

Grassroots Actions for Accessible and Effective Health Care

by Dr. Peter Mott, Rochester, NY AfD Chapter

Change from the grassroots is the most effective route to implement health care as a human right. Several years ago, the Alliance for Democracy decided that efforts to create statewide single-payer insurance would be more useful than expecting the White House and Congress to implement adequate and accessible national health care. We can have an impact in the states, and statewide programs can lead to national action—just as the Canadian provinces built their single-payer health plan one province at a time. They all came together in 1964, with each province administering its own part to this day.

A reasonable step in this process is to get your state to form a commission that analyzes all the options for covering the entire population. In Colorado, for example, an experienced consulting firm, the Lewin Group, was engaged by the Colorado Blue Ribbon Commission for Health Reform. They analyzed four options: (1) a public-private mix of programs, (2) another mix with expansion [for the poor] of both Medicaid and Child Health Plus (S-CHIP), (3) expansion of public programs while mandating all others to buy private insurance, and (4) the Colorado Health Services Single-payer Program. All the options except (4) are projected to cost more and still leave many uninsured. Only the single-payer option would decrease expenses.

California, Vermont and Hawaii have also used the Lewin Group to do similar analyses. So far, no

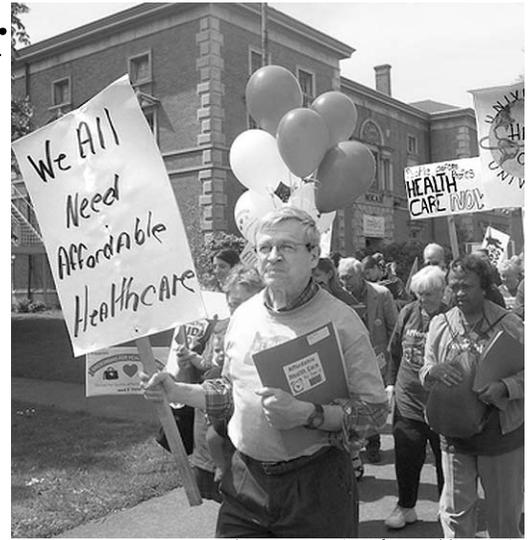


photo: Oregonians for Health Security

state has made a final decision.

Meanwhile, the health-insurance industry is pressuring states to make changes favorable to insurance companies. The Massachusetts Plan “universal health care” reflects insurance company interests and simply requires all residents to either enroll in Medicaid and S-CHIP—if poor enough to be eligible—or apply for State subsidies to help buy private insurance—again, if eligible—or face taxation penalties. It’s no surprise that the majority of Massachusetts residents, many confused and angry, have done nothing.

In New York State, several cities have planning groups united in a statewide campaign for single-payer, public or quasi-public insurance. Our first goal was for the State Government to form a commission and hire a consulting firm like Lewin to analyze all options. Our hope is that the people will see that only one option—single payer—would save enough money to pay for full coverage for all.

We are already seeing counter-pressure from the private insurance corporations. We are also seeing some potential allies promoting compromised plans to allow choices between private insurance and public programs—even though any plan to use state funds to help people buy private insurance would raise total health spending enormously. Of course, you can bet the private corporations would love it! But it would not provide the adequate health care accessible for all that is our human right.

For more information, call Peter Mott at 585-381-5606 or interconnect_mott@frontiernet.net

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California SB 840

by Kjersten Jeppesen

California SB 840 (Sheila Kuehl D.) has been in the legislative hopper for several years, each session gaining more support until it was passed in 2006 only to be vetoed by Governor Arnold Schwarzenegger. SB 840 guarantees all residents of California complete health coverage, including vision, dental, pre-existing conditions, and free choice of doctor. There would be no co-pays or deductibles, and efficient administration would cut costs by 25%. Analysis by the Lewin Group finds that cost savings would be significant: Families could save from \$300 to \$3000 per year, and businesses from \$300 to \$2000 per employee. It could save the state \$8 billion the first year, and up to \$343 billion after ten years. Mainstream media coverage of health care plans has ignored SB 840. It is time for the citizens of California to take action. For more information call, One Care Now, 888 442 4255 or go to www.onecarenow.org