

**Subject:** Report on White House Health Care Summit by HR 676 Supporter Oliver Fein, MD

Greetings from GMV SPAN: Here is a fascinating account of Dr. Oliver Fein's recent experience at the White House Health Care Summit convened by President Obama. Dr. Fein is the President of Physicians for a National Health Program, a long established professional organization advocating publicly funded health care coverage\*\* for all Americans.

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### **The White House health care summit By Oliver Fein, M.D.**

Thanks to many grassroots activists and physicians who called the White House and threatened to demonstrate outside its gates, I was at the Health Care Summit at the White House on March 5 along with Rep. John Conyers Jr. (D-Mich.). And it was good thing. It meant that the single-payer position was recognized as one pathway to health care reform. It also meant that one of our concerns was present: namely, that any health care reform<sup>20</sup>that includes the for-profit, private health insurance companies will fail to provide universal coverage, will not be able to reduce health care costs, and will increase the number of underinsured. It's important to note that there were others at the summit who are known to be sympathetic to single payer, including some past and present co-sponsors of H.R. 676 and Sen. Bernie Sanders of Vermont. (More on Sanders below.)

That said, it is true that the summit was carefully choreographed. The opening plenary featured Travis Ulerick, a 24-year-old firefighter from Dublin, Ind., who had sponsored a "health care community discussion" (house party) in his fire station in December. He read off the names of six other people who had hosted similar house parties who had been invited to participate in the summit. Ulerick called attention to a booklet, "Report on Health Care Community Discussions," which was distributed to all summit participants. It focuses on cost, access, quality and system performance as the major problems facing the American health care system. As solutions, it offers creation of a health insurance exchange, reducing prescription drug costs, research and standards to improve quality and efficiency, simplification and information technology, education for wellness and the promotion of healthy lifestyles.

Interestingly, in the middle of the report, there is a box labeled Single-Payer System, which states: "Over one -quarter (27 percent) of the groups discussed the merits of a single-payer system, and the majority of those groups supported this idea. These groups argue that this radical change was a necessary step for reform."

President Obama then spoke about the urgency of the problem, focusing heavily on the need to rein in skyrocketing health care costs that are straining the budgets of families, businesses and federal and state governments. Health care reform is "not just a moral imperative, but also a fiscal imperative," he said. He warned "special interests" not to stand in the way of reform and then dispatched the assembled group with "Let's get to work."

The approximately 150 participants were then split up into five breakout groups. I conferred with Rep. Conyers, author of H.R. 676, the major single-payer bill in the House of Representatives, about what

we might be able to accomplish during the breakouts. He was assigned to Breakout Session One, chaired by Melody Barnes and Bob Kocher, the principal staffers who had organized the summit. I was assigned and attended Breakout Session Two, chaired by Valerie Jarrett, a senior adviser to the president, and Ezekiel Emanuel, an oncologist and former bioethicist for the NIH, now one of the chief health care advisers in the White House.

My panel had four senators: Robert Bennett (R-Utah), Christopher Dodd (D-Conn.), Bernie Sanders (I-Vt.) and Debbie Stabenow (D-Mich.); nine House reps: Roy Blunt (R-Mo.), Michael Burgess (R-Texas), Donna Christensen (D-VI), Nathan Deal (R-Ga.), Rosa DeLauro (D-Conn.), Steny Hoyer (D-Md.), Buck McKeon (R-Calif.), George Miller (D-Calif.), Tim Murphy (D-Pa.); and the following constituency representatives: John Engler (National Association of Manufacturers), Jeff Kindler (Pfizer), Chip Kahn (Federation of American Hospitals), Eric Whitaker (University of Chicago Medical School), Debra Ness (National Partnership for Women and Families), Fredette West (Racial and Ethnic Disparities Coalition), Ed Coyle (Alliance for Retired Americans) and Scott Hersey Reed (PICO – a faith-based organization).

The discussion in my breakout group was relatively unfocused. Most agreed the time and circumstances were different from 1993-94, when the Clinton health plan was defeated by special interests. The opportunity for reform now was real. The major problem was high costs and access. Solutions ranged from community health centers to malpractice reform, physician payment reform, reduction of medical errors, wellness programs, comparative effectiveness research, and health information technology. Because no one had yet mentioned for-profit, private health insurance companies as the source of our problems, I was preparing to speak. But at that moment Sen. Sanders burst in and pointed out that private health insurance added cost but no value. He then announced that he intends to introduce a bill in the Senate resembling the McDermott bill in the House, a national single-payer program administered through the states.

The only panel member who advocated for an existing bill was Sen. Bennett. He spoke on behalf of the Wyden-Bennett bill, which would remove the tax deduction that employers who sponsor private health insurance have, thrusting everyone into the individual market, which he claims would reduce costs through market competition. He had not heard of the “health insurance death spiral,” in which the healthy pay less for premiums and the sick pay more, although he understood the concept. After an hour and half of discussion and without reaching consensus, we reconvened in the East Room of the White House, which had been reconfigured into a “theater in the round” with lectern in the middle for the president. The president had a list of names to call upon and started with Sen. Ted Kennedy (D-Mass.). He then proceeded to name the important Congressional committee chairs (Democrats) and their ranking members (Republicans). This gave each an opportunity to make a statement and/or ask the president a question.

It was clear that the main message that President Obama wanted to communicate was bipartisanship and transparency, since he avoided most of the truly contentious issues, such as an individual mandate to carry health insurance either for children and/or adults; an employer mandate to pay for coverage; a public plan to compete the private plans in a health insurance exchange; elimination of pre-existing conditions exclusions from private health insurance; taxation of health benefits offered by employers; or permitting Medicare to negotiate with pharmaceutical companies for drug prices. These are all issues left for discussion and resolution within Congress. While this is the opposite of the Clinton administration’s approach, the president may be seeking to lay a broad foundation for making hard choices in the future.

Besides the lawmakers, it is interesting to note which organizational leaders he called on to make statements. These included Karen Ignagni, president of America’s Health Insurance Plans; Dan

Danner, president of the National Federation of Independent Businesses; and Ted Epperly, president of the American Academy of Family Physicians. A few other audience members were called on for statements, including Fredette West, president of Racial and Ethnic Disparities Health Coalition, and Irwin Redliner (a recently mentioned candidate for U.S. surgeon general) from National Center for Disaster Preparedness at the Columbia University Mailman School of Public Health. What was my role in all of this? Despite my best efforts, I was unable to make a public statement at the meeting, although thanks to the PNHP staff in Chicago we were able to distribute my prepared remarks to the media while the summit was under way. Our staff member in Washington, Danielle Alexander, also handed out hard copies to summit participants as they left the White House..

I took the opportunity to talk one-on-one with six senators and seven representatives and suggested that if their committees held hearings on health reform, at least one or two single-payer advocates should be included on the hearing panel. I also said that single-payer bills like H.R. 676 should be compared with all other proposals for health care reform by the Congressional Budget Office. There was considerable receptivity to these ideas among some of the Congress members. We will pursue these leads.

The media took great interest in the successful battle by Rep. Conyers and myself to get into the summit, with stories in the Congressional Quarterly, The Wall Street Journal, and The New York Times, among other places. We have also been able to get the single-payer message out on radio, with myself and Drs. Walter Tsou, Steffie Woolhandler, David Himmelstein and Quentin Young, among others, being invited to appear on the air, often on programs with national reach. This was a plus.

***In sum, I came out of the White House Health Care Summit with conviction that single payer – that is, publicly funded, privately delivered health care, which removes the wasteful for-profit, private health insurance companies as middlemen, remains the only solution that can guarantee access to comprehensive, quality health care with choice of doctor and hospital, and reduce overall cost. Single-payer, an improved and expanded Medicare-for-All, is the gold standard against which all other proposals for health care reform should be measured.***

***Advocates need to focus on Congress during the next few months. We need to make the case that co-sponsorship of H.R. 676 raises its legitimacy as a gold standard, and that single-payer advocates should be called to testify at congressional hearings.***

Oliver Fein, MD

**\*\*Publicly funded, privately delivered health care. or single-payer health care coverage is NOT socialized medicine.**