

Guest Presenter: Dr. Kotch, Healthcare for ALL NC

Dr. Kotch - Health Care Alliance; President of NC Against Gun Violence (factcheck)

Dr. Kotch divided Health Care into three categories and discussed the elements of each category, aspects of the national discussion, differing viewpoints, political agendas, realities.

He welcomed questions from the beginning, but mostly he spoke for his allotted 30 minutes and because there was great interest, more to discuss and he was giving Healthcare updates as well, he was given the 15 minutes allotted to Healthcare Update - Mary White, Coalition for Healthcare of NC. The following narrative attempts to follow his talk and the discussions

which were woven into it by the people in the room.

Things are changing each day. How can we keep up. There should be universal access to affordable health care.

The three categories are

1. The Affordable Care Act (ACA), Obama care as against the American Health Care Act - the Republican proposals.
2. Medicaid - lots of changes being proposed.
- 3 - Medicare for all, that is, a model of healthcare for all.

Major Point: Healthcare and Health care coverage are two different things. Washington is not addressing Healthcare.

The American Healthcare Act: the first proposal was rejected by the House because the right wing Republicans refused it. The proposal that passed and went to the Senate was a compromise which shifted it elements further to the right.

1. The ACA and the American Healthcare Act

The principle of Healthcare is that all should pay the same, that is all share the burden for everyone in the whole community. The purpose was to protect people from a disastrous, unexpected, unpreventable medical situation that leads to the need for serious medical intervention. A concept of "community rating" is used to determine the needs of a cross-section of the area to be covered. The community rating uses a ratio of older to younger people to help determine costs and to keep the costs for older and younger people close.

A "capitalist" view of healthcare asks, "How can healthcare make money?" As healthcare becomes more expensive, to make money, the insurance providers began charging people based on their health situation. For the elderly, the costs go up more and faster. For the young, much less so.

The ACA was a response to the need for adjustments. Obama had previously spoken out for

a single payer. The ACA is a smorgasbord which is not for patients, but for drug companies. But it did build in the community rating.

The American Healthcare Act

1. throws out the community rating or it changes it so that older people can be charged much more than younger people.
2. Does away with the requirement to provide "essential health benefits," Under the ACA, this list is required to be covered by all insurers. This list includes things like immunizations, cancer screenings like mammograms and colonoscopies, Now this list will become an option of each state to decide. Each state will have to pay for them.
3. The ACA gives tax credits for out of pocket costs and subsidies for premiums for those who can't afford them. The Fed Govt pays for this. The American Healthcare Act has eliminated tax credits, reduced subsidies. Insurance will be unaffordable for many. The 1st 2 years, everyone's premiums will go up. 4. The pool of insurable people will be smaller and healthier.

With the ACA, insurance markets are inside each state. There is an Insurance Commission

which is a consumer protection agency to prevent abuses by the insurance companies, especially as regards the raising of premiums.

The American Healthcare Act will create interstate markets. There will be NO consumer protection agency. Who is going to regulate the insurance companies and be the watchdog? This part of the bill is blatantly about saving/making money as opposed to saving lives.

2. Medicaid - Current new proposals

1. Medicaid expansion was supposed to be mandatory in the ACA, but somehow states could choose. 31 states took the Expansion (of these only 5 had Republican Governors.)

The others (including NC) did not take the Expansion.

2. By 2020 the Expansion will be gone in all the states.

3. NC's story. The NC legislature passed a law in 2013 that Medicaid could NOT be expanded in the state. Gov Cooper has asked the the Medicaid Expansion. The Gov may have the authority to amend the application to get around the "law." Also in NC, there is a legislator who is pushing the privatization of Medicaid.

4. Medicaid is currently funded by the Fed Govt. American Healthcare act would provide "block grants" which are based on how many people (per capita) qualify. This means that if there is a recession, there are no funds for those who begin to qualify (because they have now lost their income).

Issues:

In the 30's, insurance policies were primarily attached to employment with employers providing it. In the present, this is no longer true.

Why was the ACA such a hard sell? The anti-ACA promoters got their language and their objections into the Media which then continually disparaged the ACA, used dire predictions of its

inevitable failure, didn't report successes, etc. It's easy to disparage and tear down with the right

language. You need those 2 or 3 coordinated phrases that work. ("Liberals just can't seem to get them!")

Other aspects include some ideas like to have health care you have to be able to afford it. If you can't afford it, it's your problem. Why should I pay for someone else's healthcare who's too lazy to work to pay for it.

Progressives need to make the case that healthcare is good for the whole community. In communities where there is poverty, people are stuck in those communities. They can't just move somewhere else where there are jobs and/or different healthcare options. Need to teach that everyone needs to participate, to communicate ethics, community, taking care of others is a good thing for those cared for AND those who do the caring.

The TAX cuts proposed include the following:

- 800 billion cut in Medicaid
- 600 billion tax cut for the corporations.
- This needs no explanation, but should be focused on. Taking 800 billion from the people via healthcare costs and giving it to the rich.

Basic Issue is that the American Healthcare Act is not about healthcare!!!!!!

3. Medicare for All (healthcareforallinc.org - resource for information, action) - Dr. Kotch went on to discuss the option of healthcare for all, sometime referred to as "single payer" or as someone said, "socialism." It is not surprising that the healthcare for all model is not used in the US because, as was emphasized at the beginning, so far the country's leaders have been able to focus on how to make money and not on how to provide for the well being of its citizens. His organization - Healthcare for All views the Canadian model as a good one. It would cost less and provide for the well being of all.

Legislative Update

Anita Earls, Southern Coalition for Social Justice (SCSJ)

Anita gave extended explanations of the gerrymandering and voter suppression efforts of the NC legislature, going forward). Go to <http://www.southerncoalition.org> - for information.

Here are some details Anita presented when answering questions from the group:

1. There may be 28 additional districts that need to be re-drawn. These districts are believed to have been packed. Used the same rationale used for #1 and #12. Questions of whether party affiliation can be used. There is no time frame on this issue as of yet. If there are changes, possible special election Fall 2017.

2. Presently there is a case in Wisconsin involving a challenge from the League of Women Voters in which using party affiliation is charged. Is partisan gerrymandering unconstitutional?

The state constitution uses a “whole county” rule. This case could affect gerrymandering in other states, including here.

3. The 4th Circuit Court rejected the Voter ID (et al.) laws of NC, but Supreme Court didn't hear it. NC legislators saying that leaves them free to make a new law. Also possible for them to attach a voter ID rule to another piece of legislation. Keep an eye out!

4. The SCSJ is looking for people who didn't have ID's in 2016 and who tried to vote and didn't succeed or those who were afraid to try to vote.

5. Another issues is the incarcerated populations. Are they counted in the counties where they came from?

6. Census issues will be impacted by where the incarcerated people are listed as voters. If a person checks more than one box (white, African American, Native American) the date can still be used to identify identity for purposes of civil rights enforcement.