



HEALTHY PEOPLE



HEALTHY DEMOCRACY



December 21, 2023

LWV Health Care Reform for the US Newsletter

## Breaking News! Vermont has just adopted a state position on privatization

LWV of Vermont has been educating voters about for-profit corporations and private equity firms that [do not deliver on promises](#) to provide equivalent quality health care at lower cost than publicly-funded programs. As of December 14, LWVVT has a new, sharper tool to fight against privatized programs — which **cost more and deliver less**.

Vermonters have been witnessing [runaway growth](#) across the country in Medicare Advantage, Medicaid Managed Care, [ACO/REACH](#), and [Private Equity](#) --all of which use [tax dollars](#) to further escalate their own profits. We know that [inflated billings](#) and rampant [fraud](#) siphon money from public programs, harm patients, and divert taxpayer dollars away from health services to wasteful administration and profits.

Why then, the Vermont League asked, are we failing to regulate [predatory capitalism](#) and [corporate raiders](#)? Can't we use the LWVUS [Privatization position](#) to fight such abuses of the public trust?

Not yet. The response to a [Federal Action Request Form](#), submitted by LWVVT member Betty Keller, pointed out that "health care" is not among the public goods to be protected by the US privatization position (p. 67), nor is de-privatizing bad actors supported. Frustrated that the privatization position could not support advocacy based on research since the position was developed, LWVVT voted to do a study.

The study team compared health care to [criteria for "a public good"](#) in the position and elsewhere, and

evaluated how recent privatizing (and [de-privatizing](#)) affected quality of care and costs. They communicated regularly with members, offered education, and held a statewide consensus meeting. Based on that consensus conversation, they drafted the position and won approval by the state board. At a special convention, LWVVT adopted the new position.

Vermont will soon have a test case for the new position: a Vermont legislator is drafting a bill opposing privatization of health care. In early January, LWVVT will use its new position to evaluate the bill, letting their Montpelier representatives know why they support or oppose it, and what amendments will improve it.

Your League may also have pending state bills. For instance, the [NY legislature has bills](#) to prohibit for-profit corporations from opening new hospices or nursing homes. A [MA bill](#) requires transparency in nursing home ownership for even a 5% stake. Both [CA](#) and [NY](#) have new regulations for their health departments to begin challenging, delaying, publicizing, and adding costs to transactions involving private equity. **Only Vermont has a position that allows advocacy on such bills.**

The new position is posted [here](#). Your state could concur with Vermont's position at your state convention in 2025 — or vote to have [LWVUS concur](#) at national convention in June 2024. Either way could work for you. *Submitted by Betty Keller, Barbara Pearson, and Judy Esterquest*

**LWV Vermont did what Leagues do: They voted to study it.**

**NEXT HCR4US MTG**  
**Sunday, Jan 7**  
**8:00 p.m. ET**  
**5:00 PT**

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Register at  
<https://tinyurl.com/HCR4US-Jan7>  
**Agenda:**  
 New Attendees  
 Announcements  
 Program Planning  
 Education/Advocacy  
 Break-out Sessions

## Local Leagues: Put Privatization on the Agenda!

Please join the grassroots campaign to put the issue of updating the League's privatization position on the agenda at the 2024 National Convention. Delegates could then vote to adopt the update by [concurrence](#).

**As soon as possible in the new year**, bring the VT position to the attention of whoever submits the [National League Program Planning Survey](#) for your local League — it might be your President, your program planning committee, your board — and tell them how important it is to League advocates for health care across the US.

Use this [one-page instruction sheet](#) that has the **specific language to be inserted** into the Program Planning Survey, due on March 10, 2024.

Then watch for webinars that educate about the position and the concurrence process. Plan now to attend the [2024 convention](#) in DC in person or on-line.

## In Case You Missed It

**Dec. 7 Value-Based or Value-Less** presented by Ana Malinow. Hosted by [Kentuckians for Single-Payer Healthcare](#)



**Dec. 15 Medicare Advantage routinely denies reimbursements for necessary care, hospital execs say** [NBC Nightly News story](#)

**Jan 21, 2022 "Healthcare as a Public Good"** [Dr. Walter Tsou](#) provides a refresher on what the phrase "public good" means

## Websites

**HCR4US Youtube Channel:**

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

**HCR4US Web-Contact Form:**

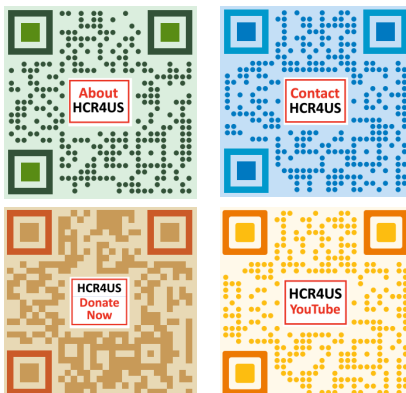
[tinyurl.com/Contact-LWV-HCR-4US](http://tinyurl.com/Contact-LWV-HCR-4US)

**HCR4US Google Drive:**

<https://tinyurl.com/HCR4US-Minutes-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, Betty Keller, Judy Esterquest

## Health: The Human Face of Climate Change

This year [UN Universal Health Day](#), December 12, was overshadowed by the UN's own climate mega-convention, "COP28."



Big news for us at the [annual "COP"](#) was the addition of Health Day. "COP"--in UN-speak--is "Congress of the Parties," an extravagant conference organized within the UN's Framework Convention on Climate Change (UNFCCC), attended by almost [100,000 delegates from nearly 200 countries](#). Some of our eyewitness news comes from [LWV UN Observers](#), reporting from within the Dubai Expo Center.

Is Health Day an optimistic or pessimistic development? On the one hand, it is a bet against a sudden climate apocalypse, testifying to faith that we will survive it long enough to get sick. It also acknowledges that we are in a continuing crisis and that the negative effects on health and well-being of our unsustainable lifestyle have been quicker and stronger than the world imagined.

Health, or rather disease, is the human face of climate crisis. As U.S. climate envoy [John Kerry said](#), "We should not measure progress [here] just by temperature degrees or parts per million, but by lives saved" (or lost). As Earth reckons with the health costs of intense warming and increased pollution everywhere, we have [already experienced a rise](#) in infectious diseases, natural disasters and food insecurity, to name just a few from a long list of potential catastrophes, all of which intensify [climate and health injustice](#). In the words of the [Pakistan's Minister of Health](#): "We contribute only 1% to the climate problem, but bear 70% of its impacts, ...without access to capital to mitigate them or invest in health infrastructure to better survive them."

This pairing of Health and Climate at the international level is reflected in HCR4US' discovery that our colleagues in the LWV Climate Interest Group have a [Health Team](#). We are reaching out to them to join forces, for example, to explore environmental impacts of health reforms or [amplify their call](#) for healthy, climate-friendly policies in all areas of our lives. *Submitted by Barbara Pearson*

## Cautious Optimism for AI in Mental Health

AI is turning up everywhere, from advertising to rocket science--and now, according to a 2019 National Institute of Mental Health article, "[Artificial Intelligence for Mental Health and Mental Illnesses](#)," it has entered Behavioral Health--where it offers the possibility of identifying and treating mental illnesses early and personalizing treatments. Additionally, AI chatbots could fill gaps in the provision of mental health services and would be available 24/7.

Do we, however, have the ability to handle the associated privacy ([HIPAA](#)) issues or to monitor the outcomes of AI algorithms? Whether we solve the potential pitfalls or not, we can't put the genie back into the bottle, so together we need to address these concerns to the best of our abilities. As Open AI acknowledges, "[we are the guinea pigs in giant AI experiments](#)." *Submitted by MaryLynne Courtney and Barbara Pearson*