



'Treasure & lives' at stake as states fight for guaranteed health care

Dispatcher: 911, what's your emergency?

Caller: America's healthcare system is broken and people are dying! (ambulance siren)

Welcome to Code WACK!, where we shine a light on America's callous healthcare system, how it hurts us and what we can do about it. I'm your host, Brenda Gazzar. This time on Code WACK! How do the results of the midterm elections affect the prospect for state-based single payer healthcare systems? Will state governments continue to subsidize the private insurance system and defend the status quo as we lose money and lives? To find out, we recently spoke to Michael Lighty, president of Healthy California Now, a statewide coalition dedicated to winning single payer, Medicare for All in the Golden State. He was also the healthcare constituency director for Bernie 2020. This is the second of two pods about the election results with Mr. Lighty.

(5-second music stinger)

Welcome back to Code WACK! Michael.

Lighty: Thank you so much Brenda. It's great to be back.

Q: President Joe Biden has always supported the Affordable Care Act, but Medicare for All, not so much. Do you think the Biden administration will be receptive to supporting state-based single payer systems?

Lighty: I do think the Biden administration will be receptive to state single payer systems, in part because the states that might very well, you know, request it like California are very politically powerful and he can't really be, I don't think, in a position to say no to a state like California, particularly one that's obviously at the center of national politics... If these blue states want to do this, it's very difficult for a Democratic president to say, 'no, you can't,' cuz it's not in his political interest and it certainly could undermine his support in '24.

Q: Got it. Let's talk briefly about states with active Medicare for All campaigns. In light of the midterm elections, what's up with the New York Health Act?

Lighty: The New York Health Act is definitely going through kind of a transformation because the historic author, Richard Gottfried, has retired from the New York Assembly and despite a majority of the democratic members of both the Assembly and the state Senate there co-sponsoring it last session, it was not brought to a floor vote and what emerged was a very significant level of opposition from particularly the public sector unions. So it turns out many of those are the uniformed services, so particularly police, to some extent firefighters, but there's also opposition from the Municipal Labor Council in New York City, which is embroiled in its own negotiations with the New York (City) mayor over retiree health and the move to put all New York City retirees into Medicare Advantage plans, and that's obviously the wrong approach from an advocate's point of view. So there's a kind of interlocking currents around these issues with labor at the center of how you're going to address the continuing costs for active workers and how that's going to impact wage increases.

There's also an effort on the part of some unions to try to go after hospital costs and the contracting practices of hospital systems vis-a-vis union trust funds and that gets thrown into the mix as well and those approaches are again seen as an alternative to the New York Health Act, when of course the New York Health Act will be a much more efficient approach to it so there's quite a bit of crosscurrents with labor at the center.

Q: What about MassCARE, Massachusetts' Medicare for All campaign, which puts single payer on the ballot in 20 districts as a non-binding policy question. It passed in all 20 districts, by the way. What do you think of that strategy?

Lighty: Well, MassCARE has done this, I think, this is at least the second round, maybe more, of these district-based initiatives and this time it was more ambitious, I think, and very effective. It basically puts pressure on the state reps in particular, or the Congressional reps from that area to say, look this is a vote of the constituents. It may be non-binding, but if you want to know where your constituents as opposed to your donors stand, here it is. And it's a great tool to express popular support and to put the politicians on the hook.

And accountability for politicians to voters on key issues is ultimately the best way we can counter corporate money. And if it's going to be a question of the healthcare industry donors or the hospital system CEOs, which of course are also usually opponents of single payer versus what their constituents want and they know they're going to be primaried or challenged politically on this question if they don't adopt the popular position, then I think it matters. And so that two-step, I think, is kind of crucial to the ultimate success of the approach. Yeah, put down the marker of popular opinion in favor of single payer, Medicare for All and then hold them accountable directly and then if that doesn't work, go after them electorally.

Q: Right. Do you know if any other states have done that?

Lighty: Well, you know, essentially at the district level, non-binding initiatives or referenda, I don't know that other states have done it. Some states have done statewide initiatives – like you could talk about the Oregon Measure 111 is kind of a version of that at the state level, right, where they're establishing health care, universal healthcare is a human right, a very straightforward statement.

The legislature put that on the ballot and you know, it's the same kind of exercise where you're basically saying, 'okay, let's have the voters express their position on this issue' – much better in Massachusetts because it was explicitly, you know, improve Medicare for All Referenda. In Oregon, it's a little squishier – universal health care is a human right, but again, if it's a right, how can it be conditioned by what network you're in or what insurance company you have or you know, how much you can afford in a co-payment or how high your deductible is.

I mean, if you really want to get down to it, a right cannot be based upon your ability to pay, which is what the current system does in terms of access to healthcare services. So you can certainly, I think, argue that the Oregon referendum

sets the table right and is a strong expression of popular will. There may be other states that have done that as well. I'm not remembering them off the top of my head. I think what's the difference with a district-based strategy like MassCare, is that you can hold specific elected representatives to the opinion of their constituents and failing to adopt the opinion of their constituents can have electoral consequences.

An editor's note, measure 111, which adds the right to affordable health care to Oregon's state constitution has passed since we conducted this interview.

Q: What about Whole Washington, the Washington state campaign for Universal healthcare? I understand they didn't get enough signatures to put an initiative on the ballot in 2023, but all their endorsers and co-sponsors won reelection. Is that a good sign?

Lighty: Well, it's a good, good sign that their supporters, the co-sponsors won reelection. I think there is a kind of a strategic difference within advocates in Washington state over whether the legislature or the ballot is the most productive route to achieve single payer. Generally, though, the Whole Washington effort is hugely motivated by activists and very engaged and committed activists, right, who conduct the signature-gathering campaign and really I think to their credit, keep the flame alive and keep that issue in the public mind. But it's difficult to do as a volunteer operation to actually qualify an issue for the ballot is not easy and qualifying one for an off year like 2023 might not have been the most strategic time to do it cuz the electorate in 2023 is potentially smaller so like a presidential electorate in 2024 would probably be more sympathetic.

But again, you got to build a broad coalition. It didn't look like they had, I don't know certainly in California, if you could pass, I'm certain you couldn't pass an initiative without overwhelming labor support and I suspect that's also true in Washington state. So there's got to be a coming together, I think of this extraordinary activist base there and the labor movement and a coalition of organizations and when you have in any state, a division between the natural allies, the advocates, right? You've got one group of advocates who want to pursue this course or another group that wants to pursue an alternative course and you don't have labor clearly on board that— what history teaches us with state single payer initiatives – will not succeed.

Q: Got it. Let's talk about California. Gov. Gavin Newsom won reelection by a landslide, but unlike his previous run, he never even whispered Medicare for All. Do you think the governor still cares about this issue?

Lighty: Well, I mean, I think we can take some indication from the Healthy California for All Commission, which was the universal healthcare commission coming out with a report so favorable to single payer financing. He then got in the budget money for consultants and staff to engage with the Biden administration to begin informal discussions on federal support for a California single-payer program known as the waiver process. So those are indications, those are substantive indications that there is movement on the issue and obviously his Department of Health and Human Services Secretary Dr. Mark Ghally was instrumental in driving that favorable commission report, which showed such significant savings up to \$158 billion a year for California by 2030.

So there are indications clearly that substantively in terms of staff and personnel and policy, that the governor is still moving in that direction. But I do think the fight ultimately now turns to the legislature and that, yes, what is the Newsom administration going to negotiate with the Biden administration in terms of the federal support for California, but most especially, what kind of program is the legislature going to adopt that will ultimately be put on the ballot?

Q: Michael, your executive director of the Healthy California Now Coalition, which is mobilizing labor and community groups to win guaranteed health care for all Californians. What can you share about the Coalition's agenda for 2023? Have the midterms affected your political calculus?

Lighty: Well, we're really committed to this process of generating legislative support for the waiver negotiations, publicizing the savings calculator on HealthyCA.org, which shows California families saving \$5,000-\$9,000 a year on average. Ninety percent of Californians who do the calculator save substantial money, even Californians on Medicare save an average of over \$5,000 a year. So this is real. You combine those individual savings with the level of savings that are generated for businesses, for state and local governments. You're talking about a huge boon to the California economy and a direct response to high inflation. Healthcare inflation is higher than general inflation. You're going to see double digit increases in healthcare premiums, maybe as high as 20%, and that's not going to change any time soon. Probably get worse. Employers are going to shift costs to workers. State government is going to be looking at how they can save money on public health programs.

Wages for union members are going to be under pressure because of increasing healthcare costs and single payer solves it all. And so that's a key message that we

want to get out there, is that you want a response to inflation? You want to save California families thousands of dollars? This is the best way to do it.

So what we want to do is we want to build the organizational coalition, what it really takes, you know, get those folks at a table and really come to consensus about what it is we want to see as single payer in California... We need to see greater collaboration between members of the legislature and advocates. We need to see a broad advocates table with labor at the center of it to actually move the program to the legislature.

Q: Thank you. Is there anything else you want us to know about the political landscape in the states when it comes to healthcare reform?

Lighty: Well, the question is, I think for elected officials at all levels of government is are they going to continue to subsidize the private insurance system and not control costs in any meaningful way as people have less choices in health care and less ability to afford it or are they going to actually reach the solution? And it's not, it's really, it's crunch time to take on the deep pockets in the healthcare industry who have spent millions of dollars in this last election... I mean these medical industrial complexes, we would call them, the insurance companies, the pharmaceutical companies, the dental association, the hospital systems, right? They have spent millions of dollars to defend the status quo, which only benefits them as it costs all of us more and more in terms of treasure and lives. And will the Democrats break from the insurance companies? Will they no longer be in the pocket of a healthcare industry that is murderous and costly? That is the political moment we're in.

(5-second stinger)

Thank you, Michael Lighty, Do you have a personal story you'd like to share about our 'wack' healthcare system? Contact us through our website at heal-ca.org.

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