

VOLUNTEERS NEEDED!

Please look over this list and if you can help in any of these areas, call Carolyn Apel at 206-323-3393 or email Carolyn at carolyn_apel@hotmail.com. Thanks!

EDUCATION:

- Education Flyer
- Graphic Design
- Radio/TV experience or connections
- Speakers
- Writing articles for our newsletter
- Any other creative ideas?

FUNDRAISING:

- Area Fundraiser Chairs
- Fundraising Assistants
- Fundraising Chairperson
- Fundraising Event Organizers

OFFICE:

- Computer equipment
- Copy machine or other equipment
- Data entry
- Donate office space
- Office assistants

LEGISLATIVE LOBBYING:

- Area Chairperson
- Assistants (we need lots!)
- District Chairperson

SPONSORSHIP OPPORTUNITIES:

- Sponsor a mailing
- Sponsor a flyer printing
- Donate postage
- Donate office workers from your business
- Underwrite a fundraising event / educational opportunity



Health Care for
All-Washington

P.O. Box 30506
Seattle, WA 98103

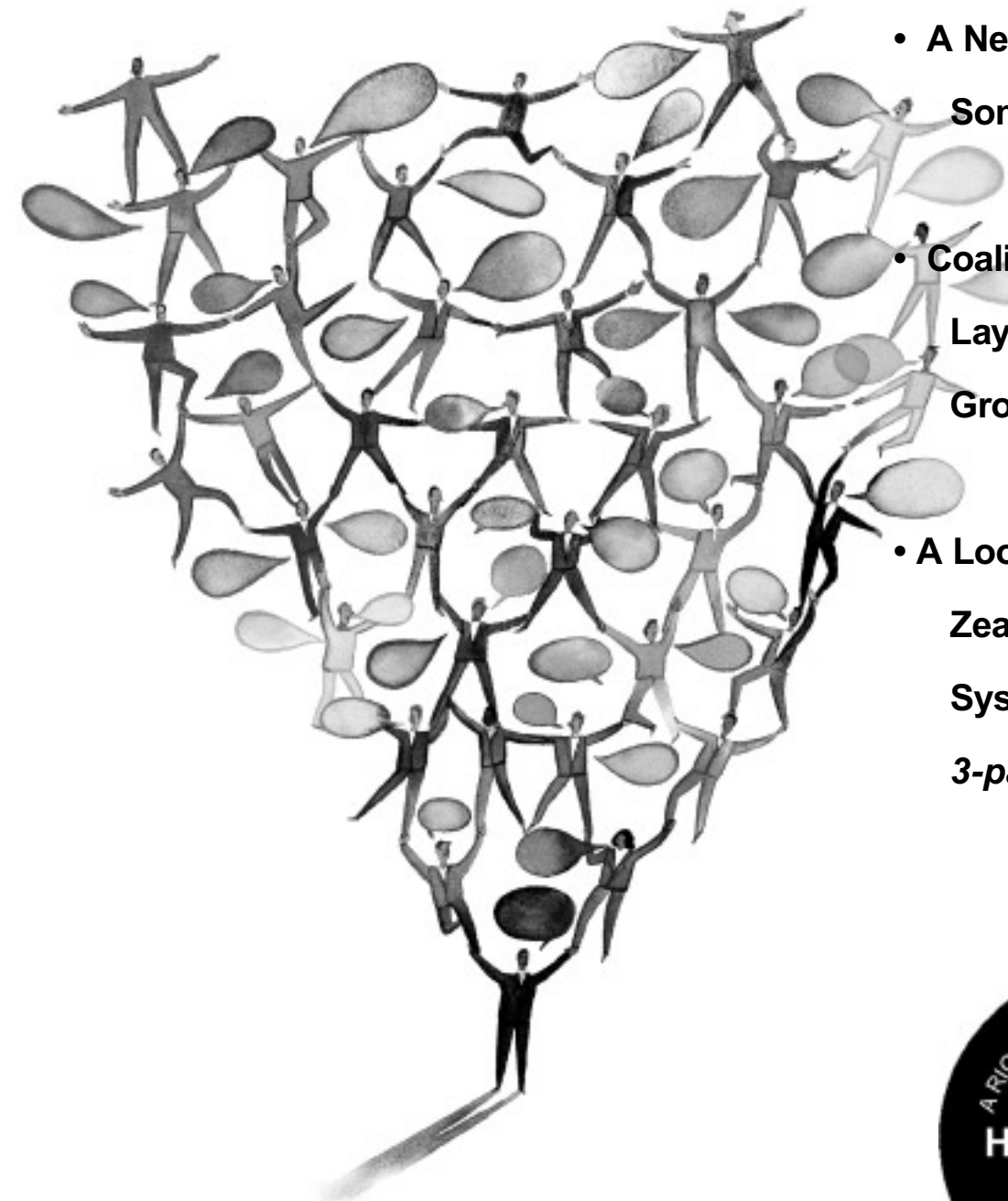
dba HealthCare 2000 and Washington Single-Payer Action Network

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An Information Pipeline for Members and Friends of Health Care for All-Washington

Health Care for All-Washington

Formerly known as HealthCare2000



• A New Year,
Some New Changes

• Coalitions...
Laying the
Groundwork

• A Look at the New
Zealand Health Care
System - Part 1 of a
3-part series

Health Care for All-Washington is a statewide, all-volunteer coalition working to replace the current inadequate health care system with a universal, "single-payer" health care system. We feel that if countries possessing only a fraction of our wealth can have a successful universal health care system, so can we. Among our ranks you will find patients, health care professionals, youths, seniors, insured, and uninsured.

JANUARY - FEBRUARY 2003 ISSUE



Health Care for All-Washington

January-February 2003

Health Care for All-Washington
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Seattle, Washington 98103

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 Secretary..... Eleanor Owen, MED
 Treasurer..... Dana Iorio, ARNP

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 Outreach Chair..... Ruth Knagenhjelm,
 RPT

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 RN, MN
 Co-Chair..... Rev. Paul Pruitt, BD

Boardmembers
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New Year, New Changes

- by Carolyn Apel, President



Carolyn Apel

It is a new year and we have made some changes. First, we have changed our name from Health Care 2000 to *Health Care for All-Washington*. This puts us in sync with Health Care for All-California, and Health Care for All-Oregon. Watch for our website address to change soon. We will keep you posted. In the meantime, you can still access our website at www.healthcare2k.org.

Our former president, Stuart Jeanne Bramhall, MD, moved to New Zealand where she is working as a psychiatrist. We miss her but she will still continue to keep us posted and write articles for our newsletter (*see her article on New Zealand health care on p. 4*). Meanwhile, I will be taking on the responsibilities as our new president. We have a great Board and I am honored to be working with such a great group of bright and educated people. The members of our Board are:

- Carolyn Apel *President and Helpline Chair*
- Sarah K.Weinberg, MD, FAAP *Vice President and Newsletter Editor*
- Eleanor Owen, MEd..... *Secretary (and former Executive Director of WAMI)*
- Dana Iorio, ARNP *Treasurer*
- Ruth Knagenhjelm, RPT *Outreach Chair*
- Mary Margaret Pruitt, RN, MN..... *Co-chair of Legislative Committee*
- Rev. Paul Pruitt, BD *Co-chair of Legislative Committee*

Boardmembers

- | | |
|-----------------------------|-----------------------------------|
| Richard Bard | Kathleen Meyers |
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FAAP |
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| Irvin Emanuel, MD | June Schumacher |
| Larry Kalb, BA, MA | Hal Stockbridge, MD, MPH |
| Brian D. King, RRT | Lori Whittaker, MD, PhD |
| Peter M. McGough, MD, FAAFP | Frank T.Yuse, MEd |

We are looking forward to a productive year!

If you have any suggestions for this newsletter, or would like to submit articles for upcoming issues, please contact President Carolyn Apel at carolyn_apel@hotmail.com. Articles to be published at the discretion of the president and editor of Health Care for All-Washington.

We Need Your Help

Health Care for All Washington is embarking on an ambitious education/outreach program to get information to ordinary citizens about health care costs and financing – information which is unavailable in the mainstream news. This educational process is essential. Our elected officials fail to do anything about health care because there is no “consensus”, and voters relying on radio, TV, and newspapers are not getting accurate information. So it’s up to us.

Health Care for All Washington remains, as always, an all-volunteer organization. Our board and committee members and volunteers donate literally thousands of hours each year to make universal health care a reality in Washington state. However, to provide each of our 2,000 members and supporters with kits, buttons, bumper stickers, and surveys to distribute to all their neighbors, friends, and candidates requires money.

Our success will depend on the continuing generous support of our members and supporters. Please consider a monthly pledge if this is an easier way to donate.

Clip out and mail to address shown below

Donations accepted in the form of check, money order, cashier's check, or credit card. DO NOT send cash in the mail.

I enclose a donation of \$1,000 \$500 \$250 \$100 \$50 Other: _____

I can make a membership pledge of \$_____ per month.

Credit Card #: _____ Expiration Date: _____

Visa Mastercard Signature : _____

Name: _____ Phone (day) _____

Address: _____ Phone (evening) _____

City _____ State _____ Zip _____ State Legislative District _____

Fax: _____ Email: _____

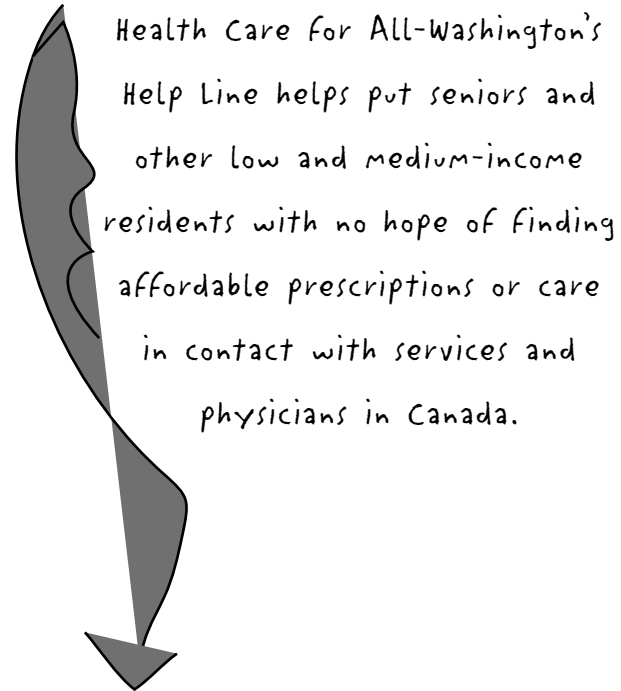
Occupation if donation is over \$100 _____ Employer: _____

I'd like to help with:

- Gathering signatures Fundraising Phone
- Data entry or office help Working on flyers Publicity
- Other (Wish List) _____

Clip and return to: **Health Care for All-Washington**
 P.O. Box 30506
 Seattle, WA 98103

F Y I



Health Care For All-Washington's Help Line helps put seniors and other low and medium-income residents with no hope of finding affordable prescriptions or care in contact with services and physicians in Canada.

Helpline Committee

- by Carolyn Apel, President

We continue to get calls for help from people who can't afford American doctors or American drugs. We have a database of Canadian doctors who will see Americans for a fraction of what it costs here. Our list of Canadian doctors includes many specialists as well as primary care physicians. We also have several dentists on the list and a list of Canadian pharmacies that will mail medications to American homes ANYWHERE IN THE U.S.

If you need our help, **please contact us** at 206-323-3393, or 206-382-3785, or toll-free at 1-877-903-9723 (toll-free), or email me directly at carolyn_apel@hotmail.com.

Participate at an Upcoming Roundtable

- by Ruth Knagenhjelm, Outreach Chair

Some Washington Health Foundation Community roundtables will occur in all 39 counties this year. One of the goals of these meetings will be to establish Washington health values maps as a starting point for solutions to our health care crises.

We need all our members/volunteers to contact www.whf.org for more information on dates and participation in the upcoming roundtables. The more people we can have present to voice our view, the better.

If you would like more information about the roundtables happening this year, please contact Ruth Knagenhjelm at 206-242-3606.

Help Distribute "Falling Through the Health Care Cracks" Flyer

- by Ruth Knagenhjelm, Education/Outreach

We need your help in distributing the flyer, "*Falling Through the Health Care Cracks?*" which is an insert in this newsletter. It's a 2-sided flyer... one side has a form to fill out for those interested in volunteering or donating. Hand this out to people you come in contact with: family, friends, neighbors, co-workers, street fairs, etc.

The other side of the flyer has tear off sections with our telephone number and website address. This side of the flyer can be copied and posted on bulletin boards in schools, offices, stores, churches, restrooms.

We need to spread the word and educate the public about our organization and the plight of health care.

It is Better to Light a Candle Than to Curse the Darkness

- a message from Frank T. Yuse, Spokane

Following the defeat of Oregon's Proposition 23 and our own failure to place a similar measure on the Washington ballot in 2000, together with the 1995 dismantling of Washington's Health Services Act of 1993, I offer the following points to consider for another push to convince voters, patients, and physicians in Washington State to reform health care financing:

1. Health care is essential for human health, welfare, and quality of life;
2. Health care is a human right implied in "life, liberty and the pursuit of happiness" in the Declaration of Independence;
3. Universal access to affordable, necessary health care is required to implement that right;
4. Necessary health care must be prioritized according to medical need, cost, and proven effectiveness;
5. Preventive care must be emphasized;
6. Funding should require participation by all who are able to pay;
7. Health care funding should not be linked to employment;
8. There must be a separate unified system to collect funds, make prioritization decisions, control costs, and pay for services.

Since a comprehensive plan may not be realistic at this time, we should look at some interim possibilities:

- A public basic plan that would cover 80 percent of a limited package of basic services if a person does not have insurance coverage;
- Leaving out dental and long-term care coverage for now;
- Establishment of a medical commission (or maybe the Certificate of Need process) to avoid duplication of expensive technology;
- Control of prescription drug costs on a state-wide basis.

How to Make Coalitions Happen

- by Sherry Weinberg, MD, Vice President

As we in Health Care for All-Washington review the difficulties we have had in getting our message out to the general public, we realize that we must help build coalitions of progressive thinkers in order to broaden our audience. We need to bring up the subject of health care financing reform in meetings of other organizations in which we participate. Organizations that should be responsive to the idea that health care should be available and affordable for everyone include religious entities, labor bargaining units, good government advocacy groups, and political parties.

The political parties are just starting to get moving in anticipation of the major elections in 2004. Now is the time for each of us to decide which political party seems closest to our point of view, and then take the step of joining that party and going to its local meetings. Both of the major parties have platform statements on the subject of health care financing, and both give lip service to the idea that there should be affordable health care available to everyone. Neither party has any realistic plan to make affordable health care a reality for all, and that is where we come in.

As individuals, we cannot just sail in as guests at a legislative district meeting, for example, and expect those present to support our ideas about health care financing reform just because we said so. We have to lay the groundwork by joining the party, participating in meetings, and showing interest in other important subjects; in other words, we have to make friends first.

Again, **the time is NOW**. Call the state headquarters for the political party of your choice, and get started! We can influence the 2004 platforms and we can influence the views of those elected locally to state or national legislative office, but we have to make friends first.

The New Zealand Health Care System

- by Stuart Bramhall, MD, past president Health Care for All-Washington

(In October 2002, Dr. Bramhall accepted a locum tenens position as a consultant psychiatrist in Christchurch, New Zealand after third party reimbursement problems caused her Seattle practice of 20 years to become insolvent.)

History

New Zealand, with a current population of around 4 million, was one of the first countries in the world to provide universal health care. Under the Social Security Act of 1938, the government began funding hospitals, although medical and pharmaceutical benefits were not fully effective until 1941. The health systems of New Zealand, the United Kingdom, and Canada employ similar models; the government bears ultimate responsibility for the payment for health care, even when it is provided through private institutions. (In contrast, Germany, France, and Japan guarantee universal health care but employ "mixed" systems relying more on non-governmental funding sources, primarily employers and individual patients).

Helen Clark, New Zealand's current Labour prime minister, has always had a strong commitment to universal, publicly accountable health care. As Minister of Health she was responsible for implementing major reforms under the 1983 Area Health Board Act, restructuring the country's 27 hospital boards into 14 area health boards with a population-based funding formula. The restructuring was intended to introduce greater local accountability and administrative efficiency in the face of escalating health care costs. The 1983 Act successfully held health expenditure steady from 1980-1990, following a sharp rise during the 1970s.

In 1991, under a National (conservative) government, Ms. Clark's area health boards were swept away and replaced by four regional health authorities headed by government-appointed commissioners. Hospitals became *Crown Health Enterprises* with an appointed board of directors, and much health care was funded through market driven competitive contracting. It was a radical departure from a system of community involvement in health care which had largely been accepted by both political parties since the establishment of universal health care in the 1930s.

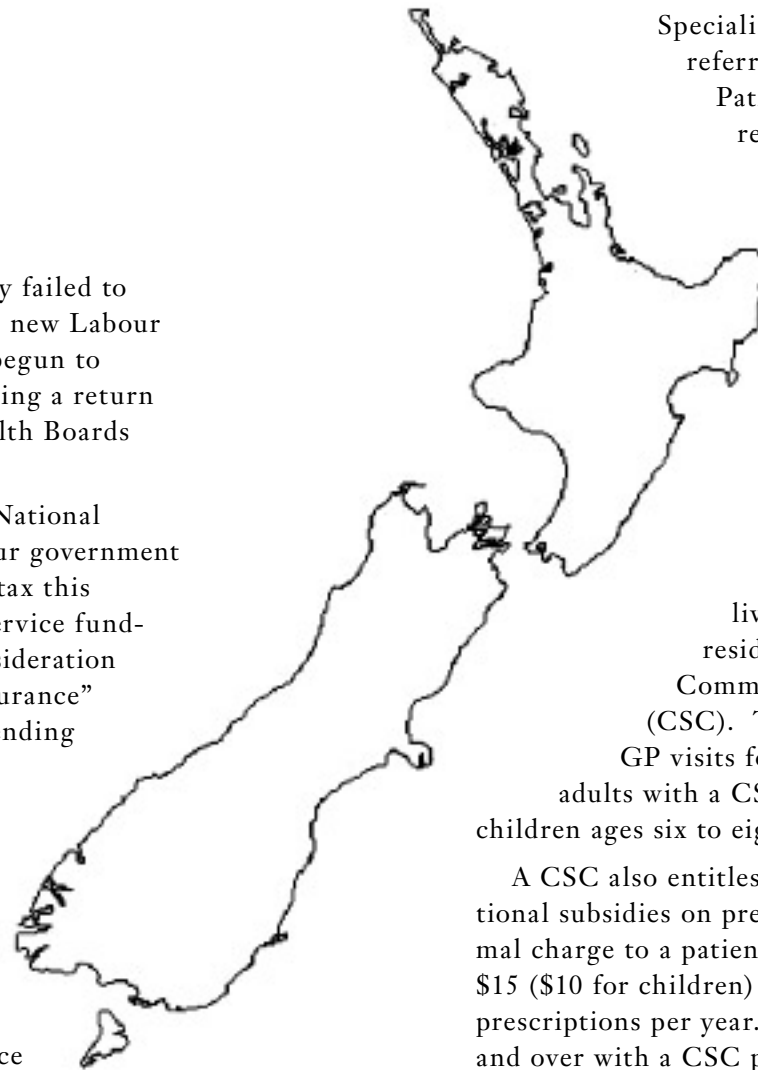
These monetarist reforms largely failed to produce promised benefits, and the new Labour Government, elected in 1999, has begun to reverse most of its elements, including a return to community elected District Health Boards (DHBs).

According to the New Zealand National Business Review, the current Labour government has plans to propose an additional tax this year to provide additional health service funding. Taxation methods under consideration include: a general tax, a "social insurance" model (such as a payroll tax or extending the Accident Compensation Corporation, which is primarily employer funded, to include illness as well as injuries), "sin taxes," and private contributions, such as user-payments and private health insurance. The last option is unlikely to be enacted because the health insurance industry is not a part of the planning process.

How New Zealand's National Health Care System Works

Each year the national government of New Zealand decides how much public money will be spent on health care. These funds are then allocated to the District Health Boards (currently there are 21). The national government provides broad guidelines on what services the DHBs run in public hospitals and preventive services, such as the National Cervical Screening Programme, health promotion activities and public health nursing services.

The first point of contact is usually through a primary health care provider, such as a GP, accident and medical centre, midwife, independent nurse practitioner, Family Planning Clinic, optometrist, dentist, or complementary therapist.



Specialists can only be seen after referral from a GP or midwife. Patients are personally responsible for the GP's fee, ranging between \$35 - \$65 NZD (\$13 - \$33 USD). However, specialty care, which is generally delivered through the public hospital outpatient department, is fully covered by the DHB.

Low income (annual income under \$9,800 USD for a single person living alone) New Zealand residents are eligible for a Community Services Card (CSC). The government subsidizes GP visits for patients with a CSC - adults with a CSC receive a \$15 subsidy, children ages six to eighteen a \$20 subsidy.

A CSC also entitles patients to receive additional subsidies on prescription drugs. The normal charge to a patient for a subsidized drug is \$15 (\$10 for children) per prescription, up to 20 prescriptions per year. Adults and children six and over with a CSC pay \$3 per prescription. Children under six with a CSC pay nothing.

There is also a High Use Health Card (HUHC) which allows for additional subsidies for GP visits and prescriptions. To be eligible for a HUHC, which is not means tested, an individual needs to have visited the doctor more than 12 times in one year.

Families not qualifying for a CSC or a HUHC qualify for a Pharmaceutical Subsidy Card (PSC) after 20 prescriptions and pay only \$2 per prescription.

Other Covered Services

In addition to specialist inpatient care, other health services are handled as follows:

- **Laboratory Tests and X-Rays:** Fully covered by the DHBs through the public hospitals.
- **Physical Therapy and Osteopathic and Chiropractic Care:** Partially subsidized by the DHBs, provided there is a physician referral.

- **Acupuncture, Naturopathy, Homeopathy, and Other Alternative Therapies:** Not covered unless provided by a registered physician or midwife.

- **Dental Care:** Limited dental services available in some public hospitals in some areas, but the majority of patients pay privately for dental care.

- **Long-term Care:** Nursing home care is based on income and needs assessment, similar to our Medicaid financed nursing home care in the United States. The DHBs fund home health care.

Accident Compensation Corporation

Treatment for accident-related illnesses (including the psychological consequences of childhood sexual abuse) are subsidized by the government funded Accident Compensation Corporation (ACC), which also provides generous time loss benefits. Co-payments for medical services and prescriptions funded through ACC are generally lower than those funded through the DHBs.

Special High Cost Treatment Pool

The Ministry of Health sets aside \$6.5 million a year for "one-off" treatments not otherwise funded by the public health system. District Health Board specialists apply to the Ministry of Health on a patient's behalf.

These special high cost treatments include highly specialized medical treatments frequently obtained overseas (examples: simultaneous pancreas and kidney transplants, separation of Siamese twins, gender reassignment surgery, epilepsy surgery, diode laser treatment for melanoma of the eye). About four out of every five applications were accepted in 2001 (with around 40 patients receiving funding for treatment). Some applications were declined because the funding for treatment was available elsewhere in the public health system.

This is the first of a three-part series of articles on New Zealand's health care system. Part Two, which will focus on PHARMAC, the government agency that decides which prescription drugs will be on the Pharmaceutical Schedule, will be in our next issue.