



The Lexington Voter

Summer 2009

The League of Women Voters of Lexington

LWV Encourages Legislators to Act to Achieve Health Care Reform

Text of recent letter from LWV President Mary G. Wilson:

To: Members of the House of Representatives
From: Mary G. Wilson, President
Re: Comprehensive Health Care Reform Legislation

The League of Women Voters welcomes the introduction of America's Affordable Health Choices Act of 2009 in the House of Representatives and we urge you to support quick action on this essential legislation. We believe that it is imperative for Congress to send real health care reform to the President for his signature as soon as possible.

America is facing a health care crisis caused by a combination of skyrocketing costs and an insurance system that leaves 47 million of us without any coverage. The current health care system is endangering both our economy and our health, and voters have made it clear that they want change. According to a study reported in *The New England Journal of Medicine*, 70 percent of Americans surveyed believe the health care system needs major changes, if not a complete overhaul.

All Americans must have health care coverage, including the choice of a quality, affordable public insurance plan. It is universal coverage that will determine the humanity of our system. We believe that health care reform legislation must guarantee access to comprehensive and essential benefits to all U.S. residents.

But coverage is not enough. We need to provide for quality and safety in the health care system. We believe that health care legislation must establish a system-wide program to coordinate information, establish best practices and provide consumers the information they need to protect themselves and their families. It is essential that comparative data on treatments, benefits packages and medical outcomes be made publicly available so that individuals can make informed health decisions and so costs can be controlled.

The federal government needs to take additional strong action to reduce the costs of health care for individuals, businesses and communities. As a nation, we are spending \$1 out of every \$6 we earn on health care. Over the last three decades, increases in the amount we spend on health care have consistently risen faster than wages and inflation. If nothing is done to control costs, we could be spending \$3 trillion for health care by 2011 and \$4.2 trillion by 2016.

The League believes that cost containment measures must take place in the context of overall health care reform. We must reduce or eliminate the cost-shifting that currently exists in health care financing and work to streamline the system. Legislation must provide effective cost controls, equitable distribution of services and allow for efficient and economical delivery of care. Offering everyone the choice of a government administered health insurance plan like Medicare that would compete with private health insurance plans will be key.

To achieve this kind of comprehensive, system-wide reform will take a shared effort by citizens and Congress. The League of Women Voters is ready to work with you to reach this goal.

What can we do? Follow the discussion of all the various proposals. Contact our legislators to let them know where we stand on the issue. Our voices count!

At-Risk Americans: The Uninsured And Underinsured

By Janis McMillen

Data from multiple sources agree that in 2007, 47 million Americans (15.6 percent of the total U.S. population) lacked any kind of health insurance coverage. When these numbers are adjusted for age (excluding those 65 years and older), the uninsured percentage of the population rises to 17.9 percent. Moreover, it is estimated that 25 million adults under age 65 were underinsured during 2007, despite having insurance all year. In total, 42 percent of *all* adults (86.7 million) were either uninsured or underinsured during 2007.

Putting a face on persons who were uninsured or underinsured during 2007 and 2008¹

- **Age:** One of three people under age 65 were uninsured for some or all of 2007 and 2008; of the total uninsured population, 60.1 million were adults (between 19 and 64 years of age)
- **Duration:** Among the underinsured/uninsured, 74.5 percent were uninsured for nine or more months and one-quarter were uninsured the entire 24 months
- **Employment status:** 80 percent of individuals who were uninsured were in working families and only 16 percent were not in the labor force (due to disabilities, chronic illness, or serving as family caregivers)
- **Income:** Nearly 60 percent were in families with incomes below the federal poverty level (FPL: \$21,200/year for a family of four); 52 percent with incomes between 100 to 200 percent of FPL went without health insurance in 2007/2008
- **Racial and Ethnic origin:** 55 percent of Hispanics/Latinos, 40.3 percent of African Americans and 34 percent of other racial or ethnic minorities had no health insurance in 2007/2008, compared to 25.8 percent of whites. While racial and ethnic minorities are more likely to be uninsured, whites accounted for 49.8 percent of the uninsured
- **Age breakdown:** The likelihood of being uninsured declines with age; 49.5 percent of those 19 – 24 years old, 36.3 percent of those 25 – 44 years old, 32.5 percent of those 45 – 54 years old and 21.2 percent of those 55 – 64 years old were uninsured over this two-year time period. The 55- to 64-year-old age group consumes more health care on average than younger adults.

For all ethnic and racial groups, lower-income families and individuals were more likely to be uninsured than lower-income whites. This disparity continues even as incomes rise in all groups.

There is a marked increase in the number of adults having difficulty paying medical bills – the most visible consequence of the weakening in insurance coverage. In 2007, 41 percent of adults (72 million people) reported problems paying medical bills, faced bill collectors or were in debt for medical care, up from 34 percent or 58 million in 2005. The majority had insurance at the time these bills were incurred² – well in advance of the economic downturn.

¹ All statistics above and below are from <http://www.familiesusa.org/resources/publications/reports/americans-at-risk-findings.html>

²The statistics in this paragraph are from <http://www.commonwealthfund.org/Content/Publications/Testimonies/2009/Feb/Testimony-Insurance-Design-Matters-Underinsured-Trends-Health-and-Financial-Risks.aspx>

Janis McMillen (LWVUS Board member and LWVKS) is chair of the LWVUS Health Care Education Task Force.

Produced by the LWVUS Health Care Education Task Force, 2009

ACTION ALERT: Climate Change Battle Moves on to Senate

Global climate change is one of the most serious threats to the environment, health and economy of our nation and our world. The passage of America's Clean Energy and Security Act in the House means the fight for strong climate change legislation moves onto the Senate.

Enter your zip code above to contact your Senators and ask them to pass strong climate change legislation.

As the world's largest per capita source of greenhouse gas emissions, the United States must set a firm limit, or cap, on greenhouse gas emissions. The cap must decline over time to meet pollution-reduction goals based on the best scientific information. Enforceable interim and long-term goals are needed to compel early and effective action and guard against irreversible damage.

The scientific evidence is clear that climate change, caused largely by human emissions of greenhouse gases, is here now, already causing increasingly severe droughts and heat waves in some areas, intensifying floods and hurricanes in others, and triggering more wildfires. Climate change can devastate crops, create drinking water shortages, displace millions of people because of floods and increase the spread of diseases like malaria.

Establishing the declining cap, based on science and without loopholes, is the single most important issue in climate change and energy legislation. It is our nation's responsibility to take immediate action to curb the environmental and public health damages we are already experiencing from greenhouse gas emissions, as well as those that threaten the future vitality of the Earth.

Take action today to encourage your Senators to support strong global climate change legislation!

For additional information, please contact LWVUS Grassroots Lobbyist Christina Vamvas at lobbying@lww.org.



*L to R: Back row:—Cecile Schubert (3rd VP), **Tammy Fagley** (2nd VP), **Cindy Heine** (1st VP), **Richard Heine** (Board of Directors), Carolyn Quisenberry (Sec.), **Steve Senft** (Treas.) Front row—**Terry Naydan** and **Nita Smith** (Co-Pres)*

State LWV Reps Gather to Participate in Virtual Session of National Convention

Lexington LWV members were well-represented in the state group that gathered on June 13 at KET to participate in the first ever virtual session of the national LWV meeting. In the picture above all the state board members listed in **bold** are members of the local League.

The meeting was historic for its incorporation of technology which allows local leagues to be active participants in the national convention without the sometimes prohibitive cost of travel and accommodations.

DATES FOR YOUR CALENDAR

***Dinner and Democracy* events will again be presented during the 09-10 year. The tentative dates and topics are:**

Oct. 13—Utility company reps

Nov. 10—Local environment

Feb. 9—Government transparency

Mar. 9—Legislative update

Good food...good talk!

The League of Women Voters of Lexington is a non-partisan political organization that encourages informed, active participation of citizens in government, works to increase understanding of major public policy issues and influences public policy through education and advocacy

Return Service Requested

Lexington League of Women Voters
PO Box 22045
Lexington KY 40522

Calendar

LWV of Lexington Website: www.lwvlexington.com

Phone: 859-494-3203

NOTE: Board meetings are open to all MEMBERS; programs are open to the public

CONFIRMED BOARD MEETING DATES FOR 09-10

Aug. 1, Sept. 12, Oct. 2, Nov. 7, Dec. 5, Jan. 9, Mar. 6, and Apr. 17.

Unless otherwise noted, board meetings are held at Faith House, Faith Lutheran Church, 1000 Tates Creek Road at 10 a.m.

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