Single-Payer Healthcare Bill Introduced in the Senate
Critics say state-run public plans 'don’t work'

As federal lawmakers push to repeal the Affordable Care Act (ACA), a state senator has introduced legislation to establish a single-payer healthcare system in California.

Sen. Ricardo Lara (D-Bell Gardens) introduced Senate Bill 562, which would establish a “universal, single-payer healthcare program” that would replace private insurance with a public plan run by the government. Lara introduced the bill as debate continued in Congress on proposals to repeal and replace the ACA.

“The health of Californians is really at stake here, and is at risk by what’s being threatened in Congress,” said Lara. “We don’t have the luxury to wait and see what they are going to do and what the plan is.” Senate Bill 562 is sponsored by the California Nurses Association, which said the bill will “set a standard for America and be a catalyst for the nation.”

Details of the bill will be worked out during the 2017 legislative session, Lara said. SB 562 does not identify a source of funding for a single-payer system but states that the intent of the bill is to “establish a comprehensive, universal, single-payer healthcare coverage program and a healthcare cost control system for the benefit of all residents of the state.”

Lara introduced his bill a few days before federal lawmakers in the House of Representatives unveiled an ACA replacement plan that would allocate a set amount of Medicaid funding for each state under a block grant system and would reduce the federal contribution toward Medicaid expansion from 90% to 50%.

"Block grant funding would be determined using a base year and would assume that states transition individuals currently enrolled in Medicaid expansion out of the expansion population and into other coverage," the plan states. “States would have flexibility in how block grant funding is spent.”
A new report from the Guttmacher Institute estimates the abortion rate in California declined more than 27% from 2008 to 2014. The report estimates that about 157,000 women in California had an abortion in 2014 compared to more than 214,000 in 2008. During that same period, the abortion rate in the United States declined by 25%. The report attributes the decline in some states to an increased use of contraception and fewer unintended pregnancies. “In general, we think fewer women are getting pregnant when they don’t want to, which means fewer abortions,” said Rachel Jones, a principal research scientist for the non-profit research institute that studies reproductive health issues. In states that have enacted stricter abortion laws, the decline was likely due to a “decreased access to abortion,” Jones added.

Regional Medical Center of San Jose and Good Samaritan Hospital are now part of the newly branded Good Samaritan Health System (GSHS). In a press release, Hospital Corporation of America said the name change will not affect operations at the hospitals, their physicians and nurses, or the hospitals’ related facilities. “We are part of the same system and the new brand makes it easier for the public to access clinical excellence at any facility within the GSHS,” said Mike Johnson, CEO of Regional Medical Center. Hospital Corporation of America said each hospital will continue…

The ACA replacement proposal would result in California losing about $8 billion of the $16 billion it currently receives from the federal government to fund Medicaid expansion, according to consumer advocacy group Health Access California. “While they promised not to pull the rug out from under anyone, their plan would cut $8 billion from Medi-Cal, imperiling the coverage of the over 4 million Californians who got coverage under Medicaid expansion,” said Anthony Wright, executive director of Health Access California. Although single-payer systems sound good in concept, they are much harder to implement, policy experts said. “Single-payer systems don’t work, period,” said Micah Weinberg, president of the Bay Area Council Economic Institute. “To make it a reality, you need everyone to take the money they spend on premiums and put that into a single payer system, and that doesn’t work in an economy where the majority of people have employer-sponsored health coverage.”

Weinberg points to a failed effort in 2014 to enact a single-payer system in Vermont, where state officials dropped the plan when they could not figure out a way to fund it. “If you can’t do it in a state that is essentially a socialist state, with fewer than 1 million people, how is it going to work in California?” said Weinberg. “A single-payer program in California would be on a much larger scale, and scale always makes things more difficult.”

Countries with single-payer style systems make it work by paying health-care workers much lower wages than those paid in the United States, Weinberg added. “In order to make it work, you would need employees to take major salary cuts,” said Weinberg. “That alone would make any single-payer health system bill a tough sell.”—DOUG DESJARDINS

Insurer Mergers May Continue Despite Recent Setbacks

Insurers are not likely to dampen the enthusiasm for future mergers in California or the U.S. Recent court decisions that blocked proposed mergers between Anthem Blue Cross and Cigna and Aetna and Humana aren’t likely to dampen the enthusiasm for future mergers in California or the U.S.

The proposed Aetna-Humana merger was rejected in January and a merger between Anthem and Cigna was blocked in February by federal court judges. In both cases, courts sided with anti-trust lawsuits filed by the U.S Department of Justice (DOJ) that contend the mergers would lead to increased premiums and fewer choices for customers. While Anthem and Cigna have appealed their ruling, Aetna and Humana announced in early February that they will not pursue an appeal.
Insurance Mergers cont.

The court decisions were a major setback for insurance industry consolidation, but aren't likely to prevent future merger proposals. Every merger agreement is different, said Gerald Kominski, director of the UCLA Center for Health Policy Research.

“Mergers are always judged, in my experience, on the merits of the specific case and I don’t think it’s possible to generalize about whether mergers are more or less likely as a result of these behemoths being blocked from merging,” said Kominski. “I think, in general, that when giants want to merge, regulators get skeptical about the benefits of reducing competition.”

Not all insurer mergers are destined for failure, as evidenced by federal and state regulators’ approval in 2015 of the $6.3 billion merger between Centene Corporation and Health Net. Although that merger was large, it was nowhere near the scale of the proposed $48 billion Anthem-Cigna merger or the $34 billion proposed merger between Aetna and Humana.

“These are four of the biggest health insurers in the country, so I don’t draw any conclusions other than the government doesn’t want to reduce competition in the employer-sponsored market and Medicare Advantage market by allowing mergers of companies that already have considerable market share,” said Kominski.

Anthem and Cigna have decided to appeal the February 8 ruling from U.S. District Court Judge Amy Berman Jackson that blocked the merger. In her ruling, Jackson said the merger would reduce competition in dozens of major insurance markets, including California, where Anthem and Cigna have more than 8.2 million policyholders combined. On February 22, the U.S. Court of Appeals for the District of Columbia granted Anthem’s motion for speedy appeal and scheduled oral arguments to begin on March 23.

Aetna and Humana opted not to appeal a January ruling from U.S. District Court Judge John Bates that rejected their proposed merger. In a statement, Aetna CEO Mark Bardolino said that “while we continue to believe that a combined company would create greater value for healthcare consumers through improved affordability and quality, the current environment makes it too challenging to continue pursuing this transaction.”

The failed merger carried a high price for Aetna, which must pay Humana a $1 billion break-up fee as part of their original merger agreement. If an appeals court upholds the ruling that blocked the Anthem-Cigna merger, Anthem will be on the hook for a $1.85 billion break-up fee payment to Cigna.—DOUG DESJARDINS
measure scheduled for June, Faith said. Under the preliminary management agreement, Paladin would continue to honor all union current contracts and would pursue a long-term lease agreement.

Nurses at Los Angeles Medical Center have reached a tentative agreement on a new contract with hospital owner Kaiser Permanente. According to a February 17 report in the Los Angeles Times, the tentative agreement calls for nurses represented by the California Nurses Association (CNA) to receive a pay raise along with additional overtime benefits and professional support. Kaiser Permanente confirmed that a tentative agreement had been reached but did not comment on the agreement, which must still be approved by nurses. The CNA currently represents more than 1,200 nurses at Los Angeles Medical Center and the union has been in contract negotiations with hospital management for more than 17 months.

The Palm Drive Health Care District is considering the sale of Sonoma West Medical Center to a company based in Florida. According to a report in the Sonoma West Times & News, the Palm Drive Health Care District approved a letter of intent submitted by Americore Health, a company based in Fort Lauderdale that has management contracts with hospitals in Kentucky and Tennessee. The company plans to add new services at the

CONTINUED ON PAGE 5
hospital, including telemedicine and substance abuse treatment, said Americore founder Grant White. Under the agreement, Americore will take over management of less than 50% of the hospital in the coming months and provide funding for Sonoma West, which is having financial problems. Any sale of the 25-bed hospital must be approved by healthcare district voters. Sonoma West Medical Center opened in 2015 after it was shut down in 2014 under its former name of Palm Drive Hospital.

- HealthCare Partners and Cigna have entered an agreement to offer HMO plans to companies with 100 or more employees in the Los Angeles area. The HealthCare Partners Select HMO plan will be offered to Los Angeles area employers beginning April 1 and will be “a departure from traditional fee-for-service care,” according to a joint press release. HealthCare Partners and Cigna already offer a similar HMO plan to employers in Orange County through St. Joseph Hoag Health and in San Diego County through Scripps Health. “This new alliance is an extension of our earlier collaborations with HealthCare Partners,” said Gene Rapisardi, president and general manager of Southern California and Nevada markets for Cigna.

- A healthcare firm said that it offered to purchase Gardens Regional Hospital and Medical Center before it shut down in January but that its purchase offer was ignored. Gardens Regional officials countered that Le Summit Healthcare LLC didn’t provide enough proof that it would financially be able to carry out the purchase, according to a February 22 report in the Wall Street Journal. Officials from Los Angeles-based Le Summit told U.S. Bankruptcy Court Judge Ernest Robles that they are still willing to purchase the hospital out of bankruptcy and obtain the license and permits necessary to re-open the safety net hospital located in Hawaiian Gardens. The 137-bed, not-for-profit hospital filed an emergency motion to shut down on January 17 after its purchase agreement with Strategic Global Management fell through.

- Oroville Hospital evacuated patients from the first floor of its hospital on February 13 as a precautionary measure to protect patients from a possible flood below the Oroville Dam. According to a February 13 report in the Los Angeles Times, Oroville Hospital CEO Robert Wentz said hospital officials acting “out of an abundance of caution” to prepare for a potential spillway break at the Oroville Dam. More than 180,000 people were evacuated from communities below the Oroville Dam when it was discovered that the main reservoir behind the dam had reached capacity and the spillway used to drain the reservoir was severely damaged, conditions that created the potential for a dam break and severe flooding.
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