

Our Program for 2010

Our mission and principles have remained unchanged for the last 5 years and have been barely modified during the last 15 years (see website). Our experience and persistence over the long haul are key to what we currently offer to residents of North Carolina who are interested in promoting and realizing a health care system that serves all residents and all health care needs.

Our proposal for this state's health care system was published in March 2009 and can be downloaded at <http://www.healthcareforallnc.org/resources/Brochures/OurPlanmar09.pdf>. This proposal is the most sensible economic option to be put on the table by any organization in our state. It is politically feasible now and becomes ever more so, as more working (and formerly working) people are left with fewer and fewer affordable choices for comprehensive health coverage and as small businesses are forced to drop health plan offerings to employees, or offer restricted (capped) and high-deductible plans (i.e. less health care benefits).

But what about 2010? Finally by the spring of 2010 we knew what the national health care reform would look like. The health care reform bill which will slowly come into implementation through 2017 has several aspects which will be beneficial for most working and taxpaying people in North Carolina. This is true, despite the fact, that overall we do not expect it to succeed either in cost-containment or in achieving universality in access to care. In brief the bill is best characterized as an expansion in coverage by throwing additional tax dollars at private insurance corporations. This cannot solve the fundamental problems of the system.

Most important among the positive aspects, the reform opens the door for state single-payer efforts such as that which we have been pursuing for over 15 years. Thanks to Sen. Kucinich, there is an article in the bill which will allow individual states to implement experimental plans, including Single-Payer in 2017. This is not too far away, rather it is perfectly timed. If we can build our organization and spearhead an effective educational drive in North Carolina during the next few years, we will be able to push our legislative effectively towards Single-Payer, especially as the limitations of the current reform become increasingly obvious.

There is a real opening also this year *in our state* to continue our involvement with the two commissions and legislation which will underscore the rationale for Single-Payer health care and even begin to lay some cornerstones for a state Single-Payer system. Chiefly, we: 1) continue to support and work with the NC Institutes of Medicine Commission on Affordable Access to Care for All North Carolinians and 2) to the Blue Ribbon Commission investigating possible changes to the State Employees Health Benefits. In both these cases we believe there may be opportunity to introduce proposals for combining and expanding public health care coverage, along with the administrative/financial efficiencies which are always possible by combining covered pools of enrollees and cutting out administrative overhead of corporate health care coverage middle-men.

What can chapters and individuals around the state contribute to these efforts, both those with large chunks of time available and those with a few hours a month? All success in influencing these commissions and legislation will depend on the visible support for these ideas and efforts in the general population. We will need active chapters to develop and stabilize around the state. These chapters should creatively implement local educational programs (events, speakers, new membership drives), regular activist meetings and participation in the state organization (strategizing, research, development as well as in legislative work with their local state Representatives and Senators).

Individuals should be directed first towards joining a local chapter and meeting with others who can help them pursue HCFA NC goals locally. Even where there is no current chapter being developed we can put into contact individuals interested in doing some active work (informally meeting face to face, or even just working together via email) and so establishing what might someday come to be a new chapter. Individuals can also “virtually join” one of our working committees and contribute to the work virtually, or with occasionally meeting with other interested members, perhaps in the closest HCFA NC chapter.

We have a National Presence Too. As a state chapter of Physicians for a National Health Program we continue to support national work to educate and implement a national single payer system too. We can effectively lobby our US Senators and Representatives both through their in-state offices and while they are in DC. We accomplish this through emails, phone calls and face-to-face meetings. It is crucial that they hear regularly from those constituents who understand that Single Payer is the only way to contain costs and provide coverage to all Americans.