**Granite State PNHP**

**Agenda, February 17, 2015**

1. Review January minutes -
2. House Bill 686 - ~60-75min
	1. Status: Rep McNamara – 5min
	2. Reflections: 5 min each
	3. Study Commission: 10min
	4. Talking points for Rep McNamara – 10min
	5. Next steps: 15min
3. Speakers’ Bureau ~10min
	1. Content - 5min
	2. Soliciting venues – 5min
	3. Managing
4. Membership – 10min

Attending:

Dick McNamara

Ahmed Kutty

Dave Ecklein

Cosy Santiago

John Swartz

Gary Sobelson

Camilla Jones (on phone)

Camilla:

* Offers to include HB686 in the slide show

Dick McNamara:

* The Democratic caucus will discuss the bill in advance
* On the agenda to speak against the ITL; a Republican (likely Pam Tucker) will like speak for the ITL
* The “PI” (parliamentary inquiry) will then summarize the two sides in 1 sentence – Ed Butler will present the case against ITL
* The vote will either be voice or “roll call”
* Dick proposes that next year we bring a Study Commission bill in with enough time cushion to improve it with Legislative Services
* Greg Moore (Americans for Prosperity) did NOT submit any written comments

Jim:

* Because the reps will likely vote along Party lines, Dick should say:
	+ This is NOT Socialism; this will save money in the long run. We will simply have to pay for health care in a different fashion
	+ We have a health-care crisis in this state. If this bill is not to the liking of the reps, then let’s sit down and come up with another solution. Here are doctors who know that the system is broken, and want to help “do the job” to fix health care in NH
	+ In the caucus, Dick can discuss the myths.
* What is the STRATEGIC PLAN for Single-Payer in NH?
	+ We will need the support of the Governor
	+ We will need the support of the Democratic Party
	+ We will need the support of major medical organizations
		- NHMS
		- NHHA
		- NH-AFP
	+ Consider bringing national speakers to address the next Committee Hearings
	+ Consider fund-raising

Ahmed

* This is not a government take-over. This is a public financing of what will remain a private delivery system
* We are not killing private insurance; private insurance cannot duplicate public insurance, but can SUPPLEMENT.
* $8,600 is spent per year per person. Leaving out the Medicare population, NH insurance companies will spend $5 billion; this doesn’t include co-pays and deductibles. If this is thought of as a “pipeline”, then we can pay for everyone in the state for $5,000/person and include all deductibles and co-pays.

John

* It is not true that only Vermont has tried; there are many other states that have introduced and discussed Single-Payer: e.g. California, New York, Illinois
* Responding to Rep. Tucker, although this bill addresses Tort reform, this may not be necessary, because medical costs are covered by a Single-Payer system
* Responding to Rep. Tucker, “…leaving the health care system to be run like the state liquor commission.” This analogy is inflammatory and off the mark. At the highest level of policy, the NH Health Trust will manage the system with care and thought. But the delivery of care will NOT be at state-owned clinics.
* The patient’s interface with the system will continue to be with the patient’s doctor, primary care or specialist. There is NO Network. There is MORE choice not less.
* Provisions for out-of-state care ARE in the bill for those who live on the border, OR if care is not available in-state, OR at in-state rates for snowbirds.

Cosy

* Rep. McNamara should and can keep his presentation very positive about improving care in NH

Dave

* We should have the talking points of the opposition, so that we can address them directly. They will package their muscle in the language of caring and community, in order to win hearts and minds of the public.
* Cosy has copies of answers to AARP’s “United we Fail” false arguments in 2008.

Gary

* We achieved our goals with HB686. We knew the results of the vote, and – surprisingly – we had an extended intelligent discussion of Single Payer, rather than a perfunctory 10minutes. We had a bill that will give us an educational opportunity
* Dick tomorrow will continue to do the same. It might even be OK to have an “anti-single-payer” representative make their points.
* Points for Dick to make
	+ Cost of employer-based insurance is killing small business
	+ Health care costs stifle business
	+ This is a pro-business bill, because employers will come into the state because it will cost less.
	+ There ARE opportunities for waivers that will make this happen
	+ The Insurance Department is right that this will be difficult, but it is achievable and it is worth it
	+ This is a means of controlling costs, but it will be done with transparency and in the open, rather than behind closed insurance company doors
* It would be great if the Democrats vote “yes” tomorrow

Camilla

* Dick needs to emphasize the benefits to business of Single-Payer
* Our medium-term strategy is to reach out to community groups to tell our story to Lions, Rotary, church, medical staffs, etc.

Don

* Insurance companies add cost without adding value. Single-payer restores value at minimal cost. The choices of insurance companies are false choices, because we cannot predict our health-care trajectory.
* Between 18,000 and 30,000 NH citizens – the population of a city larger than Nashua - will not be covered after the ACA is fully-implemented.
* The medicine we must take is to honestly see the health-care crisis that we are facing.

Dick

* My strategy is to have this idea be seen as so logical and bi-partisan that sponsors will ask to sign on

John

* Consider e-mailing our reps to vote in favor

**Speakers Bureau**

John

* We can use a recorded talk that Camilla gave to MGMA for training

Cosy

* Practice, practice, practice

Gary

* We now have the framework for what we talk about: a NH Single-Payer bill
* How can we make the logistics happen?
	+ Hire an intern

Jim

* How can we best utilize our resources?
	+ Teach ourselves – or bring in an outside trainer – how to be better teachers
	+ Give talks in teams
		- Serious self-critique afterwards
		- What was effective, and what was NOT effective

Don

Next meeting:

* Debrief (briefly)
* Strategy
* Tactics

All members to send Don ideas for agenda for next meeting.