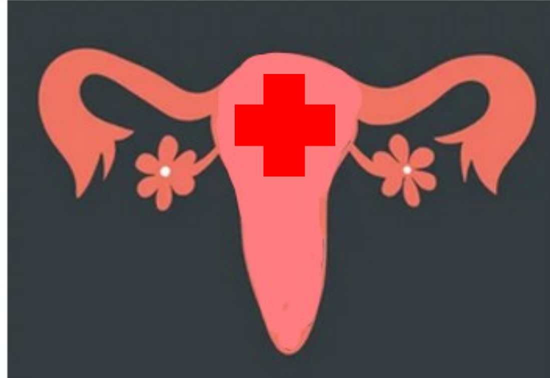
LWV HEALTHY PEOPLE IMPROVED MEDICARE 4 ALL HEALTHY DEMOCRACY

September 17, 2024 *LWV Health Care Reform Interest Group Newsletter*

Which countries are more (or less) hazardous to women's health?

The intense attention to abortion in election discussions this season--even negative attention--is an opportunity for us to increase the League's focus on women's health, and its unique considerations, especially, but not only, around fertility: puberty through conception, including IVF, pregnancy, birth, postpartum, and after.) According to the World Health Organization, healthcare for women of child-bearing age involves not only family planning, but also health promotion, injury prevention, plus screening, diagnosis and treatment of diseases. Likewise, Planned Parenthood data from 2016 to 2023 indicate that 70% of the services they provided, in addition to contraception (25%) and abortion services (3 to 4%), were testing and treatment of genital and urinary tract infections, cancer screenings, and other medical issues.



Historically, medical care for women improved dramatically with the empowerment of women in society and in relationships through education, labor force participation, and strengthened women's rights. The effects of this improvement are transmitted to the next generation. Both a mother's health and educational attainment are crucial contributors to the health and development of her children.

Women are now 65 times less likely to die in childbirth than 100 years ago. Children are also less likely to die. Only about half of children born in hunter-gatherer societies survived to puberty, a rate little changed in 19th-century Europe. By 1915 in the U.S., infant deaths at birth had gone from one in two to one in ten. By 1950, the rate was 30 in 1000 (or one infant in 333). Still, dangers remain, and in the best of circumstances, approximately 10-15% of births require 21st-century medical intervention (and survival is not guaranteed). Pregnancy has the potential to jeopardize the physical health and educational or professional aspirations of the woman and her family.

Health care practices surrounding pregnancy and birth vary widely from country to country. Since these practices have measurable effects on survival rates, we have the opportunity to evaluate cultural responses to women's health needs across nations. The Taliban's "gender apartheid," for example, puts Afghan mothers and babies at the bottom of the list. Less extreme, but still dangerous for women, are countries like Libya or Paraguay, that restrict women's education, circumscribe her place in society, and afford her little autonomy.

Finland, Iceland, Norway, Japan and Slovenia are the countries where birth is the least dangerous. Most other Western European countries, plus Israel, Australia and South Korea, are just behind them. They share these characteristics:

* strong public health infrastructure, [a social and economic safety-net],

* high numbers of midwives and doulas with intensive, personalized care during birth, paid family leave, childcare alternatives after birth.

* high levels of education for women, and

* ready access to contraception, and no (or few) laws restricting abortion.

The U.S. is neither Afghanistan nor Finland, but in a second tier, somewhere around Romania or Lebanon. We have much to learn from our peer countries with more enlightened pre-birth, birth, and post-partum practices. Also, **countries with better maternal and infant outcomes have not-for-profit, guaranteed universal health care, a system we do well to aspire to**.

submitted by Maureen Brinck-Lund and Barbara Pearson)

NEXT HCR4US MEETING
Sunday, September 22
8:00 p.m. ET

Register at https://tinyurl.com/HCR4US-Sep22

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

In Case You Missed It

Sept. 3 Dr. Ed Weisbart featured in Salon article "'Shocking': Experts warn 'irresponsible' Project 2025 Medicare proposal would harm seniors"

Sept. 12 Bernie Sanders chairs Senate hearing on Steward Heath Care Bankruptcy.

Sept. 12 LWVCO Healthcare Task Force presents Dr. Ed Weisbart, Physicians for a National Health Program "Medicare Advantage: What You, Your Family, and LWV Need to Know" DOWNLOAD SLIDES.

NOTE: Sept. 16 Consumers Council of Missouri hosted Dr. Weisbart's presentation "Traditional Medicare? Medigap? Medicare Advantage? Understand Your Decision Before Open Enrollment Begins"

Upcoming

Sept 24 7:30-9:00 p.m. ET Zoom. PNHP NY Metro will present "The 2024 Election and the Fight to Protect and Improve Public Medicare and Medicaid on the Path to Healthcare for All" Register here.

Oct. 10 2:00-3:30 p.m. ET The Center for Medicare Advocacy will present "Medicare Open Enrollment Updates for 2025" webinar. 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, Maureen Brinck-Lund*

Understanding misleading or opaque terms and proposals

Single Payer is not a focus in election contests this year, but there is no shortage of proposed steps from vested interests to undo some of the progress that has been made in health care reform and to increase investor profits. Most proposals don't announce those goals openly, but thanks to a recent **Health Justice Monitor**, we have some "translations" to help us to appreciate their potential harms. For example,

"Lower the Medicare role for catastrophic drug costs." So, whose role does it become? This says that, when the cost of a drug becomes too high ("catastrophic"), raise the share to the patient.

"**Reform Medicaid funding with "balanced" match rates, block grants and caps."** Since Medicaid formulas currently have more federal than state funding, "balancing" could be understood as increasing the state share, but mentioning "block grants and caps" indicates a call to reduce the Federal share and "relieve" states of patient protections that regulate how funds are to be spent.

"Use a "truth-in-advertising" approach to handle surprise medical bills." That is, override the "No Surprises Act" of 2022 and rely instead on providers to post prices. That might be possible if medical procedures had a single price for all individuals regardless of type of insurance coverage--but they do not. Also, insurers would need to comply with such requests, which they have a history of not doing. In addition, patients would not be able to consult the advertising, for example, on the way to the ER, the venue where surprise billing was '"invented." No one can find prices for a procedure that is unknown before it is diagnosed, nor could someone influence a part of the process over which they have no control, such as having an out-of-network doctor called in on an emergency basis.

"**No funding for providers that conduct abortions and severe financial penalties for states that pay for abortions."** The goal here is not refusing to use Medicaid funds to pay for abortion; that's already in place. This is about penalizing providers and states that in any way support access to abortion (despite calls in other documents or other parts of the same document to defer to policies of states). *Submitted by Barbara Pearson*

Behavioral Health

Bans on Cellphone in Schools to Improve Mental Health

The Kaiser Family Foundation reports that seven states have passed state-wide bans or restrictions of cellphone use in schools for the 2024-2025. Similar efforts are happening in twenty other states. Notwithstanding probable challenges, schools are trying to improve student mental health (and teacher morale) and to protect the learning environment by minimizing distraction and disruption.

Poor mental health in the forms of poor in-person socialization, cyberbullying, anxiety, depression, loneliness, sleeplessness, eating disorders, and body dissatisfaction has been attributed to cellphone use in schools.