

Proposed Concurrence Statement

Proposal for Concurrence at LWVUS Convention: Adding Language Excerpted From the 2021 LWNYS Positions on Healthcare and Financing Healthcare¹

GOALS

The League supports regulatory incentives to encourage the development of cost-effective alternative ways of delivering and paying for [health care](#). Delivery programs may take place in a variety of settings, including the home and online, and must provide quality care, meaning consistent with “standard of care” guidelines, by trained and licensed personnel, staffed adequately to ensure their own and patient safety.

As public health crises increasingly reveal, [a health program](#) should protect the health of its most vulnerable populations, urban and rural, in order to protect the health of everyone. In addition, all programs should be evaluated regularly.

Decisions on medical procedures that would prolong life should be made jointly by patient, family, and physician. Patient decisions, including those made prior to need, should be respected.

FINANCING AND ADMINISTRATION

The League supports the single-payer concept as a viable and desirable approach to implementing League positions on equitable access, affordability, and financial feasibility. In any proposed healthcare financing system, the League favors health insurance access independent of employment status.

Although the League prefers a healthcare financing system that includes all residents of the United States, in the absence of a federal program that achieves the goals of universal, affordable access to essential health services, the League supports [healthcare programs](#) financed by [states](#) which include continuation of federal funding [and comply with League principles](#).

COST CONTROL

Specific cost-control methods should reflect the most credible, evidence-based research available on how healthcare financing policy affects equitable access to healthcare, overall quality of care for individuals and populations, and total system costs of healthcare and its administration. Methods used should not exacerbate disparities in health outcomes among marginalized [residents](#).

- Reduction of administrative costs — both for the insurance [program](#) and for providers,
- Negotiated volume discounts for pharmaceuticals and durable medical equipment to bring prices closer to international levels — or importing of same to reduce costs,
- Evidence-based treatment protocols and drug formularies that include cost/benefit assessments of medical value,
- Malpractice reforms designed both to compensate patients for medical errors and to avoid future errors by encouraging robust quality improvement processes (at individual and systemic levels) and open communications with patients,
- Investment in well-care — such as prevention, family planning, patient education, primary care — to increase health and reduce preventable adverse health events/expenditures,
- Investment in maternal/infant care, chronic disease management, and behavioral healthcare. Provision for short-term and long-term home-care services to reduce institutionalization

PUBLIC PARTICIPATION

The League supports public input as integral to the process for determining healthcare coverage and funding. To participate in public discussion of health policy and to share effectively in making policy decisions, residents must be provided with information on the healthcare system and on the implications of health policy decisions.

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¹ Black text has been excerpted exactly from [LWNYS HC positions](#). Omitted text is either redundant with LWVUS or addresses NYS-specific issues. Other references to NYS have been generalized, with [adjusted wording in blue](#).