LWV HEALTHY PEOPLE HEALTHY DEMOCRACY

LWV Health Care Reform Interest Group
October 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.

What is in the HR1 budget for health care? It's hard to know.

We need to extrapolate from what the budget says, but also 1) from what it doesn't say, and 2) from what it leaves undefined for others to say.

Where the budget is clear. The "Medicaid" sections of HR1, the Budget Reconciliation Bill passed July 4, specify $1 trillion decreases in Medicaid funding coupled with onerous unfunded regulations that guarantee to make at least 10 million Medicaid recipients lose their coverage. Furthermore, the health facilities that depend on serving those lost patients will also suffer. As a recent PNHP report observes, "Medicaid supports overall health infrastructure and stabilizes healthcare for entire communities." Its devastation directly affects everyone, not just Medicaid enrollees. Opponents of the bill are understandably bracing for the blow.

What the bill is silent on. Countless programs will get the ax with no action from the administration. The most talked-about of these is the ACA expanded tax credits that will expire at the end of the current budget. Similarly, state budget offices have combed through HR1 and found no trace of much specific funding already allocated for programs. In Massachusetts, for example, such omissions in health care (ex. infectious disease laboratories, mental health grants, and vaccines, in addition to the tax credits) total $1.6 billion. These cuts come now before the first decreases in the federal share of Medicare arrive in 2027.

Where important sections are ill-defined. (like the Rural Healthcare Transformation Fund, RHTF). We will only begin to know what will be spent and how when they are implemented. A public policy report from Georgetown University gathered public statements from seven senators (ex. Hawley, MO; Crapo, ID; Murkowski, AK) who were initially against the bill, but changed their vote when support for rural hospitals was added to it at their request. They told their constituents there would be "a $50 billion rural hospital fund" even "a fund to provide emergency assistance for rural hospitals at risk of closing."

Did they get what they demanded?

In fact, there is nothing in the bill that explicitly indicates how the RHTF should be implemented. Those details were left ambiguous in the bill; only who was given non-reviewable approval authority for the awards was designated and that it should begin in 2026 for 5 years.

Its general shape became clearer in mid-September when the CMS Director issued a complicated "Notice of Funding Opportunity" that came with a 6-week deadline and little guidance. States make a one-time application with a plan to cover the five years. The CMS administrator can claw back funding if he (alone) judges a state out of compliance or if one's state passes laws that do not follow a conservative agenda.

CMS restrictions on the funds make it clear that it is not an emergency fund for hospitals. Funding for provider payments, specifically including rural hospitals, cannot exceed 15% of funding awarded. CMS was given the authority to decide that rural hospitals will **not** get $50 billion over 5 years from the bill, but at most $7.5 billion, split among 50 states.

Furthermore, there is no explicit requirement in the bill that the funds actually go to health care, whereas it is very clear that the largest majority **cannot** go to rescue hospitals on the brink. Note that none of these political and program priorities are found in the statute authorizing the RHTF, but are added by CMS.

The Georgetown analysts confirm that the $50 billion in the RHTF fund, already dwarfed by the trillion dollar cuts, is also short-term money, while the cuts are permanent. Thus, the gap is likely wider than what many who voted for the bill would expect.

Submitted by B. Pearson

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

Attendees

AK —Carolyn Brown
AK — Sandra Garity
CA —Barbara Commins
CA —Jon Li
CO —Marilyn Ayers
CO—Elaine Branjord
CO —Barbara Dungey
FL—Candy Birch
FL—Celeste Knight
GA—Sharon Hill
KS—Linda Johnson
KY—Harriette Seiler
LA—Flora Blackstock
MA—Barbara Pearson
NY—Judy Esterquest
NY—Haley Mack
NC—Wayne Hale
NC—Margaret Villani
OR—Christa Danielson
VT —Jean Hopkins
VT —Betty Keller
VA—Stephanie Lowenhaupt
VA—Bobbie Williams
WA—Maureen Brinck-Lund
WA—Mary Lynne Courtney
WA—Kim Finger

NEXT MEETING | Sunday Oct. 26 | 8:00 p.m. | https://tinyurl.com/HCR-Oct26

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In Case You Missed It

Aug. 13 — National Single Payer presented "Saving Rural Hospitals with Single Payer" featuring Kay Tillow

Sept. 10— Center for Medicare Advocacy presented "Navigating Medicare Open Enrollment: Insights for Patients & Caregivers" featuring CMA Attorneys Kata Kertesz and Eric Krupa

Sept. 28 — HCR4US meeting video and audio and supplementary materials with Action Links

Oct. 1 — University of Florida Right Care Alliance presented "Protecting Our Community: The Power of Vaccines & the Need for Mandates" featuring former CDC ACIP member Dr. Paul Offit.

Oct. 8 — Boston University School of Public Health presented "Vaccine Hesitancy: Past, Pressent, and Future"

Oct. 17 — One Payer States presented "The Unwise CMS WISeR (Wasteful and Inappropriate Service Reduction) Model" featuring Lloyd Alterman MD of New Jersey.

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/

Center for Medicare Advocacy
https://www.MedicareAvocacy.org

HCR4US 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

Putting Mental Health Back on the HCR4US Agenda

This month, our calendars are urging us to pay greater attention to Mental Health issues. Taking note of various commemorations for Mental Health Day, Week, and Month in October, HCR4US member and head of Advocacy for LWVGA, **Sharon Hill** proposed to use these dates to boost its priority.

> ***"Typical diseases of despair are on the rise, with more young people dying by suicide and with lengthening gaps between the onset of symptoms and getting treatment."***
> --S. Hill

Sharon explains: "[I worry that] as a country, we never recovered from the major disruption in our lives caused by COVID. Recovery steps in the American Rescue Act were hardly started before being impounded by a new administration. So, we never got a chance to "stabilize" before new obstacles arose. Just getting prescription refills has been made more time-consuming and expensive — and thus interrupting ongoing treatments. In addition to the typical diseases of despair, LWVGA Advocacy is working on paid sick leave (with "mental health days"), maternal health, post-partum interventions, and Day Centers, in addition to the new concern, "long Covid."

LWVGA has been helped in their advocacy by a partnership with the National Association for Mental Illness (NAMI-Georgia). Through them, the state League has been participating in Mental Health Mondays at the Capitol, and other regular statewide discussions and actions. They also contributed to a new Advocacy Mental Health Guide for their state.

HCR4US has many members on our roster with experience and expertise in mental health services, but we have not had individuals with the bandwidth to keep our Behavioral Health Affinity Group going, or provide information about mental health issues for our newsletter on a regular basis. Georgia's model of a partnership with a group like NAMI might provide the support we need to revive the inactive affinity group. Please let us know, by email or webform, if you are interested in joining a taskforce to explore how that might be accomplished.

Submitted by B. Pearson & Sharon Hill

Did No Kings 2.0 Bring Us Closer to Single Payer Health Care?

I vote Yes. No Kings, 7 million strong, was a taste of the "fusion movement" — that brings all the "causes" together under one tent. It's not just a big block party. It's how we defeat fascism: we defuse their power with joyful connection and yes, animal costumes and clever signs. It will take more to get those stealing our democracy into jail, but it's an important (& fun) step.

In Michael Moore 's words, "it created a beautiful mosaic of all the things we believe in: democracy, women's reproductive rights, universal healthcare], loving treatment of our immigrant neighbors, ...saving the planet, and ending corporate greed, the patriarchy, and all forms of bigotry."

Submitted by B. Pearson

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 **The Commonwealth Fund**

"State Protections Against Medical Debt: A Look at Policies Across the U.S. in 2025"

By Maanasa Kona and Vrudhi Raimugia

"Federal medical debt protection standards are vague and rarely enforced. Patient protections at the state level help address key gaps in federal protections. Twenty-one states have their own financial assistance standards, and 27 have community benefit standards.

Aug. 29, 2025 **Becker Hospital Review**

"Walgreens Goes Private, Splits into 5 Companies: 8 Things to Know"

By Alan Condon

"Walgreens Boots Alliance has officially gone private following its acquisition by New York City-based private equity firm Sycamore Partners, the companies announced Aug. 29."

Sept. 21, 2025 **Mid Hudson News**

"Ryan Introduces Patients Over Profits Act to Lower Healthcare Costs, Improve Patient Care"

"Congressman Pat Ryan (D-NY-18) introduced the Patients Over Profits Act this week to "to undo the harms inflicted by UnitedHealth's mass acquisition of Hudson Valley medical practices and to lower care prices across the region."

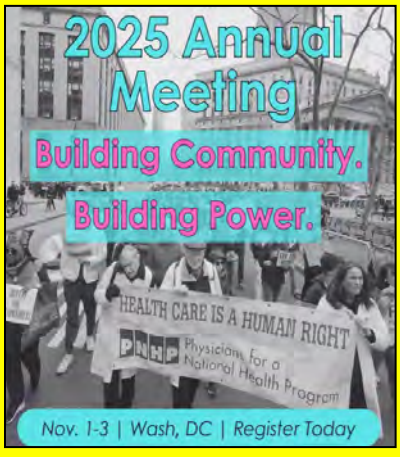
Oct. 17, 2025 **The New York Times**

"Higher Obamacare Policies Become Public in a Dozen States"

By Reed Abelson and Margot Sanger-Katz

"The average consumer is likely to see out-of-pocket payments more than double, according to a recent analysis from KFF, a health research group. Analysts at the Congressional Budget Office estimate the higher prices could cause around two million people to become uninsured next year."

Upcoming



Nov 1-2 — Physicians for a National Health Plan will hold its Annual Meeting "**Building Community: Building Power**" in Washington D.C. Learn more, and register: https://pnhp.org/2025-annual-meeting/

Nov 22-23 — The **2025 Medicare for All Strategy Conference** will be in person in Rockledge, Florida (*30 min from Orlando)*, cohosted by Healthcare NOW and Medicare for All Florida! Register by Nov. 7.