

Coalition in LaPlata County, Colorado coordinates, collaborates to improve local healthcare

Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has. --Margaret Mead

How many small, thoughtful, committed groups will it take to transform our broken health care system? The health of U.S. residents, considered as a population, is poor. We [die sicker, quicker, and more expensively](#) than in any other wealthy nation on the planet. We are [losing healthcare facilities](#)—especially in smaller and rural communities—to bankruptcy and [losing healthcare professionals to burnout](#) and [moral injury](#) at an alarming rate. Without radical reform, many of us will personally face *unavailable* providers and facilities when we most need them.

In rural La Plata County CO, one of Mead's thoughtful, committed citizen groups has formed — pooling information, ideas, and resources through the newly-formed [LaPlata Health Improvement Coalition \(LPHIC\)](#). LWV-LP healthcare chair and HCR4US member [Jan Phillips](#) and LWV member/husband Greg co-chair the coalition. **Their goal: finding local solutions to improve community health and well-being in their county.**

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“We’ve been thrilled with the willingness of so many from our community to be involved in improving healthcare—from the C Suite members participating from our non-profit hospital, our for-profit physician-owned hospital, and our Federally Qualified Health Clinic, as well as businesspeople, government agencies, non-profit organizations, schools and our local Fort Lewis College professors,” says Jan.

They are all committed to **coordinating their actions through participant consent-driven decision-making, collaboration and ownership among many different organizations**. The coalition has pooled the information and conclusions from recent surveys and needs assessment reports from the member organizations and are organized thematically into six work groups: Availability (providers and services), Accessibility, Affordability, Community Benefit, Healthcare Data, and Legislation and Policy. All six workgroups are led by facilitators to keep the process moving forward, reducing conflicts as they arise, and maintaining productive solution-oriented discussions.

La Plata's project exemplifies [John Lewis's](#) call to action: "If not us, then who? If not now, then when?"

No meeting June 25
NEXT HCR4US MEETING
Sunday, July 30
8:00 p.m. ET

Register at
<https://tinyurl.com/HCR4US-July30>

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

AARP Warns Members About MA

In its April 2023 article “[Feds Crack Down on Medicare Advantage Marketing](#),” AARP alerted its 37 million members that a new regulation about advertising Medicare Advantage takes effect on Sept. 30 and “includes changes to protect people exploring Medicare Advantage and Part D coverage from confusing and potentially misleading marketing practices.”

HHS Secretary [Becerra's new advertising guideline](#) also finds support from the “Save Medicare Act” ([HR732](#)) introduced by US Reps Pocan (WI), Khanna (CA), and Schakowsky (IL) in February. See what you think about the sponsors’ [infomercial](#) inspired by the ads they are trying to combat for the “alternative private insurance plans” in question. (It’s fun, but maybe they shouldn’t quit their day jobs just yet.)



In Case You Missed It

- **April 22-23 OPS State of the States at the Healthcare-NOW M4A 2023 Strategy Conference.** Seven of the 20 states currently working toward state-based Single Payer Medicare for All legislation report on their states' progress and challenges. (HCR4US members B. Pearson and M. BrinckLund make presentations.)

Upcoming

- **July 11 OPS Office Hours Topic: Unions, Nurses, State-based Universal Healthcare** Click [HERE](#) to register.
Speaker: Rose Roach, Volunteer director of Unions for Single Payer and recently retired Executive Director of the Minnesota Nurses Assn. Rose will discuss foundational legislation passed in the recent Minnesota state session that will play a role in

Websites

HCR4US Youtube Channel:

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

HCR4US Web-Contact Form:

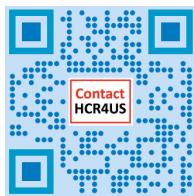
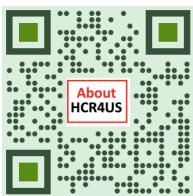
tinyurl.com/Contact-LWV-HCR-4US

HCR4US Google Drive:

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

HCR4US Toolkit:

<https://lwvhealthcarereform.org>

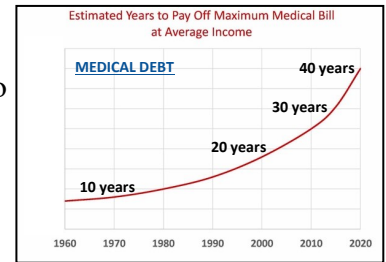


HCR4US: *Dedicated to educating and mobilizing League members to work toward legislation that enacts the goals of our LWVUS health care position*

Newsletter Committee: Barbara Pearson, Jon Li, Candy Birch, Jody Disney, MaryLynne Courtney, Becky White

Calamity Curves and Health Insecurity

Almost **60%** of Americans are considered "Health Insecure," including those without insurance (12.5%) and 45% who are under-insured (based on having out-of-pocket costs, not including premiums, that are more than 10% of one's income).



A dramatic visualization created by Warren George, a Republican business supporter of universal health care from Oregon, shows how much more exposed we are to financial ruin from health care than our parents were--one accident or one diagnosis away. He calls it a "Calamity Curve."

Using figures from the [National Health Expenditure Accounts](#), [Kaiser Family Fund cost distribution data](#), and the [Bureau of Labor Statistics](#), George's "calamity curve" tells us the following: Today, a worst-case health care scenario (costing about \$2.5 million) is 40 times the average annual income (that he calculates at \$60,000). The same calculation in 1960 yielded a seven-year payoff. A 1960s calamity would be devastating, but it would not have gobbled up one's whole career.

Medical debt in the US tells the same toxic story. Forty [per cent of Americans have medical debt](#); [40% of them have insurance](#). Medical debt is the leading cause of bankruptcy. The ["Death or Debt" study](#) of cancer patients illustrates the threat health care poses to our financial well-being. According to the American Journal of Medicine study, 62% of all cancer patients were in debt because of their treatment, 42% of newly-diagnosed cancer [patients lost all their life savings](#) in two years, and between 40 and 85% of all cancer patients in the study had to quit work while undergoing treatment, creating a long-lasting financial burden.

The status quo is a pretty big sword hanging over all of our heads. With good reason, several of the state-based public Single Payer bills call themselves **Health Security Acts** instead of Medicare for All.

The cost of profits = people

In [Tukwila, WA, Cascade Behavioral Health Hospital](#), a 137-bed psychiatric facility owned by Tennessee-based Acadia Healthcare, has been rapidly discharging patients and expects to cease operations by July 31. The facility has served an estimated 25,000 patients since it opened a decade ago. Its closure adds pressure to an already-strained mental health system plagued by workforce shortages, wait times and a severe lack of inpatient beds nationwide but a particular problem in Washington where Acadia owns five others.

The hospital declined to offer specifics about its financial situation or reasons for the abrupt nature of the closure. Acadia has over 239 behavioral care facilities and \$2.69B in profits for 2022, a 13.37% increase year over year. Take a peek at their overview for investors at its informational site [Acadia Healthcare | A Standard of Excellence](#).