

# Everybody In!

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ISSUE NO. 31 - SPRING 2023

## Join the annual Medicare For All Strategy Conference

The annual Medicare for All Strategy Conference is a chance for activists and organizers fighting for Medicare for All across the country to come together, strategize, learn from each other, and build community for the fight ahead!

This year's conference, "Everybody In: Racial Equity & Medicare for All," will be focused on centering race in our conversations about healthcare and building the multi-racial healthcare justice movement we need to win Medicare for All. We'll be featuring speakers, trainings, interactive discussions, and more!

The conference will take place ONLINE from April 17-23, 2023, and will include a week of evening events followed by a weekend of live workshops. Whether you are an experienced activist or just looking to learn and get involved for the first time, this is the conference for you!

Early Bird tickets are on sale now for just \$35 — after March 31, tickets will be available at the regular price of \$50 — so get yours today at <https://medicareforall23.sched.com>.

Scholarships are available for those who need them!

Feel free to email [conference@healthcare-now.org](mailto:conference@healthcare-now.org) with ideas for speakers or workshops you would like to see at the conference, or to volunteer to help out! **HCN**



### **Interview: Benjamin Day on 10 years at Healthcare-NOW**

*This February Benjamin Day celebrated his 10-year anniversary as the Director of Healthcare-NOW! Prior to that Ben served as the Director of Mass-Care, the Massachusetts Medicare for All organization, for seven years. We ask him about his perspective on how far the Medicare for All movement has come and what it will take to win.*

**Healthcare-NOW:** How did you first get involved with the Medicare for All movement?

**Benjamin Day:** In 2005 I was in grad school for labor education and labor research when I developed a serious panic disorder. I thought I had some terrible disease or condition, and I landed in the emergency room three times in a row. The ER doctors admitted me to the hospital at that point, and it took several days to get me stabilized.

When I was being discharged my doctor sat me down and told me that my insurance company was refusing to pay for my stay. He asked me if that filled me with anxiety, which it didn't... until I saw the bill: about \$4,000 when I was earning less than \$15,000 a year. The prospect of not being able to pay this bill quickly became scarier than my medical condition!

... continued page 3

# 15 Million People Risk Losing Medicaid Coverage

By **Ibrahima Sankare**

At the beginning of the COVID-19 pandemic, Congress enacted the Families First Coronavirus Response Act (FFCRA), which includes a provision that provides additional funding to states in exchange for people to stay continuously enrolled in Medicaid while the pandemic health emergency is in effect. A positive outcome of this program was a substantial increase of Medicaid beneficiaries and a drop in the number of uninsured, as states were no longer disenrolling Medicaid beneficiaries. Total Medicaid/CHIP enrollment grew to 91.3 million in October 2022, an increase of 20.2 million (or more than 28.5%) from enrollment in February 2020. Now, because the pandemic health emergency is set to start phasing out on April 16, 2023, this trend is expected to shift dramatically.

When the public health emergency ends, state Medicaid officials face a daunting task of reevaluating each beneficiary's eligibility and connecting with people whose jobs, income, and housing have likely been affected by the pandemic. People can lose their coverage if they earn too much or do not provide the information their state needs

to verify their income or residency. The Biden administration is giving states a year to go through the process; however, state officials face financial pressure to act quickly because the money will run out soon after the end of the public emergency. Moreover, local and state offices are often short-staffed and will face tremendous difficulty reviewing in a timely manner the eligibility of scores of additional Medicaid beneficiaries. For example, in Colorado, officials expect they will need to review the eligibility of more than 500,000 people, with 30% of them at risk of losing benefits because they have not responded to requests for information and 40% not qualifying based on income.

As states disenroll people who are no longer eligible for Medicaid, the Kaiser Family Foundation estimates that between 5 and 14 million people will lose Medicaid coverage when the continuous enrollment fully unwinds. It is expected that the groups that experienced the most growth due to the continuous enrollment provision—ACA expansion adults, other adults, and children—will experience the largest enrollment declines. As these groups are pushed back into ranks of the

uninsured, they will be at greater risk of postponing needed care and will face insurmountable medical bills if they fall sick or have a serious or chronic medical condition. This will be a devastating setback for previously uninsured people with episodic or chronic health conditions who finally had the kind of consistent access to healthcare and medications they would have in a Medicare for All system.

The upcoming loss of coverage for millions of people would not happen in a Medicare for All healthcare system, as everyone is covered and no one is left out due to income or administrative requirements. A Medicare for All system would not render vulnerable populations uninsured because a pandemic provision is coming to an end. Rather, it will guarantee that everyone has access to care at any given time. We should feel encouraged to continue the organizing for Medicare for All, as the pandemic has changed the mainstream narrative and made everyone recognize that it is important for everyone to have access to healthcare. We now need to demand for Medicare for All and permanent access to healthcare coverage for everyone. **HCN**

## Defending Medicare

The movement to defend Medicare from an onslaught of privatization is making gains!

Over the past year, organizations like Physicians for a National Health Program have raised the alarm about ACO/REACH, a pilot program that has placed Traditional

Medicare recipients into plans administered by private insurers. Thanks to pressure from activists, this February, Center for Medicare and Medicaid Innovation director Liz Fowler announced that the REACH program will be capped at its current number of entities and enrollees. Fowler also committed to ending the pilot program as originally scheduled in 2026.

In another exciting development, organizing against Medicare Advantage is gaining traction. Every year, legislators on both sides of the aisle sign and circulate a letter touting the Medicare Advantage program, which offers private "alternatives" to Traditional Medicare that often leave patients without the care they need. This year, because of all the calls folks like you made to your legislators, 5 fewer

Democrats signed the Senate letter, and 70 legislators joined Rep. Pramila Jayapal in signing a letter warning about the dangers of the program.

Of course, the fight to protect Medicare from health insurance profiteers is far from over, so we'll need to keep this momentum going throughout the year! **HCN**

**Benjamin Day...** from page 1

When I moved back to my hometown of Boston in 2006, I met Mass-Care, which was looking to hire an organizer for Medicare for All. I decided to change what I was doing with my life and bring a grassroots perspective to the M4A movement.

**HCN:** How far has the Medicare for All movement come since you came into the movement?

**BD:** When I was hired at Healthcare-NOW in early 2013, the Medicare for All bill in the House had 63 co-sponsors. Bernie Sanders had a bill in the Senate with ZERO co-sponsors. This past session the House bill ended with 122 co-sponsors and the Senate bill had 14 co-sponsors.

More importantly, at the grassroots level, Medicare for All has moved into the mainstream and has extraordinary public support - it polls better than the Civil Rights Act when that was passed!

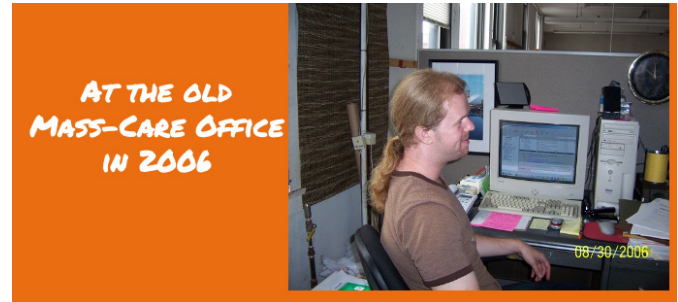
Bernie's 2016 presidential run was obviously a major turning point, but the strength of Bernie's campaign was due to years of organizing by Medicare for All activists who made it a viable issue. The real surge of movement growth came the next year when Trump and a Republican Congress threatened to "Repeal and Replace" Obamacare. This politicized thousands of ordinary Americans who didn't just demand to keep the healthcare they have - they demanded universal healthcare. The movement grew, support for M4A in Congress spiked, and Repeal and Replace failed.

**HCN:** What lessons can we draw from the past two decades of organizing about what it will take to win M4A?

**BD:** When major moments of political opportunity or threat



*A roast honoring Benjamin Day's 10th year with Healthcare-NOW was held on February 9, 2023. Below are just a few of the many photos, roasts and toasts shared by HCN members and supporters.*



open up, we have the chance — but no guarantee — that we can take a dramatic leap forward. But whether we're able to take advantage of those windows for social change depends on our ability to do systematic outreach and education work during quieter periods, particularly by bringing in organizations and communities who need to be part of our winning coalition.

We also can't repeat the organizing formulas of these past two decades and expect that they'll lead to another leap forward in the coming years. We've achieved very high support in urban, progressive districts with fairly dense social justice infrastructures (unions, community organizations, etc). In order to pass a bill through Congress, though, we'll have to win the support of legislators representing exurban, suburban, rural, and swing districts with very little social justice infrastructure. This doesn't mean we have to disingenuously reframe our issue. But it does mean we'll have to start working in coalition with people who may not agree with us 100% on other issues and don't speak the same political jargon. **HCN**



# Take Action for Single-Payer Healthcare!

At the time of writing this article (March 2023), Medicare for All legislation has not yet been introduced to the House of Representatives or the Senate. However, we are not waiting for these bills to start building support for Medicare for All in Congress, and neither should you!! Call the Capitol Switchboard at (202) 224-3121 and ask to speak with the healthcare aide for your Senators and Representative. Urge them to become an original co-sponsor of the M4A legislation when it's introduced, then report back to us about what they say at [info@healthcare-now.org](mailto:info@healthcare-now.org)

Below is a list of the Senators and Representatives who co-sponsored the Medicare for All bills last session and were re-elected. This list is purely for informational purposes, and does not guarantee their support again this year! If your Rep or either of your Senators are not on this list, they are either newly elected or did not support Medicare for All last session

## 13 Returning Co-Sponsors of S. 4204 (by state):

Sen. Padilla, Alex [D-CA]  
Sen. Blumenthal, Richard [D-CT]  
Sen. Hirono, Mazie K. [D-HI]  
Sen. Schatz, Brian [D-HI]  
Sen. Markey, Edward J. [D-MA]  
Sen. Warren, Elizabeth [D-MA]  
Sen. Booker, Cory A. [D-NJ]  
Sen. Heinrich, Martin [D-NM]  
Sen. Lujan, Ben Ray [D-NM]  
Sen. Gillibrand, Kirsten E. [D-NY]  
Sen. Merkley, Jeff [D-OR]  
Sen. Whitehouse, Sheldon [D-RI]  
Sen. Sanders, Bernard [I-VT]  
Sen. Baldwin, Tammy [D-WI]

## 98 Returning Co-Sponsors of H.R. 1976 (by last name):

Rep. Adams, Alma S. [D-NC-12]  
Rep. Barragan, Nanette Diaz [D-CA-44]  
Rep. Beyer, Donald S., Jr. [D-VA-8]  
Rep. Blumenauer, Earl [D-OR-3]  
Rep. Bonamici, Suzanne [D-OR-1]  
Rep. Bowman, Jamaal [D-NY-16]  
Rep. Boyle, Brendan F. [D-PA-2]  
Rep. Brown, Shontel M. [D-OH-11]  
Rep. Bush, Cori [D-MO-1]

Rep. Carbajal, Salud O. [D-CA-24]  
Rep. Cardenas, Tony [D-CA-29]  
Rep. Carson, Andre [D-IN-7]  
Rep. Cartwright, Matt [D-PA-8]  
Rep. Cherfilus-McCormick, Sheila [D-FL-20]  
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. Cleaver, Emanuel [D-MO-5]  
Rep. Cohen, Steve [D-TN-9]  
Rep. Davis, Danny K. [D-IL-7]  
Rep. DeGette, Diana [D-CO-1]  
Rep. DeSaulnier, Mark [D-CA-11]  
Rep. Dingell, Debbie [D-MI-12]  
Rep. Doggett, Lloyd [D-TX-35]  
Rep. Escobar, Veronica [D-TX-16]  
Rep. Espaillat, Adriano [D-NY-13]  
Rep. Frankel, Lois [D-FL-21]  
Rep. Gallego, Ruben [D-AZ-7]  
Rep. Garamendi, John [D-CA-3]  
Rep. Garcia, Jesus G. "Chuy" [D-IL-4]  
Rep. Gomez, Jimmy [D-CA-34]  
Rep. Green, Al [D-TX-9]  
Rep. Grijalva, Raul M. [D-AZ-3]  
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. Huffman, Jared [D-CA-2]  
Rep. Jackson Lee, Sheila [D-TX-18]  
Rep. Jacobs, Sara [D-CA-53]  
Rep. Jayapal, Pramila [D-WA-7]  
Rep. Jeffries, Hakeem S. [D-NY-8]  
Rep. Johnson, Henry C. "Hank," Jr. [D-GA-4]  
Rep. Keating, William R. [D-MA-9]  
Rep. Kelly, Robin L. [D-IL-2]  
Rep. Khanna, Ro [D-CA-17]  
Rep. Kildee, Daniel T. [D-MI-5]  
Rep. Lee, Barbara [D-CA-13]  
Rep. Leger Fernandez, Teresa [D-NM-3]  
Rep. Levin, Mike [D-CA-49]  
Rep. Lieu, Ted [D-CA-33]  
Rep. Lofgren, Zoe [D-CA-19]  
Rep. Maloney, Carolyn B. [D-NY-12]  
Rep. McCollum, Betty [D-MN-4]  
Rep. McGovern, James P. [D-MA-2]  
Rep. Meeks, Gregory W. [D-NY-5]  
Rep. Meng, Grace [D-NY-6]  
Rep. Mfume, Kweisi [D-MD-7]  
Rep. Nadler, Jerrold [D-NY-10]  
Rep. Napolitano, Grace F. [D-CA-32]  
Rep. Neguse, Joe [D-CO-2]  
Rep. Norcross, Donald [D-NJ-1]  
Rep. Norton, Eleanor Holmes [D-DC-At Large]  
Rep. Ocasio-Cortez, Alexandria [D-NY-14]  
Rep. Omar, Ilhan [D-MN-5]  
Rep. Pallone, Frank, Jr. [D-NJ-6]  
Rep. Panetta, Jimmy [D-CA-20]  
Rep. Payne, Donald M., Jr. [D-NJ-10]  
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. Quigley, Mike [D-IL-5]  
Rep. Raskin, Jamie [D-MD-8]  
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. Sherman, Brad [D-CA-30]  
Rep. Smith, Adam [D-WA-9]  
Rep. Stansbury, Melanie Ann [D-NM-1]  
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. Torres, Ritchie [D-NY-15]  
Rep. Trahan, Lori [D-MA-3]  
Rep. Vargas, Juan [D-CA-51]  
Rep. Veasey, Marc A. [D-TX-33]  
Rep. Velazquez, Nydia M. [D-NY-7]  
Rep. Waters, Maxine [D-CA-43]  
Rep. Watson Coleman, Bonnie [D-NJ-12]  
Rep. Wild, Susan [D-PA-7]  
Rep. Williams, Nikema [D-GA-5]  
Rep. Wilson, Frederica S. [D-FL-24]  
Rep. Yarmuth, John A. [D-KY-3]

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