



## **Funding of Entitlements**

The League of Women Voters of the United States believes that the federal government has a role in funding and providing for old-age, survivors, disability, and health insurance. For such insurance programs, participation should be mandatory and coverage should be universal. Federal deficit reduction should not be achieved by reducing Social Security benefits.

## **Health Care –The League’s Position<sup>1</sup>**

*Statement of Position on Health Care, as announced by the National Board, April 1993 and supplemented by concurrence to add Behavioral Health, June 2016:*

**GOALS:** The League of Women Voters of the United States believes that a basic level of quality health care at an affordable cost should be available to all U.S. residents. Other U.S. health care policy goals should include the equitable distribution of services, efficient and economical delivery of care, advancement of medical research and technology, and a reasonable total national expenditure level for health care.

**BASIC LEVEL OF QUALITY CARE:** Every U.S. resident should have access to a basic level of care that includes the prevention of disease, health promotion and education, primary care (including prenatal and reproductive health), acute care, long-term care, and mental health care. Every U.S. resident should have access to affordable, quality in- and out-patient behavioral health care, including needed medications and supportive service that is integrated with, and achieves parity with, physical health care. Dental, vision, and hearing care also are important but lower in priority. The League believes that under any system of health care reform, consumers/patients should be permitted to purchase services or insurance coverage beyond the basic level.

**FINANCING AND ADMINISTRATION:** The League favors a national health insurance plan financed through general taxes in place of individual insurance premiums. As the United States moves toward a national health insurance plan, an employer-based system of health care reform that provides universal access is acceptable to the League. The League supports administration of the U.S. health care system either by a combination of the private and public sectors or by a combination of federal, state, and/or regional government agencies.

The League is opposed to a strictly private market-based model of financing the health care system. The League also is opposed to the administration of the health care system solely by the private sector or the states.

**TAXES:** The League supports increased taxes to finance a basic level of health care for all U.S. residents, provided health care reforms contain effective cost control strategies.

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<sup>1</sup> Taken from *Impact on Issues*, pp.129-131, available at <https://www.lww.org/impact-issues>

**COST CONTROL:** The League believes that efficient and economical delivery of care can be enhanced by such cost control methods as:

- the reduction of administrative costs,
- regional planning for the allocation of personnel, facilities, and equipment,
- the establishment of maximum levels of public reimbursement to providers,
- malpractice reform,
- the use of managed care,
- utilization review of treatment,
- mandatory second opinions before surgery or extensive treatment,
- consumer accountability through deductibles and copayments.

**EQUITY ISSUES:** The League believes health care services could be more equitably distributed by:

- allocating medical resources to underserved areas,
- providing for training health care professionals in needed fields of care,
- standardizing basic levels of service for publicly funded health care programs,
- requiring insurance plans to use community rating instead of experience rating,
- establishing insurance pools for small businesses and organizations.

**ALLOCATION OF RESOURCES TO INDIVIDUALS:** The League believes that the ability of a patient to pay for services should not be a consideration in the allocation of health care resources. Limited resources should be allocated based on the following criteria considered together: the urgency of the medical condition, the life expectancy of the patient, the expected outcome of the treatment, the cost of the procedure, the duration of care, the quality of life of the patient after treatment, and the wishes of the patient and the family.

**BEHAVIORAL HEALTH:** The League supports:

- Behavioral health as the nationally accepted term that includes both mental illness and substance use disorder.
- Access for all people to affordable, quality in- and out-patient behavioral health care, including needed medications and supportive services.
- Behavioral health care that is integrated with, and achieves parity with, physical health care.
- Early and affordable behavioral health diagnosis and treatment for children and youth from early childhood through adolescence.
- Early and appropriate diagnosis and treatment for children and adolescents that is family-focused and community-based.
- Access to safe and stable housing for people with behavioral health challenges, including those who are chronically homeless.
- Effective re-entry planning and follow-up for people released from both behavioral health hospitalization and the criminal justice system.
- Problem solving or specialty courts, including mental health and drug courts, in all judicial districts to provide needed treatment and avoid inappropriate entry into the criminal justice system.
- Health education—from early childhood throughout life—that integrates all aspects of social, emotional, and physical health and wellness.
- Efforts to decrease the stigmatization of, and normalize, behavioral health problems and care.