

## 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](#).

## Break Up Big (Corporate Privatized) Medicine

In [Project 2025](#), the Heritage Foundation states, without feeling the need to provide evidence: "Basic economics holds that costs [in health care] tend to decrease and quality and options tend to increase when there is robust and **free competition** in the provision of goods and services."

Thus, it is ironic that its proponents find no contradiction in rampant corporate policies in the health care industry that **restrain free competition at every turn**.

One example, reported in the [Jan 2024 HCR4US newsletter](#), comes from a lawsuit charging a number of private equity firms with both innovative and classic anti-competitive practices, such as "rolling up" medical specialties to get market share, fixing prices, and buying up the competition.

Indeed, far from being a "free market," the medical industry has succeeded in creating traditional horizontal monopolies that allow them to raise prices in all major markets, while vertical monopolies allow the development of the "captive strategy," outlawed in many industries, but not so far in health care. Corporations like United Health, CVS, and Cigna now engage in "self-dealing" at a grand scale.

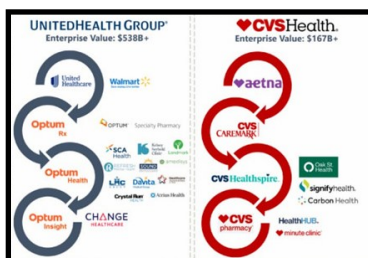
They were motivated to perfect the technique by the ostensibly commonsense requirement in the ACA for insurers to spend at least 85% of premiums on delivering medical care to enrollees, and when failing that threshold, the insurers were to provide rebates to patients. Not surprisingly, they resisted rebates.

In the [August 2023 newsletter](#), we shared [Dr. Glaucomflecken's comedic illustration](#) of an "awesome" practice to defeat the law by raising prices of services at will, and then paying the higher prices to themselves and calling it medical services.

Vertical Integration is not inherently bad for the patient, but we need to bring attention to this flagrant example of how the profit-first conglomerates exploit it to their advantage and to our disadvantage.

Just last month, at the January 22 Congressional hearings with health industry CEOs, Rep. Ocasio-Cortez

(AOC) confirmed the extent of the market concentration involved in so-called vertical integration" with Mr. Joiner of CVS. She showed how the various arms of the corporation all take a cut of their "engaged patient's" treatment: first from insuring it, then from being directed to their clinic, then from their doctor, then PBM, then pharmacy, and even from the drug manufacturer that they wholly own. Joiner ignored the description from a CVS investor call of how the system "unlocks sizable value"



for CVS, calling it instead "a model that works well for the consumer." AOC countered that it was a prime example of market concentration and it effectively fleeces the consumer. [View video on YouTube](#).

The Senate meanwhile has a [bipartisan bill](#) from senators Josh Hawley (MO) and Elizabeth Warren (MA). "Americans are paying more and more for health care while the quality of care gets worse and worse," said Hawley, a conservative populist. "In their quest to put profits over people, Big Pharma and the insurance companies continue to gobble up every independent healthcare provider and pharmacy they can find. Working Americans deserve better. This bipartisan legislation is a massive step towards making healthcare affordable for all Americans."

### What does this have to do with the Proposed Update to the Privatization Position?

*We have an apples-to-apples comparison of how public and private Medicare programs use Medicare tax money paid out to patients. With "traditional" public Medicare, 98% goes to paying for enrollees' medical services and sharing the cost of medical education of residents; while United Health and Anthem's privatized Medicare Advantage plans (among others) and their anti-competitive practices **subtract from medical services** the 20% referenced in the ACA law plus a guestimated 20-30% more through its subsidiaries or large administrative infrastructure, profit, and investor dividends. **The Updated Concurrence would strengthen our ability to support public plans and deprivatize any private ones that are not serving the public good.***

Submitted by Barbara Pearson



## In Case You Missed It

Jan 22 — US Representative Alexandria Ocasio-Cortez Calls Out CVS Health's Corporate Strategy to Monopolize Patient Care. [Video](#).



Feb. 18 — KFF hosted [Consolidation and Integration in Health Care: What It Means for Patients, Payers, and Policy](#).

## Upcoming

Feb. 25 5:00 p.m. ET — LWV Alachua County Healthcare Committee hosts "The Science Behind Vaccine Requirements" with speakers Dr. Fred Southwick and Dr. Paul Offitt. Zoom Link [here](#).

Jan. 25 1:00 p.m. ET — Medicare Rights Center presents "The Future of Medicare-Medicaid Integration" which will discuss the struggle to navigate two separate systems with different rules, processes, and points of access.

## 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 Nat'l Health Program

<https://pnhp.org/>

### Center for Medicare Advocacy

<https://www.MedicareAdvocacy.org>

## HCR4US Websites

### HCR4US Toolkit:

<https://lwvhealthcarereform.org>

### HCR4US Youtube Channel:

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

### HCR4US Web-Contact Form:

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

### League Update Newsletter Sign Up:

[https://www.lwv.org/league-management/  
league-update-newsletter-sign](https://www.lwv.org/league-management/league-update-newsletter-sign)

## Article Archive

### Recent Articles of Interest Related to Healthcare Reform

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

Feb. 10, 2026 [HEALTH CARE un-covered](#)

"Senators Warren, Hawley Introduce Bill to Tackle Vertical Integration in Health Care"

## Help Us Get the Privatization Concurrence on the Agenda

Local League Presidents Can Submit Online Convention Program Planning Survey by March 10  
[Instructional Video Available Here](#)

**IF many Leagues add it to their Program Planning Surveys, LWVUS will see grassroots support for the Update and may be motivated to add the Concurrence to the Convention agenda.**

**The issue in more detail:** "We support the NY/PWM Update to the LWVUS Privatization Position being a recommended program item for concurrence. Adopting the PWM Update would allow state and local Leagues to advocate more effectively, confident that they are aligned with national League policy in

- (1) advocating for healthcare as a "public good"
- (2) opposing further privatization of healthcare which is, by far, our most privatized public good; and advocating as "best practices requirements" both
- (3) "fiduciary duty" to the public for public goods and
- (4) accountability, up to and including de-privatization for violating such fiduciary duty.

The Update will make the current position more useful to state and local Leagues in advocating for legislation which protects vulnerable and marginalized residents who are disproportionately harmed by privatization of public goods — because privatization makes public goods less accessible, affordable or available, or of lower quality and less safe. These benefits will accrue without any League expending additional resources."

*[Leagues in Vermont and New York can already use this valuable tool to support or oppose privatization legislation and policies in their states. With an updated national position, all state and local Leagues could use it for their advocacy as well.]*

**➤ Advocate for this Update and promote it to fellow members and sister Leagues**

Questions? Email [LWV.Update4Convention@gmail.com](mailto:LWV.Update4Convention@gmail.com)