

On July 30th, the nation will celebrate the 52nd anniversary of the Medicare program, which serves 46 million seniors and 9 million disabled Americans. Prior to 1965 about half of all seniors lacked health insurance, while today nearly everyone over age 65 is covered. Medicare recipients enjoy excellent access to care, including to physicians, hospitals and other providers, with 96% reporting they have a usual source of care. For those who do not qualify for Medicare, the future is much less certain. Lack of health insurance results in a reduction in preventative care and screenings, and medical bills contribute to almost half of all bankruptcies. Currently, Congress is locked in a partisan standoff, with the health, well-being and very lives of millions of Americans on the line. It is time for truly bipartisan health care reform.

The United States operates the most complicated and fragmented health care system in the world. There are many payment systems, payers, and fee schedules with a complex and redundant private insurance bureaucracy. Additionally, America is trailing many developed countries on key health care measures such as infant mortality, life expectancy, disease burden, hospital admissions for preventable disease, avoidable mortality and in preventative medicine. Yet we spend the most of any country on health care; nearly 18% of GDP. Administrative costs in U.S. health care are the highest in the developed world, accounting for over 8% of spending, while traditional Medicare is operating at 2% overhead. These administrative expenditures are crowding out investments in public health. Furthermore, there is no socially beneficial reason to operate health care as a for-profit enterprise.

In addition to the financial considerations, the United States has an overriding moral and ethical obligation to provide basic health care to every citizen. Like so many countries before us, it is time to embrace the fact that health care is not a privilege for the few, but a right for all. In a recent Pew Research Center survey, 60% of Americans said it is the responsibility of the federal government to ensure health care coverage for all Americans. The U.S. is fortunate to be home to the world's best training programs which graduate first-rate medical staff. We play a central role in innovation, including in research and advances in technology. A socially just system of care needs to be developed so that these resources can be provided to all, as a public service.

The League of Women Voters, as a nonpartisan, progressive, political organization committed to helping create an informed and active electorate, has long supported access to a basic level of quality care at an affordable cost for all U.S. residents. Basic care should include the prevention of disease, health promotion and education, primary care (including prenatal and reproductive health), acute care, long-term care and behavioral/mental health care. The League favors an equitably distributed, efficient and economical national health insurance plan financed through general taxes in place of individual insurance premiums. As a result, the League opposes the American Health Care Act (AHCA) and the Better Care Reconciliation Act (BCRA) which would leave at least 23 million people, particularly minorities and underserved populations, uninsured. The AHCA and BCRA will reduce revenue to the Medicare Hospital Insurance (Part A), hastening its insolvency by 2-3 years. The BCRA will also increase the number of uninsured 50-64-year olds, which will result in new Medicare enrollees requiring more services due to delay in seeking care.

As we approach the 52nd anniversary of the Medicare program, please consider calling your Senator today and urge them to protect Medicare by voting no on the BCRA. Join the League of Women Voters in supporting bipartisan reform that creates a fair and equitable health care system that is worthy of this great nation.

Michelle Dorsey, MD

President, League of Women Voters of Metropolitan Phoenix The United States operates the most complicated and fragmented health care system in the world. There are many payment systems,

payers, and fee schedules with a complex and redundant private insurance bureaucracy. Additionally, America is trailing many developed countries on key health care measures such as infant mortality, life expectancy, disease burden, hospital admissions for preventable disease, avoidable mortality and in preventative medicine. Yet we spend the most of any country on health care; nearly 18% of GDP. Administrative costs in U.S. health care are the highest in the developed world, accounting for over 8% of spending, while traditional Medicare is operating at 2% overhead. These administrative expenditures are crowding out investments in public health. Furthermore, there is no socially beneficial reason to operate health care as a for-profit enterprise.

In addition to the financial considerations, the United States has an overriding moral and ethical obligation to provide basic health care to every citizen. Like so many countries before us, it is time to embrace the fact that health care is not a privilege for the few, but a right for all. In a recent Pew Research Center survey, 60% of Americans said it is the responsibility of the federal government to ensure health care coverage for all Americans. The U.S. is fortunate to be home to the world's best training programs which graduate first-rate medical staff. We play a central role in innovation, including in research and advances in technology. A socially just system of care needs to be developed so that these resources can be provided to all, as a public service.

The League of Women Voters, as a nonpartisan, progressive, political organization committed to helping create an informed and active electorate, has long supported access to a basic level of quality care at an affordable cost for all U.S. residents. Basic care should include the prevention of disease, health promotion and education, primary care (including prenatal and reproductive health), acute care, long-term care and behavioral/mental health care. The League favors an equitably distributed, efficient and economical national health insurance plan financed through general taxes in place of individual insurance premiums. As a result, the League opposes the American Health Care Act (AHCA) and the Better Care Reconciliation Act (BCRA) which would leave at least 23 million people, particularly minorities and underserved populations, uninsured. The AHCA and BCRA will reduce revenue to the Medicare Hospital Insurance (Part A), hastening its insolvency by 2-3 years. The BCRA will also increase the number of uninsured 50-64-year olds, which will result in new Medicare enrollees requiring more services due to delay in seeking care.

As we approach the 52nd anniversary of the Medicare program, please consider calling your Senator today and urge them to protect Medicare by voting no on the BCRA. Join the League of Women Voters in supporting bipartisan reform that creates a fair and equitable health care system that is worthy of this great nation.

Michelle Dorsey, MD
President, League of Women Voters of Metropolitan Phoenix