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Healthcare Is a Human Right National Bulletin

May 2014

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Calendar

- May 1, Noon - [March for Health and Dignity](#), Montpelier, Vermont
- June 4, 6:40pm -- Frederick County, Maryland, [People's Health Forum](#) with candidates

Campaign news

Vermont

As the [Vermont Workers' Center](#) gears up for another big [May Day rally](#), joined by leaders from Maine, Maryland, Pennsylvania, and NESRI, the state's legislative session is winding down. While workers are forced to wait another year for paid sick days, a general [health care bill](#) is likely to pass within the next couple of weeks. The bill would add more definition, details, and deadlines to the transition process to Green Mountain Care, Vermont's new universal, publicly financed health care system. After many weeks of bruising media and political debates questioning the feasibility of universal health care, the passage of a forward looking bill would in itself be a step in the right direction. The Healthcare Is a Human Right campaign issued [a public statement](#) calling on lawmakers to stay the course and recommit to the human rights principles in the universal health care law.

At a [Day of Action](#) at the State House, the campaign briefed over 40 members on the [attempts to water down](#) the 2011 universal health care law and stall the progress toward Green Mountain Care. Members then met with their representatives, pushing for rights-based amendments to the current bill, and sat in committee discussions to hold lawmakers accountable. In a [radio](#)



[interview](#), Anja from [NESRI](#) summed up the state of the debate and the issues at stake. Throughout March and April, the campaign submitted several rounds of [testimony on the current bill](#), and thus was able to reverse harmful provisions and add language on equitable taxation and financing based on health needs. As it stands now, the bill also explicitly declares health care a right for all residents, a first in Vermont law. Yet it includes no concrete measures for making Green Mountain Care a reality: this will be left to the 2015 legislative session.

On May Day, the Vermont Workers' Center will launch its escalating campaign strategy, designed to build sufficient people power to emerge from the election season with a mandate for universal health care and to win a strong public financing plan in the 2015 legislature.

Maine

The [Maine People's Alliance](#) led the [HCHR-Maine](#) coalition in pushing to expand Medicaid in Maine, but despite an impressive showing of people power at the State House, Tea Party Governor Paul LePage vetoed the bill earlier this month. Though most Senators voted to override his veto, they [fell short of the two-thirds majority](#) needed to save the bill, ending hope of a Medicaid expansion this legislative season.

Around the same time, the Senate also passed [a bill](#) to require the state to [conduct a study](#) of single-payer health care, much like the Vermont study led by Dr. William Hsiao. Though nobody expected Governor LePage to sign the bill into law, it was a chance to push the universal health care conversation. In January Vanessa Sylvester from the [Maine State Nurses Association](#), Meaghan LaSala from the

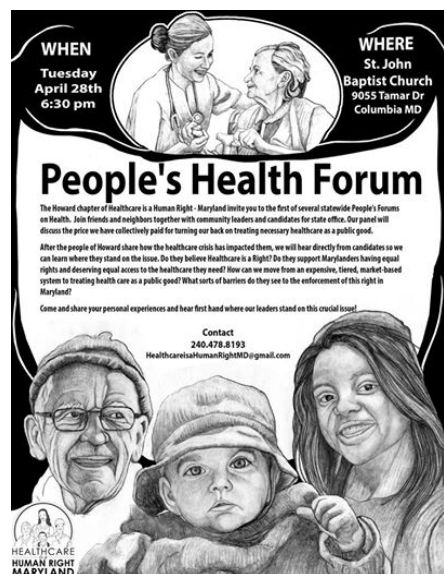
[Southern Maine Workers Center](#), and Matt Schlobohm from the [Maine State AFL-CIO](#) were among the [46 people who testified](#) on an [earlier version of the bill](#) that called not for a study, but explicitly for single-payer health care. [Matt testified](#) in support of the bill, saying that "the legislation does much to ensure that we develop a universal system where healthcare is a public good." He also offered a few suggestions for the bill, including adding specific language committing to equitable financing. All eyes remain on the governor's race as an opportunity to oust LePage.



As the legislative season comes to a close, the HCHR-Maine coordinating committee met yesterday, April 29, to discuss strategy and coordination in the months ahead.

Maryland

[Healthcare Is a Human Right-Maryland](#) held its first [People's Health Forum](#) with candidates for public office in [Anne Arundel County](#) on April 22. Seven candidates for public office came out to



talk about health care in Maryland and to hear from local residents about the human-rights-based health care system they want to see. The Howard County Chapter hosted their [candidate forum on Monday](#), and Frederick County will hold another on June 4. The Carroll County Chapter hosted a performance of [Mercy Killers](#), an award-winning play about life (and death) without access to health care, in early April. Now a couple of members are heading to Vermont to stand in solidarity with the Vermont Workers Center at their annual May Day Rally!

Stay tuned for a big human rights report on Maryland's health care crisis in the next month. HCHR-MD is working with NESRI to publish a report based on almost 900 surveys conducted by HCHC-MD members in 10 counties. Take a peek at [preliminary findings](#), including 95% of people saying

that they believe health care is a human right.

Pennsylvania

[Put People First! PA](#) (PPF-PA) brought together members from Allegheny, Blair, Dauphin, Delaware, Lancaster, Northampton, Northumberland, and Philadelphia counties for our first ever Mid-Year Strategy Retreat on April 5-6. At the retreat they finalized and affirmed the organization's year-long campaign timeline, built community, and collectively framed their story.

PPF-PA has joined Cover the Commonwealth, a coalition working for Medicaid Expansion in Pennsylvania, and participated in the April 7th rally at the Capitol. Working with NESRI, members around the state are submitting letters to the editor about Governor Corbett's [Healthy PA plan, which would privatize parts of Medicare and make access harder](#).



In March PPF held three "Know Your Rights" trainings on the ACA to ensure that people access their rights under Obamacare and join the fight for universal health care by signing on to the Health Care is a Human Right Campaign.

News from other states

Georgia: [Moral Monday](#) members descended on Georgia's State House in March in a [huge show of power](#) in support of expanding Medicaid to 650,000 people. Though the State Legislature voted not to expand Medicaid and Governor Nathan Deal was not supportive, MMGA members [continue to organize](#) for their human rights.

California: People in California are calling attention to the millions of people left uninsured and without adequate access to health care in their state. The [Dream Resource Center](#), an



organization for young undocumented people, released a [report](#) called "[Undocumented and Uninsured](#)" and an accompanying [video](#). The report is based on the findings of a survey of over 500 undocumented people around the state, and highlights the barriers undocumented people face in trying to access health care. "California can continue to lead and set an example," the report concludes, "by championing health as a human right; a public good for all."

Meanwhile *The Guardian* reports that Los Angeles County, home to 10 million people, [may expand a county health program](#) into a universal, publicly financed primary care program that would provide needed health care to all uninsured residents, including undocumented immigrants. If approved by the County Board of Supervisors, the expanded program would use existing community health

centers and clinics to provide low-cost primary and preventive care to any uninsured individual who enrolls. The system would likely look a lot like [Healthy SF](#), which provides health care to uninsured residents of San Francisco.

Health news

Bucking the media, changing what's politically possible: While [the mainstream media tends to credit](#) individuals or policymakers with putting Vermont on the path toward universal health care, NESRI set the record straight in a short blog, emphasizing that it was "Vermont's grassroots people's movement that changed what was considered politically possible", and that

“it will [take an even stronger movement](#)” to change the conversation in Vermont and the rest of the country.

Maryland’s all-payer system draws attention: The media continue to report on Maryland’s all-payer system, in which the State is capping hospitals’ spending and rewarding positive outcomes like lower rates of readmission and hospital-acquired infections. In an article called, “Is Maryland’s all-payer model a step toward European-style health care?”, [Al Jazeera suggests](#) that while Maryland is pursuing all-payer to rein in healthcare costs and promote preventative medicine, if the model were extended beyond hospitals to doctors’ offices, nursing homes, and the rest of the healthcare system, it could effectively morph Maryland’s health care into a single-payer system. Healthcare Is a Human Right leaders are doubtful: changes in the way health care providers are paid are a necessary but small step toward systemic change. Provider payment reform does not automatically ensure universal and equitable access to care, nor does it entail public and equitable financing of health care.

Massachusetts’ reliance on market-based insurance drives inequitable access to health care: A new [report](#) finds that in Massachusetts, the State’s market-based healthcare system, which looks much like the ACA, is [driving sharp inequalities in health care](#) as hospitals compete to make profits. Because big hospitals can use their power to negotiate higher rates from insurance companies, Medicaid, Medicare, and other payers for the health care, they make more money for delivering the exact same care as community hospitals. As the wealthy, powerful hospitals invest some of their profits in expanding and improving their facilities to be more “competitive”, they lure more “customers” (i.e., patients) away from hospitals in low- and moderate-income communities, creating a vicious cycle that further impoverishes community hospitals and increases disparities in access to care.

Cost-sharing restricts poor people’s access to health care: A recent [National Health Law Program report](#) looks how premiums, copayments, deductibles, and other forms of cost sharing can restrict poor people’s access to Medicaid. Looking at decades of research on the effects of premiums, copayments, deductibles, coinsurance, and other out-of-pocket costs on health care access, the report finds that “premiums and cost sharing pose barriers to care for low-income and vulnerable populations while doing relatively little to improve the overall efficiency of the health care system.”

Poor women are dying earlier than their mothers: [Researchers have long known](#) that people with more money live longer than people with less, but [new research](#) shows that difference in life expectancy between wealthy people and poor people in the United States is growing. Most striking, poor women’s life expectancy is actually decreasing, so much so that poor women who are in their 70s today are actually dying at a younger age than poor women in their mothers’ generation did.

New state data on underinsurance and uninsurance: A new Commonwealth Fund [report on underinsurance](#) finds that across the country, 12% of the U.S. population, or 32 million people,

are underinsured. In other words, they have insurance that is so bare-bones (e.g. with high deductibles) that they can't use it to get the health care they need. The report provides state-level data on the number of uninsured and underinsured:

	Uninsured		Underinsured		Total	
	People	%	People	%	People	%
Maine	129,293	12%	139,451	12%	268,744	24%
Maryland	755,915	15%	452,051	9%	1,207,966	24%
Pennsylvania	1,426,872	13%	1,114,294	10%	2,541,166	24%
Vermont	47,759	9%	56,663	11%	104,422	20%

See the [full report](#) for more state-level data on the uninsured and underinsured population of each state by income level.

United Nations criticizes U.S. for excluding immigrants from Medicaid, ACA: The UN Human Rights Committee released a report on civil and political human rights in the United States. Among many other things, the report criticized the U.S. for excluding millions of documented and undocumented immigrants from Medicaid, CHIP, and the ACA. (Read the full story and excerpts from the report [here](#).)

Pitfalls of privatizing long-term care: *The New York Times* published an [article](#) on how privatizing long-term care ends up denying people care when they need it most:

“At least 26 states, including California, Florida, Illinois and New York, are rolling out mandatory programs that put billions of public dollars into privately managed long-term care plans. ... A closer look at Tennessee, widely cited as a model, reveals hidden pitfalls as the system of caring for the frail comes under the twin pressures of cost containment and profit motive. In many cases, care was denied after needs grew costlier — including care that people would have received under the old system. ... But in Tennessee, 41 percent of 34,000 applications for care were denied over the 13 months after the change, compared with under 10 percent previously.”

If you have questions, have anything you want to see in the HCHR Bulletin, or have a story to share, contact ben@nesri.org.