

FINANCING OF HEALTHCARE POSITION

Adopted by LWVNYS Board of Directors, March 20, 2021

As a continuation of the 1985 statement of position on healthcare, a two-year study and consensus on the financing of healthcare was conducted from 1989 to 1991. Following study in 2019-20, this position was updated again in 2021.

The League of Women Voters of New York State believes that any proposed healthcare financing system should provide access to essential healthcare at an affordable cost for all New Yorkers, both patients and taxpayers. 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 funding supported in part by broad-based and progressive state income taxes with health insurance access independent of employment status.

FEDERAL v STATE ROLES

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 for New Yorkers, the League supports a healthcare program financed by NYS which includes continuation of federal funding.

FEASIBILITY

The League believes the financial feasibility of any single-payer NYS program requires:

- Levels of federal support appropriate for the cost of the program
- Sufficient cost-savings to be identified so that estimated overall program cost will approximate the cost of current overall health services (as funded from all sources) or less
- New state funding from individual taxpayers, employees and businesses, that is equitable and progressive to ensure affordability for all
- A healthcare trust fund managed by the state, that operates in a similarly efficient fashion as Social Security or Medicare trust funds.

COST-CONTROL METHODS

To reduce the impact of any tax increases, healthcare reform should contain costs. The League believes that efficient and economical delivery of care can be enhanced by such cost-control methods as:

- Reduction of administrative costs — both for this plan 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
- Regionalization of specialized tertiary services to ensure timely access and quality
- 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 and child care, chronic disease care, and behavioral healthcare
Provision for short-term and long-term home-care services to reduce institutionalization
- Innovative payment and record-keeping

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 New Yorkers.

PUBLIC PARTICIPATION

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