



HEALTHY PEOPLE



HEALTHY DEMOCRACY

September 19, 2022

LWV Health Care Reform for the US Caucus Newsletter

Privatizing Medicare: Should We Be Alarmed?

The Medicare for All Act of 2021, [HR1976](#), describes how the U.S. could create a system of high-quality universal health care that meets goals of justice, equity, and sustainability, among others. A just system as in HR1976 is **based on meeting medical need**, not generating profits. It **minimizes layers of non-medical middlemen** that divert medical funding for non-medical purposes. It ensures **rational resource allocation** by analyzing the system as a whole through **global budgeting**, both for institutions like hospitals and nursing homes, and for the system itself. **A just system does NOT create private wealth from public money.**

Unfortunately for our dreams of equity, excellence, and justice in health care, the physicians [Himmelstein and Woolhandler](#) who originally proposed a national health program, and colleagues Gaffney, McCanne, & Geyman demonstrate that big business has taken us further from health equity today than we were in 1989 when they introduced the M4A concept. Yes, they say, **we should be very alarmed about giving corporations and private equity control of our health.**

Under director of CMMI Liz Fowler, CMS has been quietly switching people into "alternate payment models" in the form of "[accountable care relationships](#)" or so-called

"[value-based care](#)" like ACOs and [DCEs](#). These are run through contracts mostly with profit-taking corporations. CMMI is putting people into programs without consent from enrollees, providing only notification after the fact, generally delivered in confusing letters from unknown senders. Despite the heading on most such letters: "Required Annual Notice: No Action Needed"—we must act. If only we could tell who the responsible parties are.

Alternate payment models compared to "single payer" like original Medicare

	HR 1976	VA	Traditional MEDICARE	MEDICARE ADVANTAGE	EMPLOYER-BASED	HMO ACO DCE	OECD Peer Countries
Publicly-funded	YES	YES	YES	YES	NO	YES	MIXED
Privately-delivered	YES	NO	YES	YES	YES	YES	MIXED
Single payer	YES	YES	YES	NO	NO	NO	MIXED
Universal	YES	NO	NO	NO	NO	NO	YES
Goal: medical needs	YES	YES	YES	NO	NO	NO	YES
Goal: Create wealth for investors	NO	NO	NO	YES	YES	YES	NO
Managed care (middlemen)	NO	NO	NO	YES	MIXED	YES	NO
Transparent/Accountable	YES	YES	YES	NO	NO	NO	YES
Public input	YES	YES	YES	NO	NO	NO	MIXED

In this issue:

- In Case You Missed it
- Candidate Questions
- Resources

NEXT MEETING

Sunday, October 2

8:00 p.m. ET

Register at

<https://tinyurl.com/HCR4USOct5>

Tentative Agenda:

- Intros for New Attendees
- Elections
- Legislative Actions
- Announcements
- Newsletter
- Break-out Sessions

Privatizing Medicare Glossary

Traditional Medicare--program created in 1965 to providing health care in a uniform program, available to all elderly over 65 and many disabled people younger than 65. **Part A** hospitalization (no premium for most); **Part B** medical services (2022 monthly premium \$170 + possible Medigap)

M4A (improved) **Medicare for All**, covers all ages, with more services covered than in traditional Medicare; more secure coverage than Medicare Advantage.

CMS. **Center for Medicare and Medicaid Services**, under Health and Humans Services (HHS).

CMMI The **Center for Medicare and Medicaid Innovation**, under CMS. Given heightened power in Affordable Care Act (2010), including operating programs w/o Congressional oversight.

Managed care--An organization that receives premiums from (or on behalf of) patients; provides subscriber access to a panel or network of doctors and hospitals. **HMO** handles financial aspects of medical practice and is responsible for containing costs. Legal in the US since 1973.

Medicare Advantage (MA)--commercial programs enabled by the 2003 Medicare Modernization Act that added Part C and Part D to Medicare. Most MA are managed-care networks. Required to spend at least 85% of premiums paid them by CMS on care.

Accountable Care Organizations (ACO)--a form of managed care, physicians and hospitals are generally incentivized to work together to try to achieve greater integration of care and cost savings. An "alternate payment plan" ACOs keep a portion of money saved.

Direct Contracting Entity(DCE)-- Third-party corporations that sit between providers and Medicare. Patients are put in a DCE without enrolling. Now called ACO-Reach, they are not providers but keep a portion of savings (up to 40%) from this alternate payment plan.

Universal Health Care--All residents receive accessible health services cradle to grave.

In Case You Missed It

- [Convention HC in Crisis Videos](#)
- [“Medicare for All Is Not Enough”](#)
- [They’re Trying to Privatize Medicare!](#)
- [Elizabeth Warren at Subcommittee Hearing](#)

STATE LEVEL LEGISLATIVE EFFORTS

The recently-signed [John R. Lewis Voting Rights Act of New York S.1046E/A.6678-E](#) protects against voter dilutions, suppression, intimidation, deception and obstruction. Pre-clearance helps ensure changes to election policies and practices don’t negatively impact voters and voting especially in jurisdictions with a history of voting or civil rights violations. Centralized election data helps improve availability, accountability, and transparency, and promotes evidence-based policy decision-making.

Websites

HCR4US Youtube Channel:

<https://www.youtube.com/c/LWVHealthCareReform>

HCR4US Web-Contact Form: tinyurl.com/Contact-LWV-HCR-4US

HCR4US Google Drive:

<https://tinyurl.com/HCR4US-Minutes-Materials>

HCR4US Toolkit:

<https://LWVhealthcarereform.org>



Get Involved

HCR4US : Dedicated to educating and mobilizing League members to work toward legislation that enacts the goals of our LWVUS health care position
Newsletter Committee: Barbara Pearson, Jon Li, Candy Birch, Kathy Yen, carolyn Brown, Tom Cherry

Civic Engagement: Ask Candidates about Health Care

Thanks to PNHP [“How to Ask a Candidate a Health Care Question”](#)

MAKING THE MOST OF YOUR 20 SECONDS TO ASK A QUESTION

At most debates and candidate forums, audience members have **less than 20 seconds to ask a question**. How do you form a question that will both make the case for Medicare for All and force the candidates to explain how their health care plan would work?

Can you make one short question cover all these 5 points?

1. **Prioritize one point.** e.g., Medicare for All gives real choice (of doctor and hospital)
2. **Tailor your question.** e.g., Has either candidate taken a position on single payer?
3. **Involve the audience.** e.g., What matters to the audience that will get them on your side?
4. **Personalize your question.** e.g., I’ve been a health care worker in this district for over 20 years, ...
5. **Be direct, but not confrontational.** e.g., Avoid "weasel words" like *sort of, seemed, slightly, kind of, a little*.

SCENARIO: *You're a health care worker and one candidate has said that “Americans want choice.”*

YOUR 20-SECOND QUESTION: "You say M4A should allow for private insurance. Last time I shopped, all the plans restricted me to a narrow network of doctors and hospitals. Traditional Medicare lets people go to any doctor. Do you think my family and others here would prefer to choose between Aetna and Cigna or to choose the best doctors and hospitals?"

LWV.org also gives [examples of questions](#) to ask at forums but they are more open-ended. To follow PNHP's advice, you would need to focus the questions to keep the candidate from pushing a different agenda.

Example: "I was pleased to see you last week in XXX where you spoke in favor of addressing climate change. *What measures would you support to reduce the effect of climate change on public health?*"

Behavioral Health Affinity Group:

Availability of behavioral healthcare providers is a critical factor in accessing appropriate and timely care. Recently, a team of researchers from George Washington University created a data mapping tool that displays the ratio of providers to population for different types of behavioral health providers as well as for primary care physicians who prescribe medication for behavioral health conditions. See how your county and state compare to others at <https://www.gwhwi.org/behavioralhealth-workforce-tracker.html>.



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