**REGISTRATION IS OPEN NOW: [HTTP://BIT.LY/SINGLEPAYERNYC](http://bit.ly/singlepayernyc)**



*Attendees of last year's strategy conference stop in Chicago's Millennium Park during the march on BlueCross/BlueShield. This year's conference will be held in New York City from Jan. 13-15.*



## A Sneak-Peek into Healthcare-NOW's Single Payer School debuting in Spring 2017

*By Stephanie Nakajima,  
Healthcare-NOW!*

The Healthcare-NOW Single Payer School is almost ready for showtime! The following trainings will be open to the public, with the first beginning in March 2017:

### » Single Payer Policy

It's in no way necessary to be a policy expert to be an effective advocate for single payer, but a base of knowledge can provide extra confidence for petition gathering and other public events.

This training will cover the problems with our health-care system (including an in-depth discussion of where the Affordable Care Act has left us), the single-payer solution, and how best to answer common myths about single payer.

### » Tell Your Story

This training will cover how to identify and effectively tell your own personal healthcare story in a way that will move others and inspire them to take action.

Story-telling is one of the most powerful tools we have

to build the movement for single payer. Personal stories of people affected by injustice get to the heart of "why" we organize, and are more likely to get people invested and involved in the fight than dry statistics.

### » How to Organize

Learn how to build a coalition, pressure or lobby legislators, choose and execute an effective campaign, use social media, and more!

### Uplifting the Next Generation of Single-Payer Leaders:

One key goal of the Single Payer School is

to develop leaders coming to this work as patients or friends and family of patients affected by the healthcare system. The first cohort will go through the above 3 trainings together, starting in January, and will then be recruited to provide support and answer questions for the general public's sessions.

Make sure you're on our email list to get updates and sign up!

**[www.healthcare-now.org/sign-up/](http://www.healthcare-now.org/sign-up/)**



*At Pennsylvania's first-ever public hearing on proposed health insurance rate increases, patients organized by Put People First! gave almost 3 hours of personal testimony on what these increases would mean for them. Some had traveled 200 miles across the state to attend the hearing.*

# Put People First! PA fights for and wins hearing on rate hikes

*Nijmie Dzurinko is a co-founder and co-coordinator on a volunteer basis for Put People First! PA*

*Karim Sariahmed is a 2nd year medical student, a member of Put People First! PA's Campaign Team, and the current President of the Temple Chapter of Students for a National Health program.*

**Healthcare-NOW!:** Can you describe Put People First Pennsylvania for our readers — when was it founded, who are its members, what are its values, mission and goals?

**Nijmie Dzurinko & Karim Sariahmed:** PPF PA was founded in 2012. It's a state-wide, base building, human rights organization with a mission to change what is politically possible in Pennsylvania. We believe that basic needs like healthcare, education, and housing are human rights, and that we won't get these things until we unite across race, geography, political affiliation, and other categories that usually divide poor and working people. Our principles are universality, equity, participation, transparency and accountability. We were founded by organizers in education, immigration, labor, and other

movements who saw a need to build state-wide. Our current focus in our Healthcare Is a Human Right campaign, whose vision and strategy we share and develop alongside the Vermont Workers' Center, the Southern Maine Workers' Center, and the Healthcare is a Human Right Collaborative.

**HCN:** What are the grassroots strategies you have used to get the Pennsylvania Insurance Department to hold Pennsylvania's first ever public informational hearing on proposed rate increases for individual health plans?

**ND & KS:** Our strategy is making the invisible visible. That means organizing around issues with which we usually struggle in isolation, and healthcare struggles are chief among these.

Many people have never heard of the Pennsylvania Insurance Department (PID). When we found that many of our members, and almost one million Pennsylvanians overall, were being affected by premium increases on ACA plans, we called for a public hearing on the rate review process, which had never happened in Pennsylvania.

Our strength comes from the grassroots leadership in our local Organizing Committees (OCs), which we build slowly with weekly meetings, door knocking and surveys, events, and efforts to help our members meet their needs. These OCs collected over 600 petitions online and in person from their neighbors and communities, which we brought to the PID in person after having met with them twice in Harrisburg and Philadelphia to ask for a hearing. We also had a call-in day which generated a phone call to the department every 12 minutes. For more information about this campaign, go to [www.putpeoplefirstpa.org](http://www.putpeoplefirstpa.org).

**HCN:** What were the outcomes of the public hearing, both for Put People First and the state?

**ND & KS:** We used the hearing as a mechanism to lay bare the inner workings of our healthcare system through sharing our stories and forcing the companies to state their business.

We turned out 36 of our members from across the state. For many, testifying at the hearing was their first major act of leadership.

*... continued page 4*

# Responding to New Calls for the Public Option

By *Ibrahima Sankare*

Calls for a public option in healthcare – a publicly run health insurance plan that would compete with private insurers – have resurfaced in recent months, and a group of Democratic Senators, including Bernie Sanders, introduced a new Resolution for a public option on September 15. The Resolution is symbolic: it is not legislation (wouldn't enact anything if passed), contains no details, and is not part of any grassroots movement.

The public option, even though appealing to Democrats because it is a public plan that fits with free market ideology and polls well, has several issues that need to be addressed.

A public option claims to drive down insurance costs through competition. However, numerous studies have shown that competition does not work for health

insurance as very few people select the plan that is cheapest for them. Indeed, insurers win customers in the marketplace not by selling the “cheapest” plans, but by pushing plans that have lower premiums when you buy them but much higher uncertain costs at the point of care (deductibles, co-pays, out-of-network care, uncovered benefits). Therefore, in order for a public option plan to survive in a competition-driven market, it will be under pressure to establish narrow networks, limit benefits to allow it to sell more insurance while shifting costs onto patients.

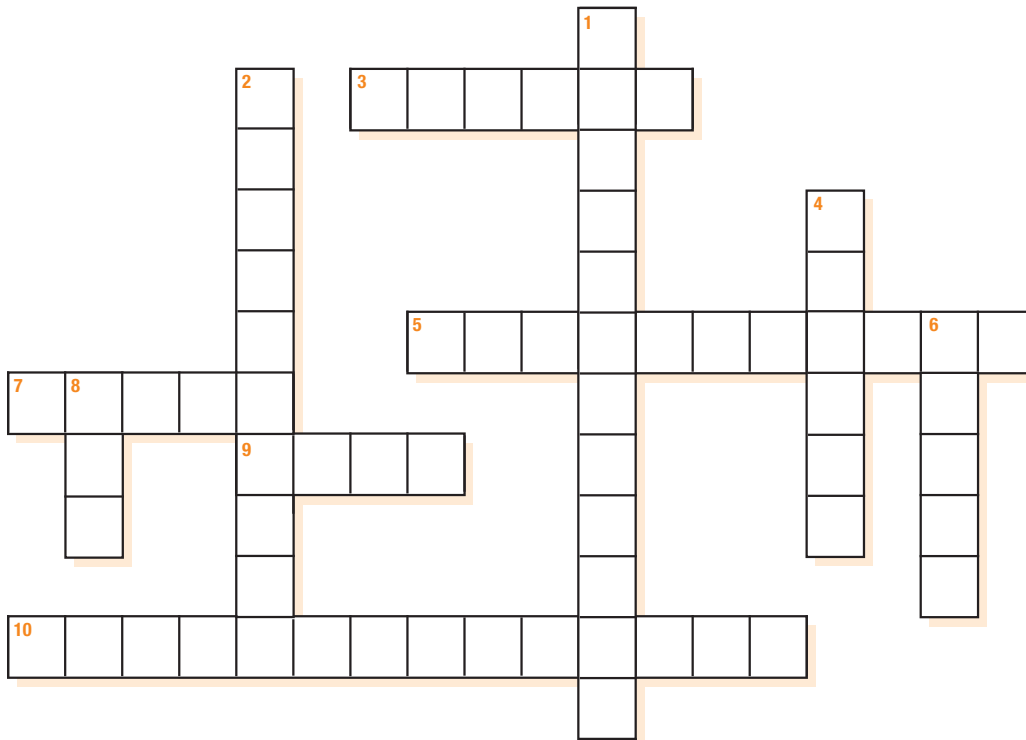
Furthermore, a strong public option that was allowed to use Medicare's provider network and pay Medicare's low rates would have an advantage over private insurers. But a weak public option that has to negotiate rates as a small startup plan will meet the same fate as the COOPs – nonprofit insurance plans created in

2014 as part of the Affordable Care Act (ACA), 17 out of 23 of which have already been closed down due to their inability to negotiate rates with large hospital and physician groups.

If we assume that Democrats opt for a strong public option, which there is little indication is the case, it will meet with the same political opposition as pushing for improved Medicare for All, but without the benefit of solving our healthcare crisis. Moreover, neither Democrats nor Republicans will be able to pass significant legislation in Congress over at least the next two years.

We should build upon the upsurge of national support for improved Medicare for All we saw this past year as a tremendous opportunity to advance the real movement for healthcare justice in the United States. **HCN!**

## Single Payer Crossword



### ACROSS

- 3 This year marks the 21st anniversary of single payer in what country?
- 5 Percent of Americans support single payer healthcare (with hyphen)
- 7 First to call single-payer "Puppies and Rainbows"
- 9 The new HMOs
- 10 Uninsurance went down after the ACA, but \_\_\_\_\_ went up

### DOWN

- 1 The province where single payer started in Canada
- 2 Governor who vetoed single payer bill, twice
- 4 Mylan took heat for inflating the price of this device 400% over the last 8 years
- 6 The single-payer bill in the House of Representatives
- 8 Signed Medicare into law

Answers at: [www.healthcare-now.org/crossword-answers/](http://www.healthcare-now.org/crossword-answers/)



We used the momentum from the hearing to build toward our statewide membership assembly, which resulted in 100 people participating in Harrisburg in October.

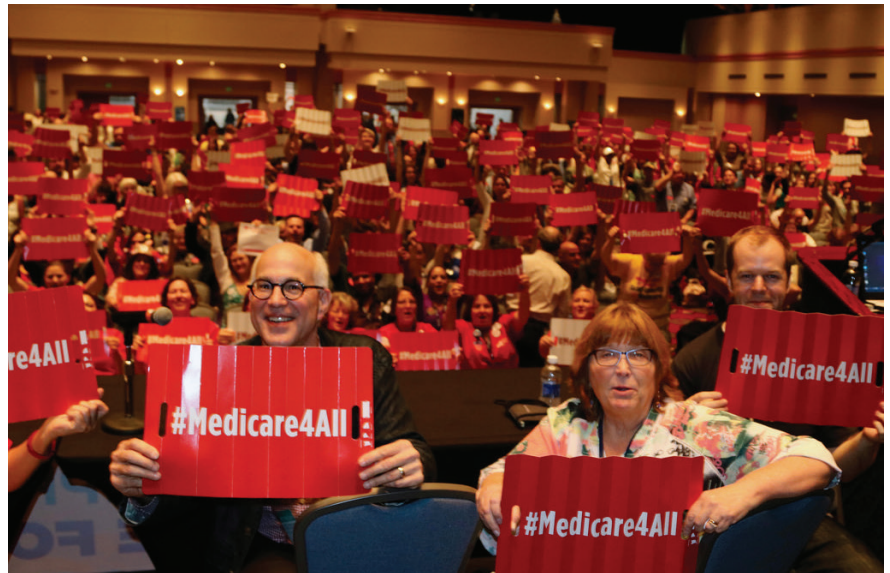
We educated thousands of people in Pennsylvania about the existence of the Pennsylvania Insurance Department, and the insurance rate review process.

And we partnered with legislators, unions, community and healthcare organizations to push back against the power of insurance companies.

**HCN:** What are the next steps in terms of organizing and coalition building and how can people help?

**ND & KS:** Our next steps are to continue to unite more people in standing up to the power insurance companies hold in our state. We are in the process of coming up with campaign plans for 2017 right now. We appreciate our growing partnerships in Pennsylvania and nationally and would love to learn from other groups engaged in similar struggles. Contact Nijmie (nijmie@putpeoplefirstpa.org) or Karim (abdulkarim23@gmail.com) to get involved and for more information. **HCN!**

## “Medicare for All” Forum at the Democratic National Convention



*Healthcare-NOW Executive Director Benjamin Day (front right), with board members Donna Smith and Michael Lighty. They were panelists at the Medicare For All Forum, held on the first day of the convention. The nurses used the opportunity to gear up the 400+ pro-single payer delegates in attendance with #Medicare4All signs (which were later seen on streaming footage of the convention!)*

## Take Action for HR676!

**Representative Conyers' bill would create single-payer system, “expand and improve Medicare for all.”**

*Rep. John Conyers is the lead sponsor of HR676, the Expanded & Improved Medicare For All Act, which currently has 62 co-sponsors. HR676 is the flagship legislation for the single-payer movement, which would establish healthcare as a right for all residents and save billions for families and employers. 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. Adams, Alma S. [D-NC-12]  
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. Clay, Wm. Lacy [D-MO-1]  
Rep. Cleaver, Emanuel [D-MO-5]  
Rep. Clyburn, James E. [D-SC-6]  
Rep. Cohen, Steve [D-TN-9]  
Rep. Cummings, Elijah E. [D-MD-7]  
Rep. Davis, Danny K. [D-IL-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. Kelly, Robin L. [D-IL-2]  
Rep. Lawrence, Brenda L. [D-MI-14]  
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. Lowenthal, Alan S. [D-CA-47]  
Rep. Maloney, Carolyn B. [D-NY-12]  
Rep. McDermott, Jim [D-WA-7]  
Rep. McGovern, James P. [D-MA-2]  
Rep. McNerney, Jerry [D-CA-9]  
Rep. Moore, Gwen [D-WI-4]  
Rep. Nadler, Jerrold [D-NY-10]  
Rep. Napolitano, Grace F. [D-CA-32]

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. Ryan, Tim [D-OH-13]  
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. Watson Coleman, Bonnie [D-NJ-12]  
Rep. Welch, Peter [D-VT-At Large],  
Rep. Wilson, Frederica S. [D-FL-24],  
Rep. Yarmuth, John A. [D-KY-3]