



**HEALTHY  
PEOPLE**



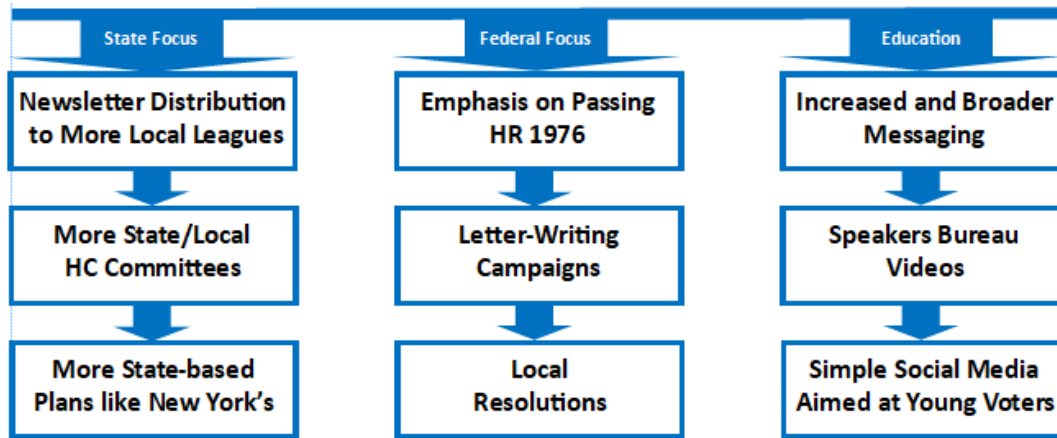
**HEALTHY  
DEMOCRACY**

July 12, 2022

LWV Health Care Reform for the US Caucus Newsletter

## New York State Concurrence Adopted at Convention! Now What?

Following a landslide vote at the National Convention, the US health care position now explicitly favors single-payer, universal, non-employer-based health care, the Health Care Reform for the US (HCR4US) can re-examine its Strategic Plan. Join us on Sunday, July 24, and give us your input on what to do next. We encourage you to watch this 5-minute video summary of the NYS Concurrence: <https://www.youtube.com/watch?v=Ftgi2D4ftxY>



## The Public Cost of Profit-Based Health Care

In addition to the prepared remarks from our speakers, the questions from the caucus audience were very instructive—like this this one from Jan Phillips (CO), fielded by caucus facilitator, Hank Abrons (CA):

**Of the \$12,350 per capita spending for healthcare in the US, how much of that number goes toward profit in the industry?**

Profit is a hard number to pinpoint because there is strong incentive for a company not to report it clearly. Hank referred us to articles in the [Health Justice Monitor](#) to look for indications of how much money leaves the health care system into the pockets of investors and private equity partners. [Wendell Potter's](#) research, for example, shows that since the ACA was passed in 2010, reported profits of the six largest insurance companies have **quadrupled** to roughly \$7 billion.

Some of these same insurers reported profits of 4.5% to the non-partisan Medpac.gov. [Jim Kahn](#) of *HJM* re-interprets

that percentage based on “return on investment” (or ROI). Kahn’s example starts from a given \$1000 received as premiums (i.e. not the company’s own money). Insurers are required to spend \$850 on medical expenses, so that leaves them \$150 for overhead (including profit plus the cost of doing business). 4.5% profit based on \$1000 revenue would be \$45, but is more accurately 30% of their share of the premium (\$150), and ROI would be 43% of the \$105 the company actually spent to earn that \$45.

So, is Jan’s response \$555 (4.5%) or \$5310 (43%)?! Whatever it is, money directly siphoned off the top is only one price we pay for a consumer business model (versus one that provides health care as a necessary public good, like public education and public safety). As Simran and Joey, our medical student speakers made clear, we pay for it in poor health; preventable deaths, wage stagnation, care deserts, health injustice etc. Single payer is truly an opportunity we cannot afford to refuse.

### NEXT MEETING

**Sunday, July 24**

8:00 p.m. ET

Register at

<https://tinyurl.com/July24-Zm>

### Presented at Convention:

<https://www.youtube.com/watch?v=Ftgi2D4ftxY>

Health Care Survey: <https://tinyurl.com/29xvn33c>

Health Care Cartoons: <https://tinyurl.com/bdu9z6vv>

## Common Goals Strengthen Efforts for Single Payer

At the June 2022 Convention, the League of Women Voters of the U.S. (LWVUS) recognized the national importance of both equitable access to health care and digital equity, by adopting two concurrences that will greatly aid the advocacy work of League members at the national, state, and local level. By voting to concur with the LWVCT's Digital Equity position, the delegates recognized that Universal Broadband Access is essential to full participation in a modern democratic society and should not be limited by zip code or demographics. The Board-recommended Healthcare Position Update concurrence with LWVNY's Healthcare position puts the League on record as holding that healthcare should likewise be universally accessible and affordable. Although all Leagues will benefit, as shown by the more than comfortable margin enjoyed by the Digital Equity win and the landslide vote to update the national position on health care, our Leagues who advocate to support rural residents are particularly excited by these new authorizations. We celebrate these wins, and what they mean.

### Concurrence with LWVNY's Updated Health Care Position

Although sponsored by the NYS Committee that studied and advocated for New York's 2021 health care positions, the Healthcare Update mobilization effort was spearheaded by Healthcare Reform for the U.S. (HCR4US) with hundreds of hours and scores of volunteers doing outreach across the country. Further, it was cross-endorsed by Rural Caucus Leagues and members, who spoke to unconscionable and unnecessary health disparities — in access and outcome — across rural America.

We believe that this outreach, which began in 2021, caused a record-setting number of local Leagues to respond to the

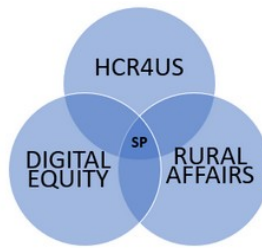
LWVUS Program Planning Survey and to support the Healthcare Update. The startling number of Leagues offering their support caused LWVUS to make the Healthcare Update one of two "recommended" items — strong support that surely contributed to the landslide vote to adopt. We encourage you to watch the 5-minute video summary of the New York State Concurrence.

### Concurrence with LWVCT's Digital Equity Position

Nationwide, some 42 million people lack broadband access in their homes, including at least 28% of rural residents according to the Pew Research Center. <https://pew.org/3wE6bR8>. Delegates explained that full participation in a modern democratic society and the ability to access telehealth services and health-related resources requires access to the Internet. Just as electricity and clean running water needed public funding to overcome stark divides 80-100 years ago, Digital Equity should not be limited by zip code or demographics.

Students need broadband to access online or hybrid classes. Employees need it to work from home and to find jobs. Telemedicine helps fill some of the gaps where primary and specialist care is not readily accessible. Entrepreneurs need internet access to gain customers, supplies, and legal protections. Finally, full civic engagement depends on citizen access to local and state government meetings, and to a wider range of news and information.

For Leagues trying to build coalitions with local groups, Digital Equity and Healthcare access are issues that unite virtually all members of our communities. Members from every socio-economic and demographic group, community groups, agencies, and organizations can come together around the need for expanded broadband access, an issue of critical importance to many rural residents.



### COMMITTEE MEETINGS

- July 24 HCR4US Monthly Meeting
- Aug 11 Newsletter Editorial/Advisory Board



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**HCR4US**: Dedicated to educating and mobilizing League members to work toward legislation that enacts the goals of our LWVUS health care position

**Newsletter Committee:** Barbara Pearson,  
Jon Li, Candy Birch, Kathy Yen

### Behavioral Health Affinity Group:

#### The kids Are Not alright.

The American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children's Hospital Assn issued a joint statement declaring a national state of emergency in children's mental health. Among other things, they called on government to advocate for increased implementation of sustainable programming. Washington State responded to this call for action in the 2022 session legislation and voted to fund increased public school staffing (counselors, nurses, psychologists, and social workers) supporting students. The funding formula is based on the number of students in the school and the type of school (elementary, middle, or high school). Funding begins in the 2022-2023 school year and is increased each year for two more years (2023-2024 and 2024-2025). Find the bill here: [1664-S2 HBR FBR 22 \(wa.gov\)](https://leg.wa.gov/bills/2022/1664-S2-HBR-FBR-22)