

# Lunch & Learn Series:

# Healthcare Justice

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March 18, 2020

## ABOUT THE SHRIVER CENTER

The Shriver Center on Poverty Law fights for economic and racial justice. Over our 50-year history, we have secured hundreds of victories with and for people living in poverty in Illinois and across the country. Today, we litigate, shape policy, and train and convene multi-state networks of lawyers, community leaders, and activists nationwide. Together, we are building a future where all people have equal dignity, respect, and power under the law. Join the fight at **[povertylaw.org](https://povertylaw.org)**.

# Response to COVID-19

Response, Care, and Advocacy for the  
Communities We Serve

[povertylaw.org/pritzkerletter](https://povertylaw.org/pritzkerletter)

# Today's Agenda

- What Can Illinois Do to Cover the Remaining Uninsured?
  - Stephanie Altman, Shriver Center on Poverty Law
- Health Disparities & Insurance Landscape
  - Dr. Susan Rogers, Physicians for a National Health Program
- Moderated Q&A
- Audience Q&A



**Stephanie Altman**, Director of Healthcare  
Justice & Senior Director of Policy,  
Shriver Center on Poverty Law

# What Can Illinois Do to Cover the Remaining Uninsured?

Advocacy on State, Local and Federal Fronts to Combat COVID-19

# What can we do now to combat COVID-19

- Shriver Center has sent recommendations to the Governor including expanding Medicaid, covering the uninsured, and expediting Medicaid processing.
- We are working with legislators, Congressional delegation members and the state administration to implement emergency policies including Medicaid announcement to cover COVID-19 tests and treatment for uninsured.
- Federal government flexibility on Medicaid to increase funds, eligibility, and coverage.

# Gov Pritzker Ran on Medicaid Buy In (“Illinois Cares”) during Campaign



# What is a Medicaid Buy-In?

- People use the term “Medicaid buy-in” to describe a wide range of state policies that allow individuals not otherwise eligible for Medicaid to pay to access Medicaid or a Medicaid-like insurance plan.
- States may also use different names – like “public option”
- Core feature of a buy-in is to provide more affordable options to individuals and families by leveraging other state-run programs, such as a state employee health plan or basic health program.
- While buy-in options differ, they utilize the state’s administrative and purchasing power to provide more coverage options and create affordable, quality plans for residents.

# Potential Goals for an Illinois Medicaid Buy-in

- Increase health coverage
- Cover undocumented adults
- Introduce more competition
- Lower consumer costs
- Alignment with Marketplace
- Minimize Churn and Disruption
- Road to Single Payer
- Reduce Threat From the Trump Administration (Health Repeal lawsuit, executive orders, etc.)

# Resources

- HB4891 has been introduced

<http://ilga.gov/legislation/billstatus.asp?DocNum=4891&GAID=15&GA=101&DocTypeID=HB&LegID=125045&SessionID=108>

- Shriver Center 2020 Policy Agenda:

<https://www.povertylaw.org/article/agenda2020/>

- Shriver Center Recommendation on COVID-19

<https://www.povertylaw.org/article/pritzkerletter/>

# Dr. Susan Rogers, MD, FACP, President-elect of Physicians for a National Health Program



# WHY WE NEED MEDICARE FOR ALL

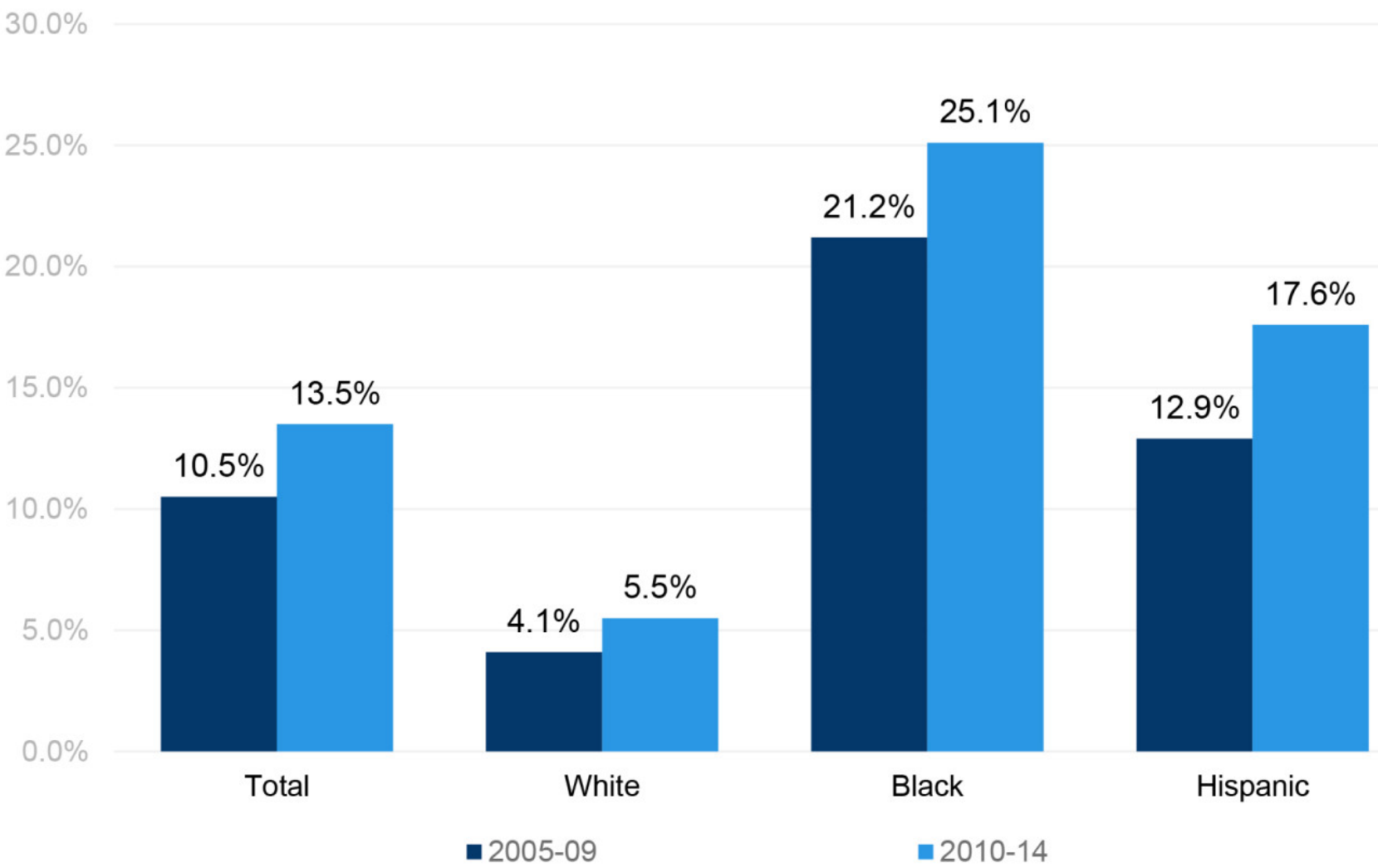
Susan Rogers MD, FACP  
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Figure 1. Concentrated poverty rate by race and ethnicity

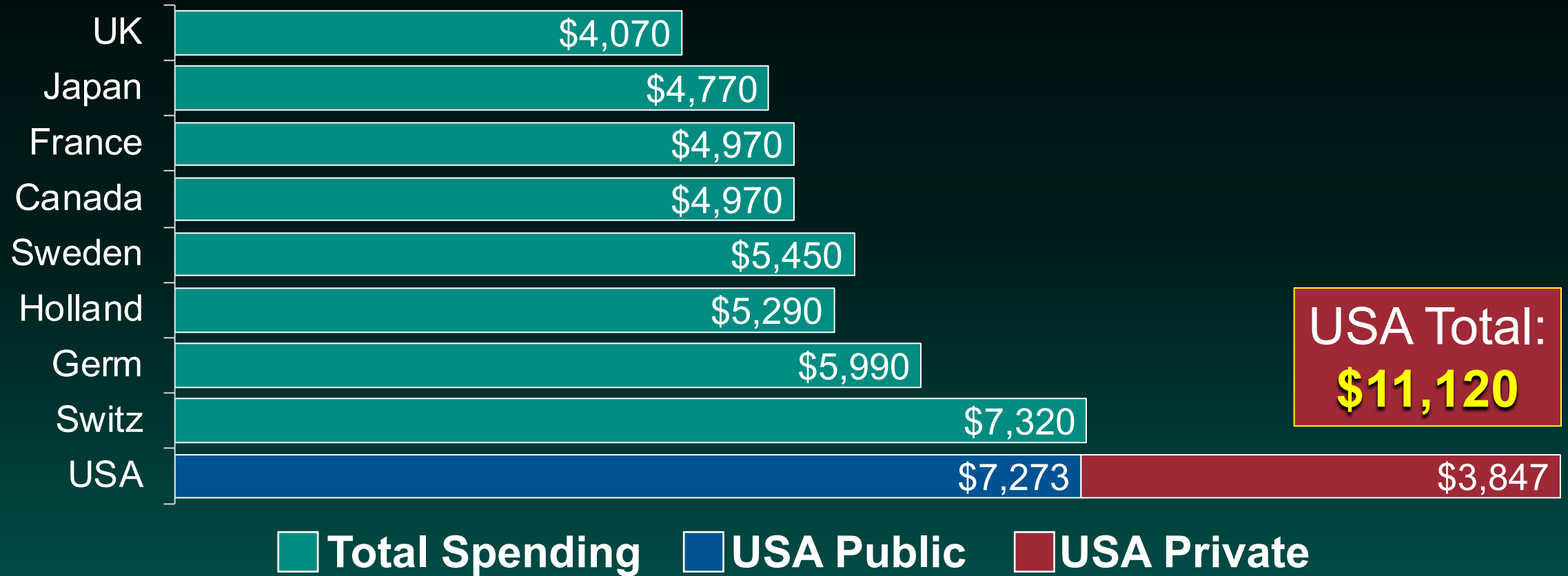


Source: Brookings Institution analysis of American Community Survey data

Concentrated poverty is where more than 40% live below the FPL



# US *Public* Spending per Capita for Health Exceeds *Total* Spending in Other Nations

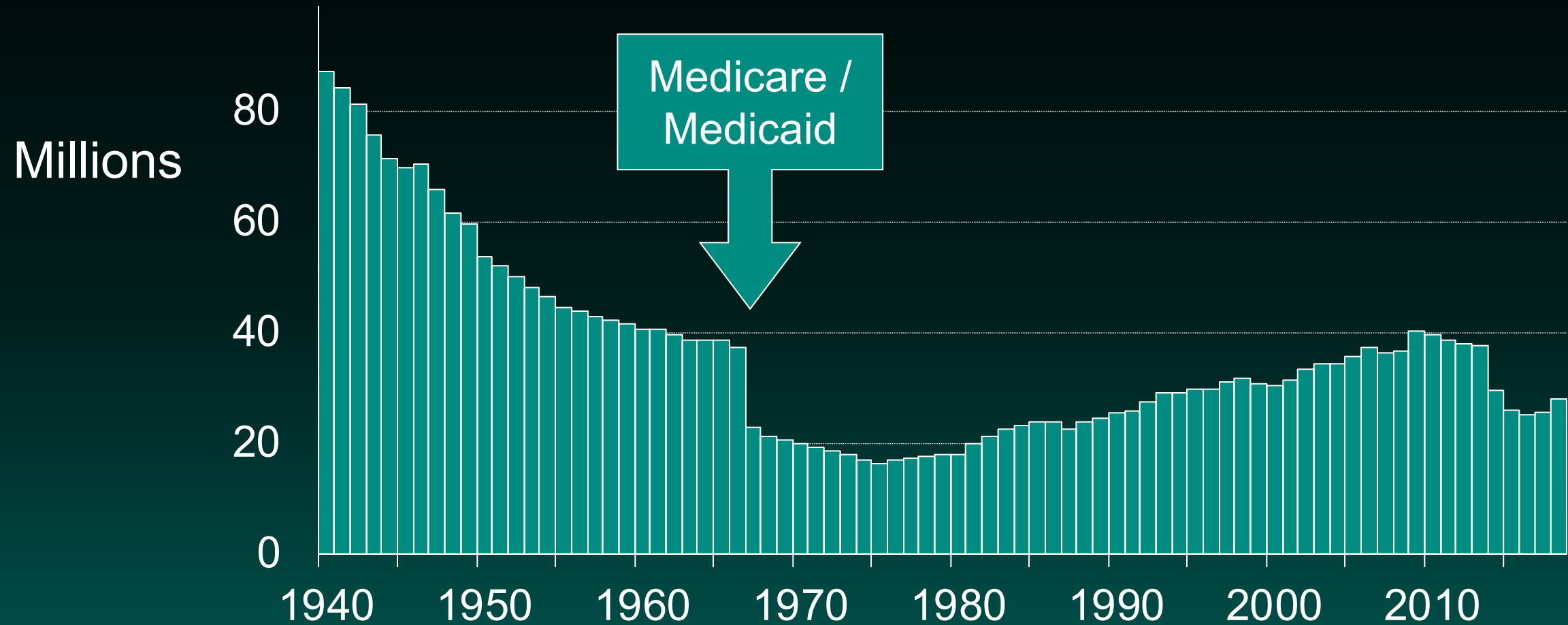


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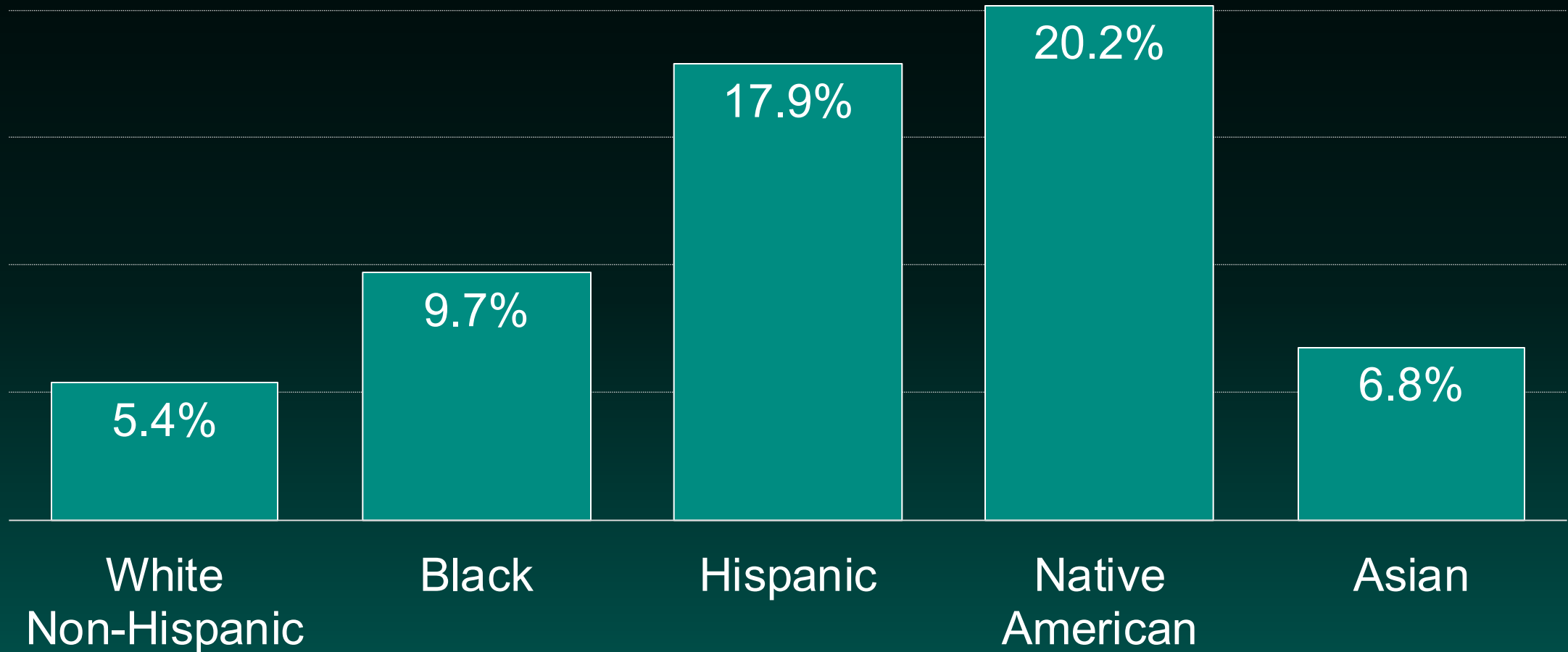
# Uninsured All Year, 1940-2018



Source: Social Security Bul, HIAA, CPS, and CBO estimate



# Uninsured by Race/Ethnicity, 2018



# Under-Insurance Growing

Percent of  
Adults 19-64  
under-insured\*

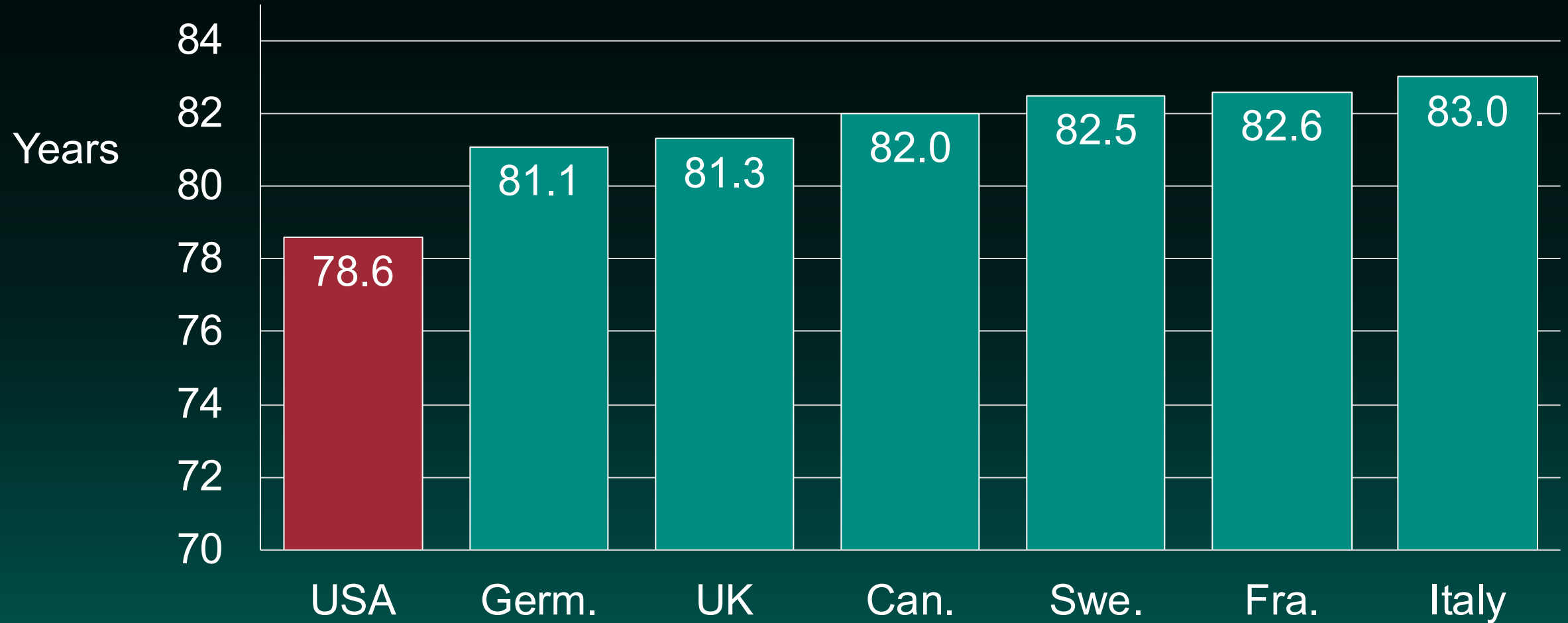


Commonwealth Fund Health insurance Surveys 2003-2018

\*Under-insurance is defined here as being *insured* all year, but out-of-pocket expenses were >10% of income (>5% of income if low income) or deductible was >5% of income



# Life Expectancy



OECD, 2019

Note: Data are for 2017 or most recent year available





# INEQUITIES

- BLACK LIVES ARE AT LEAST 3 YRS SHORTER
- BLACK INFANT MORTALITY IS TWICE THAT OF WHITE BABIES
- BLACK MATERNAL MORTALITY IS 3X WHITE MATERNAL MORTALITY
- LACK OF MEDICAID EXPANSION LEFT ALMOST ¼ OF BLACKS UNINSURED



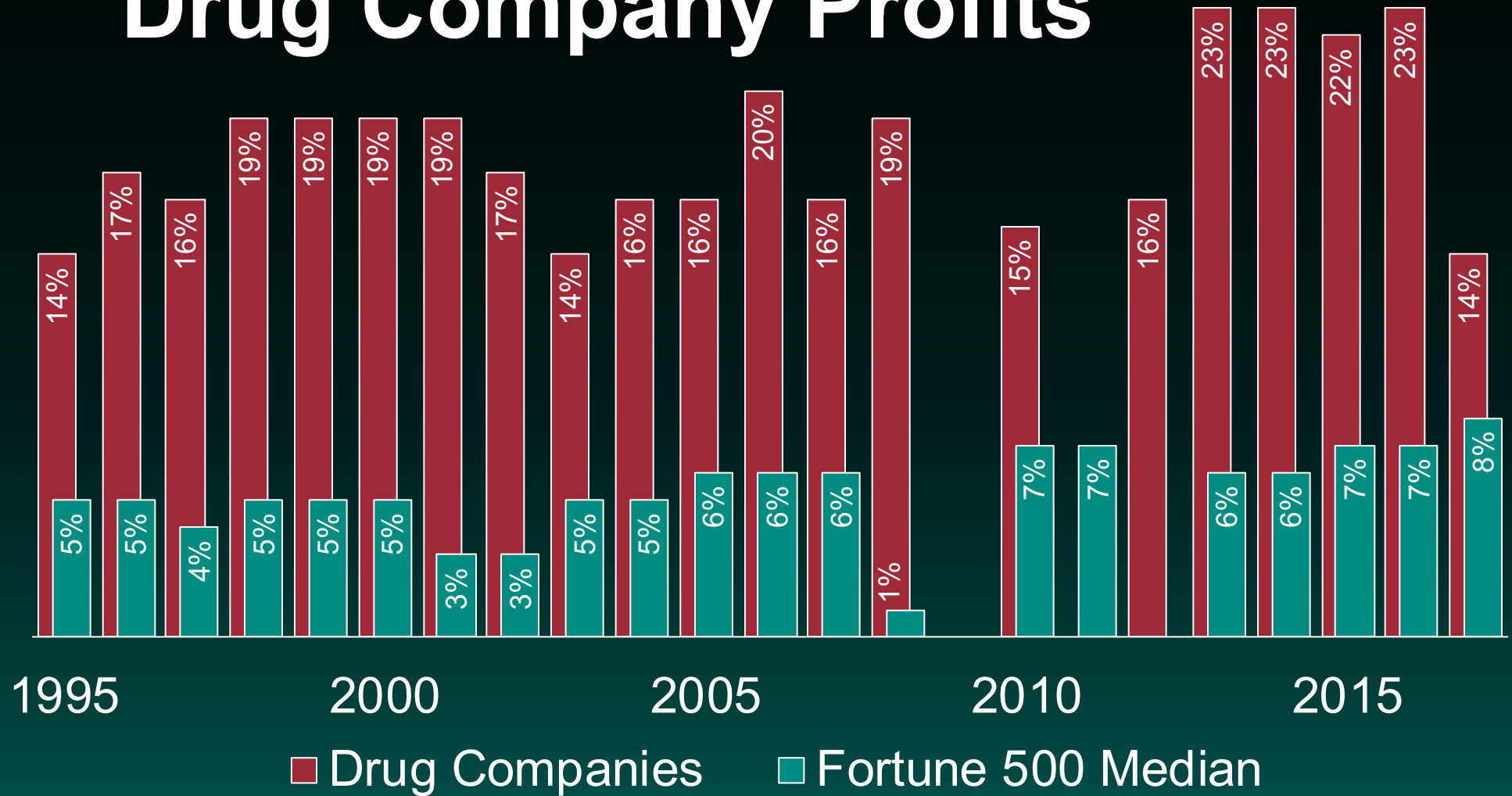
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- Private health insurance limits choice to the network of doctors and hospitals with whom they have negotiated contracts and drug benefits
- You pay more to go out of network, end up with surprise bills
- Difficult to determine what your plan offers or what services are covered
- Less than half of those employed have choice of insurance plans which can then change every year



# Drug Company Profits

Return on  
Revenue (%)



Fortune 500 rankings for 1995-2017

Total drug company profits, 2017= \$44.4 billion. Depressed by one-time charges for repatriated profits

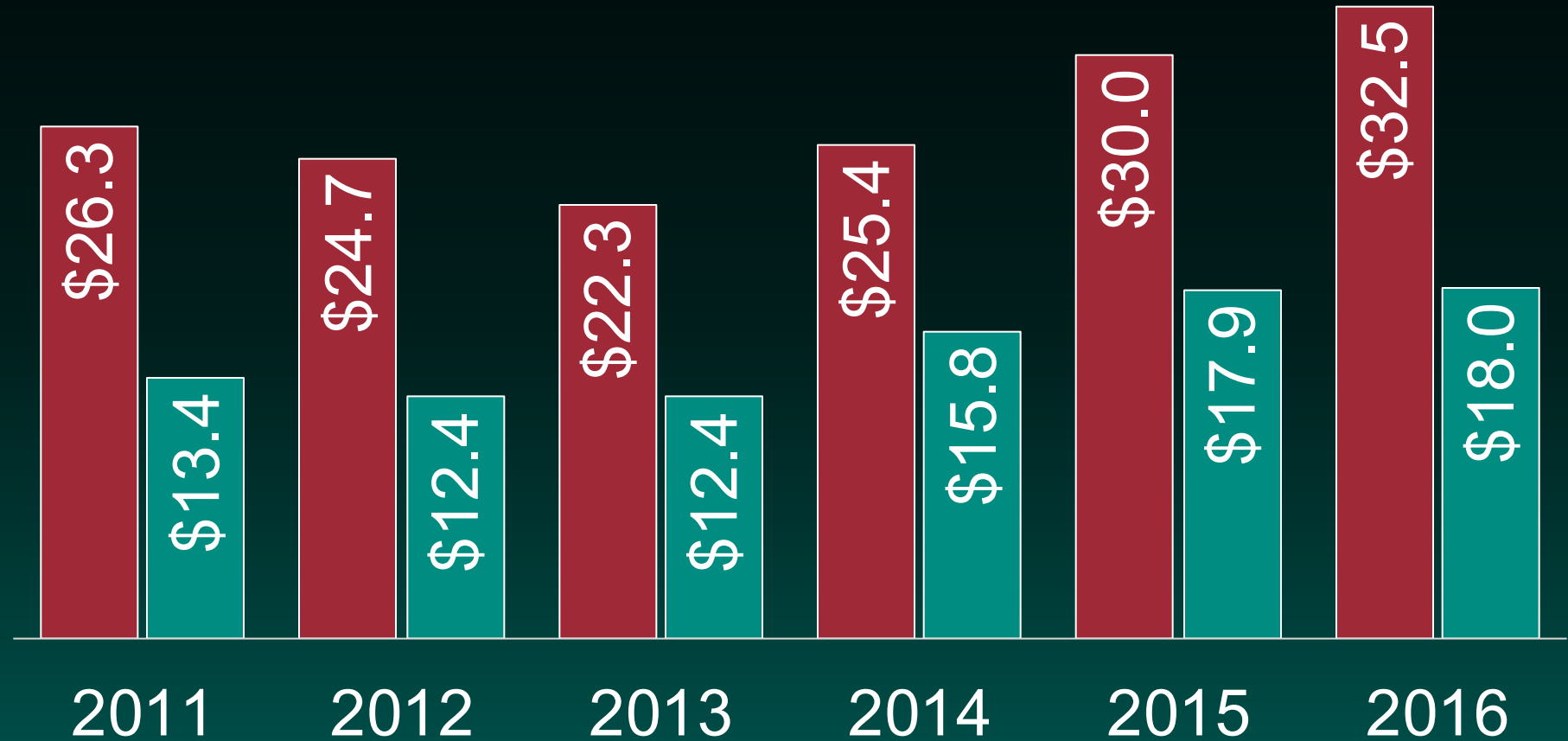


# Medicare Would Have Saved \$71 Billion Over 6 Years if it Paid VA Prices

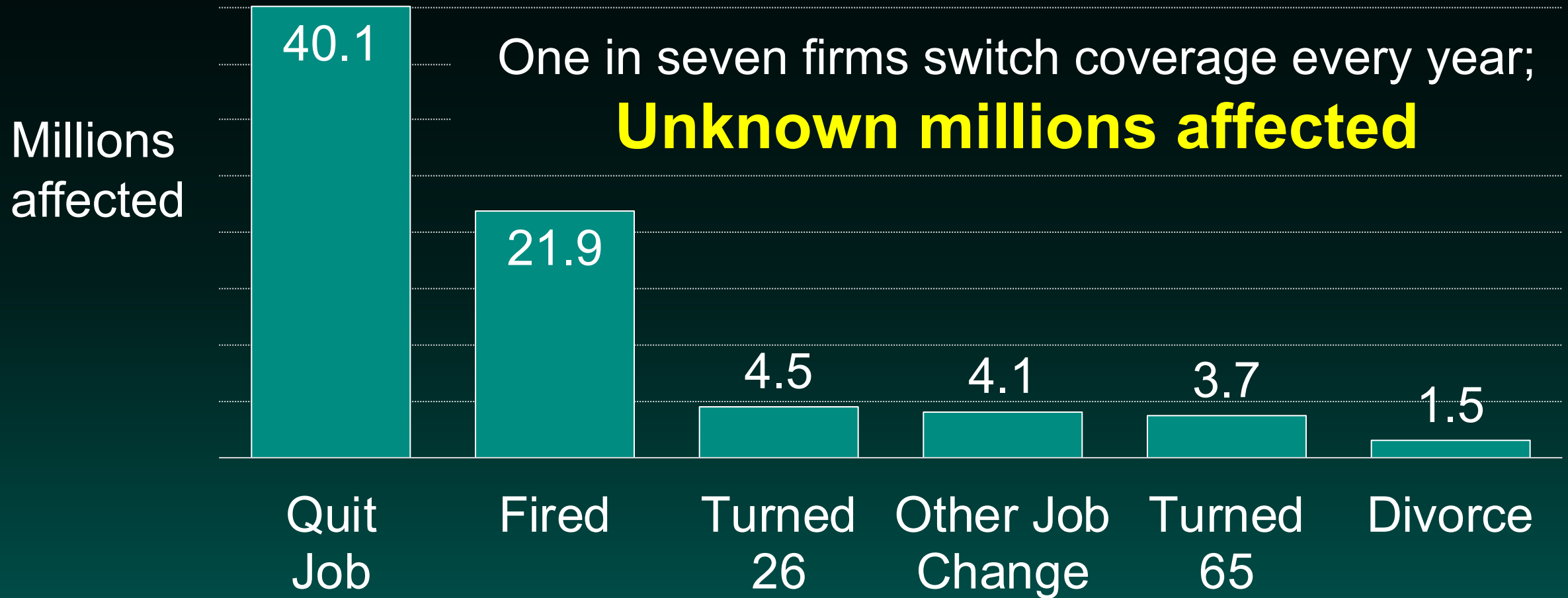
Spending for  
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■ Medicare  
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# Millions Lose Private Insurance Every Year

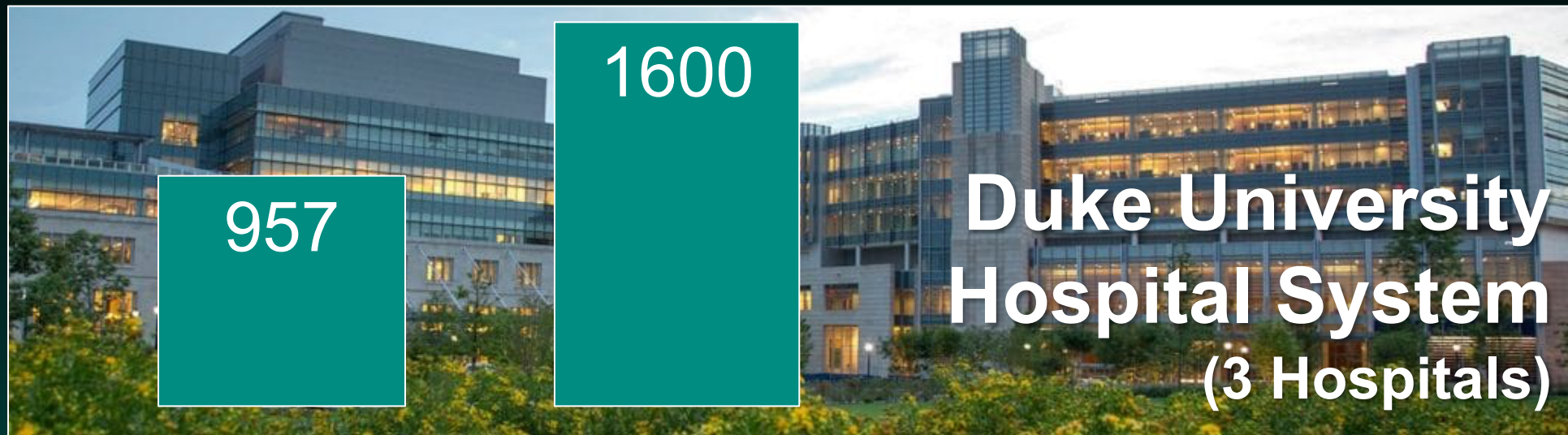


Source: Bruenig – Jacobin Blog Post. July 2019

Other reasons for involuntary switch: Employer stopped offering coverage; coverage too expensive; policy holder died; hours dropped



# Wasted Money on Bureaucracy



Hospital Beds    Billing Clerks



# Single Payer/Medicare for All

## Comprehensive coverage

- Preventive services
- Hospital care
- Physician services
- Dental services
- Mental health services
- Medication expenses
- Reproductive health services
- Physical/Occupational Therapy
- Home Care/Nursing home care/Long term care

**“All medically necessary services”**

**No co-pays or deductibles**



# Single Payer Medicare for All Makes Economic Sense

## 29 studies:

The savings would fund full coverage.

## 247 economists:

“The time is now for Medicare for All.”

“Health care is not a service that follows *standard market rules*. It should therefore be provided *as a public good*.”





# Public Option = High Costs

IT IS STILL BASED ON PRIVATE INSURANCE

- Less savings than single payer because of **insurers' overhead**
- Multiple payers = no savings on **billing and administration**
- Private insurers will **tilt the playing field** (as under Medicare Advantage) raising system-wide costs and perpetuating network restrictions, cherry-picking, lemon dropping etc.
- Higher system-wide costs (compared to single payer) assure **political pressure for benefit cuts**



# COVID19

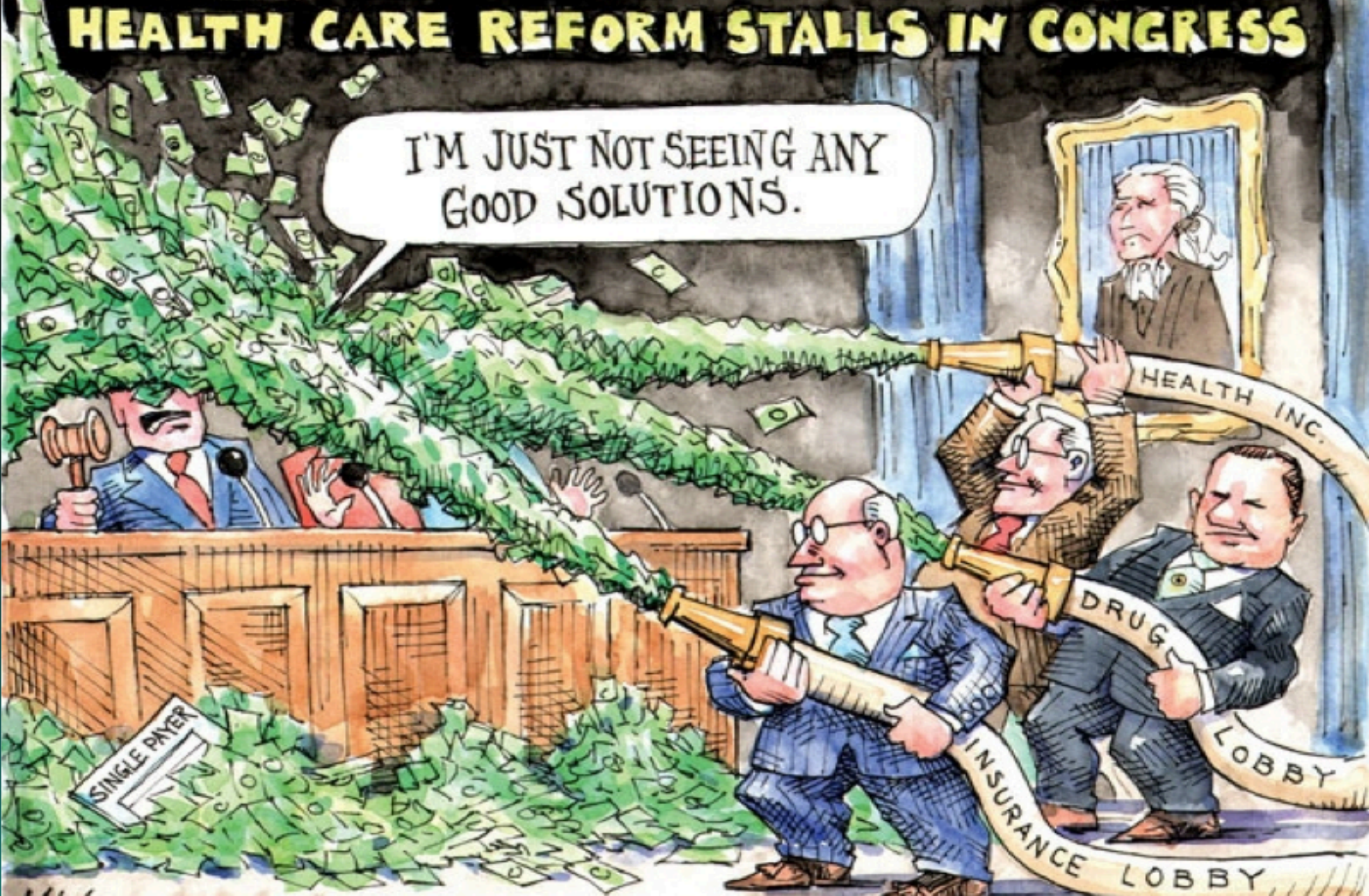
- Highlights the reason everyone needs access to healthcare
- Everyone benefits from testing, treatment
- National protection, not piecemeal





# HEALTH CARE REFORM STALLS IN CONGRESS

I'M JUST NOT SEEING ANY  
GOOD SOLUTIONS.





# For more information

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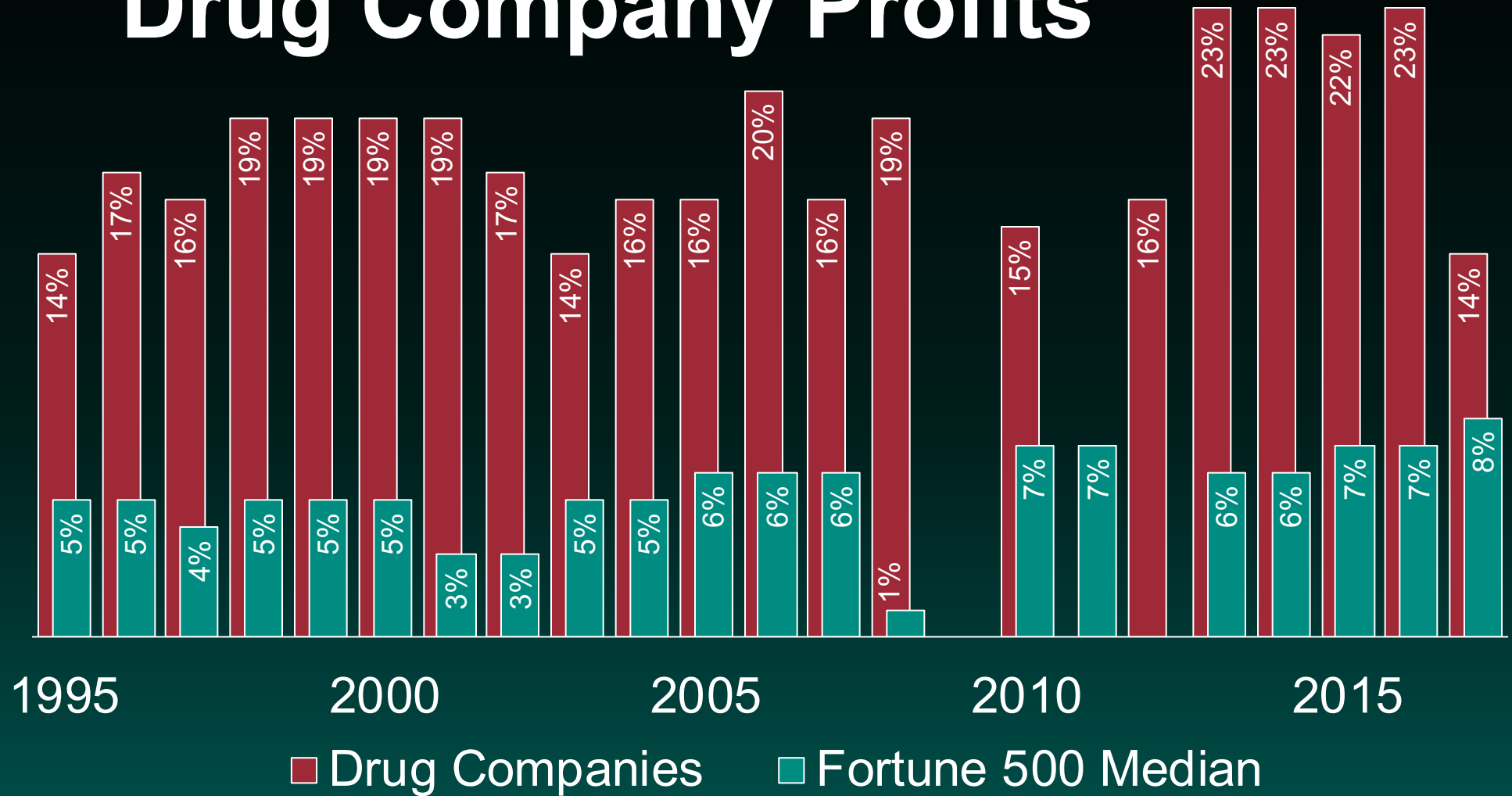
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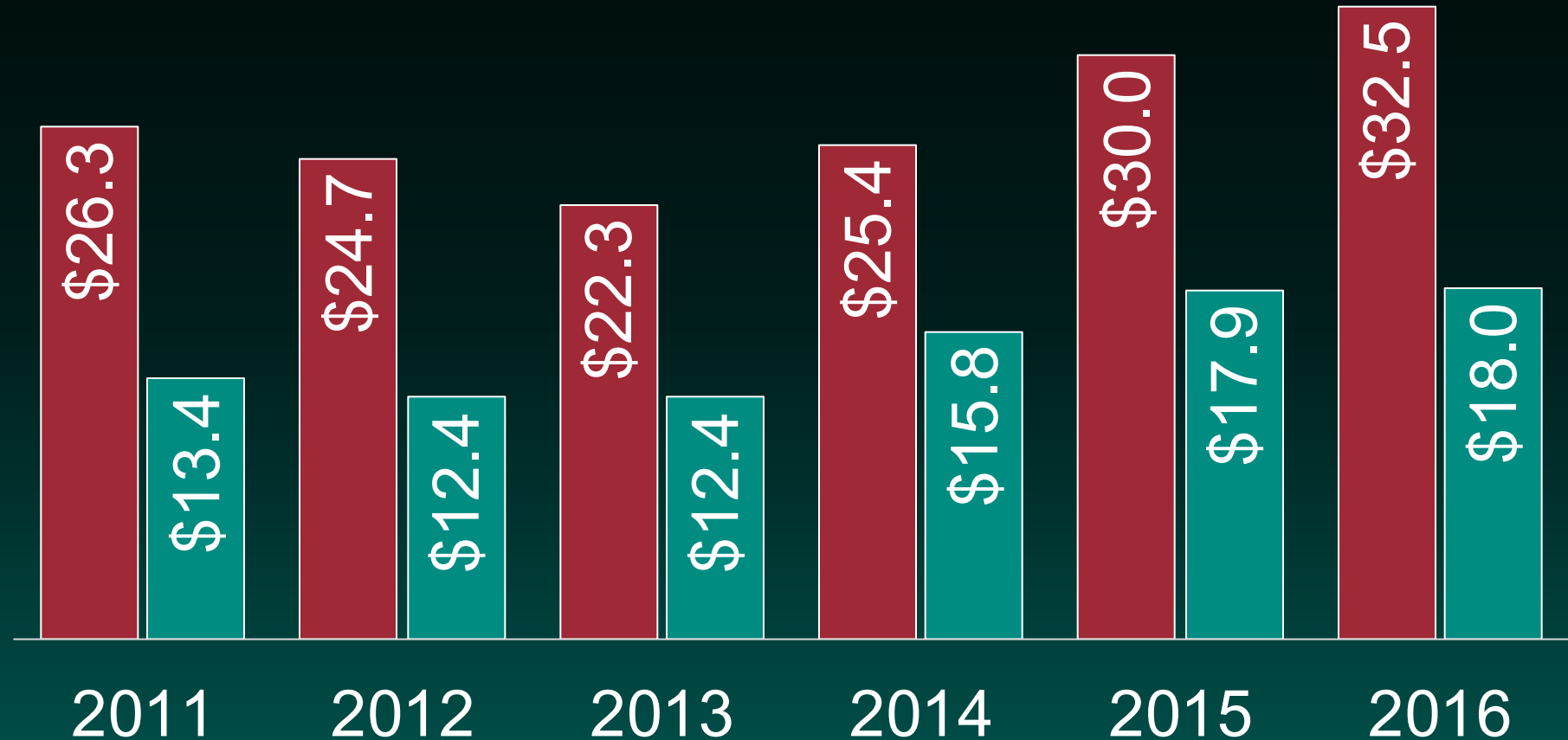


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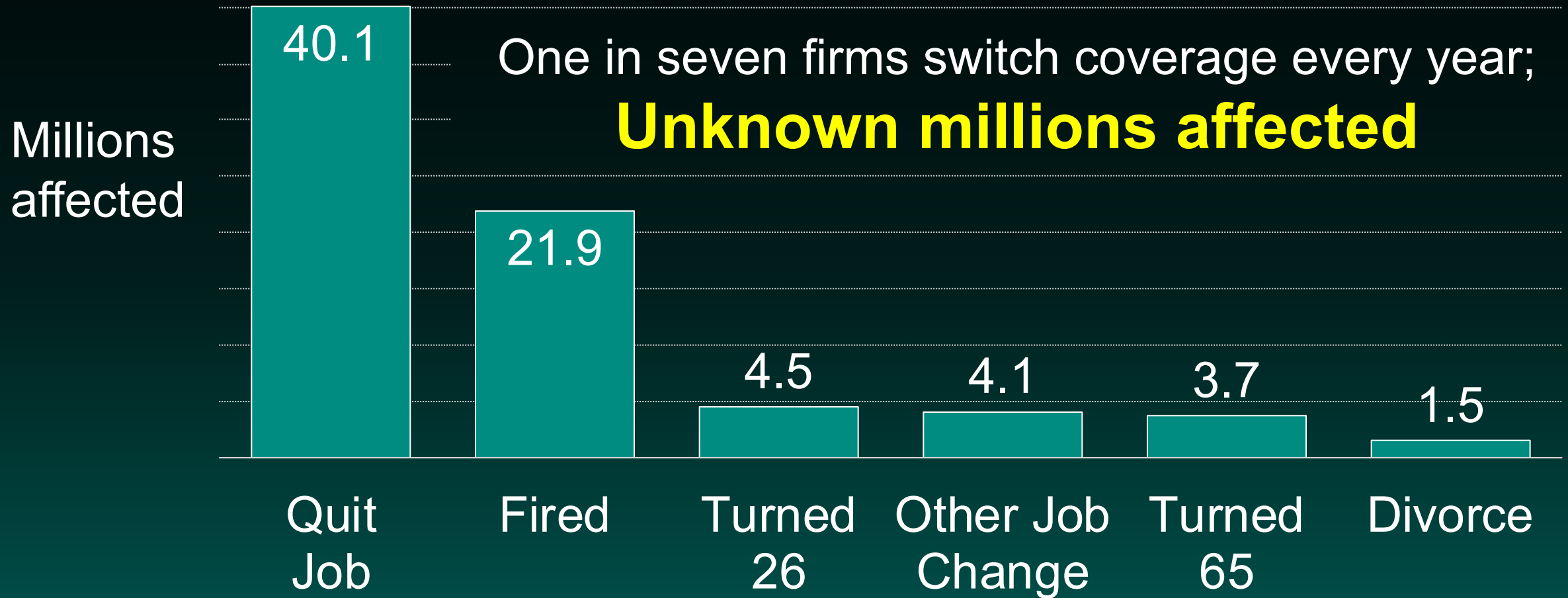
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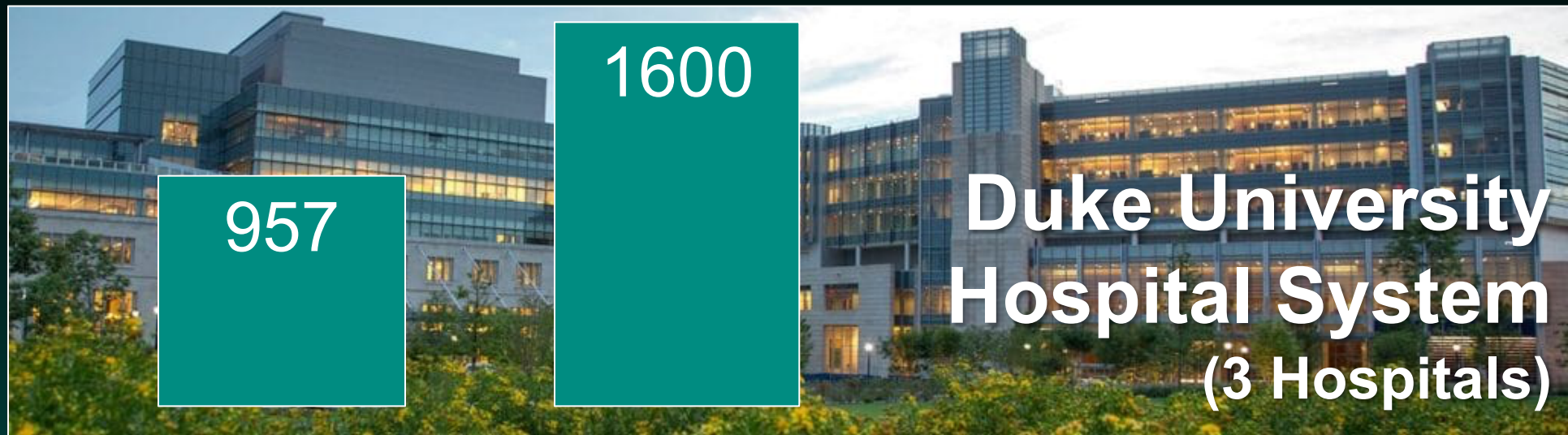


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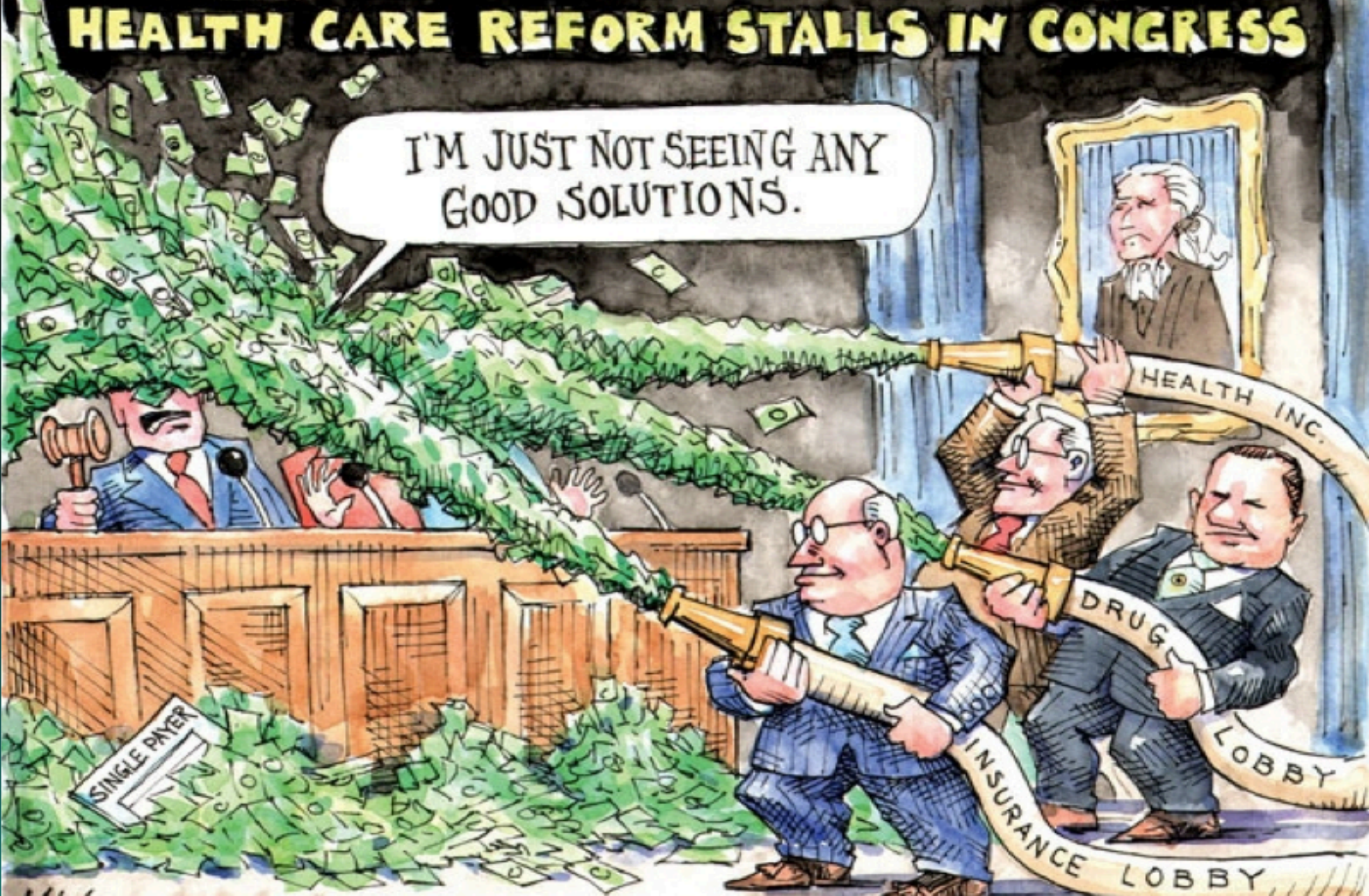
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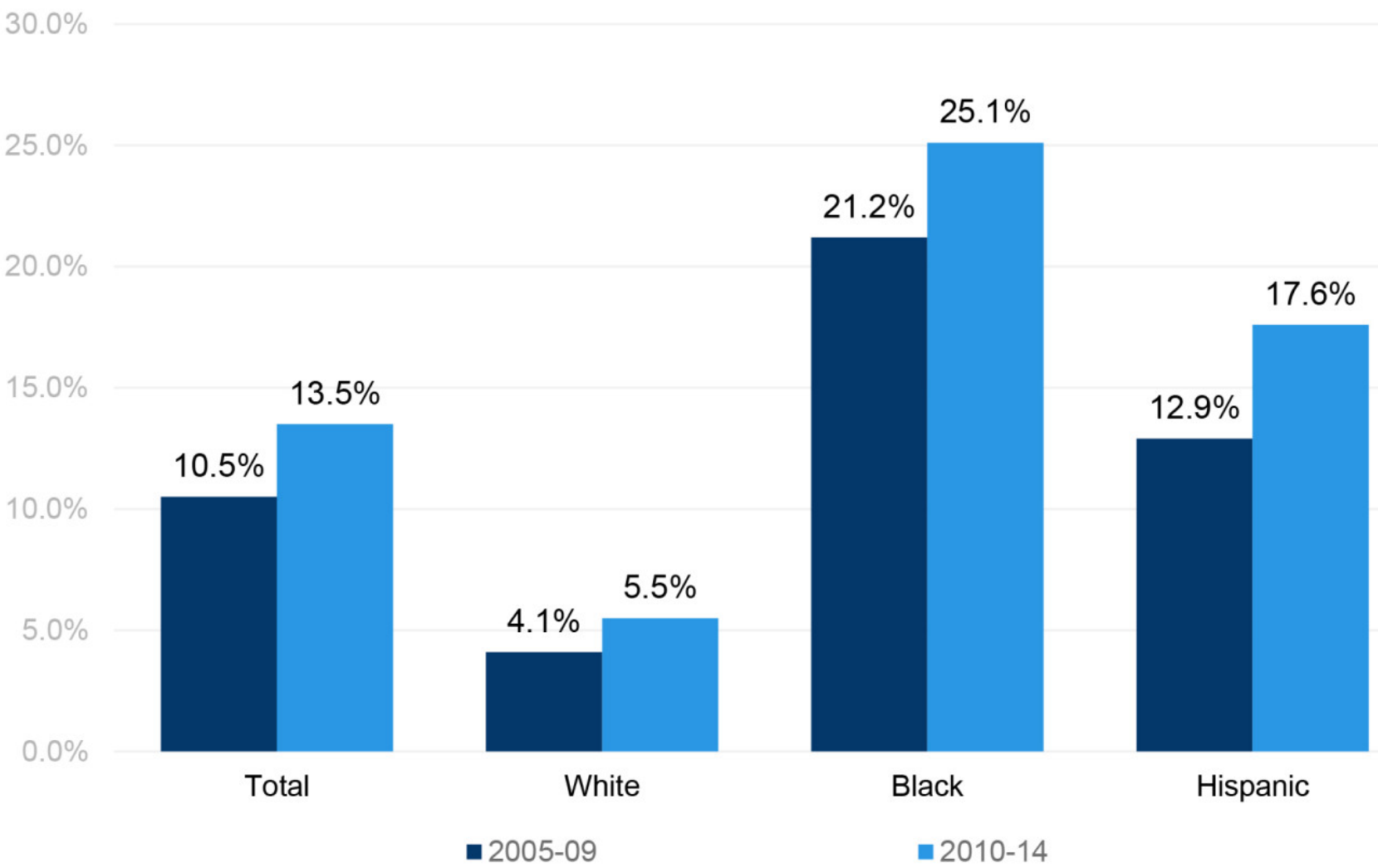
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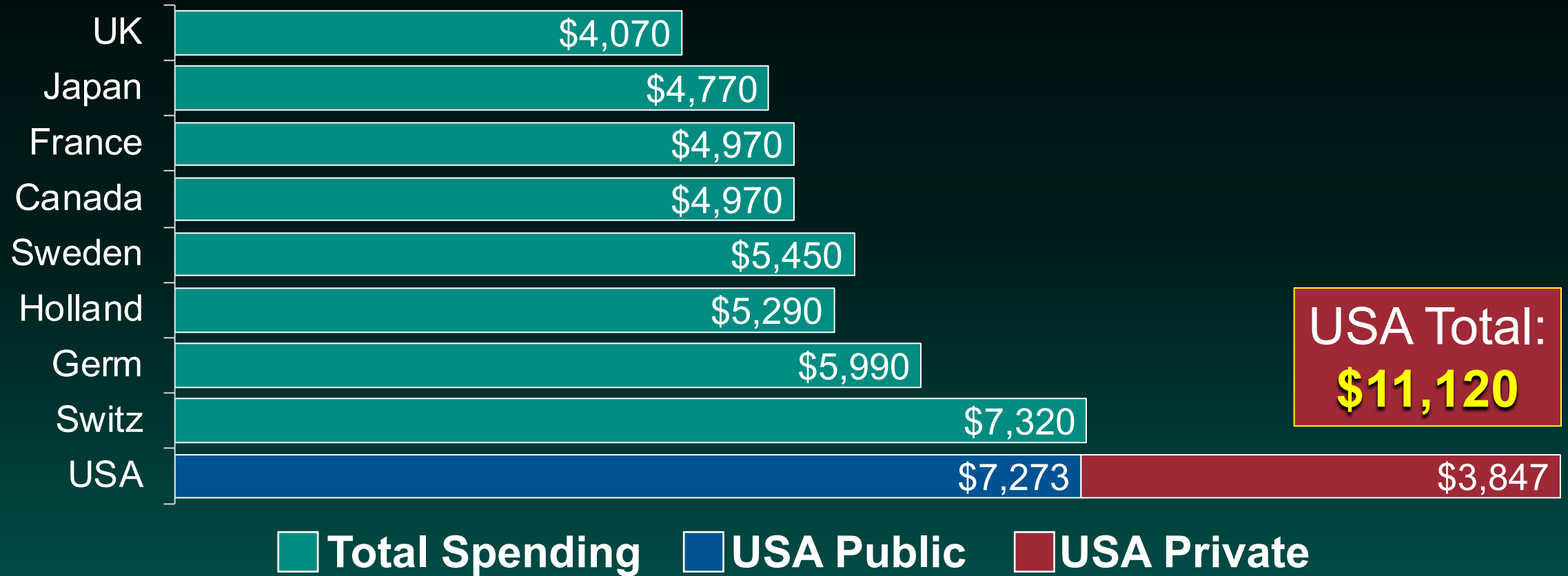


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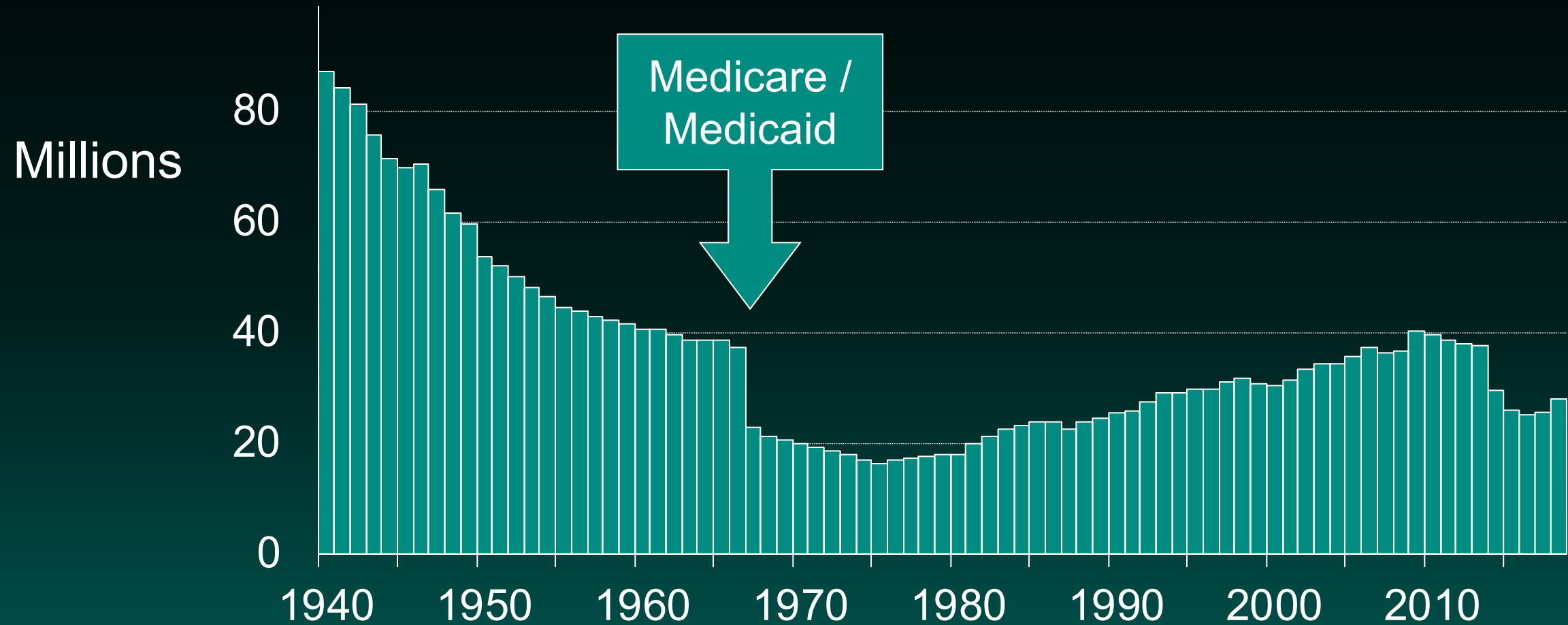


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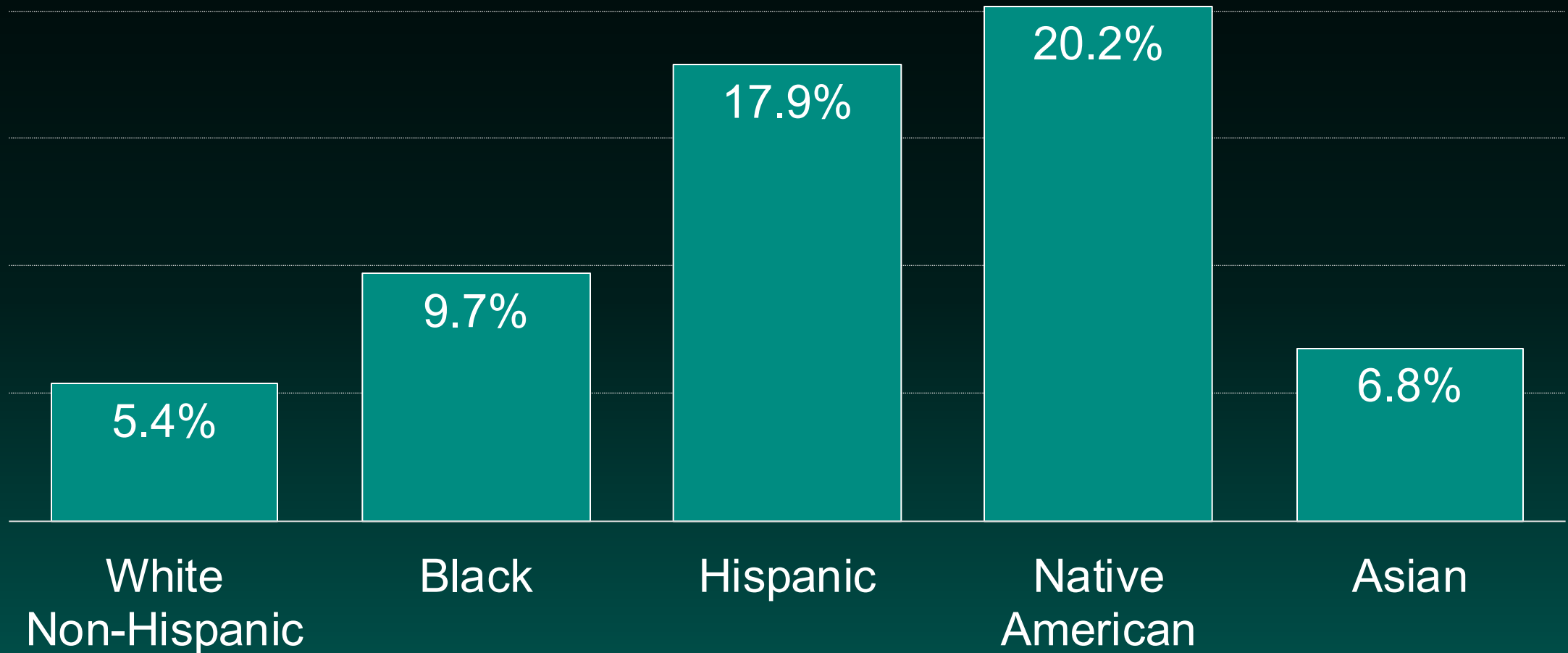
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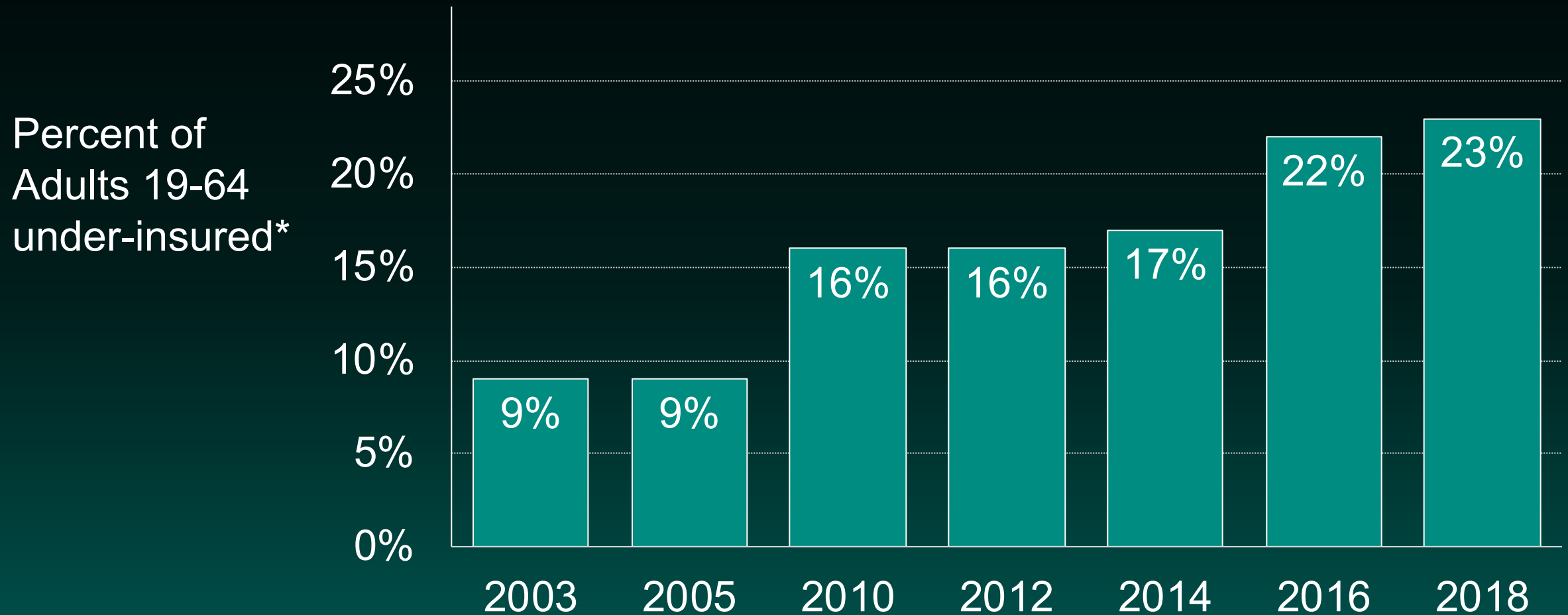
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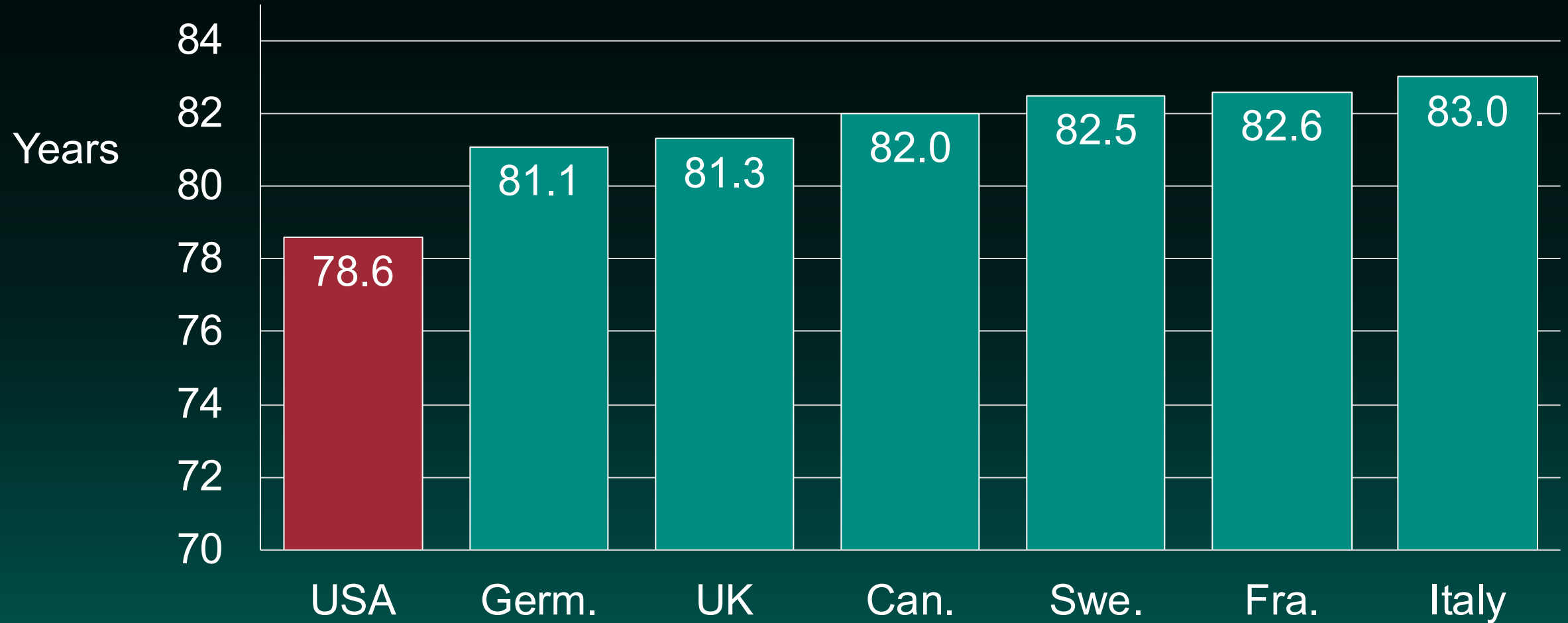


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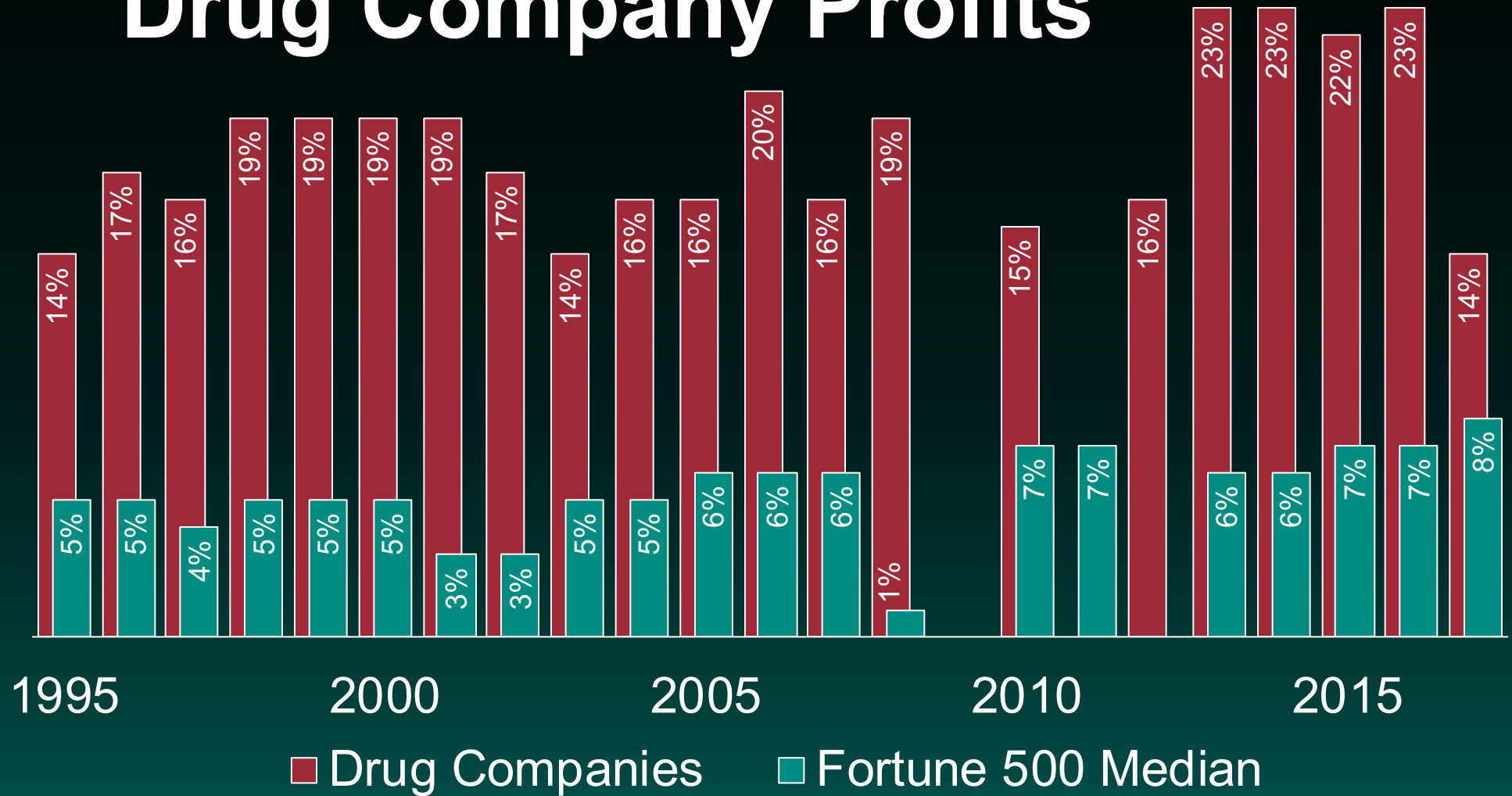
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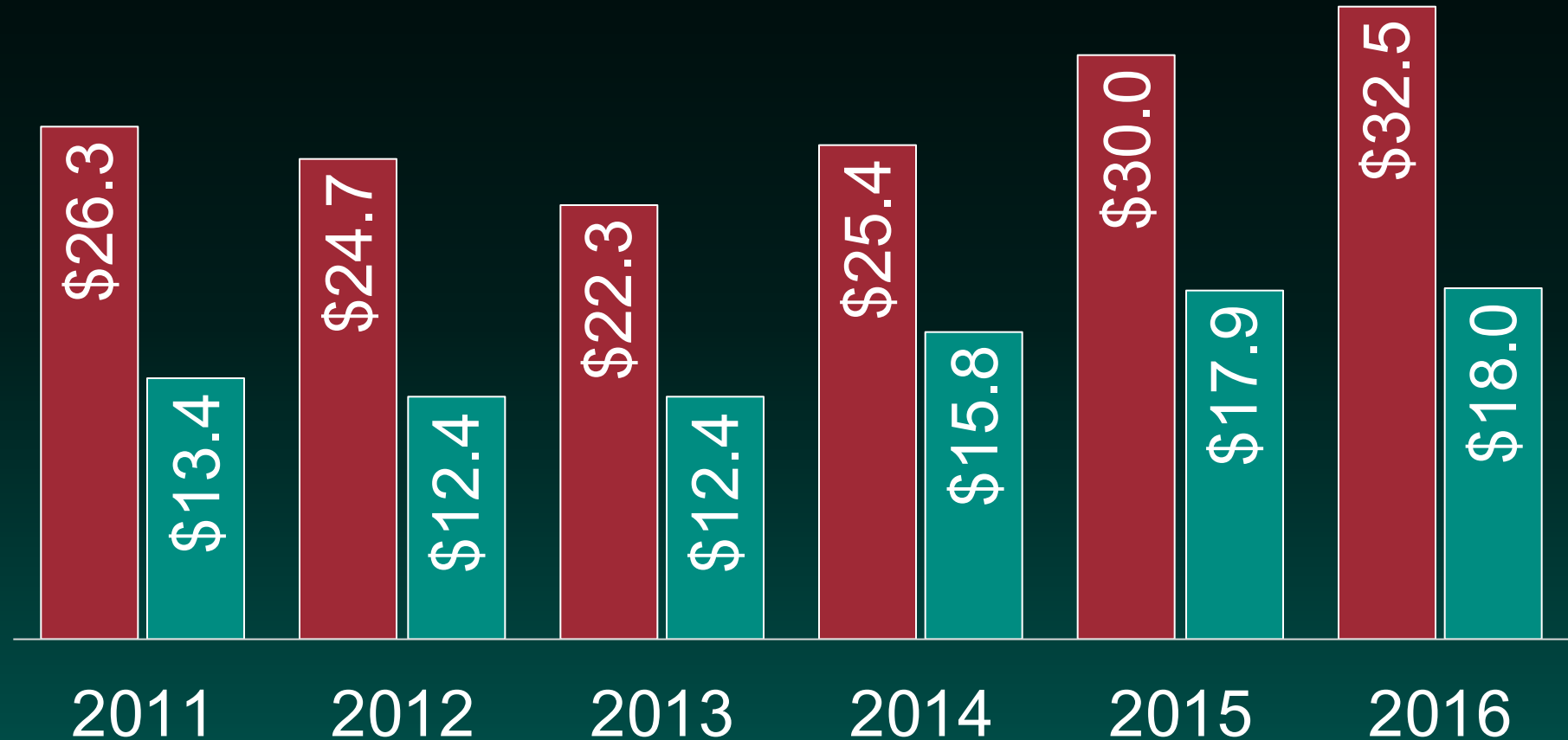


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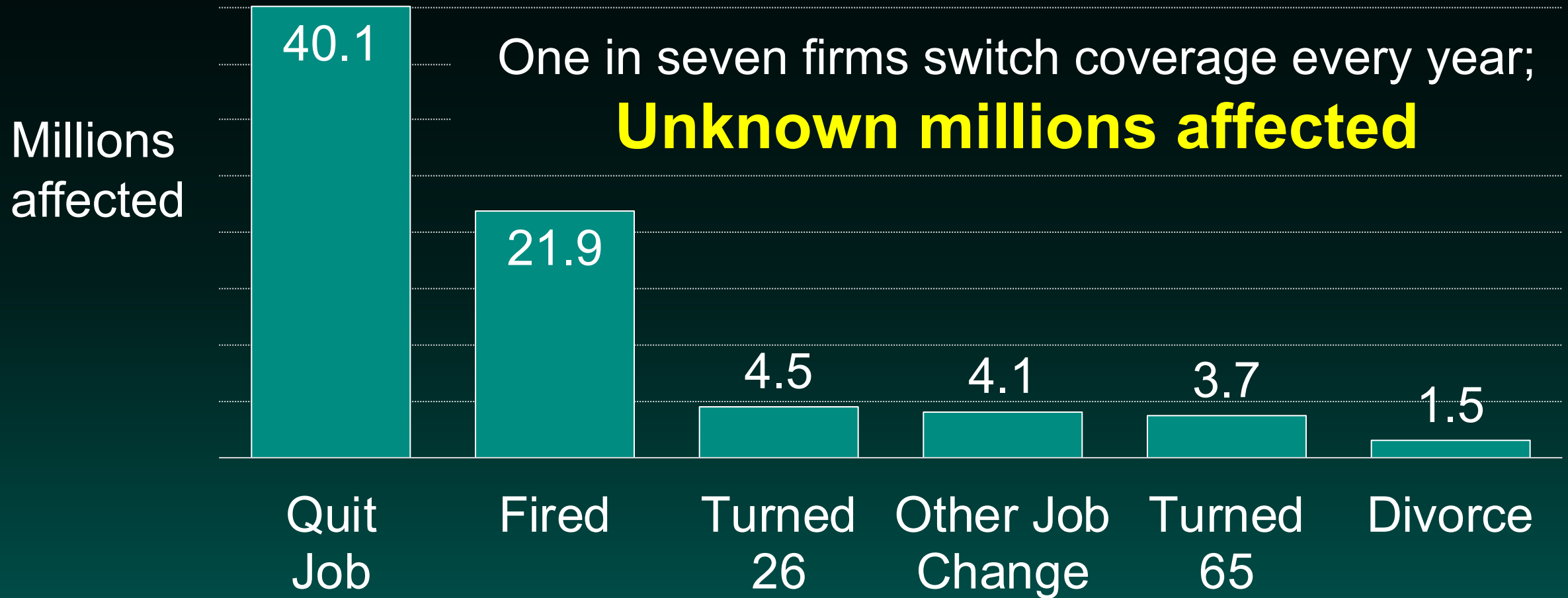
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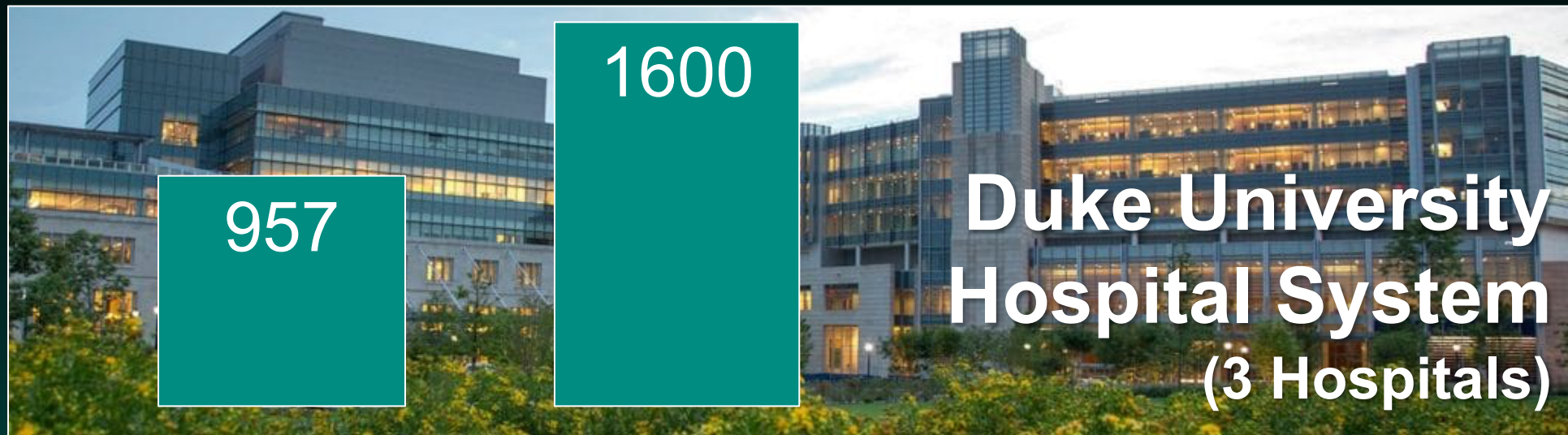


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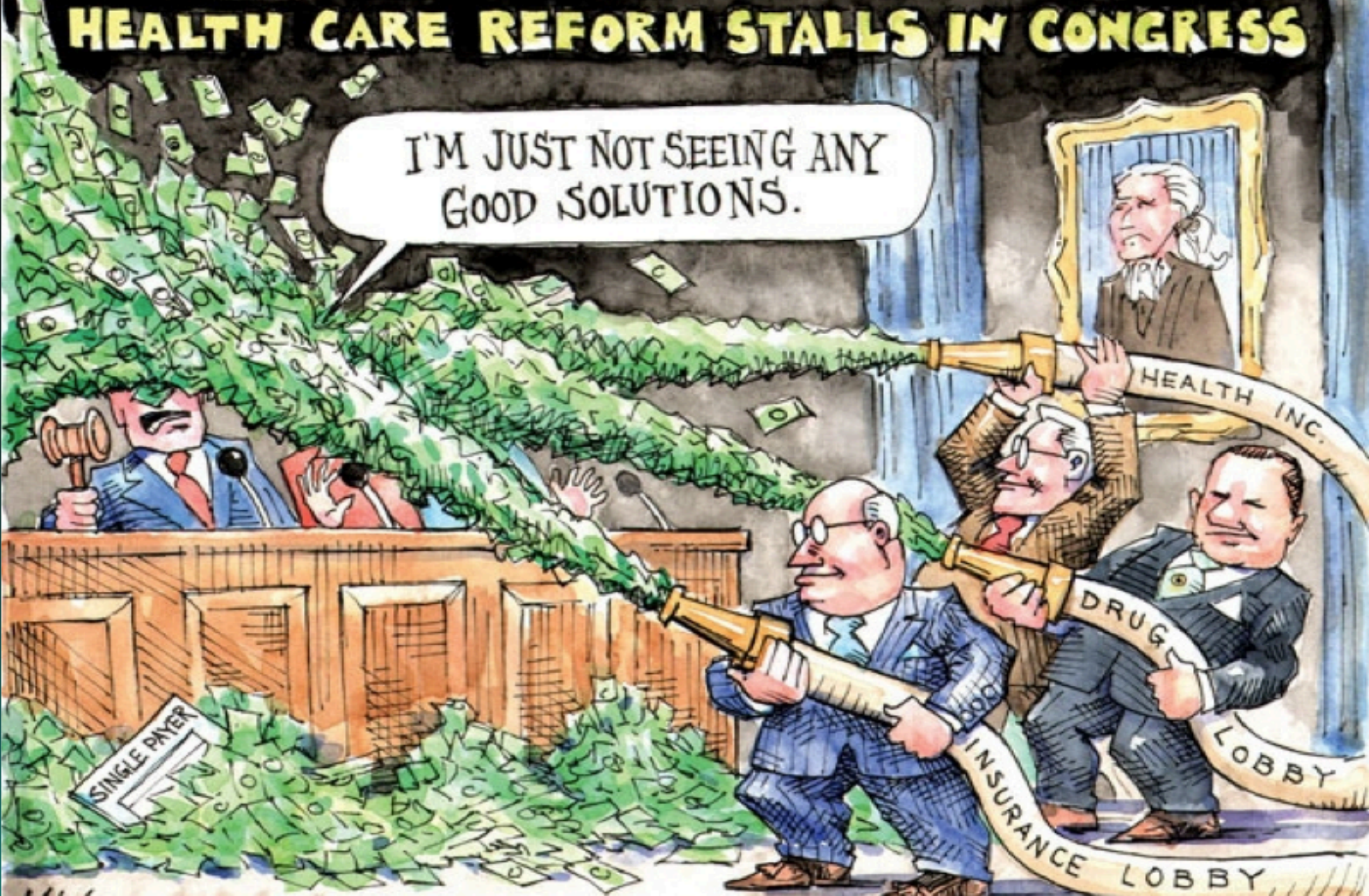
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# Inequalities in the health care system

**Dr. Susan Rogers, MD, FACP,**  
President-elect of Physicians for  
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**For economic and racial justice**

# Moderated Q&A

Moderator: Keenya Lambert

Panelists: Stephanie Altman & Susan Rogers

# Audience Q&A

Send questions via Chat

# Take Action Today

- Share our COVID-19 Policy Priorities for Low-Income Communities
- Follow the Shriver Center on Social Media & Share Our Posts
- Ask the Shriver Center or PNHP to Present  
[stephaniealtman@povertylaw.org](mailto:stephaniealtman@povertylaw.org)  
*ADD SUSAN EMAIL*



**Shriver  
Center on  
Poverty  
Law**