

# *The Arizona Legislative Alert* [UUJAZ](#) / [VUU](#)

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## *Health Care (Update)*

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Prepared by Anne L. Schneider, PH.D. All opinions are those of the author.

**September 21, 2019**

This is another special edition, as there is no state legislation to be tracked!! Problems? Corrections? Send to [legislativeadvocacy@vuu.org](mailto:legislativeadvocacy@vuu.org). You can find previous special editions of the AZ Legislative Alert at <https://www.vuu.org/legislative-advocacy/>

**Action Items – click [here](#) or scroll down to very end!**

Health care continues to be one of the leading issues in the Democratic primary. But BEWARE: Some candidates and some reporters are trying to try a hard red line between candidates on their positions. However, if one scratches below the surface, this is more a zone lying in between an area where many millions have no affordable health insurance to a place where almost everyone does. Almost all the Democratic candidates support universal coverage, although they differ in terms of their preferred method of getting there.

- Many of the candidates support more than one option, although reporters continue to want them to differentiate themselves from the others and polarize the issue.
- At one extreme, almost all of the candidates, if elected president, would sign the bill that Bernie Sanders has proposed (SB1129) “Medicare for All”/Single payer if Congress passed it which is unlikely (co-sponsors include Elizabeth Warren, Kirsten Gillibran, Kamala Harris, and Corey Booker, although some have proposed more modest plans).
- At the other extreme, almost all of the candidates, if elected president, would sign SB258, The Consumer Health Insurance Protection Act that improves and expands Obama’s Affordable Care Act, if that were the best that could be achieved – it is sponsored by Elizabeth Warren and has co-sponsors including Bernie Sanders, Kamala Harris, and Kirstin Gillibrand.

Here’s a couple of links for more information:

<https://www.washingtonpost.com/graphics/politics/policy-2020/medicare-for-all/>  
<https://www.npr.org/2019/09/10/758172208/health-care-see-where-the-2020-democratic-candidates-stand>

And, to see a summary of country-by-country comparisons of “single payer” insurance programs, click [here](#) or scroll down to the end.

## **First – some definitions.**

**Universal Coverage – What does that mean?** Coverage is universal, according to the World Health Organization, when

“all people have access to needed health services (including prevention, promotion, treatment, rehabilitation, and palliation) of sufficient quality to be effective while also ensuring that the use of these services does not expose the user to financial hardship.”

In other words, everyone is covered for everything at a cost they can afford.

**Single Payer System – What does that mean?** Technically, it means the health care provider sends a bill for your treatment to a single payer (usually the government), and that payer pays all the bills for everything that is covered. In practice, it also means a greatly diminished role for private insurance, as most of the countries that have universal coverage / single payer system still have some private coverage although typically less than 10% (see table, below).

**“Medicare for All” – What does that Mean?** Over the course of the campaign, this has come to be interpreted as Universal Coverage with Single Payer with no (or almost no) private insurance, no co-pays or premiums or deductibles. On the other hand, some candidates, such as Andrew Yang, seem to lean toward Medicare for All but it is not clear whether that includes a single payer plan or not, or what he would do about private insurance. Listen carefully, as meanings may still differ!

**Role of Private Insurance Companies** - Originally, it was not clear what the role for private insurance would be, but candidates are beginning to specify whether employers can continue to offer insurance through private insurance companies, or whether individuals can sign up with private companies through Obama-like exchange programs. Most of the proposals have a role for private insurance. The Bernie Sanders bill (SB1129) would prohibit private insurance from covering the same things covered by the “medicare for all” option. It also is not clear whether “private insurance” includes insurance companies offered by non profits such as some of the Blue Cross/ Blue Shield plans and Kaiser Permanente.

**Public Option** – any one of several ideas for continuing the current system of medicare, medicaid, and Obamacare, but adding a government backed insurance plan to the exchanges that people could enroll in, or automatically be enrolled in.

**Positions tend to cluster now into three groups: Medicare for All / Single Payer, Medicare plus Private Option, and Public Option.**

**I. Medicare for All / Single Payer.** Bernie Sanders and Elizabeth Warren have embraced this plan, with Sanders being the candidate best known for it, along with a bill he has sponsored (and she has co-sponsored) in the Senate. Corey Booker has not clearly endorsed any plan, but he may be leaning toward this one.

**Bernie Sanders – Medicare For All (SB1129). Medicare for All / Single Payer.** This plan basically covers everything with no co-pays, no premiums, and no deductibles. It is closer to comprehensive and free than any of the others. It discourages private insurance by prohibiting them from covering any services that is offered through the program, but it also provides that people can buy supplemental insurance to cover benefits not included in the program, and individual states could provide additional benefits too, at state expense.

There would be a four-year transition period beginning with a Medicare buy-in for younger and younger people and a transition from ACA (Obamacare) through the current marketplaces with increased subsidies and expanded coverage. The plan would cover hospital visits, primary care, medical devices, lab services, maternity care, and prescription drugs as well as vision and dental benefits.

The biggest difference between this plan and the version Sanders introduced in 2017 in his Senate Bill is the addition of a long-term care benefit that would cover care for Americans with disability at home or in community settings. This benefit was also added into the **House version of the Medicare-for-all** bill earlier this year (HR1384). (All members of the House who were presidential candidates were listed as co-sponsors. It seems almost identical to SB1129).

**How would it be paid for? possible options Sanders has proposed in a five-page memo:**

- Creating a 4 percent income-based premium paid by employees, exempting the first \$29,000 in income for a family of four
- Imposing a 7.5 percent income-based premium paid by employers, exempting the first \$2 million in payroll
- Eliminating health tax expenditures
- Making the federal income tax more progressive, including a marginal tax rate of up to 70 percent on those making above \$10 million
- Making the estate tax more progressive, including a 77 percent top rate on an inheritance above \$1 billion
- Establishing a tax on extreme wealth
- Closing a tax-loophole that allows self-employed people to avoid paying certain taxes by creating an S corporation
- Imposing a fee on large financial institution

- Repealing corporate accounting gimmicks

**Elizabeth Warren - Medicare for All / Single Payer...** Warren is saying "I support Medicare for All" or, "I'm with Bernie," but then typically adds something to indicate she supports other plans, too, such as: "When they are good plans, let's do it. This isn't some kind of contest...it's what is best for the American people."

Warren, interestingly, has not put out a detailed plan on health care and has been quoted as saying she does not intend to do so, as there are many good plans out there.

She says her primary focus is going to be on the anti-corruption plan she released in mid September. She has previously mused about "different pathways" to Medicare for All and spoken about other, less ambitious bills she had co-sponsored in the Senate such as the Consumer Health Insurance Protection Act, 2018 (S2582). This is an Obamacare improvement bill, cosponsored by Presidential candidates Bernie Sanders, Kamala Harris, and Kirstin Gillibrand, indicating that the Democratic candidates generally favor getting something done about health care, even though they have different approaches.

Some of Sanders's supporters on the left believe that she isn't as committed to Medicare For All / Single Payer as Sanders is (and that's probably true, especially since she's now saying specifically that the anti-corruption bill would be her first priority). "There are a lot of different ways to get there," Warren told the New York Times. "'Medicare for all' has a lot of different paths." Other Democrats think her support for Medicare for All / Single Payer is a huge mistake and adds to the perceptions that she is too left-wing and isn't electable. Others seem to think there's a method to this by embracing the most progressive of the ideas, but also being on record (with SB2582) with one of the more modest proposals and centering anti-corruption as her primary focus anyway. Read [her anti-corruption plan](#) here.

For example, here are some of the things she has said about health care: "And now the question is, how best can we improve on it [Obamacare]? And I believe the best way we can do that is we make sure that everybody gets covered by health care at the lowest possible cost. How do we pay for it? Those at the very top, the richest individuals and the biggest corporations, are going to pay more. And middle class families are going to pay less. That's how this is going to work .... There are areas where markets just don't work, and a big part of health care is one of those," Warren said. "So the idea that we'd get a couple regulations in place, and it'll all -- it'll all sort itself out, it's just not true with health care."

**Why Won't She Say that Middle Class Taxes Will Increase?** Her refusal to directly answer the question of whether middle class taxes will go up under the plan is drawing criticism, but in some ways her response makes sense, as she is saying total costs (medical insurance plus medical/health taxes) will go down for most middle class families. One way to look at this is that it only makes sense to include health care payments and taxes as one bundle of costs. For

example, a typical paycheck from a typical employer may show withholding taxes, social security taxes, the employee's share of the health care costs, and Medicare taxes. Under a Medicare for all plan/singlepayer, she's saying, the employee's share of health care cost plus the Medicare taxes would be LESS than it is now. Are the current Medicare taxes a "tax" or is this a health care payment? Is the employee share of the employer's insurance a tax or a health care payment? To some, it makes sense to simply combine these and say that these would be less, for the average family.

**Why Support or Oppose Medicare for All / Single Payer?** One of the arguments is that a single payer system is the only plan that actually would reform the health care system and that actually should save money because it would take profits out of the system. Figures differ tremendously on whether the companies make unreasonable profits, but some believe that no one should make a profit (that is, money beyond salaries and costs) because this puts the incentives in the wrong place. A profit incentive leads companies to try to provide the least service possible for the highest cost that people can pay – and that is not how incentives in health care should work, according to critics of the current system. It also would cover everyone and costs would be paid for through taxation, not through deductibles, fees, co-pays of any kind.

It must be pointed out that several of the major "private" insurance companies offering plans at this time are non-profit (such as many of the Blue Cross/Blue Shield plans; the Kaiser Permanente) and others are "mutual" companies where the company is owned by the consumers (like a cooperative). It is possible that non profits or coops could have a role (as a contract, for example) in the single/payer systems, but so far no one seems to be talking about it.

The system actually would not completely eliminate private insurance (profit or non-profit) although the role of private companies would be greatly reduced. Medicare, for example, has limits on the number of doctor visits, amount of time in rehabilitation centers, procedures covered (experimental ones typically not covered) and so on. Private insurance companies almost certainly would step in to cover more services than Medicare offers, or a person would have to pay that out of pocket.

Another criticism from some Democrats is strategic: public opinion is still divided, but there are more who do not want a single payer system. Many people are covered through their employer, and there would be a transition from the current system as employers shift to the Medicare plan, or leave it to individuals to get themselves enrolled. People seem afraid to give up their employer-provided insurance and Democrats are afraid this could cost them the election. Some do not think the system (without the competition from the private sector) would be run efficiently and therefore the savings from taking profits out would simply be wasted.

Most countries (see Table, below) have a Medicare for all / single payer system and most have a much smaller role for private insurance (but have not eliminated it). The chances are a U.S. Medicare for all system also would not eliminate private insurance.

**II. Kamala Harris Health Care Plan -** Kamala Harris has outlined her own health care plan that addresses many of the criticisms directed as the Medicare For All / Single Payer system. Hers would provide coverage for everyone through automatic enrollment in an expanded, improved Medicare, would cap health care out of pocket costs at \$200 a year, and would allow private insurance companies to compete with the Medicare / Medicaid programs. Currently, about 1/3 of Medicare recipients actually have a “Medicare advantage” plan under which a private insurance company such as United Health or Cigna (and others) have a Medicare contract. The Medicare tax money that is taken out of every pay check pays for these contracts and the private insurer, operating under strict Medicare rules, administers the program, pays the doctors, charges deductibles (or not, plans differ). This is the way her “Medicare for All with a Private Option” would work. She proposes a 10- year phase-in (the Sanders proposal is 4 years). During that time, many would shift from the private options (if they were not as good) to the expanded Medicare or Medicaid program thereby eventually through attrition the role of private insurers would be reduced to covering services not covered by the public options. The profit motive would still be in place (provide the least possible service for the highest possible cost) but with costs capped and with competition in terms of quality of service, it might be possible for private insurers to work within this system, and certainly non profit insurers could participate.

**How would it be paid for?** Harris would eliminate health-based taxes for any household making less than \$100,000 (Sanders plan puts this cut point at \$29,000). And she would raise taxes on higher income households as well as making up for the lost revenue by taxing a series of financial transactions on Wall Street that her campaign estimates would bring in \$2 trillion in revenue over the course of ten years.

Here’s more about her plan. <https://www.vox.com/2019/7/29/8933257/kamala-harris-medicare-for-all-bernie-sanders-private-insurance>

Advantages / Disadvantages – This is a good, sensible plan that deals with one of the big objections to Medicare for All by permitting employers to continue offering insurance just as they currently do under the Medicare Advantage System. If the public option works better, the private ones will eventually be forced out by competition.

### III. Public Options – Or, Medicare, Medicaid, Obamacare plus a public option.

**Public Options** - There are several different public options currently proposed by Presidential candidates (and bills in the U.S. Congress), but the title itself means that the current Medicare and Medicaid systems, employer insurance, and the ACA exchanges would continue but a new public option similar to Medicare would be created. These plans differ on details – such as whether coverage of procedures, drugs, etc. will be expanded beyond current Medicare / Medicaid; how generous will the subsidies be; how much will people have to pay in co-pays, premiums, how many people will remain uninsured, etc. but it almost certainly is the case that all of these would expand the current insurance program to more people at a lower total cost (health taxes plus health co-pays). Here are some public option plans:

**Joe Biden (Public Option)**- He is calling his option simply an upgrade and expansion of Obama Care, but actually it may be far more than just that. He's offering a public option that everyone could be enrolled in if they choose to be. It would cover about 97% of the public, leaving out only those who do not want health insurance at all, and he has said he would bring back the Obamacare "individual mandate" so that those who do not enroll in health insurance pay a tax. Under Biden's plan, no one would be required to pay more than 8.5 percent of their income toward health insurance premiums. The group eligible for the public option would include anyone who doesn't get insurance through their job or who doesn't qualify for other government programs, like Medicare or Medicaid. According to the document put out by the campaign, this public option also would be available to those who don't like or can't afford their employer insurance, and to small businesses. Basically, this version of public option would cover everyone if they wanted to be covered, using Obamacare-type subsidies for those who cannot afford it. He would cap premiums at 8.5% of a person's income.

**Pete Buttigieg (Public option)** – Buttigieg is calling his plan "Medicare for All Who Want It." This too is a very ambitious reform of the current system that he calls a "glidepath" or pathway to Medical for All / Single Payer system, but over time and through voluntary attrition if people increasingly choose the public option. His plan is very similar to Biden's: the government option would be open to everyone (including those in states that did not expand Medicaid); people who have employer-provided insurance could enroll if they want and are eligible for subsidies; he (as with Biden) would increase federal subsidies; premiums would be capped at 8.5% of income for those in the Obamacare exchanges. One of the main differences is that in Biden's plan, people could choose NOT to carry insurance at all, but would be required to pay a tax (like the "individual mandate" in the Obamacare program that Congress eliminated). Buttigieg, instead, would retroactively enroll anyone seeking health care who did not have insurance. His plan, too, would leave people uninsured but would enroll them in the public plan if/when they sought any health care.

**Beto O'Rourke (Public Option)** – O'Rourke is calling his plan Medicare for America and it would provide coverage for everyone. His plan is basically the same as the House bill sponsored by Rosa DeLauro and Jan Schakowsky (HR7339), so there is more detail about it. It would enroll in the improved / expanded Medicare program everyone who currently is uninsured, on Medicaid or Obamacare, and all newborns.

Employers could continue to offer insurance through private companies if they met federal standards or employees could voluntarily leave for the new Medicare program. Premiums would be capped at \$3500 for an individual and \$5000 for a couple. The Medicare for America plan includes coverage for prescription drugs, dental, vision, and hearing services, as well as long-term supports and services for seniors and Americans living with disabilities.

Individuals will have a \$350 deductible and \$3,500 maximum out-of-pocket spending. For households, their deductible will be \$500 and \$5,000 maximum out-of-pocket spending. There is a cap on household premiums at 9.69 of monthly income. As written, individuals or families making less than 200 percent of the Federal Poverty Level will not pay a premium, have to meet a deductible, or have a maximum out-of-pocket spending. Individuals or families between 200 percent and 600 percent of the Federal Poverty Level will receive subsidies to lower their contribution to the premium.

**How will it be paid for?** By sunseting the Republican tax bill, imposing a 5% surtax on adjusted gross income (including on capital gains) above \$500,000, and increasing the Medicare payroll tax and the net investment income tax. Taxes also would be increased on tobacco products, beer, wine, liquor, and sugar-sweetened drinks.

**Amy Klobuchar (Public Option)** - Klobuchar's public option would expand Medicare and Medicaid, allow for states to create public opinions; provide for tax credits as way to reduce costs, and cap expenditures at 9.5%. Details are lacking, but she sees this was a midway strategy between the Medicare for All and the less ambitious reforms of Obamacare, as well as a pathway toward eventual coverage for all.

**Corey Booker (not clear)** – Booker has not provided much detail on a health care proposal, but some of his statements indicate he is leaning toward Medicare for All / Single Payer, or perhaps some kind of public option or hybrid plan. He is a co-sponsor of Sander's bill, but has not yet endorsed it for sure in the campaign. He has backed proposals to lower the Medicare age to 50 and also backed plans for states to offer public options similar to Medicaid. More details later if he stays in the race.

**Andrew Yang (leaning toward MFA)** – Yang has not put out a detailed plan but seems to be leaning toward Medicare for All, but not clear whether that means a single payer system or not,

and he also has not turned down the idea of continuing the current system but adding a public option.

**Steve Bullock** – Bullock, the Montana Governor who is not quite making the debate stage, has said he would introduce a public option and that he is not in favor of Medicare for All / Single Payer.

**Julian Castro (not clear)** – Castro has indicated that he favors Medicare for All in theory, but there are no details about whether this includes a single payer approach or some other plan.

**Michael Bennett** – Has said he would not take away private insurance. He is the sponsor of the Medicare-X Choice Act of 2019 (S981, and HR2000) that provides for a public option and otherwise mainly continues the current system.

**Other candidates – some form of public option but no detailed plans.**

<https://www.washingtonpost.com/graphics/politics/policy-2020/medicare-for-all/> wapo poll of candidates.

**Advantages / Disadvantages of the Public Option -** These are generally good plans, are more acceptable to the public, provide for a (hopefully) smooth transition, and are more likely to be passed. However, they do not reform the system, they do not take profits out (unless one or the other restricts “private” insurance to offerings by non profits or cooperatives), and most of them leave some people uninsured.

**Here’s the official summary of the House Bill, HR1384 introduced in 2019, that is a Medicare for All Act, Single Payer. It probably is not identical to Sander’s proposal, but it will provide a reasonable idea of what is involved, legislatively.**

the program must (1) cover all U.S. residents; (2) provide for automatic enrollment of individuals upon birth or residency in the United States; and (3) cover items and services that are medically necessary or appropriate to maintain health or to diagnose, treat, or rehabilitate a health condition, including hospital services, prescription drugs, mental health and substance abuse treatment, dental and vision services, and long-term care.

The bill prohibits cost-sharing (e.g., deductibles, coinsurance, and copayments) and other charges for covered services. Additionally, private health insurers and employers may only offer coverage that is supplemental to, and not duplicative of, benefits provided under the program.

Health insurance exchanges and specified federal health programs terminate upon program implementation. However, the program does not affect coverage provided through the Department of Veterans Affairs or the Indian Health Service.

Individuals who are age 18 or younger, age 55 or older, or already enrolled in Medicare may enroll in the program starting one year after enactment of this bill; other individuals may buy into the program at this time. The program must be fully implemented two years after enactment.

### Provisions of National Health Plans for 12 Countries\*

Provisions of National Health Plans	Aus	Can	Den	Eng	Fra	Ger	Net	Nor	Sin	Swe	Swi	Tai
<b>Who Pays?</b> Feds Only				X	X		X		X		X	X
Feds Plus State & Local	X	X	X			X		X				
<b>Premiums, Deductibles, CoPays?</b>	Yes											
<b>Coverage:</b> Basic (hos,phy,diag)	Yes											
Mental Health			Yes	Yes		Yes					So	
Out Patient Drugs	Yes		Yes	So	Yes							
<b>Private Insurance Role?</b>	Yes											
Supplementary (for non covered benefits or expedited access)	X	X	X	X		X	X	X	X	X	All	X
Complementary (covers out of pocket costs)	X		X		X						All	
Full contract to private co's or non profits	X			X		X					All	

\*Information from [www.commonwealth.org](http://www.commonwealth.org), which is mostly from OECD

### Country by Country Comparisons

<https://www.commonwealthfund.org/publications/2019/apr/considering-single-payer-proposals-lessons-from-abroad>

<https://www.commonwealthfund.org/many-varieties-universal-coverage>

[http://www.pnhp.org/single\\_payer\\_resources/international\\_health\\_systems\\_for\\_single\\_payer\\_advocates.php](http://www.pnhp.org/single_payer_resources/international_health_systems_for_single_payer_advocates.php)

### **current u.s. health care proposals**

<https://www.commonwealthfund.org/many-varieties-universal-coverage>

## And finally, some announcements

**NEXT EXTINCTION REBELLION MEETING: SATURDAY 28<sup>th</sup> SEP. 2-4 PM** Margaret T Hance Park (Immediately S. of Burton Barr Library on Central Ave, Phoenix), under the flagpoles, immediately west of Central. Please come at 1.45 pm if this is your first Extinction Rebellion Meeting. Further Details will be sent towards the end of the week. This will be an important planning meeting and we will also be learning some rebel songs.

**EXTINCTION REBELLION PHOENIX ACTION for PHOENIX INTERNATIONAL REBELLION: MONDAY OCT 7<sup>th</sup> 4-7PM** This Action will be held on the 16th Street bridge over HWY 10, There are large sidewalks on both sides of the bridge and traffic will be slow, if not stopped due to rush hour traffic. We will not be on the highway or blocking any traffic. We will reach thousands of commuters with this location. More details to come...please check our FB page for updates: Extinction Rebellion Phoenix <https://www.facebook.com/groups/1154078208136472/>

**Environment Advocacy! Want to know how you can be a better advocate for the environment?**

- Here's the **Citizen's Climate Lobby sponsored by the Valley Unitarian Universalist Congregation** in the South Valley [https://citizensclimatelobby.org/chapters/AZ\\_Phoenix-South\\_Valley/](https://citizensclimatelobby.org/chapters/AZ_Phoenix-South_Valley/)
- **Be an advocate!** <https://environmentarizona.org/>.
- Or find a CCL near you: Find one near you at this link <https://citizensclimatelobby.org/about->

**Hold the date! OCTOBER 26!** "UUJAZ's Issues + Action Day will combine justice partners leading us in actions, incredible food and time for building relationships, inspiring music and speakers, and a surprise evening event! Join us at the UU Church of Surprise October 26th. More details to come when tickets go on sale in August... mark your calendars, you won't want to miss it!" UUs and progressives everywhere are welcome!

**Resistbot.io - How to use it.** Click on the "messages" icon on your I-phone, then click on the pencil in the top right-hand corner. You will get a "To: " screen. Put in 504-09 and then in the message type "resist." They will respond and ask for your zip code or address and what you want to do. This is a free service, reportedly developed by volunteers. It will ask for your zip code or

address, and then you can send a fax, letter, make a phone call, send an e-mail to Sen. Sinema and McSally and the House member as well or even to Governor Ducey.

After you have sent several, it will ask you which of the various people you want it sent to. At first, it just sends to all three, later it will add state-level elected officials, too. You get more services after you've used it awhile!

**Want to subscribe to the *Arizona Legislative Alert*?** The AZ Legislative Alert is published weekly during the session to alert progressive, social justice advocates, to legislation that they may want to support or oppose. When the Legislature is not in session, it is published sporadically! You can sign up by sending an email to [legislativeadvocacy@vuu.org](mailto:legislativeadvocacy@vuu.org). It is written and published by Anne L. Schneider, Ph.D. retired political science professor and former Dean of ASU's College of Public Programs.

[Valley Unitarian Universalist Congregation](#) –

Senior Minister, Rev. Dr. Andy Burnette; Music Minister, Rev. Kellie Walker; Director of Faith Formation, Marci Beaudoin. Administrator, Sue Ringler. Located: 6400 W. Del Rio Drive, Chandler, AZ 480 899 4249 [www.vuu.org](http://www.vuu.org) For previous copies of the *Arizona Legislative Alert*, and for all weeks (so far) of the 50 Week Action Plan go to <https://www.vuu.org/legislative-advocacy>. VUU holds services at 10:30 to 11:30 on Sunday. There are numerous discussion / forums before and after the service. You are welcome here.

[Unitarian Universalist Justice Arizona Network](#) -- Executive Director Jenine Galsinger; [Policy Coordinator](#), Anne L. Schneider. [www.uujaz.org](http://www.uujaz.org). Board members:

Rev. Redeem Robinson, incoming Co-President 1/20 Rev. Terry Sims, Treasurer, Sharon Travis, outgoing Secretary. Dr. Stuart Rhoden, member-at-large, Rev. Matthew Crary, member-at-large. Savannah Sanders, Co-President, Rev. Bethany Russell-Lowe, incoming Treasurer 1/20, Ceyshe Napa, Secretary, Molly Divine, member-at-large

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[Rep Tom O'Halleran \(D – 01\)](#) 225-3361 225-3462 <https://ohalleran.house.gov/contact>

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<a href="#">Rep Raul M. Grijalva (D – 03)</a>	225-2435	225-1541	<a href="https://grijalva.house.gov/connect-with-raul">https://grijalva.house.gov/connect-with-raul</a>
<a href="#">Rep Paul A. Gosar (R – 04)</a>	225-2315	226-9739	<a href="https://gosar.house.gov/contact-me/email-me">https://gosar.house.gov/contact-me/email-me</a>
<a href="#">Rep Andy Biggs (R – 05)</a>	225-2635	226-4386	<a href="https://biggs.house.gov/contact">https://biggs.house.gov/contact</a>
<a href="#">Rep David Schweikert (R – 06)</a>	225-2190	225-0096	<a href="https://schweikert.house.gov/contact-form">https://schweikert.house.gov/contact-form</a>
<a href="#">Rep Ruben Gallego (D – 07)</a>	225-4065	225-1655	<a href="https://rubengallego.house.gov/contact">https://rubengallego.house.gov/contact</a>
<a href="#">Rep Debbie Lesko (R – 08)</a>	225-4576	225-6328	<a href="https://lesko.house.gov/contact/">https://lesko.house.gov/contact/</a>
<a href="#">Rep Greg Stanton (D – 09)</a>	225-9888	225-9731	<a href="https://stanton.house.gov/contact">https://stanton.house.gov/contact</a>

**U.S. Senate –**

- **Kyrsten Sinema** - 825B&C Hart Senate Office Building Washington, DC 20510 Phone: 202-224-4521  
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Email: [contact@mcsally.senate.gov](mailto:contact@mcsally.senate.gov)