



HEALTHY PEOPLE



HEALTHY DEMOCRACY

May 24, 2023

LWV Health Care Reform for the US Newsletter



## Medicare for All Acts of 2023 Introduced!

- Thank you, Senator Bernie Sanders for filing [SB 1653](#)!
- Thank you, U.S. Representatives Pramila Jayapal and Debbie Dingel for filing [HR3421](#)!
- Thank you to the 112 original [co-sponsors in the House of Representatives](#) (more than ever before) and the 14 original [co-sponsors in the Senate](#)! Check here to see if your Congressman is a co-sponsor. If not, contact your Senator/Representative to ask why.
- The new bills includes preventative, mental health, long-term, dental, vision, reproductive care, and gender-affirming care.

## Could passing state-based M4A laws lead to federal victory?

In addition to the efforts of our federal legislators, lawmakers and activists in 21 states are working to achieve transformative health care reform for their residents through a global single payer public system at the state level. The LWVUS HC position updated at the 2022 convention provides clear support for universal health care programs financed by states--"[in the absence of a federal program that achieves the goals of universal, affordable access to essential health services,](#)"

More LWV support for a strategy pursuing **State-Based Universal Health Care Acts** (SBUCHA) comes from the history of the [fight for Women's Suffrage](#) itself. In the 1890s, 4 states (WY, CO, ID, and UT) granted women the right to vote in presidential elections. Then from 1910 to 1920, a flurry of women's suffrage laws were passed in 23 states and brought the country to the [tipping point](#) in 1920 when it finally became federal law.

Most state-based bills are structured much like HR3421, considered a "gold-standard.". However, rather than having 100% federal funding and governance, they would be governed through a state-based medical trust, deriving revenue from state taxes as well as from the funds already flowing to states from national programs (like Medicare, Medicaid, and CHIP).

An [overview of state-based initiatives](#) is found at the [One Payer States interactive map](#). Each state adapts their program to local conditions and funding resources.

**MN, MA, OH, and RI** have bills pending in their state legislatures closely modeled on the national bills.



**NY** is similar, but its plan will work even without special provisions to capture federal funds. **PA, IA, HI, MI, and VA** have had M4A bills in the past and are working to re-introduce them. **CT and NM** legislatures let implementation bills "die in committee," and ended up passing "study bills." **VT and MT** are special cases. **UT** activists propose to bypass the legislature altogether and are fund-raising aggressively for a [ballot question](#) like the one that got them Medicaid expansion. **MD** has also been forging a different path: "all-payer" with global hospital budgets. **OR and WA** legislatures established commissions empowered to implement Single Payer and both are coming tantalizingly close to establishing them. **CO** is currently trying to follow the OR and WA example. **CA** also had an inconclusive commission in the last legislative session, but is following a new tack with their 2023 bill. **ME** relatively easily passed a Single-Payer bill that will go into effect when "**state-enabling legislation**" is passed at the federal level. At that point, ME will be required to implement the [Maine Health Care \(Single Payer\) Act](#).

The [state-enabling legislation](#) (ex.[H3775](#) in 2021) has been proposed because uncoordinated growth of many federal programs over the years led to several healthcare laws that prevent states from pooling federal and private funds into a single state-administered agency. Currently, the ACA "1332 waiver" provides an avenue to authorize alternative programs in states, but it hasn't been used for *M4A*. H3775 seeks to streamline the application process and still address all the obstructing laws. It also hopes to provide a firmer basis for meeting potential challenges to the bills.

**NEXT HCR4US MEETING**  
**Sunday, June 4**  
**8:00 p.m. ET**

Register at  
<https://tinyurl.com/HCR4US-June4>

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

**NO**  
**JULY MEETING**

## In Case You Missed It

- **May 17** NPR's 1A explores [Medical Debt](#)
- **May 17** Jayapal town hall introducing the [Medical for All Act 2023](#)
- **Social change through states passing laws:** [Unbreaking America: Solving the Corruption Crisis - YouTube](#) This **2019** video discusses the value of grassroots efforts. ["This Is How Fast America Changes Its Mind"](#) **2015** Bloomberg article

## Upcoming

- **June 5 Boston Univ School of Public Health** features U.S. Senator Edward J. Markey and U.S. Surgeon General Dr. Vivek H. Murthy ["Promoting Mental Health Among Children and Youth"](#)
- **June 13 OnePayer States Office Hours:** Angela Gyurko presents ["League of Women Voters, Allies in Healthcare Reform Discussions"](#) (rural, especially)

## Websites

**HCR4US Youtube Channel:**

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

**HCR4US Web-Contact Form:**

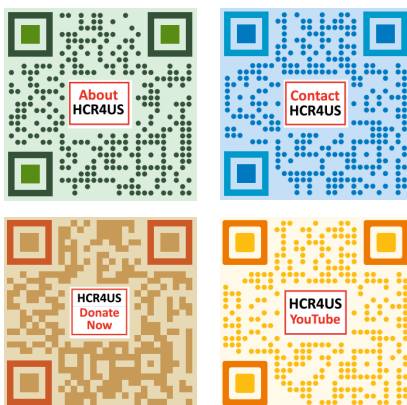
[tinyurl.com/Contact-LWV-HCR-4US](http://tinyurl.com/Contact-LWV-HCR-4US)

**HCR4US Google Drive:**

<https://tinyurl.com/HCR4US-Minutes-Mar26>

**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, Jody Disney, MaryLynne Courtney, Becky White

## Loneliness & Social Isolation – the Magic of a Healthy System

Surgeon General, [Vice Admiral] V. H. [Murthy's 2023 "Advisory"](#) highlights the healing effects of social connection and community. It calls out loneliness and isolation as not just a public health concern, but an epidemic with an impact on premature death equivalent to [15 cigarettes](#). In the words of a classic Advisory: "Caution: Loneliness may be hazardous to your health."

According to Murthy, approximately half of U.S. adults report experiencing loneliness. Focus your thoughts in this reality – "More Americans feel lonely and isolated than have major health issues such as smoking (12.5% of U.S. adults), diabetes (14.7%), and obesity (41.9%) with comparable levels of risk for compromised health." Of all individuals surveyed, young adults reported the highest rates of loneliness and isolation.

Murthy et al. note that social isolation is linked with accelerated cognitive decline and an increased risk of dementia in older adults. And although loneliness and social isolation can be consequences of anxiety or depression, they also are predictors of these problems. Moreover, individuals who are socially isolated or lonely are at increased risk for suicide and self-harm. It is a serious issue for pregnancy and birth outcomes as well.

The Surgeon General's report is an actual primer on how we each might act to remedy loneliness and isolation within our personal lives and professional communities. Healthcare is seen as a "pillar" of his model of social well-being, with Single Payer as a change maker for its implementation. The report recommends, for example, that we "Incentivize the integration of social connection into healthcare delivery and public health including public health insurance coverage and other government funding mechanisms" (p. 56).

Take a deep dive into this gift of a document and consider its many applications.

### Local League Prioritizes Health

Health was the focus of the Davis CA League Board at a recent meeting. It used the NY Concurrence to explain the LWVUS position advocating for universal access and availability to quality affordable care.

After lively small and large group discussions, the League ended up with 7 topics for voter education:

- Addiction care and mental health resources
- Palliative care / Medicare benefits for hospice patients
- Need for improved patient-centered care
- Service fragmentation and insurance company interference with provider referrals
- Reproductive rights
- Single-payer options for the nation and California
- The high cost of care and need for cost standardization.

Grassroots efforts like this advance the goal of universal health care across the nation, starting with educating its own members and communities. What is your local League willing and ready to do?