LWV HEALTHY PEOPLE IMPROVED MEDICARE 4 ALL HEALTHY DEMOCRACY

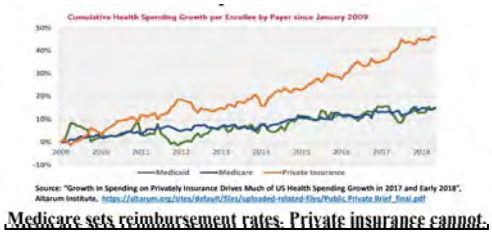
LWV Health Care Reform Interest Group
September 2026 Newsletter

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 .

Health System Ills: Can we blame health insurance companies for them?!

Larry Leavitt, Executive VP of KFF, asks in a prominent forum: "Are Health Insurance Companies to Blame for our Health System's Ills?" Or, are they just passing on price hikes and predatory business practices developed by others? Leavitt notes that insurance companies may be too convenient a target for us to hate: we're their captive market in which they delay and deny our care. This year, their professional association explains in a letter to Congress how "several years of funding [for Medicare Advantage]...did not keep pace with higher medical costs and utilization" and left them no choice but to exit markets, forcing almost 3 million abrupt "disenrollments." Patients who weren't scrambling to quickly replace health coverage faced premiums that rose 24%.



Medicare sets reimbursement rates. Private insurance cannot.

Leavitt stops short of saying insurance companies are to blame and suggests our prices were set too high by others, like hospitals and drug companies. Indeed, consolidation in almost all hospital and other medical markets around the country gives them the power to raise prices at will and no incentive to reduce them. Similarly, in a lax regulatory environment, drug companies exploit elaborate anti-competitive schemes that result in U.S. consumers paying almost three times what countries with effective regulation pay — for the same medications.

But, as Stoller points out, we can't blame just insurance companies. They have been allowed to become "huge conglomerates, with un-trackable flows of money and opaque pricing." United Health Group (UHG), for one example, is heavily consolidated both horizontally and vertically with 2,700+ businesses in their portfolio. Everyone involved at every level shares the blame. They have lots of levers with which to pump up profits.

How did this happen? And can we reverse it?

Early examples of vertical integration in medicine were positive: For example, Kaiser Permanente since WW2 provided one-stop shopping for medical care on an enrollment basis which amounted to broad insurance. Satisfaction and outcomes were historically high. Similarly, the VA in its original form had true integrated care and the best outcomes in the industry, especially for their specialized population.

However, add to the context of huge, consolidated conglomerates a compromised free press spreading propaganda, an army of lawyers to countersue every attempt at regulation, and a nuclear political arm with 5 lobbyists for every member of Congress to quash any discussion of implementing their regulation or replacement.

In fact, except for public programs like Medicare (which has been setting and posting prices for years — lower than private insurance according to the graph), it is almost impossible to point to who is setting prices as Leavitt asks us to do. Commercial price setting seems akin to algorithmic pricing software in housing to customize the highest price possible for given individuals or units. There is no standard price.

What to do?

One hopeful campaign currently is "Break Up Big Medicine," which might include breaking up the staunchest opposition to transformational reform.

We already have laws on the books to break up monopolies, but they have hardly been enforced at the federal level since Reagan. New legal and political moves to enforce anti-trust laws and bans on the Corporate Practice of Medicine are happening **mostly at the state level**. Several states (as well as the Senate) have bills to break up the conglomerates.

We need to enforce the laws we have and get our lawmakers to create new safeguards where there are gaps. Working at the state level has the advantage of reducing the problem space to a more manageable size. Let's let states show the way.

Submitted by Barbara Pearson

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8/23 Mtg

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NEXT MEETING | Sunday Sept. 27 | 8:00 p.m. | https://tinyurl.com/HCR-Sep27

LWV HEALTHY PEOPLE HEALTHY DEMOCRACY

In Case You Missed It

Apr 20 — LWV of Diablo Valley hosted a webinar (with Spanish support) **"Universal Healthcare Part II"** featuring Dr. Jim Kahn.

Aug 27 — PNHP hosted a webinar **"Winning Medicare for All: The Path Forward"**

Aug. 23 — HCR4US meeting minutes, video and audio and supplementary materials with Action Links

Aug 27 — PNHP hosted a webinar **"Winning Medicare for All: The Path Forward"**

Upcoming

Oct. 14 8:00 p.m. ET Declaration of Independence from the Medical-Industrial Complex National Town Hall October 14, 2026 Register here.

Oct. 17 No Kings events nationwide.

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

League Update Newsletter Sign Up:
https://www.lwv.org/league-management/league-update-newsletter-sign

Article Archive

Recent Articles of Interest Related to Healthcare Reform

September 8, 2026 Time Magazine

"Most Americans Are Losing Health Insurance — And Everyone Will Pay" By Alana Semuels

"An increase in uninsured people doesn't just affect the people losing insurance. It affects everyone. More uninsured people means more of a financial burden on hospitals—particularly ... in low-income neighborhoods and which will incur higher costs treating everyone who shows up in the emergency room because they'll see more uninsured patients. When hospitals face financial distress, they cut back on services: often ob-gyn and preventative care."

August 28, 2026 Common Dreams

"'Break Up Big Medicine': Taking on Healthcare Industry Greed Could Save US Families $6000+ a Year" By Jessica Corbett

"One expert said the options are to "watch the US healthcare system spiral into profit-driven chaos or finally treat the Big Medicine disease to create a healthcare system that puts patients and clinicians in control of care.""

August 13, 2026 Yale School of Public Health

"'Universal Health Coverage Could Save $1 Trillion and 114,000 Lives Every Year, Yale Study Projects" By Matt Kristoffersen

"The researchers modeled what would happen if the United States adopted a national public insurance program like the one proposed in the Medicare for All Act. Using 2024 spending, insurance coverage, and mortality data, they estimate that the universal coverage would reduce annual health expenditures by $1.04 trillion, or nearly 20% — even after accounting for the additional care that uninsured and underinsured people would receive."

July 23, 2026 The Commonwealth Fund

"How Primary Care Medics Can Bring Needed Health Care to Rural Americans"
By Mark B. Stephens and Robin W. Weinick

"Simply recruiting more clinicians to rural practices is not enough to solve the critical shortage of primary care in rural communities Primary care medics — a new role being developed in Pennsylvania — could be trained to deliver primary and preventive care in patients' homes and communities, under the supervision of licensed clinicians.

Feb. 10, 2026 U.S. Senate

"S.3822 - Break Up Big Medicine Act"
By Senators Elizabeth Warren and Josh Hawley

"A bill to prohibit pharmacy benefit managers, insurers, and prescription drug or medical device wholesalers from being under common ownership with certain medical service providers, and for other purposes; to the Committee on the Judiciary."