

The West Bay League of Women Voters'

SENTINEL

Serving Cranston, Warwick, East Greenwich, North Kingstown,
Exeter, West Warwick and Coventry, RI

August 2009

President's Message

Welcome to West Bay's 60th Anniversary of making democracy work!

First, here's **another sincere thank you to our out-going president Bobbi Frank**, the gracious lady who's guided us well from 2000 through 2009's May Annual Meeting when she decided to step aside. As Bobbi's 1st Vice President, I'm honored to serve the remaining year of her fourth 2-year term of office.

This summer our Board published an **Op Ed on U.S. health care reform** and made **long-range plans for 2009-2010**: please see the enclosed article and membership brochures for details that we hope you'll share with friends and professional associates.

Whee!

Please Come to Our 60th Birthday Party!

Sunday, Sept. 13, 4:30-7:30, at Varnum Armory in EG

To celebrate publicly our past and future, our birthday party will feature a suffragists' sing-along, a preview of our 2009-10 activities, a narrated exhibit of flags and World War I and II posters and uniforms depicting the role of women in America, hors d'oeuvres, wine and soft drinks, pizza and cake, tea and coffee. **Do post our flyer in your local library or supermarket and personally invite one and all!**

Best known for our televised bi-annual candidate forums, the West Bay League also invites the public to study controversial issues impartially. Upcoming forums include Hot Topics Lunches and Suppers with Cranston Mayor Allan Fung, Warwick Mayor Scott Avedisian and North Kingstown community leaders to discuss, respectively, state funding of education, municipal energy efficiency, and the impact on the community of economic development at Quonset.

America's most trusted civic organization, the League's proud name honors its suffragist forebears but, remember, "Real men belong to the League of Women Voters!"

Treat the Diseases that Hemorrhage Our U.S. Health Care System

An Op Ed submitted July 28, 2009 to West Bay newspapers by Marie C. Hennedy, President, and the Board of the West Bay League of Women Voters

America's health care system is in critical condition. Its status quo does not work:

Financially, its hemorrhage of costs is bleeding dry the dwindling number of U.S. employers and families who can still afford to pay the taxes and private premiums that insure and deliver care, be it for themselves, the already publicly insured, and/or the now near-50 million uninsured.

Physically, "an epidemic of sub-standard care" afflicts us, an exhaustive National Coalition for Health Care study cited at lwv.org finds—be that care "preventive, acute [or] chronic," be it due to "overuse or under-use," be it associated with "different types of care facilities and health insurance," be it for any age group "from children to the elderly."

To sustain life, we need first efficient blood transfusions, i.e., competition induced by a national non-profit public health insurance option to cut administrative costs. But to treat our system's underlying diseases, we also need the antibiotic of common sense care-delivery cost controls.

Here in Rhode Island, with our less than 1,000,000 population, our bleeding of insurance and care-delivery costs is especially bad:

RI's Privately Insured:

Premiums paid by RI families who have private insurance through employers, a Families USA study finds, rose between 2000 and 2007 by 83 percent. Then came 2008-09's economic collapse. With many more families now reeling from foreclosures and companies downsizing if not drowning in debt, far fewer of us can afford private health insurance.

RI's Already Publicly Insured:

Over 380,000 of our children, elderly, poor and disabled or **over one-third of our population**, according to the 2009 USDC *Statistical Abstract*, are covered by Medicare (171,000) and Medicaid (209,000). But those 2005 figures were collected prior to 2009's federal CHIP extension of Medicaid to far more children. RI's public insurance costs are so high that we've gambled the health of our most vulnerable citizens and our economy on a Global Medicaid Waiver: a unique \$7 billion 10-year ceiling on otherwise federally mandated care.

RI's Uninsured:

Over 100,000 Rhode Islanders, according to the latest Census Bureau estimates published in 2008, are uninsured; at least 10 percent of our neighbors thus teeter one major illness away from bankruptcy. Why? About 60,000 adults under age 65 in RI, according to a 2009 Center for American Progress study, hold jobs that do not offer private health insurance benefits. These **working poor and/or unemployed** cannot often afford preventive care; their acute care costs are added to our RI hospital bills and private premiums.

And we Rhode Islanders are not alone: 70 percent of Americans surveyed in a study reported in *The New England Journal of Medicine* believe that our health care system needs major changes.

Our West Bay RI League of Women Voters participated in 1991-92 in a LWVUS study of health care options that led in 1993 to our national consensus position. Those tenets are reinforced by findings of the LWVUS Health Care Education Task Force 2009 available at lwv.org. We concerned citizens of Cranston, Warwick, East Greenwich, North Kingstown, Exeter, West Warwick

and Coventry thus recommend two major changes in America's health care system:

1. Let Public and Private Plans Compete to Cut Administrative Costs

Health care reform must guarantee quality, affordable basic coverage to all by offering at least a public insurance option. For basic care, people could choose public or private insurance. Both would provide to all, regardless of any pre-existing medical condition, the same medically necessary care, similar to the Medicare standard.

Why bother? A nation-wide, non-profit public alternative—given its economy of scale and freedom from paying for executive bonuses, commercial advertising and shareholder dividends—would need not 30 but more like 5 percent of its income for administrative costs. Competition could thus cut private insurance costs.

What if I can afford to cover non-essential care? More extensive insurance—similar to today's medi-gap plans—would continue to be available to those wishing to purchase it privately, probably at more affordable prices.

2. Cut Care Delivery Costs to Promote Health, not Profit

America's bloody hemorrhage of health care delivery costs is caused primarily by consumer complacency with provider/insurer profit taking. "Over the last few decades, American health care has radically changed," a 2009 LWVUS brief history of that system since 1994 notes: "A system that was largely not-for-profit has become a field where **the profit motive and market forces affect every decision.**"

Corporate health providers and insurers, given their fiduciary responsibility, maximize shareholder profits and minimize their "medical loss ratio" or health services costs. **Non-profits too** reduce covered services, raise deductibles and co-pays, refuse coverage for pre-existing conditions, and "cherry pick" or market to the young and healthy, lest they be swamped with the highest-cost customers.

How about cutting health care delivery costs in order to promote not shareholder profits but our nation's physical and economic health, i.e., outcomes that patients value?

The West Bay League thus recommends **renewing at least LWV-US's 1993 prescription for an antibiotic of common sense controls on health care delivery costs.** Many of these strategies, such as managed care, only seem to have been tried and found wanting. The treatments need to be taken intelligently and compassionately:

- a. regional planning for the allocation of personnel, facilities and equipment;
- b. the establishment of maximum levels of public reimbursement of providers;
- c. malpractice reform;
- d. the use of managed care;
- e. utilization review of treatment;
- f. mandatory second opinions before surgery or extensive treatment;
- g. consumer accountability through deductibles and co-payments.

Paying for the efficacy not quantity of health services and/or allocating a set amount per patient per year that patient-oriented providers can be trusted to spend wisely—many other innovations are now being tested. Good. **The success of any cost-control measure depends less upon who is cutting costs how than on why.**

So?

We West Bay citizens can show that health care reform really matters by making three local telephone calls to **Senators Jack Reed (943-3100) and Sheldon Whitehouse (453-5294), and Rep. Jim Langevin (732-9400):**

Tell them to keep U.S. health care and our economy alive with **the transfusion of a basic public insurance option.**

Tell them to treat our care delivery system's underlying diseases with **the antibiotic of common sense health care cost controls.**