



HEALTHY PEOPLE



HEALTHY DEMOCRACY

March 20, 2023

LWV Health Care Reform for the US Caucus Newsletter

Protecting the Medicare “Brand” — Who To Believe?

This month, an article was posted on the HCR4US Google group/ Listserv that challenges us to read critically. "[Lots of Dems Want to Sunset Medicare--No Joke](#)" was written by a researcher from the [Heritage Foundation \(HF\)](#). Since the "playful" title is contrary to our own biases and expectations, we must take extra care to evaluate its credibility and not dismiss it without a fair reading.

First ask: Can the material be corroborated by independent sources such as [MediabiasFactcheck.com](#) or [Factcheck.org](#) of the Annenberg Public Policy Center? MBFC rates HF lower than average for accuracy, and right-biased based on topics treated and funding sources. FC provides a long damaging history of seriously misleading reporting. We are forewarned.

As you read, look to separate fact from opinion. For facts, are there references to evidence? This text is filled with "loaded words" meant to mislead, ex. "[M4A] gives seniors a lot to lose," or trivialize, "the annual [budget] circus." Most assertions are the author's opinion: for example, "M4A would [cause] massive bureaucratic expansion"--ignoring the comparison to much more expensive and confusing [bureaucracy in the commercial healthcare market](#) and much lower overheads in countries without profit-seeking private corporations providing health care.

The author's claims of "generally better outcomes" for Medicare Advantage would be hard for him to support, since such [data is only partial](#): plans routinely fail at timely reporting requirements imposed on them. His claim that the private plans "offer traditional Medicare benefits at 80%-90% percent of traditional Medicare spending" conflates the cost of the program to the patient, which is artificially lower, with [the cost to the taxpayer](#), which is far higher.

The shock factor in the title derives from the author's

play on words. He denies Medicare for All's right to be considered "Medicare" based on the fact that there would be a different set of laws enabling it, not on defining criteria for "Medicare." This is his basis for saying co-sponsors of [Jayapal's](#) or [Sanders'](#) bills to expand Medicare want to eliminate it. His real goal seems to be to vilify people who want to eliminate Medicare Advantage, which he acknowledges is "a system of competing private health plans," that he equates to a "form of Medicare coverage."

What makes traditional Medicare "Medicare" that Medicare Advantage (aka "Medicare Part C") doesn't share? On the one hand, like traditional Medicare, it is [funded by taxes](#). The difference is where the tax money ends up. Unlike traditional Medicare, Medicare Advantage is not a democratically-governed non-profit program. "Part C" generates [extremely high profits for its investors and high overheads](#) to support an army of middlemen between doctors and patients--all of which are taken out of the Medicare Fund earmarked for medical services.

	<u>MONEY IN</u> Our tax money	<u>MONEY OUT</u> Tax money to high overhead/ investors
Traditional Medicare/ M4A	YES	NO
Medicare Advantage	YES	YES

HF's article demonstrates why we need WI Rep [Pocan's HR 732](#)--a bill to rename Part C of Medicare the "alternate private insurance plan" and impose a \$100,000 fine for each instance of mis-appropriating the "Medicare brand." By my count, the HF article would incur a million-dollar fine.

NEXT HCR4US MEETING
Sunday, March 26 8:00 p.m. ET

TENTATIVE AGENDA:
 Intros for New Attendees—
 Announcements—Legislative Actions—
 Newsletter—Break-out Sessions
 Register at
<https://tinyurl.com/HCR4US-Mar26>

From the Behavioral Health Affinity Group:
 Did you know that even very young children can experience anxiety and depression? The Pacific Southwest MHTTC has published a short pamphlet, funded by SAMSA, [Our Young Children & Suicide Prevention: A Resource for Parents and Caregivers](#).

Also on this issue, the Cape Cod Area LWV and YMCA will present "[Preventing Youth Suicide: The Importance of Ensuring Access to Services](#)" (with teenage presenters) on Tuesday, March 28, 2023 at 6:30 pm ET.

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In Case You Missed It

—Understanding Universal Healthcare with Dr Judith Esterquest & Laurel Lucia

<https://my.lwv.org/california/diablo-valley/event/understanding-universal-healthcare-part-i-community-conversation>

—Wendell Potter article: [BIG INSURANCE 2022: Revenues reached \\$1.25 trillion thanks to sucking billions out of the pharmacy supply chain – and taxpayers' pockets](#)

—Donald Berwick speech at the Institute for Healthcare Improvement forum: <https://www.fiercehealthcare.com/providers/ihf-forum-don-berwick-calls-out-healthcare-greed-calls-industry-protest>

Don't Miss It!

March 23 9:00 p.m. ET — America's Ongoing Public Health Emergency: A Conversation with Drs. Farzon Nahvi and Abdul El-Sayed Register to receive the link: www.pnhp.org/March23

March 28 6:30 p.m. ET — Cape Cod LWV will present "Preventing Youth Suicide: The Importance of Ensuring Access to Services" Register to receive the link: <https://tinyurl.com/Youth-Suicide-Forum>.

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-Fb26-Minutes>

HCR4US Toolkit:

<https://lwvhealthcarereform.org>



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

Applying the DEI Lens — LWV Style

To help Leagues pursue diversity "in principle and practice," the recently released 2022-24 *Impact on Issues*, the League's guide to its specific public policy positions, includes a new section on "Applying the DEI Lens to Our Work" in the general guidelines for "Taking Action" (pp. 2-9).

LWVUS recommends [a set of 5 questions](#) to focus attention **before we act** on how a program or product we plan to undertake or create will be perceived by a variety of communities. In addition, the [League Management site](#) provides many more DEI resources, including a very concrete [Self-Assessment](#) and [Event Checklist](#).

Choosing among all these resources, the Massachusetts state League was able to fashion a "recipe" to apply the DEI lens to one of our core activities. We offer our DEI recipe as an example and share an adaptable resource other groups may use to extend their DEI efforts.

For many years, Massachusetts has had a state-based [bill to establish single payer/ M4A for all residents of the state](#). Our HC committees of mostly retired, mostly white, and mostly middle-class members have typically sent letters to our state reps and legislative leadership. Using the following questions to expand our DEI practice, we asked:

1. Do your decision makers represent a **variety of viewpoints**?
2. Are the **people most impacted represented** on the planning team?
3. What **changes** can we make to improve equity?
4. Have we spent time and energy **learning about various constituencies of our community**?
5. Can we engage more diverse partners and create new materials?

We answered "no-not inclusive" to #1 and #2, so we needed to move to #3, "changes." Since we can say yes to #4, we can pursue #5 and #6.

We found a [2019 letter sent to Congress by minority-led organizations](#) that we proposed to use as a template to highlight the racial justice potential of M4A bills. We reached out to the [MA Poor People's Campaign](#), with whom we had merged our 2022 voter registration campaigns. [Non-profit public healthcare is already integral](#) to their campaign, so they were open to partnering with us.

Please use the [Web-Contact form](#) to send us examples of how you have successfully "applied the DEI lens."

US Rural Single Payer Alliance Group

Monday, March 27 7:00 p.m.

Join us for a conversation about improving Rural Health Systems. This is part of the campaign to implement Single Payer Universal Health Care, Mental Health and Social Services. People involved in the League of Women Voters and Physicians for a National Health Plan are reaching out to build a strong national information support structure for grassroots political organizing throughout the US.

To register or for more information, contact Paul Warrick at pgwarrick@gmail.com