



HEALTHY PEOPLE



HEALTHY DEMOCRACY

January 23, 2024

LWV Health Care Reform for the US Newsletter

The Path to Convention Timeline for LWV Vermont's Privatization Update Concurrence

Deja vu! We did it last Convention—for the HealthCare Update and Digital Equity Concurrences. Now we get to do it again.
THERE IS NO TIME TO LOSE.

CHECK NOW: When do your Leagues do 2024 Program Planning? Who fills in the LWVUS Program Planning Survey? (Due March 10, 2024).
Ask how you can offer input.

Mid-Jan to DEADLINE March 10	Deadline March 17	May 20 to June 27	June 27-30 Convention in DC
Outreach to as many Leagues as possible to submit the VT concurrence in their Program Planning Survey. Create and disseminate education materials and videos Engage with the other LWV Interest Groups	Vermont submits to LWVUS staff the completed proposal for Update Concurrence Proposals due for Convention caucuses Watch for LWVUS Bimonthly Updates on Convention news	Finalize late May Previews and Caucuses Prepare for tabling at Convention: stickers, flyers, swag.... Create "Update Delegate Team" for convention logistics	Day 1: If not an item "Recommended by LWVUS," vote on floor to put it on the agenda for Day 2. If "Rec'd," prepare to "speak to" Update when introduced Day 2: If "Rec'd" or voted favorably on Day 1, frame motions & set up speakers Day 3: VOTE!
* LWVVT Concurrence site *TOOLKit Concurrence site *Memo with Instructions to Leagues * HCR4US Newsletter (Dec)	* Bylaws link Article XII * Convention Link *Link to subscribe to the LWVUS President's League Update newsletter	* Link to join Google Group for calls for helpers * Health Care Reform groups.io	If vote is favorable, watch for LWVUS to incorporate Update into position in Impact on Issues (2024-26)

LWV California says Prop 1 would make treatment gaps even worse

On March 5, Californians will vote on [Proposition 1](#), a controversial ballot measure for Gov. Newsom's proposed shift of **mental health treatment** services for over 100,000 people—that are already underfunded. The measure would issue bonds to provide housing and support for a [small sliver](#) of the state's homeless population.

The League of Women Voters of California has issued a [public statement](#) opposing Prop 1.

"Although CA has a critical need to resource better mental health and addiction services, and address our crisis of homelessness, [the resources offered through Prop 1] do not outweigh their flaws.



"...last-minute amendments ... opened the door to funding involuntary treatment in locked facilities. ... incentivizing institutionalization will both lead to worse health outcomes and curtail individual liberties.

Reallocation reduces the funds available for other mental health services that counties currently offer to patients, like treatment, crisis response, and outreach. "Finally, budgetary decisions should be made by the legislature, not by earmarking funds through ballot initiatives. [Such] earmarking restricts counties and states [in addressing] future...emerging and essential needs." *Submitted by Jon Li*

NEXT HCR4US MEETING Sunday, Jan.28 8:00 p.m. ET	Register at http://tinyurl.com/HCR4US-Jan28	TENTATIVE AGENDA: Intros for New Attendees — Announcements Program Planning — Education/Advocacy Newsletter — Break-out Sessions
--	--	--

In Case You Missed It

Jan. 10 **McMedicare for All** presented by [Ana Malinow](#). Hosted by National Single-Payer



Jan 19: One Payer States hosted **David Dayen "Monopolized"**. [How every "choice" we have is controlled by monopolies.](#)

Upcoming Event

Jan 30 7:00 p.m. ET: LWVMA hosts **LWVUS Director of Gov't Affairs Jessica Jones Capparell "Advocacy 101 for Local Leagues."** Register [here](#).

Websites

HCR4US Youtube Channel:

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

HCR4US Web-Contact Form:

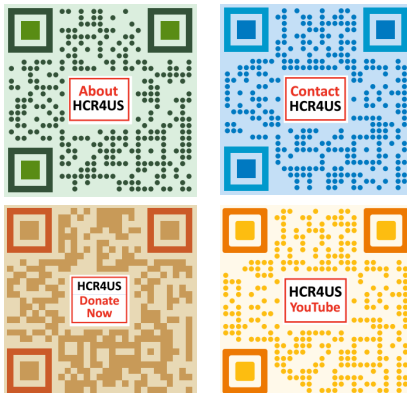
tinyurl.com/Contact-LWV-HCR-4US

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, MaryLynne Courtney, Judy Esterquest

Private Equity Case Study

Breaking every anti-trust law there is

And getting away with it time and time again.

The U.S. [can afford](#) to provide high-quality health care for "everyone in, nobody out." So, what do the billions invested by private equity firms add? According to an [anti-trust suit pending](#) in federal court, the "synergies" PE seeks are mostly to achieve "restraint of trade."



In a healthy market, specialty medical practices compete against each other for hospital and insurance business based on lower prices and better quality. But in the words of mega-firm [Bain Inc.](#), "in a benign regulatory environment," a "fragmented market creates opportunities for 'value creation'" (= enormous profits which they pocket after sharing them minimally with the practices they buy up). PE is following our anti-trust laws to the letter--but [backwards](#).

Especially in the last decade, PE has been methodically working its way through medical specialties, "[rolling them up](#)" to eliminate competition. So far, examples are neonatology, dermatology, gastroenterology, emergency medicine, nursing homes--as they also have done with apartment buildings in many regions. Then they use their monopoly power to raise prices--in the current case against Texas-based U.S. Anesthesiology Partners (USAP) and partner Welsh Carson of NYC-- to [double the median rate](#) of other area practices.

According to the [FTC](#) evidence trail, beyond buying up the competition, the defendant also engaged in old-fashioned price fixing, "market allocation" (=negotiations to keep rival practices out of a "protected market"), and other unfair methods to lessen competition.

Insurance giant, United Health Group (itself a vertical monopoly) [tried unsuccessfully](#) for a year to break the anesthesiology stranglehold by pulling USAP out of their network, so they (and their patients) would not have to pay the unsustainable rates. UHG was charged with harming their patients by restricting their network unlawfully, and they caved in.

The case against USAP rested in September 2023. Even if successful, the [appeals](#) have already been filed. As the consumer hero in this case, FTC chair [Lina Khan](#) says, a lot rests on this case. USAP and Welsh Carson have not admitted guilt, and there is nothing to indicate that they won't do it again and again, until they run out of specialties to roll up. *Submitted by Barbara Pearson*