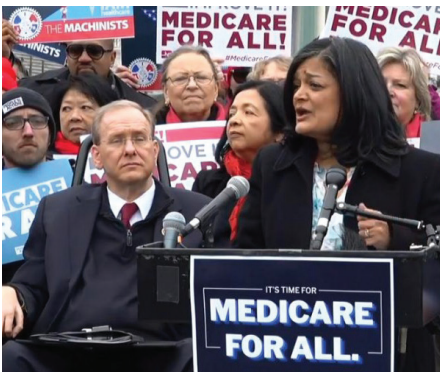


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Medicare for All Act of 2019 introduced with 106 co-sponsors; nationwide grassroots campaign launched



by Benjamin Day

On February 27, Rep. Pramila Jayapal introduced the new “Medicare for All Act of 2019” (H.R. 1384) to the House of Representatives with a **record-high 106 co-sponsors**, more than doubling the 51 original co-sponsors when the bill was filed last session in 2017. Here we discuss how the bill has been improved, and the grassroots campaign we will have to - and we will - massively scale up to pass this legislation through the House!

The Medicare for All Act of 2019

As our movement has grown, so has scrutiny of the details of how a Medicare for All program would work, which required a significant rewrite of the legislation.

The new bill retains all of the comprehensive coverage and benefits of H.R. 676 - from primary care, hospital care, and prescription drugs all the way through dental, vision, hearing, and long-term care - with no co-payments, deductibles or other cost-sharing.

H.R. 1384 includes some important improvements by:

- » maintaining full funding for the Indian Health Services and the Veterans Administration as dedicated providers serving Native Americans and Veterans, instead of phasing out those systems after implementing a single-payer system;
- » adopting language from Bernie Sanders's bill in the Senate to fully fund reproductive health services, including equitable access to abortion, by sheltering the single-payer fund from the Hyde Amendment;
- » providing the federal government with additional leverage to negotiate with pharmaceutical companies, by stipulating that patent rights may be stripped from any corporation that

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Long-term care and Medicare for All: An interview with PNHP NY Metro's Henry Moss

*Henry Moss is on the Board of the PNHP NY Metro Chapter. He has a PhD in philosophy and has been doing social policy research and writing in retirement. In 2015, he self-published *The 2030 Caregiving Crisis*, where he argued for the inclusion of long-term care in Medicare.*

Healthcare-NOW: What exactly is long-term care, and how does it relate to medical care that gets covered by health insurance?

Henry Moss: Long-term care is the personal care we need when chronic illness, physical disability, cognitive impairment, mental illness, or frailty makes us unable to safely carry out our normal activities of daily living, including toileting, grooming, dressing, bathing, feeding, and moving about. It may also include shopping, personal finance, cooking, travel, and general housekeeping, along with assistive technology, home modifications, and certain social services.

Such care is provided in institutions. It is also increasingly provided by aides in private homes and community settings. Of course, most caregiving is provided by family members.

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refuses to negotiate fair prices for their drugs, allowing generic producers to compete with them at lower prices;

- » Describing long-term care coverage in detail, and prioritizing home- and community-based care over institutional care;
- » Prohibiting pay-for-performance payments to providers, which are currently used by Medicare and many private insurers, and can lead providers to avoid low-income patients and patients with significant medical needs.

The bill has a two-year implementation phase-in: at year one, it improves Medicare and expands it to everyone above age 54 and below age 19, as well as creating a buy-in public option in every state exchange; at year two the plan fully covers all residents in the country.

National Grassroots Campaign Launched

How was Rep. Jayapal able to introduce the bill with a record-high number of original co-sponsors? Because of a massive national organizing campaign!

Healthcare-NOW and our affiliated single-payer groups across the country joined the “National Medicare for All Week of Action” in early February coordinated by National Nurses United, which generated hundreds of “barnstorms” across the country. These barnstorms brought together supporters of Medicare for All for one purpose: to organize a three-month campaign of door-knocking, crowd canvasses, and phone banks through mid April, so we could scale up our outreach work and mobilize hundreds of thousands of ordinary people across the country to call their Member of Congress to support Medicare for All. **HGN!**

All photos on this page courtesy of National Nurses United (www.flickr.com/photos/nationalnursesunited/)



Long-term care... from page 1

Since caregivers do not generally carry out medical tasks, there is the idea that personal care is not part of health care. It's not covered by Medicare. That's wrong. Most of us have witnessed the decline in health caused by the distress and depression suffered by those living unsafely alone, receiving insufficient hours of care, or being warehoused in an understaffed institution.

HCN: What is the current system for covering long-term care in the United States, and how does it compare to other countries?

HM: The U.S. relies on Medicaid, providing assistance only to the very poor or those who impoverish themselves to qualify. Many younger adults with disabilities forgo higher education and good jobs to be poor enough to qualify. In addition, Medicaid's mandate guarantees only a semi-private room in an institution. It has taken a political fight to win waivers allowing care in the community and many states still have severe limits to care at home.

For working and middle-class families, there is no system at all, only unpaid care provided by family members, mostly women

of course, who often leave jobs or reduce hours in order to provide care. This can have a serious financial impact, adding to the emotional burden of caregiving itself.

Only a few countries come close to having a truly universal system. Scotland and Denmark come to mind. The rest, including Canada, have cost-sharing and rely heavily on family caregiving, although they provide more generous subsidies and supports.

HCN: How does Rep. Jayapal's new Medicare for All bill in the House handle long-term care, and why is it important for single-payer legislation to cover LTC?

HM: The Jayapal bill creates a generous and comprehensive system. Most exciting are provisions aimed at extending the use of home care and diminishing the role of institutions. Older and younger adults with disabilities will be able to live dignified, independent lives.

We all know someone who is receiving or giving care. We are also aware that home care workers, 90% of whom are immigrants and women of color, are underpaid and suffer high rates of injury and burnout. If we get out the word, and if Senator Sanders



Henry Moss

adds long-term care to his bill, millions more will be drawn to our campaign and help push us over the top.

HCN: Why is winning universal coverage of long-term care important to you personally?

HM: I have experienced and witnessed the distress and emotional burden associated with caregiving. I have read heartbreaking stories about families struggling with the financial and emotional burden. I remember slipping extra cash to my severely disabled mother's wonderful personal care aide, to supplement her miserable Medicaid-based wages. We can do better. **HCN!**

Rep. Joe Kennedy becomes original H.R. 1384 co-sponsor

By Stephanie Nakajima

After an intensive, 8-month campaign led by Healthcare-NOW, the Medicare for All Act received the official support of a very high-profile Representative: Joe Kennedy! This victory couldn't have happened without the work of a broad coalition of local groups — grassroots, community, and labor — who organized a coalition letter, door-knocking, a social media day of action, crowd canvassing, an in-district meeting, several barnstorms, and dozens of phone banks.

Some doubted we could move Kennedy because of campaign donations he receives from the pharmaceutical and hospital industries; the success of this campaign proves that if you run a well-organized campaign that utilizes a series of escalating tactics, even hesitant legislators can be brought onboard!

If you'd like to learn about this organizing model in-depth, you can take Healthcare-NOW's Grassroots

Lobbying Training at: <http://bit.ly/grassrootslobbying>

Healthcare-NOW and Progressive Democrats of America held an hour-long webinar in February that provided an overview of this training. Benjamin Day of Healthcare-NOW presents a step-by-step run-through of how to plan and execute your own grassroots lobbying campaign, and goes over the materials you'll need to complete each step. Case studies, including the Kennedy campaign, are briefly examined, and there's also a Q&A session at the end.

To watch the webinar, visit: <http://bit.ly/GLATwebinar>



Rep. Joe Kennedy III @RepJoeKennedy · Feb 26

The American health care system is rife with inequities that have no place in the richest, most powerful nation on earth. Today I am proud to add my name to the new #MedicareForAll bill being introduced by @RepJayapal because I believe it is a strong roadmap for our path forward.



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Take Action for Single-Payer Healthcare!

The Medicare for All Act of 2019 — introduced by Rep. Pramila Jayapal — would create a single-payer system, “expanded and improved Medicare for all.”

Bernie Sanders has yet to re-introduce his Medicare for All bill to the Senate this year, but if you don't see your Representative listed as a co-sponsor of the House bill below, make sure to call the Capitol Switchboard at (202) 224-3121 to be connected to your legislator and ask them to co-sponsor H.R. 1384!

107 Current Co-Sponsors of H.R. 1384 (by last name):

Rep. Adams, Alma S. [D-NC-12]
Rep. Barragan, Nanette Diaz [D-CA-44]
Rep. Bass, Karen [D-CA-37]
Rep. Beatty, Joyce [D-OH-3]
Rep. Beyer, Donald S., Jr. [D-VA-8]
Rep. Blumenauer, Earl [D-OR-3]
Rep. Bonamici, Suzanne [D-OR-1]
Rep. Boyle, Brendan F. [D-PA-2]
Rep. Brown, Anthony G. [D-MD-4]
Rep. Carson, Andre [D-IN-7]
Rep. Cartwright, Matt [D-PA-8]
Rep. Chu, Judy [D-CA-27]
Rep. Cicilline, David N. [D-RI-1]

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. Cohen, Steve [D-TN-9]
Rep. Davis, Danny K. [D-IL-7]
Rep. DeFazio, Peter A. [D-OR-4]
Rep. DeGette, Diana [D-CO-1]
Rep. DeSaulnier, Mark [D-CA-11]
Rep. Dingell, Debbie [D-MI-12]
Rep. Doyle, Michael F. [D-PA-18]
Rep. Engel, Eliot L. [D-NY-16]
Rep. Escobar, Veronica [D-TX-16]
Rep. Espaillat, Adriano [D-NY-13]
Rep. Frankel, Lois [D-FL-21]
Rep. Fudge, Marcia L. [D-OH-11]
Rep. Gabbard, Tulsi [D-HI-2]
Rep. Gallego, Ruben [D-AZ-7]
Rep. Garcia, Jesus G. [D-IL-4]

Rep. Golden, Jared F. [D-ME-2]
Rep. Gomez, Jimmy [D-CA-34]
Rep. Gonzalez, Vicente [D-TX-15]
Rep. Green, Al [D-TX-9]
Rep. Grijalva, Raul M. [D-AZ-3]
Rep. Haaland, Debra A. [D-NM-1]
Rep. Harder, Josh [D-CA-10]
Rep. Hastings, Alcee L. [D-FL-20]
Rep. Hayes, Jahana [D-CT-5]
Rep. Higgins, Brian [D-NY-26]
Rep. Hill, Katie [D-CA-25]
Rep. Huffman, Jared [D-CA-2]
Rep. Jackson Lee, Sheila [D-TX-18]
Rep. Jayapal, Pramila [D-WA-07]
Rep. Johnson, Henry C. “Hank,” Jr. [D-GA-4]
Rep. Keating, William R. [D-MA-9]
Rep. Kelly, Robin L. [D-IL-2]
Rep. Kennedy, Joseph P., III [D-MA-4]
Rep. Khanna, Ro [D-CA-17]
Rep. Kirkpatrick, Ann [D-AZ-2]
Rep. Langevin, James R. [D-RI-2]
Rep. Lawrence, Brenda L. [D-MI-14]
Rep. Lee, Barbara [D-CA-13]
Rep. Levin, Andy [D-MI-9]
Rep. Levin, Mike [D-CA-49]
Rep. Lewis, John [D-GA-5]
Rep. Lieu, Ted [D-CA-33]
Rep. Lowenthal, Alan S. [D-CA-47]
Rep. Lowey, Nita M. [D-NY-17]
Rep. Maloney, Carolyn B. [D-NY-12]
Rep. McGovern, James P. [D-MA-2]
Rep. McNerney, Jerry [D-CA-9]
Rep. Meeks, Gregory W. [D-NY-5]
Rep. Meng, Grace [D-NY-6]
Rep. Nadler, Jerrold [D-NY-10]
Rep. Napolitano, Grace F. [D-CA-32]
Rep. Neguse, Joe [D-CO-2]
Rep. Norton, Eleanor Holmes [D-DC-At Large]

Rep. Ocasio-Cortez, Alexandria [D-NY-14]
Rep. Omar, Ilhan [D-MN-5]
Rep. Panetta, Jimmy [D-CA-20]
Rep. Payne, Donald M., Jr. [D-NJ-10]
Rep. Perlmutter, Ed [D-CO-7]
Rep. Pingree, Chellie [D-ME-1]
Rep. Pocan, Mark [D-WI-2]
Rep. Porter, Katie [D-CA-45]
Rep. Pressley, Ayanna [D-MA-7]
Rep. Raskin, Jamie [D-MD-8]
Rep. Roybal-Allard, Lucille [D-CA-40]
Rep. Rush, Bobby L. [D-IL-1]
Rep. Ryan, Tim [D-OH-13]
Rep. Sablan, Gregorio Kilili Camacho [D-MP-At Large]
Rep. Sanchez, Linda T. [D-CA-38]
Rep. Sarbanes, John P. [D-MD-3]
Rep. Schakowsky, Janice D. [D-IL-9]
Rep. Schiff, Adam B. [D-CA-28]
Rep. Scott, Robert C. “Bobby” [D-VA-3]
Rep. Serrano, Jose E. [D-NY-15]
Rep. Smith, Adam [D-WA-9]
Rep. Speier, Jackie [D-CA-14]
Rep. Swalwell, Eric [D-CA-15]
Rep. Takano, Mark [D-CA-41]
Rep. Thompson, Bennie G. [D-MS-2]
Rep. Thompson, Mike [D-CA-5]
Rep. Titus, Dina [D-NV-1]
Rep. Tlaib, Rashida [D-MI-13]
Rep. Tonko, Paul [D-NY-20]
Rep. Trahan, Lori [D-MA-3]
Rep. Veasey, Marc A. [D-TX-33]
Rep. Velazquez, Nydia M. [D-NY-7]
Rep. Visclosky, Peter J. [D-IN-1]
Rep. Waters, Maxine [D-CA-43]
Rep. Watson Coleman, Bonnie [D-VT-At Large]
Rep. Welch, Peter [D-VT-At Large]
Rep. Wild, Susan [D-PA-7]
Rep. Wilson, Frederica S. [D-FL-24]

Medicare for All shaping the 2020 presidential elections

By Ibrahima Sankare

Prior to 2016 it had been decades before any leading Democratic candidates for President supported single-payer healthcare. (Recall the 2008 race between Hillary Clinton and Barack Obama, or the unanimous re-nomination of Obama in 2012.) Looking towards 2020,

many of the most prominent Democrats to throw their hat into the ring have voiced their support for Medicare for all, or co-sponsored single-payer legislation, including Cory Booker, Tulsi Gabbard, Kirsten Gillibrand, Kamala Harris, Bernie Sanders, and Elizabeth Warren. This dramatic shift in the field demonstrates the progress that our movement has made at the grassroots. However, there is intense pressure being applied to many candidates to walk-back or qualify their support, as Beto O'Rourke recently did upon launching his presidential campaign.

As we approach primary campaign season, it will be crucial to continue building grassroots support to ensure that the next President and Congress pass a comprehensive Medicare for All bill! **HCM!**