

'Apartheid' Health Care? Why Medicaid Isn't Cutting It for America's Poor

Featuring Paul Y. Song, M.D.

IN THIS EPISODE

Why should people who have great health insurance care about people who don't? Listen as guest Dr. Paul Y. Song, radiation oncologist and president of Physicians for a National Health Program - California, and host Brenda Gazzar discuss the roots of America's unequal healthcare system. Why did the Lyndon B. Johnson Administration develop two different public insurance programs - Medicare for retirees - and Medicaid for low-income people? How is that decision still impacting American communities over 50 years later? What can we do now that would help?

SHOW NOTES

WE DISCUSS

How did the lack of equal access to medical services impact essential and frontline workers, and their families, during the pandemic?

"...workers who were cleaning hotels or working grocery stores or in the food service industry or construction, many of them didn't have health care and yet when they got sick, they couldn't afford to go get tested. They couldn't afford to

go to the emergency room. They subsequently lived in multi-generational homes. They passed this on to all of the relatives in their houses..." – *Paul Song, MD*

How are hospitals who serve low-income or uninsured people impacted by low or no reimbursement rates?

"...when you have a hospital like Martin Luther King (Jr. Community) Hospital (In Los Angeles), 75% of their revenue comes from Medi-Cal or uninsured compared to a hospital like Cedars (Sinai) or UCLA (Medical Center), where it's such a small fraction. When you are getting reimbursed so little, you don't have the luxury to go invest in additional ICU beds or ventilators or respiratory therapists. You're basically scraping by just to serve your community." — Paul Song, MD

Since market reforms like the Affordable Care Act have not worked to bring equity to our health care, what else can we do?

"I would like to see the Biden administration immediately sign a waiver allowing states to innovate and develop their own in-state single payer solutions. Next...I would immediately put all those enrollees on Medi-Cal into our Medicare system and...make Medicare the de facto fallback insurance for everyone who needs it, whether it be seniors or the really poor." – *Paul Song, MD*

Helpful Links

Health Care Inequality in the US *The Balance*

New Study Highlights Differences in Access to Health Care Services Among Essential Workers. Centers for Disease Control and Prevention

<u>Californians with Medi-Cal Face Hurdles to See Specialists throughout the State</u>.

Shasta Community Health Center

Hospitals Serving The Poor Struggled During COVID. Wealthy Hospitals Made Millions. National Public Radio

<u>The Racial Implications of Medical Debt: How Moving Toward Universal Health</u>
<u>Care and Other Reforms Can Address Them</u>

The Brookings Institute

Episode Transcript

Read the full episode transcript.

Guest Biography

Paul Song, MD

President, Physicians for a National Health Program - California

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