

Three Minute Read™

Insights from the Healing American Healthcare Coalition™

June 2022-3



From the Editor: Two late June rulings from the SCOTUS, the first allowing concealed carry, the second overturning Roe v. Wade, pose enormous public health challenges. This issue's article summaries include those issues, more on Mark Cuban's attack on high drug costs, private equity's growing involvement in healthcare, and Colorado's launch of a public option. To access each article, just click on the headline.



[Supreme Court abortion ruling has big ramifications for providers](#), by Mari Devereaux, Modern Healthcare, 6/24/22

TMR Topline – The Dobbs v. Jackson Women's Health Organization ruling wipes away nearly 50 years of precedent by eliminating a constitutional right to abortion before a pregnancy is considered viable and sets the stage for vastly different abortion laws among the states and greatly reduced, or nonexistent, access to abortion care across much of the country. The AMA condemned the Court's interpretation, noting "*we will fight to protect the patient-physician relationship, and we will oppose any law or regulation that compromises or criminalizes patient access to safe, evidence-based medical care, including abortion.*" Provider concerns include overcrowded abortion clinics in states where the procedure remains legal, harmful consequences from unsafe practices in states that outlaw abortion and [legal risks](#) for healthcare providers. Dr. Bruce Siegel, CEO of America's Essential Hospitals warned that it will have a chilling effect on physician training and Ob-Gyn shortages in some states. Dr. Jen Villavicencio of ACOG said "*It's heart-wrenching, intensely frustrating and a violation of my oath and duty to care,*"



[The Loss of Abortion Rights Will Send Shockwaves Through the U.S. Health Care System](#), by David Blumenthal and Laurie Zephyrin, The Commonwealth Fund, 6/24/22

TMR Topline – In the Fund's opinion, the Dobbs decision will reduce access to care and deepen inequities by:

- making reproductive services inaccessible to women and families in many states
- [providing fewer options](#) for providers and for women suffering from [ectopic pregnancy](#) (i.e., tubal pregnancy), pregnancy loss, or other complications, particularly in states that have the most restrictive abortion policies
- creating anxiety, fear, and hesitancy to seek or provide care in states where abortion is criminalized
- resulting in thousands of unplanned births and thus the increased likelihood of maternal morbidity and mortality
- increasing the long-term risks to life and health of children, since evidence shows that children of unintended pregnancies are more likely to suffer preterm birth, low birthweight, impaired child development, and adverse childhood experiences.

The Commonwealth Fund is dedicated to fostering an equitable, high-quality health care system and concerned that the adverse effects of Dobbs will be felt most acutely by marginalized people —people of color, poor people, and those living in rural communities.



[Biden signs gun safety bill into law, takes swipe at Supreme Court](#), by Trevor Hunnicutt, Reuters, 6/27/22

TMR Topline – President Biden signed the first major federal gun reform in three decades, days after a decision he condemned by the

Supreme Court expanding firearm owners' rights. The SCOTUS had ruled that the Constitution protected an individual's ability to carry a handgun in public for self-defense. The new law blocks gun sales to those convicted of abusing unmarried intimate partners, cracks down on gun sales those convicted of domestic violence and allows access to information on significant crimes committed by juveniles. It provides new federal funding to states with "red flag" laws intended to remove guns from people deemed dangerous to themselves and others.

TMR'S Take: Just when it looked like America's public health professionals could begin post-pandemic planning to cope with the next outbreaks, along came Dobbs and concealed carry. Add the growing opioid epidemic and the prospects for progress in improving US life expectancy look dim.



['Let's get this done,' Mark Cuban tells Biden on Medicare savings study](#), by

Paige Treter, Becker's Hospital Review, 6/24/22

TMR Topline – A [study](#) in *Annals of Internal Medicine* indicates that if Medicare beneficiaries paid the same amount for generic drugs as Mark Cuban's pharmacy, they could have saved up to \$3.6 billion dollars, a 37% savings. Cost Plus Drug Co. sells its products with a \$3 pharmacy dispensing fee, \$5 shipping fee and a 15 percent profit margin.



[These ER doctors said profit-driven company](#)

[officials pressed them to work while they had Covid symptoms](#), by Gretchen Morgenson, NBC News, 6/24/22

TMR Topline – Not-for-profit Houston Methodist Health System contracts with American Physician Partners for ER physician staffing. Eight APP physicians have brought suit against APP contending that APP officials pressed them to work while ill, even if they contracted Covid and could spread it to patients and colleagues. It alleges that APP's unwritten policy was "the 4 M's," which stood for "Motrin, mask, man-up and must not test." Physicians who worked while sick were celebrated, while those who stayed home with Covid had their pay docked. APP is backed by BBH Capital Partners, the private equity unit

of Brown Brothers Harriman. APP is smaller than its two top competitors in emergency department staffing — Envision Healthcare and TeamHealth, both of which are also backed by private equity firms. More than 40% of hospital [emergency departments](#) are overseen by [for-profit health care](#) staffing companies owned by [private equity firms](#). The APP lawsuit is a sign of growing discontent among front-line health care workers with the impact they say profit-oriented owners are having on patient care and hospital work environments.

TMR'S Take: The increased involvement of private equity in not-for-profit healthcare is alarming. Not-for-profit organizations are accountable to their stakeholders. For-profit entities are accountable to their stockholders. The conflict of interests is obvious.



[Colorado gets OK to amend federal waiver, will launch public option](#), by Maya Goldman and Nona

Tepper, Modern Healthcare, 6/23/22

TMR Topline – HHS announced that Colorado will be the first state in the nation to create a [public health insurance option](#) for its residents in 2023. HHS approved the state's amended Section 1332 State Innovation Waiver allowing the creation of the "Colorado Option." It will use federal funds to create a [public health plan](#) that will reduce the state's uninsured rate and provide more affordable coverage. The federal government is expected to spend less in Colorado under the waiver than it otherwise would.

It will be available to residents who enroll in health plans on the individual market and small employers with fewer than 100 employees. Insurers must offer plans in every county where they operate. It is expected to lower average exchange premiums for consumers by 15% by 2025. By 2027, it will provide insurance to 32,000 previously uninsured residents. "We are thrilled to partner with Colorado in our shared commitment to lowering healthcare costs and ensuring greater access to quality, affordable care," HHS Secretary Xavier Becerra said. "... encourage all states to pursue innovative ways to ensure health care is within reach for their residents."

TMR'S Take: The Colorado Option builds on the ACA's design and moves Colorado closer to universal healthcare for its residents. It should be studied by other states looking to expand coverage and reduce costs.