



**HEALTHY  
PEOPLE**



**HEALTHY  
DEMOCRACY**

LWV Health Care Reform Interest Group  
**May 2025 Newsletter**

## MISSION

To educate and mobilize League members to work toward legislation and other reforms that enact the goals of our LWVUS health care position, with a strong focus on [expanded and improved Medicare for All \(a single-payer system\)](#).

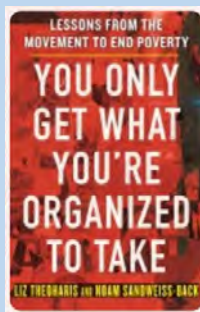
## Partnering with Others to Amplify Our Voices

In today's chaotic political climate, LWV has spoken out more often and more forcefully than in recent years. In just the last 30 days, at least 13 state Leagues (FL, LA, IA, WA, GA, AR, AL, ME, NJ, NC, WI, AZ, CA), and one local League (Pike's Peak CO) have addressed pressing issues through public statements and court cases they've either initiated or joined with LWVUS and scores of allied organizations. Through partnerships with groups such as Democracy Defenders Fund, SPLC, ACLU, SEIU, WI Council of Churches, among many others, Leagues are pushing back against anti-democratic restrictions on ballot questions or illegal efforts to keep already cast votes from counting. They are appealing for continued funding for Americorps and against banning books. (Learn more about these stories at the "[Library](#)" tab on [www.lwv.org](http://www.lwv.org)'s front page.) We are urged to share these stories widely, and especially when there is an official Action Alert, to contact our federal representatives on the issues.

Individual members are also encouraged to partner prolifically, but carefully, while [staying within the fundamental League guidelines](#) for non-partisanship, evidence-based action, and respect for diversity. A notice in the [May 15 League Update](#) about the upcoming "No Kings Day" gives us a crisp line between when a League can endorse or not. LWVUS chose not to co-sponsor the June 14 protest based on national messaging focused mostly on the President, while local Leagues may sponsor theirs if they judge that the protest will focus on broader issues, not politicians.

For partnering in the day-to-day activities, [LWV Corporate and Organizational Partnerships](#) has emerged as more public (and directly helpful) than in prior years. HCR4US was initially drawn to investigate corporate donations for potential conflicts of interest, but in the process found this office and its list of partners that

foster connections to people and resources: [to young girls \(e.g. Girl Scouts and Girls, Inc\)](#), or to [expertise \(American Library Association\)](#), or [more venues, some with profit-sharing potential \(Lush, Target, Mystics\)](#). It has given my League some new ideas. Check it out.



**["You Only Get What You're Organized to Take"](#)** by Rev. Liz Theoharis and Noam Sandweiss-Back, both leaders in the Poor People's Campaign, is a useful guide for any campaign — like ours — that challenges a dominant, but false, narrative and rallies widespread support for **re-ordering the political and economic priorities**

of our country.

The book first lays down the theory of change in the Movement to End Poverty and then presents case studies of successful grassroots organizing through **"projects of survival"** over the last 30 years that are rooted in [MLK's last project](#) from around the time of his assassination, a "non-violent army of the poor," and to some extent, in the [Black Panthers social programs](#).

The key principle is that those most personally affected by the outcomes are the agents of change, the ones most capable of bringing about the changes they need. PPC is dedicated to unifying the [140 million](#) poor and low-wage voters themselves into a force that can exercise significant political power.

As the book shows, it uses the [power of art and culture](#) (especially incredible music) in addition to political and moral argument both to spark outrage and bring people together to unsettle the status quo

**Newsletter  
Staff:**  
*Barbara  
Pearson &  
Candy Birch*

**Attendees**

**CA** —Jon Li  
**CO**—James Gilliam  
**CO**—Linda Mahan  
**CO**—Thalia Oster  
**KS**—Linda Johnson

**MI** —Maria Woloson  
**NY**—Judy Esterquest  
**VT**—Eduardo Siquera  
**VT** —Jean Hopkins  
**VT** —MaryAlice Bisbee

**VT** —Jean Hopkins  
**VT** —Betty Keller  
**VA**—Stephanie Lowenhaupt  
**WA**—MaryLynne Courtney





## In Case You Missed It

Apr. 27 HCR4US meeting [video](#) and [audio](#) and [supplementary materials](#) with Action Links

Apr. 27 PNHP New York Metro Chapter presented its April 2025 Forum: [How We Win the Fight Against Medicaid Cuts](#)

May 1 Halitics hosts One-Payer States leader Chuck Pennacchio [“One-Payer Advocate Explains Why Dems Must Champion Med4All”](#)

May 15 Center for Medicare Advocacy hosted the 2025 [National Voices of Medicare Summit](#)

May 6 Washington Post and Pfizer hosted a webinar [“Chasing Cancer: Advancing Access.”](#)

## Websites

### HCR4US Toolkit:

<https://lwvhealthcarereform.org>

### HCR4US Youtube Channel:

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

### HCR4US Mtg Minutes:

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

### HCR4US Web-Contact Form:

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

Password protected directory

## Networking

### One Payer States

<https://www.onepayerstates.org/>

### National Single Payer

<https://nationalsinglepayer.com/>

### Healthcare Advocacy on Substack

[Here's the link.](#)

### Physicians for a National Health Program

<https://pnhp.org/>

### Students for a Nat'l Health Program (SNaHP)

<https://www.facebook.com/snhp1/>

### Center for Medicare Advocacy

<https://www.MedicareAvocacy.org>

### National Nurses United

<https://www.nationalnursesunited.org>

### Medicare for All Resolutions

<https://www.medicare4allresolutions.org>

### Poor Peoples Campaign

<https://www.poorpeoplescampaign.org>

\*\*\*ADD YOUR GROUP [HERE](#)\*\*\*

## Ways to reduce participation in federal health care programs with little or no cost or effort

Georgia's work requirement for Medicaid is a [documented failure](#) in many ways.

Of the 250,000 newly-eligible residents, only 12,000 were enrolled in the first 2 years of the program, and only 1,700 were denied because of the work requirement.

In fact, [Kaiser Family Fund figures](#) show that 64% of Medicaid recipients work; the others are either disabled (10%), students (7%), involved in caregiving for relatives (12%) or retired (8%).

The bureaucracy needed to establish ineligibility (from being too healthy or not poor enough) costs far more per enrollee than the amount

needed to pay for medical services for them. In addition, they didn't get the benefit found by states who expanded Medicaid without mandatory work requirements of a [bump in the workforce and tax revenue](#). Research showed that when not cut off from healthcare, people improved their health so they [could hold down jobs](#).

On the other hand, there are many, including its founder, who are calling the program a success. If your concern is spending less state money on healthcare, you've met your goal. If the lower well-being of the population of the state and [the increase in preventable deaths](#) are not parts of the equation for you, it might be a "win." Plus, you get to support a larger government payroll.

Still, as we are witnessing in 2025, you don't have to build an expensive infrastructure to throw large numbers of people off federal programs like Medicaid, Medicare, CHIP, the VA, and perhaps even Social Security. Under-the-radar administrative changes, like these, can do much of the work for you at little or no cost:

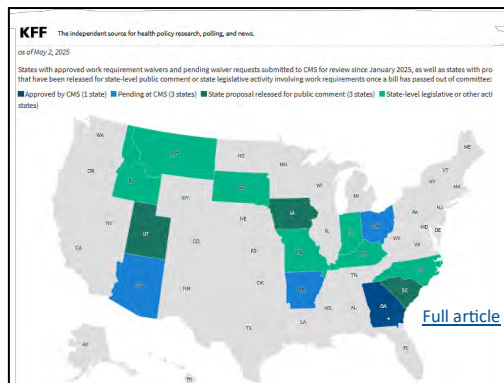
1. You could change eligibility, but not inform enrollees. Let them find out when they go for care, receive it, and then have the payment denied. (Relatively few will appeal.)

2. If your program has a private component that involves a network, there is flexibility to change the network mid-year, so there's another way to deny payments.

3. Another simple but diabolical plan [checks the box for "deceased."](#) This bloodless murder not only removes the individual from your rolls, but also makes it almost impossible for them to challenge you.

4. You could make a system for low-income people which can only be applied for or [maintained through a computer interface](#).

More strategies are to be found in the daily news or the fine print of some of the [151 Presidential executive orders](#) issued this year so far..





# Article Archive

## Recent Articles of Interest Related to Healthcare Reform

Hold down the CTRL key and click on the hyperlinks to access the articles.

Please send us articles (citation and/or pdf) through the [Google Group](#).

### Jan. 22, 2025 [Yahoo Finance](#)

“Trump’s boost to insurers could cost Americans on Medicare Advantage plan a whole lot more ”

By Rebecca Holland

The Trump administration has announced a 5% increase in Medicare Advantage payments, and many predict increased costs to the insured including Rachel Madley: “Sadly, analysts expect the extra payments Big Insurance will get in 2026 will go to increasing profit margins, not increasing benefits or availability of care.”

### Apr. 28, 2025 [Health Care un-covered](#)

“PBMs Are Duping Business Owners and Crushing Workers”

By Luke Sullivan

Pharmacy Benefit Managers determine which drugs are covered and how much the employee pays, which has led to a steep increase in insurance premiums for employees.

### April 2025 [National Bureau of Economic Research](#)

“Saved by Medicaid: New Evidence on Health Insurance and Mortality from the Universe of Low-Income Adults”

By Angela Wyse and Bruce D. Meyer

The research shows that, in addition to being cost-effective, Medicaid Expansion reduced mortality in low-income adults by 2.5 per cent for older and younger adults. More evidence that “health insurance improves health.”

### May 15, 2025 [Center for Medicare Advocacy](#)

“Statement on Proposed Massive Medicaid Cuts”

By David Lipschutz

The Center for Medicare Advocacy explains the attacks on Medicaid and Medicare in the tax bill proposed by the US Congress. “These cuts are cruel; they will inflict real pain on beneficiaries and their families.”

### May 15, 2025 [Becker’s Hospital Review](#)

“Ascension’s Path to a 5% Drop in Preventable ED Visits”

By Erica Carbajal

Using Social Determinants of Health to identify why so many Medicaid and self-insured patients were using Emergency Department services, Ascension was able to address patient care and save money.



## Guest Speaker for June 1 Meeting

Haley Mack who started the Facebook page **United States of Medicare for All** will talk to us about how she started this page and current reactions.