

# The Status of Our Healthcare

North Miami Beach City Hall

Saturday, April 6th 2019

The healthcare of the American people is under attack. We have a decreasing lifespan as a nation for the past three years, as per the Kaiser Family Foundation. Our healthcare crisis demands action. And nobody will take care of our healthcare if we don't demand action.

Event Sponsored by North Miami Beach Commissioner  
Michael Joseph, Esq.

&

Labor Community Alliance of South Florida (LCA) and  
Miami Dade County Democratic Party Labor Committee

## Presenters:

Daisy Baez, Founder and CEO Consulting Management Solutions, LLC, Healthcare Consulting Company. Former State Representative.

Rose Campbell, RN. Second Vice Chair of the Coalition of Black Trade Unionists. Member of the National Nurses Union. Editor of the South Florida Progressive Bulletin. LCA member.

Alina Valdes, MD. 2016 Democratic Party Candidate for Florida's 25th Congressional District. Physician for the poor in Broward County. LCA Member

# Introducing HR 1384: Medicare for All Act of 2019

March 2, 2019 by Liz Millar

We are excited to share the news that Congresswoman Pramila Jayapal filed the Medicare for All Act of 2019 yesterday. In the Physicians for a National Health Program (PNHP) message below, you can see bullet points that summarize the features of HR 1384, the new bill that replaces HR 676.

Also, there is a link to the press conference at which Congresswomen Jayapal and Debbie Dingell, John Dingell's widow, speak. Later on, Wendell Potter, who will be speaking in Durham on April 7, Chapel Hill on April 8 and Greensboro on April 9, appears.

If your Congressional representative is not a co-sponsor, call his or her office and request that they get on board. Medicare for All, medical bankruptcy for none!

Feb. 27, 2019

Dear colleague,

Today is an important day in the movement for single-payer, improved Medicare for All. This morning, I joined Rep. Pramila Jayapal (D-Wash.) and more than 100 co-sponsors in the House of Representatives to introduce the new Medicare for All Act of 2019.

This bill is a strong and comprehensive piece of single-payer legislation. Rep. Jayapal has spent months in dialogue with key voices from the single-payer movement — including PNHP — to design this bill.

And this bill is the real deal: Amid the noise of incremental “faux” Medicare-for-All plans (mostly variations on a public option), the Medicare for All Act stands out for achieving both universal coverage and long-term cost control.

## **What's in the Medicare for All Act?**

### **Coverage**

- Covers all medically necessary care, including hospitalization and doctor visits; dental, vision, and hearing care; mental health services; reproductive care, including abortion; long-term care services and supports; ambulatory services; and prescription drugs.
- Covers all U.S. residents. Coverage is portable and lifelong.

### **Choice**

- Provides free choice of doctor or hospital.

### **Cost**

- Eliminates all patient cost-sharing such as copays, premiums, and deductibles.

### **Budgeting and Efficiency**

- Pays institutions such as hospitals and nursing homes via lump sum global operating budgets to provide covered items and services.
- Funds capital expenditures such as expansions and renovations with a separate budget.
- Pays individual providers on a fee-for-service basis that does not include “value-based” payment adjustments. Providers cannot use fees for profit, marketing, or bonuses.
- Establishes a national drug formulary that promotes the use of generics. HHS will negotiate prices for drugs, supplies, and equipment on an annual basis.
- Allows the override of drug patents when drug firms demand extortionate prices (a key recommendation from PNHP's 2018 Pharma Proposal).



## Health Equity

- Provides regional funding for rural and urban areas that are medically underserved.
- Preserves the benefits provided by the Dept. of Veteran Affairs and the Indian Health Service.
- Overrides the Hyde Amendment that bans federal funding of abortion.

## Transition to Medicare for All

- Implements Medicare for All over a two-year transition period.
- In the first year, current Medicare enrollees can utilize expanded benefits such as dental and vision care. After year one, the plan automatically enrolls everyone ages 0-18 and 55 and older, and also offers a Medicare Transition buy-in plan through the Federal and State exchanges during this time.
- Allocates one percent of budget for the first five years to assistance for workers displaced by the elimination of private health insurance.

Given these strengths, PNHP endorsed the bill. However, PNHP is also concerned that it does not include a specific mechanism for the **orderly transition of investor-owned, for-profit facilities to not-for-profit status** through a bond-funded buyout of investors. We will continue to advocate for the inclusion of this provision, and to educate the public and members of Congress about the harm and waste of corporate profit-taking in our health care system.

## Where do we go from here?

Single-payer opponents have been anticipating this day almost as much as we have. The insurance and pharmaceutical industries (as well as their friends in Congress) are sharpening their knives, ready to attack any proposal that threatens their profits.

In the coming weeks and months, **our opponents will launch a campaign against this bill**. They will claim that single payer will bankrupt the country, and that Americans love their private health plans. No doubt we will see op-eds warning seniors that improved Medicare for All will take away their hard-earned benefits.

In response, PNHP will do what we have always done best: Educate our friends and colleagues in our hospitals, build our chapters, publish op-eds and letters to the editor, conduct and disseminate research, pass resolutions in our medical societies, make presentations and Grand Rounds, meet with our representatives, host forums in our communities—while growing the next generation of single-payer leadership.

In the coming days, we will write to you again with specific opportunities to advocate for the Medicare for All Act. But today, please **call your representative at (202) 224-3121 and request that they co-sponsor the Medicare for All Act of 2019**. If they are already a co-sponsor, thank them and ask them to work even harder to pass this bill.

Today is an exciting and important day for single-payer advocates, but it is also just the beginning.

Sincerely,

Adam Gaffney, M.D., M.P.H.  
President, PNHP