

Health Care Is A Right!

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Rankings: The U.S. is falling behind

Since 1986, when the Coalition was formed, the U.S. has been falling behind other nations on some important health care fronts:

Infant mortality: Behind 21 other nations then, behind 27 now.

Life expectancy: Behind 15 other nations then, behind 24 now.

Coalition's Legislation Reintroduced

Now called "Wisconsin Health Security Act"

It was among the most powerful press conferences that the Coalition for Wisconsin Health has ever helped to organize: On October 20, the Coalition's

universal health care legislation was reintroduced for the 2005-06 session at an event led by Sen. Mark Miller of Monona and Rep. Chuck Benedict of Beloit, a

retired physician.

The Wisconsin Health Security Act (WHSA) was introduced in each house, as Senate Bill 388 and Assembly Bill 807. The WHSA is similar to the Coalition's legislation from previous years, the Wisconsin Universal Health Plan (WUHP). SB 388 and AB 807 have about double the legislators sponsoring them than the WUHP had in the previous legislative session.

Businessman Daniel Guerra, Jr., Chairman of the internet company Argus Innovations, spoke about the value of universal health care to small

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Sen. Miller addresses reporters. Behind him, from left to right, are farmer Amanda Killian; three medical students; businessman Daniel Guerra, Jr.; and Rep. Benedict.

Wanted: Personal Stories

The moving family stories recounted at the Oct. 20 press conference by farmer Amanda Killian of Blair showed how our cause can be helped if politicians hear personal details behind the many grim statistics

about health care in the U.S. Therefore, the Coalition is gathering as many stories as it can from people across Wisconsin who have experienced crises due to a lack of insurance or inadequate coverage. A volunteer, Jim

Kellerman, will be collecting these narratives. Contact him at 608-204-9273 or jimkellerman@charter.net.

As an example, we offer the story of Marjorie

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Bill Introduced (continued from page 1)

employers. Sen. Miller affirmed that point.

“This legislation is not only about individual health, it is also about the health of our state economy,” Miller said. “A comprehensive health care system will reduce costs to employers and will encourage entrepreneurs to start businesses in Wisconsin.”

Amanda Killian, a farmer from Blair, WI, told how health problems almost cost her mother their family farm, and that even after she and her husband turned it into a very successful operation, they still can’t afford health insurance.

UW medical student Meghan Pesko talked about striving to provide care to people without insurance, as did Rep. Benedict.

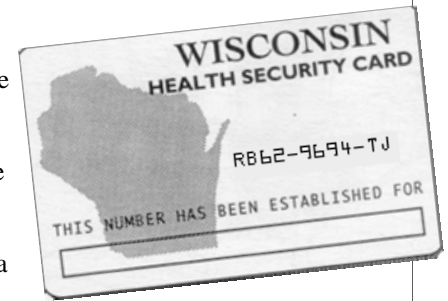
“I have had first hand experience with patients who cannot afford adequate care. These are hard working people who deserve to be treated at the same standard of care that wealthy people expect,” said Benedict, a neurologist at Beloit Memorial Hospital for 19 years. “People need to know they can go to a doctor if they are sick and have peace of mind that they won’t lose their homes or find themselves or their families under a mountain of debt due to medical bills.

We should not be asking working families to choose between seeing the doctor and a mortgage payment when they are sick. People need health security.”

See page 5 for an article summarizing the media coverage resulting from this press conference.

Speaking for the Coalition was chair Art Taggart, Executive Director of the Epilepsy Foundation-South Central Wisconsin. Other organizations represented at or helping with the press conference were the Service Employees International Union’s Wisconsin State Council, Wisc. Citizen Action, Wisc. Farmers Union, Wisc. State AFL-CIO, the Milwaukee Chapter of the ACLU, Wisc. Gray Panthers, National Association of Social Workers Wisc. Chapter, Wisc. Council on Children and Families, Coalition of Wisc. Aging Groups, Lutheran Office for Public Policy in Wisconsin (ELCA), Wisc. Coalition for Advocacy, the Mental Health Association in Milwaukee County, and Physicians for a National Health Program.

Joining Sen. Miller and Rep. Benedict as legislative sponsors are Sen. Tim Carpenter of Milwaukee, Sen. Judy Robson of Beloit, Sen. Bob Wirsch of Pleasant Prais-



rie, Sen. Jon Erpenbach of Middleton, Sen. Fred Risser of Madison, Rep. Frank Boyle of Superior, Reps. Jason Fields, Tamara Grigsby and Fred Kessler of Milwaukee, Rep. Mike Sheridan of Janesville, Rep. Sody Pope-Roberts of Verona, and Reps. Terese Berceau, Spencer Black, Joe Parisi and Mark Pocan of Madison.

SB 388 was assigned to the Senate Committee on Health, Children, Families, Aging and Long-Term Care, which is chaired by Sen. Carol Roessler of Oshkosh. AB 807 was assigned to the Joint Committee on Finance, which is co-chaired by Rep. Dean Kaufert of Neenah and Sen. Scott Fitzgerald of the Town of Clyman in Dodge County.

Go to the Coalition’s internet home page, www.wisconsinhealth.org, to read the legislation and a summary, as well as to access links for tracking the bills’ progress and seeing which entities are lobbying for and against them.

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Monthly Membership Meetings

CWH membership meetings are typically held at the Social Justice Center in Madison, where the Coalition has its office, from 1:00 to 3:00 on the third Thursday of each month. The address is 1202 Williamson

Street, at Few Street.

Meetings are open to all interested parties.

Agenda and minutes are among the e-mail messages posted to our Yahoo.com listserv. If you would like to join this Yahoo group,

send a message to

WiscHealth@aol.com.

If you would like the agendas and minutes sent to you via the U.S. Postal Service, call the Coalition office at 608-663-8322.

Next Major Forum: Oshkosh?

Our previous issue's cover story was on the Coalition's major forum in Beloit for Cover The Uninsured Week during early May, and planning is getting underway for the 2006 event. This time the Coalition is looking to Oshkosh.

Tasks will include finding a suitable venue, determining the forum's format,

recruiting a keynote speaker, and publicizing the event.

Anyone interested in helping to plan for the next Cover The Uninsured Week or who would like to be notified about events that are eventually scheduled for that week should phone the Coalition office at 608-663-8322 or send e-mail to

WiscHealth@aol.com.

In the meantime, the Coalition will continue to send speakers to address groups and take part in forums all across the state. In addition to providing or identifying speakers, the Coalition is happy to assist groups during the planning of forums and other events on health care reform.

Petition Drive Thriving

Coalition members had gathered about 1,500 signatures when the story about our petition drive appeared in our summer newsletter, and we are thrilled to report that in the last few months this sum has jumped to more than 4,300!

A partial list of individuals across the state who have demonstrated a strong commitment to obtaining signatures includes John Bettinger of Green Bay; Jane Truscott of Eau Claire; Valice Payton-Gross of Madison; Robert Petty of La Farge; and Diane Fox, who circulated the petition at the Lancaster Dairy Days Breakfast. We have also received petitions from organizations and institutions, such as Duluth/Superior's Lake Superior Community Health Center, Sacred Heart Catholic Church in Reedsburg, the Ashland/Bayfield County League of Women Voters, and a new Coalition member organization, the Community Clinic of Door County.

The champion, however, is Coalition executive board member Roger Chapman of

Oregon, who has gathered hundreds at public events across the state.

Roger was the guest of honor at a recent Coalition fundraiser (see story on the next page).

As a result of all this success, we would **welcome a volunteer** to enter information in a computer document, to keep up with a growing list of petition signers who've checked the "Keep me informed" box. That volunteer wouldn't necessarily have to live in Dane County; we could mail the petitions to him or her.

The petition reads: "I call on the people of Wisconsin and the State legislature to create a single payer system of universal health

insurance that provides all Wisconsin residents with comprehensive coverage (including prescription drugs, long term care and freedom to choose doctors and other health care professionals). It would be

funded through an insurance trust fund that uses both public and private monies that are currently spent for health care in Wisconsin. The financing for the program would be more cost efficient than the present system."

The petition can be printed from our website, www.wisconsinhealth.org.

People can also add their name to the petition via e-mail by sending their name and street address to WiscHealth@aol.com.



In just a few months, the number of signatures Coalition members have gathered in support of the Wisconsin Health Security Act has almost tripled.

Fundraising Event a Success

The Coalition held a successful fundraising event in October. The evening was dedicated to Roger Chapman, who currently serves on the Coalition's Executive Board and was mentioned as the #1 petition circulator in the article on page 3.

Organizational sponsors included Access to Independence; Church Women United in Wisconsin; Dane County Democratic Party; Dane County SOS Senior Council; Epilepsy Foundation South Central Wisconsin; Gray Panthers of Wisconsin; Latinos United for Change and Advancement (LUChA); Lutheran Office for Public Policy in Wisconsin; The Madison Institute;

Wisconsin Citizen Action; Wisconsin Democracy Campaign; Wisconsin Jewish Conference; and Wisconsin United Methodist Federation for Social Action.

Individual sponsors included Congresswoman Tammy Baldwin; Mary Anglim; Dr. Ann Behrman; Wayne Bigelow and Carol Brooks; Jim Cavanaugh, South Central Federation of Labor; Joe Boos; Mary Brody; Barbara Busca; Dr. Sue Carson; Nan



Roger Chapman, left, talks with Midge Miller as Dave Zweifel looks on.

and Dave Cheney; Frank Emspak; Ed and Betty Garvey; Dr. Jay and Sabrina Gold; Robert Kimbrough; Dr. Robert and Cornelia Klein; Karen March; Dr. Laurel Mark; Debby Anderson Meyer; Midge Miller; Dr. Bea Murray; David Newby; Ted Shannon; Connie Threinen; Alfonso Zepeda-Capistrán; and Dave Zweifel.

Music was provided by The Ethnic Connection, and the Raging Grannies (pictured at left) sang satirical songs. The event was held at Madison's Cardinal Bar.



Roger Chapman of the National Spinal Cord Injury Association's South Central Wisconsin Chapter was honored at a Coalition event.

New Brochures, Bumper Stickers Available

The Coalition has just updated its basic brochure, and we would be happy to send stacks to people around the state. Some members have been able to place our brochures in health clinics and small businesses, while others distribute them at forums and other public events. For the first time we are making

our brochure available on our website, www.wisconsinhealth.org.

We also offer bumper stickers that read "Health Care For All." If you would like us to send you some brochures or bumper stickers, call the Coalition office at 608-663-8322 or send an e-mail message to WisHealth@aol.com.

Coalition for Wisconsin Health

Mission: People first in health care

1202 Williamson Street
Madison, WI 53703
608-663-8322
www.wisconsinhealth.org

Newsletter production: Rich Bogovich, Katie Wenban

Sending Speakers Statewide

The Coalition strives to provide speakers at forums all across the state, and by letting members and supporters know about recent presentations we hope to stimulate ideas for additional events our spokespeople can take part in.

Estelle Katz, immediate past chair of the Coalition, addressed the National Alliance for the Mentally III—Greater Milwaukee, the Milwaukee Unitarian Fellowship, and the Democratic Party of Milw. County.

Jane Truscott, a nurse in Eau Claire, made the case

for a Canadian-style health care system at a regional conference of the American Medical Student Association in Milwaukee.

Coalition chair Art Taggart made a presentation in Portage at the Coalition of Wisconsin Aging Groups District 1 fall meeting.

Paul Kusuda, a member of the Coalition's executive board, spoke to a Kiwanis group in Madison recently.

Drs. Linda and Gene Farley made presentations in Manitowoc, Reedsburg, Wisconsin Dells, Poynette, Oconomowoc, and Madi-

son. These included two League of Women Voters chapters, at two different colleges, and at a convention of the American Federation of Teachers—Wisconsin.

As mentioned in our last issue, the Coalition is still looking to enlarge its speakers bureau, and no experience is necessary—training, information, and presentation materials can be provided whenever needed. If you or someone you know might be interested in joining, please call the Coalition office.

Message in the Media

Public forums are a crucial way to inform the public about our movement and to build support. Of course, the media can reach people who the Coalition isn't able to address in person. Some day our nonprofit organization may be able to afford paid advertising, but until then it will be crucial to our campaign to get our message out via news articles, columns and letters to the editor as often and as widely as possible.

The press conference on Oct. 20 (see pages 1-2) resulted in stories on Public Radio in Milwaukee, in the *Racine Journal Times*, *Beloit Daily News*, and *Janesville Gazette* (a Capitol News Service account which may have appeared in multiple papers), on the ABC TV station in Madison, and in the *Badger Herald*, a daily paper serving the UW-Madison campus.

Our cause has also been advanced on opinion pages.



Our newsletter a year ago expressed gratitude to Editor Dave Zweifel of Madison's *Capital Times* for writing regularly about the need for Canadian-style universal health care, and he has continued to do so. See our "News/Updates" webpage for nine of Dave's recent columns. His column on Sept. 21 was entitled "U.S. Failure No. 1: No Health Insurance" and his column on August 8 stressed how "National Health Care Would Save Jobs."

Speaking of the *Capital Times*, that's just one of many periodicals in which new Coalition member Jack Lohman has had a guest column or long letter to the

editor in recent months. Jack lives in Colgate, WI and is the retired CEO of an independent diagnostic lab. He is very familiar with the runaway costs in health care but his columns also address solutions. "What's the best answer? We must implement a universal health care system much like Canada's, but without their wait times (though their wait times for urgent care are the same as ours)," he wrote in the *Capital Times* on August 9.

Jack also had columns in the *Wisconsin State Journal* on July 30, the *Milwaukee Journal Sentinel* on July 4, Milwaukee's *Small Business Times* on Sept. 16, and Milwaukee's *Business Journal* on Sept. 2, the latter written with Dr. Eugene Farley.

If you read a good column, editorial or article on health care reform in your local paper, please mail it to the Coalition office in case we haven't seen it.

The press conference unveiling the Wisconsin Health Security Act resulted in newspaper, radio, and TV coverage.

Action Across the Nation

In our last two newsletters we reported on progress toward universal health care in Illinois, Colorado, Massachusetts, Georgia, Washington, New York, Maryland, Vermont, and California. Developments in these and other states are drawing increasing attention.

In July, the Associated Press reported that measures have been introduced in at least 18 state legislatures for health care systems similar to those in Canada and across Europe. For example, in Ohio, doctors, labor unions, and religious leaders are collecting signatures to have a referendum next year on such a universal system.

“There’s no other solution out there,” said a member of the United Auto Workers in Cleveland, which endorsed the Ohio campaign. “The system we have now is immoral, it’s foundering and it’s on its

last legs.”

On Nov. 13, the *Los Angeles Times* reported that “a growing number of states — under both Republicans and Democrats — are taking steps to expand medical insurance coverage,” action it called “unexpected.”

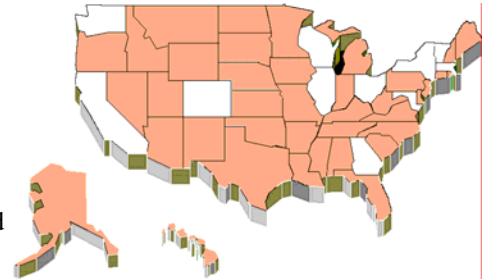
“I believe access to healthcare is a fundamental right,” Illinois Gov. Rod Blagojevich said. “I would be derelict in my responsibility if I threw up my hands and said, ‘Sorry, I can’t help you; Washington is putting a lot of pressure on the states — go blame them.’ ”

The article pointed out that the Kaiser Commission on Medicaid and the Uninsured found that 20 states increased access in recent months while only 14 reduced it. In fact, 9 of

the 20 reversed prior budget cuts, such as Texas.

Some action is going far beyond Medicaid budget moves, such as in Oklahoma. It has started subsidizing private health insurance premiums for small businesses and their employees. Funding is largely from a tobacco tax increase voters approved in 2004.

“States have not shied from controversial proposals,” the paper added, and noted that Massachusetts Gov. Mitt Romney, a Republican, is currently negotiating with legislators over competing plans to cover all uninsured residents.



“I believe access to healthcare is a fundamental right,”

Illinois Governor Rod Blagojevich has stated.

Insurance Paperwork Consumes \$1 in 5

In November you may have heard on CBS radio about a study announced by Physicians for a National Health Program, the national group our Coalition affiliated with a year ago. The study, published in the journal *Health Affairs*, found that billing and insurance paperwork consumes at least one fifth of California’s privately-insured health spending, and that if the state adopted legislation similar to the Wisc. Health Security Act it would save \$18 to \$21 billion per year by eliminating this red tape.

Projected nationally, approximately \$230 billion of health spending was de-

voted to insurance administration in 2005, with potential savings estimated between \$161 and \$184 billion from reduced billing, marketing and other insurance paperwork tasks.

The study provides strong validation of a *New England Journal of Medicine* study in 2003 by Harvard researchers Drs. David Himmelstein and Steffie Woolhandler. That study found that health care bureaucracy accounted for 31% of U.S. health spending — about \$400 billion — vs. 16.7% in Canada. The Harvard group’s figures included several categories of administrative overhead

costs that were not assessed in the California study, e.g. administrative spending by nursing homes, private employers and home health agencies, as well as health industry profits. The Harvard researchers estimated that national health insurance could streamline the health payment system, saving \$286 billion in 2003, \$6,940 for each uninsured American.

In the new study, researchers led by Univ. of California-San Francisco professor James G. Kahn analyzed administrative expenses at hospitals,

Continued on page 7

Wanted: Personal Stories (continued from page 1)

Irzyk, with her permission.

Marjorie is 25 years old, married, and lives in Wauwatosa, WI. She worked for a bank in Elm Grove for about five years, and its health insurance benefit is with Cigna. In November 2004 she was diagnosed with liver cancer and could no longer work. This was particularly rough because she wanted to continue a career with the bank and was on her way to a major promotion. She wrote:

My problem with Cigna has been going on for over a year now. Cigna has been refusing to pay several claims. For example, I had my first surgery at St. Luke's Medical Center. Cigna paid \$60,605.00, leaving me a balance of \$7,556.90. I should only have to pay 10% plus \$300.00, not to exceed \$1,500.00. This hospital and all doctors are in network. On 12/27 and 8/4 Cigna is refusing to pay for CT scans that are more than medically necessary to stage the progression of my disease. These are just a few examples. I have to call

Cigna weekly and fax them all of the time trying to correct their mistakes. Every time someone says they will call me back, they don't.

For a year following disability my employer allowed me to maintain my coverage at the normal employee rate. I was paying \$270.00 per month. During the past year I became eligible for long-term disability benefits and social security disability totaling \$1,168.00 per month. This figure is 60% of my salary pre-disability. As of November 1st of this year my husband and I are covered under Cobra extension. This means I can maintain my health insurance but I have to pay the full premium. As explained earlier, for one year I was paying \$270.00 per month. My current rate is \$900.00 per month. That rate does not include copays or deductibles. For example, I pay \$25.00 each time I see a doctor and \$15.00 for each prescription. For my last surgery I have to pay 10% plus \$300.00, totaling \$1,300.00.

How do I pay for this? I am fortunate enough to have

an extremely supportive family. No, they don't hand over cash but I don't have to worry about paying for groceries, rent, or car insurance. Plus I had to sell something important to pay for the first four months of coverage. Along with this expense came a whole new boatload of problems. Luckily my mother worked in the health insurance field for 15 years and knew how to handle such problems.

I had to contact Cobra three times for them to mail me the necessary paperwork. I didn't receive the paperwork until Oct 25th just six days before my coverage expired. I mailed the paperwork along with a check for \$3,600.00 to pre-pay me through February the very next day. Today [Nov. 3, 2005], I find out that no paperwork had been filed and in essence I had no coverage. I desperately needed a prescription filled and I had to pay full price.

I sent a check to Cobra well before the deadline. This is unacceptable, I'm paying \$900.00 a month for this and nobody could get it right.

The Coalition is gathering stories from people across Wisconsin who have experienced crises due to a lack of insurance or inadequate coverage.

Paperwork (continued from page 6)

doctors' offices and private insurance companies, separating billing and insurance costs from other administrative tasks such as quality improvement efforts.

Using conservative estimates, they found that:

- Private insurers spent 8% of their premiums on billing, marketing and other financial activities.

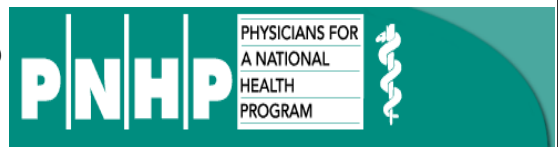
- Physician offices spent 14% of revenues and hospitals 7 to 11% of revenues on these activities.

- Overall, 21% of private health spending went to billing-related tasks, and an additional 13% of spending went to non-billing administrative functions.

- Only 66% went to

medical care.

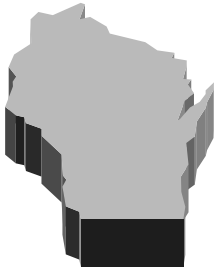
A Feb. 2005 study by the Lewin Group, a Virginia-based consulting firm, found that a plan like the Wisc. Health Security Act would save California \$344 billion over 10 years, even while providing coverage to all state residents.



COALITION FOR WISCONSIN
HEALTH
AFFILIATE OF PHYSICIANS
FOR A NATIONAL HEALTH
PROGRAM
1202 Williamson Street
Madison, WI 53703

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My organization wants to join
(\$60 for organizations)*

I am renewing a membership or
making an additional donation

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