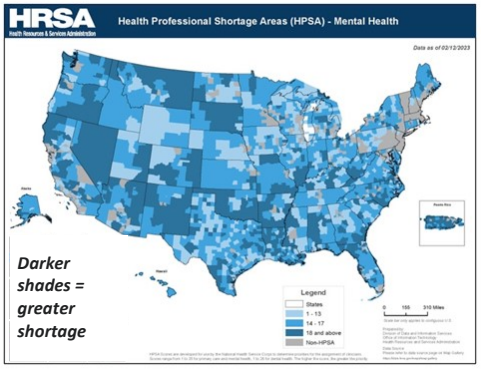
LWV HEALTHY PEOPLE IMPROVED MEDICARE 4 ALL HEALTHY DEMOCRACY

February 20, 2023

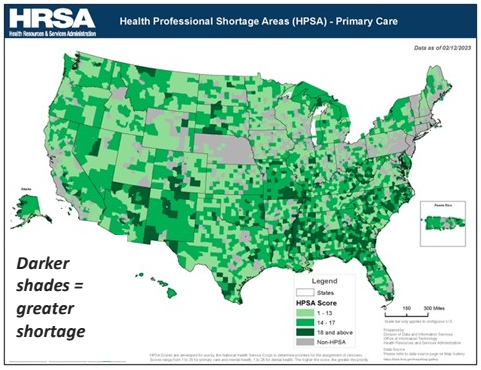
LWV Health Care Reform for the US Caucus Newsletter

Can "The Power of Rural" Force Changes in Public Health?

How can the U.S. realize the "Power of Rural" in health care? Currently, 80% of rural residents are considered "underserved." Rural communities face lower life expectancy, increased rates of chronic diseases, and maternal mortality, and other ills. A "data warehouse" illustrates the distribution of these "medical deserts," field by field. Tiny areas in gray on both the primary care and mental health maps have no shortage. The darker the color, the greater the shortage.



Primary Care



Mental Health

Despite efforts spurred by the Affordable Care Act, commercial insurance companies have largely withdrawn from unprofitable rural markets, and hospitals and health systems buckle under the weight of high fixed costs in the context of low volume and high levels of unreimbursed care. Since 2010, 138 rural hospitals have closed at an accelerating rate, 18 in 2019; 20 in 2020. Another 900 are at risk, most in states that haven't expanded Medicaid.

When a rural community loses a hospital or health system, it typically loses its community center and major employer in addition to essential clinical services.

How can our fragile rural health care be strengthened and set up to thrive into the future? What are the alternatives?

Studies show that unregulated market forces are inadequate to support rural health care as a profit-making enterprise. Merging with a larger chain or taking private equity cash to keep institutions afloat risk greater harm as a growing body of documentation shows that investors and chains typically transfer assets away from the medical facilities they "rescue," hastening their demise. But economic analyses also show that public investment in the physical and civic health of rural communities can create a healthy 11:1 return.

The extreme requirements and smaller potential for profiteering have weakened the presence of profit-first commercial insurance. Could this perhaps clear the way for a change to a public health model? CMMI and ARP already have several programs for rural providers, and federal emergency pandemic support was effective, for example, in pausing hospital closures to only 2 in 2021.

The slogan "Power of Rural" began with National Rural Health Day, the 3rd Thursday of November, and is now supported by a year-round network of the 50 State Offices of Rural Health.

Could it become the foundation for a transformation to a public health system based on meeting medical need, not profit targets? Could it replace back-room corporate decisions with democratic governance through a public Medical Trust which would aim at integrating initiatives already in place.

As outlined in other Medicare for All bills, such a trust could be empowered to institute global budgeting for health care institutions and negotiate transparent fee schedules with individual providers. Community representatives on the board of the Trust could ensure citizen buy-in and restore accountability. Could we dare hope that the problems in rural health would lead the way toward more equitable health care for everyone?

Check the Rural Affairs Caucus at the HCR4US Toolkit and contact Kathleen Stein at lwv.rac@gmail.com.

NEXT MEETING
Sunday, February 26
8:00 p.m. ET

Register at
https://tinyurl.com/HCR4US-Feb26

TENTATIVE AGENDA:
Intros for New Attendees—Announcements—Legislative Actions—Newsletter—Break-out Sessions

In Case You Missed It

—**Insecure Housing, Homelessness, and Health**. The recording of this program is available https://www.bu.edu/sph/conversations/uncategorized/insecure-housing-homelessness-and-health/#phc-section-videos

Maternity care deserts grow across the US as obstetric units shut down - Bing video

Senator Bernie Sanders gives his "End Pharma Greed" speech. https://www.youtube.com/watch?v=AOuZ_PjLNtY

Medicare For All Florida Feb 15 meeting on **"Ending Privatization"** with Dr.Corinne Frugoni and RN MarilynAlbert https://www.facebook.com/watch/?v=731976018341467

Websites

HCR4US Youtube Channel: https://www.youtube.com/c/LWVHealthCareReform

HCR4US Web-Contact Form: tinyurl.com/Contact-LWV-HCR-4US

HCR4US Google Drive: https://tinyurl.com/HCR4US-Jan26-Minutes

HCR4US Toolkit: https://lwvhealthcarereform.org

Don't Miss It!

Feb. 21 7:30 p.m. February Forum: **Delivering Birth Justice: Why is giving birth in the US so dangerous and costly, and what can we do about it?** Bit.ly/FebForum2023

March 9, 4:00-5:30 p.m. Webinar: **Understanding Universal Healthcare**
—**Dr Judith Esterquest**, LWV NY State Issue Specialist for Healthcare,
—**Laurel Lucia**, Health Care Program Director, Univ. of Calif - Berkeley Labor Ctr
Register at https://my.lwv.org/california/diablo-valley/event/understanding-universal-healthcare-part-i-community-conversation

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, Jody Disney*

All Americans Can Agree on This: End Big Pharma Greed

KHN's Bill of the Month Club" spotlights the unpredictability in U.S. health care prices.

Being a savvy consumer is impossible when an inconsistent system seems designed to keep you off balance.

Here's a friend's experience with all-too-common price gouging and unpredictability in drug prices. She was lucky to find her way through the maze of pricing thanks to a consumer tool available to those in the know: Single Care Savings Card or Good Rx. In the end, the premium she pays for Part D was no help.

Her story: The pharmacy tech at WalMart told us that my husband's heart medication Dofetilide, a generic Tikosyn, was going to be very expensive with a co-pay around $500 for a 90-day supply.

She was able to fill the script from a previous company for $155. When I asked her to run a SingleCare Savings Card, that price from the first supplier became $129. Not sure what will happen the next time we fill this prescription.

This is a major problem in our health care system. Tikosyn was originally almost $5,000 for a 90-day supply, but with my employer-sponsored insurance, our co-pay was around $300. Once generic, with our Part D discount, the price stabilized at "only" $155.

None of this scenario makes any sense. If we want to change the US health care system, Congress should start by eliminating price gouging by Big Pharma.

It will only get worse *unless* Congress passes Medicare For All and provides everyone with health, dental, and vision insurance. Drug stabilization pricing, durable medical equipment, gym/exercise availability, and other health proactive measures should be included.

Stabilizing drug prices will help everyone, conservative and progressive, young and old. How could a politician campaign against it?

Principle or Practicality? What would you do?

Suppose you found evidence that someone rich and powerful cheated your non-profit organization out of $1 million dollars? And then suppose that your board of directors calculated that it will cost $1 million or more to get them to pay it back--and even then, it's not clear that they will be successful.

What would you decide? Would you figure it wasn't worth taking the time and money from your mission of curing the sick, so you would let the cheater walk away scot free? Would you stand up on principle so the cheater wouldn't go off and cheat someone else? Or demonstrate to other potential cheaters that they can cheat you with impunity? What steps less costly than $1million would you undertake to try to get some restitution?

Would you continue to do business with that person?

Now consider this news item from Kaiser Health Newsletter from Jan 30, 2023: "Government Lets Health Plans That Ripped Off Medicare Keep the Money"

Multiply the scenario by several million. Would your answer change?