

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](#).

Red States Developing Single Payer Solutions within Health Care

Small, but wonderful changes initiated through state Attorney Generals (AGs) are happening around the country, in [both conservative and progressive states](#).

Ohio, among the reddest states, is a good example. Confronting the twin problems of spiraling costs for drugs and profiteering by corporate middlemen, the solution they developed for the managed Medicaid programs in their states **embodies the basic principles of Single Payer/Medicare for All**: they created a [state pharmacy benefit manager \(SPBM\)](#), a **single-payer with no profit motive and no conflict of interest**.

It's not a full-blown reform: it's restricted to drug purchasing and distribution directly through the state, but state-level healthcare reforms are especially exciting in the context of the [State-based Universal Health Care Act \(SBUHCA\)](#) [reintroduced in Congress](#) just this month. The AG was fielding serious complaints from both pharmacists and patients. Prices of [drugs went up a staggering 40%](#) from 2016, but Ohio pharmacists were so underpaid by the major insurance conglomerates that [300 pharmacies went out of business](#). The system was complicated and opaque. There was no single price for a drug. An intermediary had to determine which insurer and which plan with which doctor or hospital was involved before a price could be determined.

A pharmacy [trade association delved into the details](#) and uncovered the problem. It was as advocates have been saying for years: the "fiscal intermediaries" (here Pharmacy Benefit Managers or PBMs) were pulling all the money out of the system through elaborate kick-backs to circumvent pricing regulations, and they kept the profit for themselves. The pharmacists got no response from the state Dept of Medicaid, so they

turned their information over to the press.

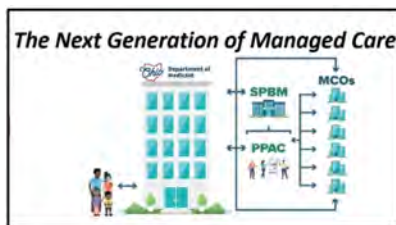
To put a stop to the abuse, [the state outlawed PBMs](#) and [took on the job themselves](#). The Ohio legislature passed H166 in 2019 and by 2022, it was implemented. There was now a single source for dispensing drugs with posted prices negotiated with pharmacy trade groups paid on a fee-for-service basis. Without myriad changing negotiations, the system was transparent and accountable. Prices paid to pharmacies [increased 1200%](#) on average. Some of the work was still done by commercial vendors, but the state Dept. of Medicaid [kept control](#). They set payment rates for pharmaceuticals and managed

the preferred drug list. Within two years, pharmacist [buy-in was almost 100%](#), [the state had already saved \\$140 million](#), and patients could get their prescriptions filled quickly and cheaply.

[Kentucky also nationalized its PBMs](#) and with the savings, has expanded vision, hearing and dental services. One might think that states like Ohio and Kentucky would worry about seeming to be socialist or un-American. But in its most essential sense, it is just good business. In a short time, over half of the states have implemented related single-payer sub-systems in various segments of their publicly-funded health care.

Having the state take over a private business and run it when the private entity is no longer serving the public good is exactly the [DE-PRIVATIZATION provision in the updated LWV-VT](#) (and [now NY](#)) privatization positions. Among other benefits, Leagues in those states can advocate for this proven bi-partisan single-payer solution within health care. If a critic accuses them of being socialist, they can point to this unwitting single-payer advocacy by red-state politicians.

Submitted by Barbara Pearson



Newsletter
Staff:
Barbara
Pearson &
Candy Birch

Attendees

AK—Carolyn Brown
AK—Joan Soutar
CA—Barbara Commins
CA—Jon Li
CO—Marilyn Ayers
CO—Elaine Branjord
CO—Barbara Dungey

CO—Linda Mahan
CO—Kathy Maher
CO—Pam Parks
FL—Candy Birch
GA—Sharon Hill
KS—Linda Johnson
MA—Barbara Pearson

MI—Maria Woloson
NY—Judy Esterquest
NY—Dorothy W. Hares
NC—Wayne Hale
NC—Margaret Villani
OR—Christa Danielson
VT—MaryAlice Bisbee

VT—Jean Hopkins
VT—Betty Keller
VA—Stephanie Lowenhaupt
WA—Mo Brinck-Lund
WA—Mary Lynne Courtney
Guest Speaker—Haley Mack, US of Medicare 4All



In Case You Missed It

June 25 — The Washington Post hosted a panel of experts on “The Price of Care” discussing health care costs and policy. [Transcript and highlights here.](#)

June 29 — HCR4US meeting [video](#) and [audio](#) and [supplementary materials](#) with Action Links

July 13 — Dr. Jessica Shepherd, chief medical officer for Hers, joined **ABC News Live** to discuss prediabetes in youth “[1 in 3 teens have prediabetes: CDC](#)”

July 15 — Senator Markey and Rep. Khanna introduced the 2025 State Based Universal Health Care Act (H4406 / S2286) See the [video](#).

Websites

HCR4US Toolkit:

<https://lwvhealthcarereform.org>

HCR4US Youtube Channel:

[https://www.youtube.com/c/
LWVHealthCareReform](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

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

Let's Concur! The Fight Against Privatization One League at a Time



HCR4US at the 2024
LWV National Convention



If at first you don't succeed, try, try again. That is exactly what the New York State League has done with the issue of privatization.

Some of you will remember the proposed LWV Vermont Concurrence at the 2024 National Convention, which sought to update the [US Privatization position](#) by including healthcare as a public good and by making accountability explicit against profit-focused privatization that harms the public. Undaunted by delegates' failure to adopt the update last year, NYS seeks to put a revised version on the agenda in 2026.

Similar to Markey and Khanna's attempts to help individual states adopt universal health care while we wait for a nationwide program, the NY League hopes to build momentum by having many local and state Leagues explicitly support healthcare as a public good in their positions prior to the June 2026 national convention.

Here's how it happened:

HCR4US leader Judy Esterquest simplified the Vermont Concurrence, and her Port Washington Manhasset League adopted that update to the national position by concurrence. Then other local NYS Leagues followed suit with concurrences and

recommendations to adopt the shortened LWVPWM Update as a position at NYS Convention 2025. It passed! NYS Leaguers can now advocate AGAINST the further privatization of healthcare and advocate FOR de-privatizing when a for-profit entity fails to serve the public good, e.g., making a public good unavailable or unaffordable to under-served residents.

Here is the Proposed Update to adopt by concurrence:

The League believes that healthcare, like other programs that provide and protect basic human needs, should be considered a public good.

The League favors a system where fiduciary responsibility (for such programs) is to patients and the public. Because private for-profit corporations have a fiduciary responsibility to their shareholders rather than to patients or public health, the League believes the for-profit business model for healthcare is inappropriate for the common good or to meet the basic needs of the most vulnerable members of society. In sum, the League opposes further privatization of needed healthcare.

Where private entities fail to deliver programs that provide and protect basic human needs, the League supports de-privatizing them.

Now it is our turn. Let's publish this Update across all 700+ local Leagues and encourage them to concur. The immediate goal: approved advocacy against privatization at the local level. The short-term goal: approved advocacy at the state level. The ultimate goal: adoption at the 2026 national convention.

Let's get busy. [Here](#) are documents to get you started.

Judy Esterquest and Candy Birch

Article Archive

Recent Articles of Interest Related to Healthcare Reform

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

July 16, 2025 [CNN Business](#)

“Here’s Why You Might Be Spending More on Health Care Next Year”

By Tami Luhby

A new survey indicates that employers plan to shift more expenses to workers in 2026, Which can manifest in higher deductibles and out-of-pocket maximums. and is working to hold them accountable.

July 8, 2025 [The Economist/YouGov Poll](#)

“July 4—7, 2025 1528 U.S. Adults Citizens”

Respondents (91% registered voters) weigh in on several health care questions (*Medicaid, Medicare, health insurance, etc. Questions 5-13*); *abortion Questions 46-52*) Unabridged document [here](#).

June 28, 2025 [The New England Journal of Medicine](#)

“Defining Health Care “Corporatization””

By Erin C. Fuse Brown

“Corporatization” of health care refers to the general trend throughout the industry toward higher levels of integrated control by consolidated profit-seeking enterprises. (Free access available, 11-minute audio interview included)

June 27, 2025 [HEALTH CARE un-covered](#)

“Republicans Are Turning on Medicare Advantage”

By Wendell Potter

Conservative leaders now say it’s time to rein in the health insurance industry’s Grip on Medicare. “The program no longer lives up to its promise.”

June 18, 2025 [KFF](#)

“KFF Health Tracking Poll: ACA Enhanced Subsidies”

By Lunna Lopes, Ashley Kirzinger, Marley Presiado, Julian Montalvo III, Liz Hamel, Mollyann Brodie

The poll finds that most people don’t realize that the enhanced tax credits for people buying ACA health coverage will end December 31.

2025 [Center for Health and Democracy](#)

“Sunlight Report on UnitedHealth Group”

Looking at the nearly 2,700 acquisitions and internally created subsidiaries that make up UnitedHealth Group, this project compiles and analyzes publicly-available data to understand the scope of the company’s reach.

Upcoming

Aug 1-2 — One Payer States will host its Reach New Heights for Universal Health conference in Denver. In-person and Zoom [registrations](#) available.



Aug 19 — 6:00 p.m. PT (9:00 p.m. ET) Whole Washington will host a virtual [Let’s Make Healthcare Happen! Town Hall](#). Learn a bit about Whole Washington, The Washington Health Trust and its strategies to win.



July 30: Medicare and Medicaid Turn 60.

