



HEALTHY PEOPLE



HEALTHY DEMOCRACY

August 16, 2022

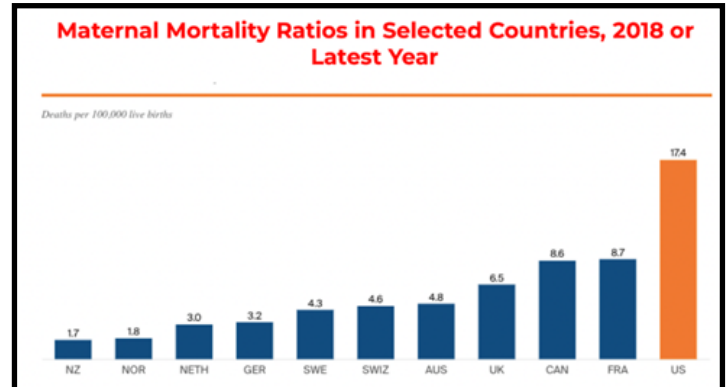
LWV Health Care Reform for the US Caucus Newsletter

Overturing Roe v. Wade: Can We Stay Non-Partisan?

In [response to the Supreme Court](#) overturning Roe v. Wade, LWVUS President Turner and CEO Virginia Kase Solomon declared “[Those] whose bodily autonomy has been stripped away are no longer equal individuals in our democracy... We will continue to fight until the right to abortion is restored. Our lives depend on it.” Greater equity also depends on it; as the League and others argued in a September 2021 [amicus brief](#), the right to abortion promotes self-efficacy and educational and economic opportunity.

The court decision makes it harder to maintain our non-partisan stance on health. Consider that we could be increasing births by about 25% annually (if all 900,000 abortions went to term); [2020 statistics](#) tell us that 18% will likely result in pre-term or low-birthweight infants. Maternal and infant mortality, already by far the worst among developed countries, can be expected to skyrocket. (see figure) ([Source](#))

However, poor outcomes will not be evenly spread across political parties. As [H. Warraich](#) MD points out, people in Republican-leaning counties are now six times more likely than in Democratic-leaning counties to have poor health status and die prematurely, a gap that did not exist in 2001.



Since 42% of births are currently paid for by Medicaid, the SCOTUS ruling seems even more starkly partisan.

Can some common ground between parties be found? For example, in the 2022 Kansas primary, a 60% vote to maintain abortion rights could not have been achieved without 22% of Republican voters joining Democrats and the unaffiliated. Other pockets of agreement, like improving chronic disease management or supporting rural health, may also help engender less partisan health care efforts.

In this issue:

- In Case You Missed it
- Medicare Anniversary
- Upcoming Events
- Resources and Allies

CALL TO ACTION ON HEALTH CARE:

- *Celebrate LWV's renewed commitment to single payer.*
- *Join or create a health care committee in your League.*
- *Share this newsletter every month.*

Voting/Citizen Engagement Are Social Determinants of Health

Healthy people have more capacity for civic engagement, which is the foundation of a healthy democracy. But the World Health Organization (WHO) in the 2008 [report of their Commission on Social Determinants of Health](#) (SDoH) shows us that the arrows also go in the other direction. SDoH provide a framework to better evaluate the impact on health of non-medical factors, such as housing, air quality, or community cohesion. In particular, WHO calls **voting** a social determinant of individual, community and global health and health equity.

Just this year, the American Medical Association and the National Medical Association

co-sponsored a resolution that also calling voting a social determinant of health, based in part on a [study](#) in the *Lancet* that involved more than 250,000 respondents from all 50 states. The study

showed that those with barriers to voting were less healthy than those more likely to vote in elections. A “healthier” democracy is more accountable to the needs of all people. While

the study doesn't establish which is cause and which is effect, the research is consistent with the HCR4US-like notion that giving more people easier access to the vote may help decrease health inequities.



NEXT MEETING

Sunday, August 28

8:00 p.m. ET
Register at

<https://tinyurl.com/Aug28-Zm>

Tentative Agenda:

- Intros for New Attendees
- Rural Affairs Caucus
- Newsletter
- Legislative Action
- Break-out Sessions

Upcoming

UPCOMING

- Aug 27 [Intergenerational Summit](#) hosted by One Payer States
- Aug 31 Deadline for Medicare Public Comment
The Centers for Medicare & Medicaid Services (CMS) is soliciting [public comment](#) on the Medicare Advantage program. Please submit your comment by August 31.
- Sept 8 Newsletter Editorial/Advisory Board

In Case You Missed It

- [Convention Caucus Presentation Rehearsal](#)
- [Caucus Presentation Slides](#) (draft)
- [They're Trying to Privatize Medicare!](#)
- [Social media and the fight for #SinglePayer #MedicareForAll](#)

Networking

Physicians for a National Health Program

<https://pnhp.org/>

Public Citizen

<https://www.citizen.org/?s=medicare+for+all>

National Nurses United

<https://www.nationalnursesunited.org>

Medicare for All Resolutions

<https://www.medicare4allresolutions.org>

Poor Peoples Campaign

<https://www.poorpeoplescampaign.org>

One Payer States

<https://onepayerstates.org/one-payer-states/>

Websites

HCR4US Toolkit:

<https://lwvhealthcarereform.org/>

HCR4US Youtube Channel:

<https://www.youtube.com/c/LWVHealthCareReform>

HCR4US Suggestion Box:

<https://bit.ly/HCR4USuggestionBox>

HCR4US Google Drive:

<https://tinyurl.com/HCR4US-Minutes-Materials>

HCR4US Your Story:

<https://bit.ly/MyHealthCareStory>



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,
Carolyn Brown, Tom Cherry

Celebrating Medicare and Social Security

July 30th and August 14th celebrated the passage of two important federal public insurance programs: Medicare and [Social Security](#). The 1935 Social Security Act created a public non-profit group insurance program where workers pay a dedicated payroll tax and receive the benefit of continued income during retirement. Throughout Republican and Democratic administrations, **Social Security has been amended and grown**: 1. dependent and premature death benefits for spouses and minor children added in 1939, 2. benefits and coverage increased in the 1950's, 3. added disability benefits added in 1956, 4. Medicare health coverage for Social Security beneficiaries added July 30, 1965, and 5. automatic cost-of-living adjustments.

The [Supplemental Security Income](#) (SSI) program is a needs-based program for elderly, blind, and disabled people, established in the 1970's under the authority of the Social Security Administration. It is funded by state, local and federal funds.

Social Security and Medicare are government non-profit group insurance programs partially funded by a payroll tax. They are not welfare programs that are needs-based like Medicaid and SSI.

- Efforts to [privatize Medicare](#) and Social Security have been ongoing and are gaining momentum, raising ethical questions about profit-driven decision-making and conflict of interest, in addition to increasing costs with profit-driven insurance and private equity takeover of healthcare systems and providers. (See [They're Trying to Privatize Medicare!](#))

[Altman and Kingston](#) note that government group insurance programs with dedicated taxes and Trust Funds, which are conservatively managed investments, are **the most secure and reliable source of retirement income and health care benefit payments**. Unlike private insurance companies, the federal government is not likely to go out of business, and it has the power to tax and require participation. **Also universal coverage and pooling of risks lower costs.**

Behavioral Health Affinity Group:

988 Rollout (or Not) Depending on Your Zip Code

The federally-mandated rollout of the **988** emergency response is expected to fill gaps in mental health services being provided to individuals by linking urgent concerns with informed responses by experts and volunteers and to appropriate services ([Kaiser Family Foundation](#)). However, individual states are responsible for funding and implementing the 988 service which must be supported with legislation and careful policy making. States with serious increases in suicide attempts and completion are also states where these two necessary steps may have not happened. For more information about the 988 rollout in your state, click [here](#). For an in-depth analysis of data around suicide rates pre-rollout, click [here](#).



[ABOUT
HCR4US](#)



[CONTACT
US](#)



[DONATE
NOW](#)