October 21, 2024

LWV Health Care Reform Interest Group Newsletter

Hurricanes Are Hazardous to Your Health--and Heighten Our Need for Resilience

High wind and water from back-to-back hurricanes this month highlight the loss of lives and livelihoods they cause. The damage in their wake also brings to light our need for **resilience** to bounce back when extreme weather cripples our health care capacity.

Deadly effects of hurricane winds and water are obvious: drowning from being swept into raging rivers or out to sea; being killed or injured when houses collapse on us or are blown apart, leaving us open to the weather and flying objects.

In the aftermath of a storm, health impacts multiply. Contamination of fresh water supplies, shortages of food and medicines, mold, and washed-out bridges grounding ambulances, and disrupted shipping of medications all take their toll. Wading in germ-filled flood water can turn an open scratch into a life-threatening wound. There are also deaths from home oxygen machines without auxiliary power, medicines spoiled without refrigeration, and dangerous animals on the loose (See all the alligator and snake stories in Florida this month.). Hospitals and clinics are devastated, unable to maintain sterile conditions or even rudimentary care.

A lack of resilience for the recovery causes yet more deaths. This month, we are witnessing how **excessive consolidation** in the supply chain allowed the loss of one small, but critical element — IV-fluid bags — to disrupt our surgical capacity nationwide, possibly for months. A plant near Asheville NC, which manufactures 65% of the U.S. IV-fluid supply, was completely disabled by Hurricane Helene. Another 30% come from a factory near Daytona, in Hurricane Milton's path. Both major and minor operations are affected when IV bags are rationed.

Consolidation, as the Vermont concurrence reminds us, has a strong grip on our largely privatized health capacity — raising prices, cutting staff, and eliminating competition in our supply chains. LWVUS recently petitioned US Health and Human Services to rein in monopolies because, in line with its health care position, consolidation makes health care less affordable and accessible.

Now, IVs show our loss of resilience. The redundancy it requires is considered inefficient and wasteful by corporate medicine focused on short-term returns on investments. Planning for resilience takes time and energy and funding for implementation. Like insurance, it's a bet with ourselves we hope we'll lose — i.e. never to need it. **But we can count on extreme weather to maintain high demand**—28 episodes in 2023 causing $93 billion in damage and accounting for at least 2,800 in excess deaths, far higher than the costs of resiliency planning.

Monopoly is fun as a board game, but it is deadly as health care economic policy. *(submitted by Barbara Pearson)*

NEXT HCR4US MTG
Sunday, Oct. 27
8:00 p.m. ET
5:00 PT

Register at
https://tinyurl.com/HCRUS-Oct27

Agenda:
New Attendees
Announcements
Education/Advocacy
State Reports
Break-out Sessions

LWVUS Online Guidance for Project 2025 Messaging

It is rare for LWVUS to engage with a strongly partisan document like Project 2025, "Mandate for Leadership" published in various iterations since 1980 by the ultra-conservative Heritage Foundation. Because so much of Project 2025's alarming contents threaten the very existence of a free and fair democracy, LWVUS staff and partners have been analyzing it to prepare responses for policies that may emerge from it. We, too, could be educating ourselves about it. However, **"due to its partisan nature and the federal level of its proposals, LWVUS [guidance] requests that local and state Leagues refrain from public messaging on Project 2025."**

LWVUS especially discourages programs that focus solely on the document itself, but it advises that "educational forums...about important topics (like climate, immigration, and health care) **where LWV has official positions, Leagues may *refer* to implications of Project 2025 proposals."**

Since several of the Mandate's proposals have already been implemented by the courts, it may be productive for us to track the degree to which they either align or run counter to specific LWV positions. *(submitted by Barbara Pearson)*

In Case You Missed It

Aug. 24 KFF report "Ballot Tracker: Status of Abortion-Related State Constitutional Amendment Measures for the 2024 Election."

Sept. 24 PNHP NY Metro hosts The 2024 Election and the Fight to Protect and Improve Public Medicare and Medicaid On The Path to Healthcare for All

Oct 1 KFF's VP for Health Policy Larry Levitt hosts Chris Jennings and Jennifer Young to discuss health issues, especially those surrounding abortion and other reproductive health care.

Oct. 10 The Center for Medicare Advocacy hosts "Medicare Open Enrollment Updates for 2025" webinar.

Oct. 18 KFF hosts a live election episode of KFF Health News' **"What the Health?"** podcast. Panelists include Julie Rovner, Tamara Keith, Alice Miranda Ollstein, Cynthia Cox, and Ashley Kirzinger.

Upcoming

Get Out the Vote with Vot-ER In Clinical Settings!

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,*

Evidence Supporting Vaccines

COVID has been demoted to the 10th leading cause of death, down from #4 in 2022. The chance of one getting a serious case — with ER visit, hospitalization, or death — is also down from a year ago.

So, do we still need to keep up our vaccinations? YES.

1. Unlike smallpox, whose last known case in the U.S. was in 1949, the COVID virus is still circulating. Positive-test and wastewater data for it are higher than last year, and it doesn't go away in the summer and spring (like flu and cold).

2: Our lower chance of getting it is BECAUSE of the vaccine — and because so many people around us maintain their immunity through the vaccine.

Even for a much rarer disease, like measles whose incidence is about 1 in 30,000,000, (down from 1 in 750 before the vaccine in 1963), the calculation of risks of the vaccine versus risks of the disease is important. For the measles *vaccine,* the observed rate of complications is <5 per 10,000 administrations. With the measles *virus*, the chance of hospitalization is 20% with heightened risk for pneumonia, ear infections, encephalitis, abnormal blood clotting, and a slim chance of death as well. Plus, since measles is so very contagious, you do not want to pass those risks on to the people around you.

For COVID, the relative risk calculation is more complicated, but considering just the most serious side-effect, myocarditis, incidence after the disease was 6 times higher than after the vaccine. *(submitted by Barbara Pearson)*

Single-payer Modeled in QMB Program

The **Qualified Medicare Beneficiary** program, administered by CMS and covering about 8 million people, is a little-known example of how well single-payer health care might work.

Available in all 50 states, QMB offers a safety net by paying the premiums for Medicare Parts A and B as well as eliminating deductibles, co-pays, and co-insurance. QMBs get help on prescriptions, vision, dental, and even long-term care. In addition, some Medicaid services are available for a low co-pay.

Most low-income seniors whose monthly incomes are around 100% of the federal poverty level ($1215 per month) are eligible for the QMB program. Unlike traditional Medicaid, recipients of some forms of QMB are allowed to have limited resources in checking and savings accounts as well as stocks and bonds.

Minimum income and maximum assets vary from state to state. For instance, HI and AK, CT, DC, IN, ME, MA, NY offer QMB eligibility at higher levels ranging from 130% in MA to 300% in DC.

While 12 states have no asset limits, most states allow $9.090 not including the home, one car, burial plot, furniture, and household/personal items.

The June 2024 report of the Medicaid and CHIP Payment and Access Commission recommended efforts to expand participation. *(submitted by Candy Birch)*