

## 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](#).

## Beyond Defending Democracy, Health Care Reform Rebuilds It

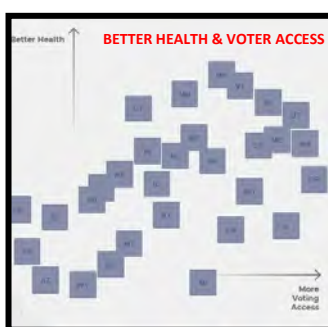
Democracy watchdogs here and abroad [quantify the rapid slide of our democracy](#) into autocracy. We still have the infrastructure for representative government, universal suffrage, and the safeguards of the separation of powers, but our ability to achieve those goals is [severely weakened](#).

We clearly need defense as in the LWVUS campaign for "[Women DEFENDING DEMOCRACY](#)," and we support how proactive League leadership is in that fight. LWVUS has also been strengthening its grassroots in an interesting way — going beyond its tradition of listening bottom-up to its "boots on the ground" through input to its biennial Program Planning process. In addition, in the current crisis, LWVUS has been increasing its creative partnering to strengthen the role local and state Leagues play in advocating on national issues.

Our LWV MA, for example, allied with LWVUS and several other strong national and state partners, is [the lead plaintiff in a lawsuit](#) against the unconstitutional overreach of the federal Executive Order that attempts to ban mail-in voting in all the states. As health care advocates, we especially defend vote-by-mail for the disability community to have their voices heard. This partnering strengthens our national-level advocacy and crucially helps build meaningful interactions with our allies. (Check the online "[News Room](#)" and "[Legal Center](#)" from the front page of [LWV.org](#) to see the many ways this tactic has expanded.)

Meanwhile, we have heard Leagues say they cannot support Health Care Reform now: they have to concentrate on "Women Defending Democracy." HCR4US appreciates that focus, but we **also** feel a need to go on offense — through health care reform

which is more than ever a matter of life and death. We urgently need to expose (and hopefully reverse) the enormous [loss of healthcare insurance coverage in HR1](#), now dubbed the "Killer Bill." Very simply, it is



well established that when access to health care through insurance is removed, [more people die](#). In addition, strong evidence from natural experiments supports a direct [causal connection](#) between legislation like HR1 and preventable

deaths. Many policy makers would like to ignore their role in those deaths — if we let them.

Health Care Reform is also a democracy issue. Here, too, there is a convincing body of research, as in the linked graphic where each square is a state, that shows a positive relationship between civic engagement and improved health — with indications that the [effect is stronger among low-income populations](#) that are typically under-represented in democratic processes. There is further evidence that [Health Related Ballot questions draw more attention and positive engagement](#) than non-health-related initiatives.

So, building on the widespread pre-existing interest in health to boost democratic participation is commonsense. Likewise, since so many people receive medical attention every day of the year, health care facilities — [ERs](#), clinics, [community health centers](#), etc. — have been shown to be fertile venues for voter registration and other civic campaigns.

Also crucial is the gain in accountability from public oversight through publicly-controlled Medical Trusts as embodied in the [bills currently in Congress](#) and in [18 state houses](#) around the country. HCR4US seeks not just healthy people, but a healthier medical infrastructure to build a stronger democracy.



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

3/22 Mtg

CA — Barbara Commins  
 CA — Sharon Goldfarb  
 CA — Jon Li  
 CO — Elaine Branjord  
 CO — Linda Mahan

FL — Candy Birch  
 KS — Linda Johnson  
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**HEALTHY PEOPLE**



**HEALTHY DEMOCRACY**

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**In Case You Missed It**


**Mar 22** — HCR4US meeting [video](#) and [audio](#) and [supplementary materials](#) with Action Links

**Mar 24** PNHP hosted the webinar “[Moral Injury in Medicine](#)” which highlighted how financialization has contributed to moral injury in professionals.

**Mar 28** National Single Payer hosted the webinar “[The Need for Single Payer, Or Why Other Reforms Will Fall Short](#)” featuring Harvard Professor Adam Gaffney.

**Upcoming**

**May 20** — Center for Medicare Advocacy presents “[National Voices of Medicare Summit](#)” in Washington DC or via free live webcast. Register



### 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.MedicareAvocacy.org>

### HCR4US Websites

- HCR4US Toolkit:**  
<https://lwvhealthcarereform.org>
- HCR4US Youtube Channel:**  
<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>

## The Anti-privatization Manifesto



On this 250th anniversary of the Declaration of Independence we declare it is time for the people to take control of the health care system and run it for people, not profit.

8pm ET Virtual Town Hall 10.14.26



Sign on as an individual: [HERE](#)  
Sign on for an organization: [HERE](#)

From [NationalSinglePayer.com](https://www.nationalsinglepayer.com)

## Article Archive

### Recent Articles of Interest Related to Healthcare Reform

#### April 8, 2026 [Medicare Rights Center](#)

##### “What the ACA Means for Older Adults”

“The ACA reduced the number of the uninsured, which meant fewer people facing high rates of medical debt, delays in treatment, and poor credit. These advances are especially important for older adults, who often have health problems that cause them to rely on the ACA’s consumer protections as they approach Medicare eligibility.”

#### April 6, 2026 [Becker’s Hospital Review](#)

##### “CMS Hikes Medicare Advantage Rate 2.48% for 2027: Six Notes” By Elizabeth Casolo

“For 2027, the standard Part D deductible will rise from \$615 to \$700, and the annual out-of-pocket threshold will rise from \$2100 to \$2400.”

#### April 2, 2026 [KFF](#)

##### “A Preview of the Role Health Care May Play in the 2026 Election” By Shannon Schumacher, Julian Montalvo III, Ashley Kirzinger, Liz Hamel

“This issue brief summarizes the role health care has historically played in elections using KFF polls, exit polls, and other data to show how health care, especially the issue of health care costs, may play a role in the upcoming 2026 midterm elections.”

#### March 23, 2026 [Sen Murphy](#)

##### Bill to Ban Private Equity From Owning Nursing Homes and Hospitals Press Release

“The bill effectively bans private equity ownership of hospitals and nursing homes by making them ineligible to receive Medicare funding.”