



## Proposal for Concurrence to Update LWVUS Health Care Position

To: All Local and State Leagues and LWVUS  
From: LWVNYS HealthCare Update Committee (2019-21 Study Committee that drafted LWVNYS Healthcare Positions, adopted 2021)  
Re: "Proposed Concurrence at 2022 Convention: Adding Language Excerpted from LWVNYS Healthcare Positions (2021)" (attached at end, as page 4)

If your League might want education or Q&A on this before your program planning in January/February, please hit "reply" to let us know: [LWV.NYS.Healthcare.Update@gmail.com](mailto:LWV.NYS.Healthcare.Update@gmail.com)

The HealthCare Update Committee of the League of Women Voters of New York (HCUC of LWVNYS) with the support of our State League asks other state AND local Leagues to consider proposing a Concurrence at June 2022 Convention with language excerpted from LWVNYS positions on Healthcare and Financing Healthcare. The additions, which are exact language from the LWVNYS positions (2021), will strengthen the ability of all Leagues to advocate on LWVUS program priorities, such as reforms to address widening disparities in health care access and health care outcomes among vulnerable populations, inequities both exacerbated and made more visible by the pandemic.

This letter provides

- I. Background
- II. Rationale: Why This Concurrence Is Appropriate and Timely
- III. Highlights of This Concurrence
- IV. Three Actions to Support This Concurrence
  - 1) Get on your League's agenda and ask for their support, and then:
  - 2) Email us to add your League's name to the list of Leagues supporting this
  - 3) Use specific language (provided) when completing the online-only LWVUS Program Planning Survey (deadline March 1, 2022) and note LWV.org Program Planning links, etc.
- V. Find Out More: Links to NYS Full Study Materials & Pro/Con Considerations
- VI. Our Proposed Concurrence Statement: Excerpts from LWVNYS Positions
- VII. Pro/Con on Proposed Concurrence

For further information or should your League be willing to support this effort,  
Email: [LWV.NYS.Healthcare.Update@gmail.com](mailto:LWV.NYS.Healthcare.Update@gmail.com)

Thank you, the LWVNYS HCUC:

Barb Thomas, LWV Saratoga	Anne Burton, LWV Rensselaer
Valerie King & Estelle Gellman, LWV Hamptons	Jan Allen-Spencer, LWV Huntington
Judy Esterquest, LWV Port Washington-Manhasset	Madeline Zevon, LWV Westchester

### Partial List of League Support ... (find an up-to-date list [here](#) through June 2022)

LWV State of New Mexico	LWV New York State
LWV NW Maricopa County (AZ)	LWV Buffalo-Niagara (NY)
LWV Berkeley, Albany, Emeryville (CA)	LWV City of New York (NY)
LWV Southwest Santa Clara Valley (CA)	LWV The Hamptons, Shelter Island, North Fork (NY)
LWV Manatee County (FL)	LWV Bellingham/Whatcom (WA)
LWV Brown County (IN)	LWV Clark County (WA)
LWV Amherst (MA)	LWV Seattle-King County (WA)
LWV Cape Cod Area (MA)	LWV State of Vermont

## I. Background

At the LWWNYS Convention of 2019, the HCUC of LWWNYS was charged to update the state position on Financing Healthcare (originally adopted in 1985, last revised in 1991), paying particular consideration to how single-payer legislation such as the NY Health Act could be fiscally viable. After review, we also updated the LWWNYS position on Healthcare to reflect changes in medical practice and public policy analyses over the prior 30 years. After almost two years, the NYS healthcare consensus process was concluded in mid-March 2021, with near unanimous support among local Leagues to adopt both new positions.

During the study process and while drafting the new positions, the HCUC reviewed the LWWUS position on Health Care with LWWUS staff to ensure that no part of the new state positions is in opposition to the current national position.

## II. Rationale: Why This Concurrence Is Appropriate and Timely

It is appropriate to amend the LWWUS position on Health Care (1993) by concurring with excerpts from LWWNYS positions on Healthcare and Financing Healthcare (2021).

Since most local and state Leagues use the national health care position in lieu of having their own, amending the national position to be more current benefits all. Per League guidelines, there can be no changes to the language of the national position without a new study. Utilizing this concurrence will benefit state Leagues without requiring additional resources from the national League.

By adopting (passing) this concurrence, convention delegates will update our national position to speak to current concerns, including health inequities that have grown more severe over three decades — without having to conduct their own studies, create their own study materials, and go through their own consensus process. For example, local and state Leagues can support • safe staffing in hospitals and nursing homes, • regular evaluations of all health programs, • respect for patient decisions (including those made prior to need), • expanded delivery options and • more equitable access to health care; further, they can • oppose cost-control methods that exacerbate disparities in health outcomes. Such health care reforms will benefit everyone, and particularly poor, BIPOC, rural, and other socially and economically disadvantaged communities.

## III. Highlights: What This Concurrence Adds

The Concurrence proposes adding exact language from LWWNYS positions (see p.4, “Concurrence Statement”) to the LWWUS position, under four headings, with substance summarized below:

### GOALS: **Universal and equitable access to comprehensive care** —

supports expanded delivery options to reach the most vulnerable, ensures quality care and safe staffing, and centers health care decisions made by patients with their physicians and families, rather than for-profit entities.

### FINANCING & ADMINISTRATION:

**Explicitly favors “single-payer” funding with access to health insurance independent of employment status** — the Study Materials reference decades of research showing the unequal power of single-payer systems to achieve equitable and universal access, on-going cost containment (by reducing waste and corporate profits). New language favors separating access to health insurance from employment. The COVID-19 pandemic has shown the dangers of millions losing health insurance.

In the absence of a national program funding universal health care, new language allows **states to enact programs, provided they comply with League principles.**

**COST CONTROL:**

Cost-control measures should reflect the **most credible, evidence-based research** available; favored measures **should not exacerbate disparities** among patients.

**PUBLIC PARTICIPATION:**

Explicit support for **transparent administration, with regular assessment** of public health metrics and coverage, cost, and funding decisions.

**IV. Three Actions to Support This Concurrence**

- 1. Get on your League's agenda and ask for their support** — specifically to ask the LWVUS Board to make this Concurrence a recommended item for Program Consideration at the 2022 LWVUS Convention; note this does not mean committing your delegates to vote for it.
- 2. If your League decides to support this, please also complete the LWVUS Program Planning Report Survey (see note below) using the specific language in ONE box so they know exactly what you are recommending in the fewer than 300 words allotted to answering either**

On the online form, answer **Question 7 “yes”** so that a **new Question 8 appears**: “Would you like to recommend another program item, in addition to the Campaign for Making Democracy Work ®? **Question 8 has a box that will accept 300 words**, or  
Or use the box for the **last question box** on the survey: “Please provide anything else you would like to share on Program Planning.”

**Please copy this language into box #8 or final box of LWVUS Program Planning Survey**

We support including the “[Proposal for Concurrence at LWVUS Convention: Adding Language Excerpted from the 2021 LWVNYS Positions on Healthcare and Financing Healthcare](#)” as a US Board recommended item for program consideration at Convention.

Concurring with this LWVNYS language at Convention will update the LWVUS Health Care Position without requiring any outlay of resources by either local Leagues or LWVUS. It will support our DEI efforts by allowing Leagues to support improvements to our health care system that will benefit poor, BIPOC, rural, and other socially and economically disadvantaged residents. Access to quality health care is a concern for a majority of Americans. (Hyperlink: [pwm.tempurl.host/hc-concurrence/](http://pwm.tempurl.host/hc-concurrence/))

**Critical Instructions:** Each League may complete the LWVUS ProgPlan survey **once (online only)**. There is now a “SAVE” button that enables whoever is filling out the survey to come back to it once started, but **it still may time out so LWV ProgPlan suggests preparing your answers ahead of time**, using their PDF version of the survey — **and then copy/pasting your answers into the online boxes**. You should be aware that question numbers on the online survey will change based on your answers, so they may not match the PDF numbering. **Submission deadline: March 1, 2022**. Email questions: [progplan@lhwv.org](mailto:progplan@lhwv.org)

**PDF Survey (so you can plan survey answers, in Program Planning Guide):** <https://www.lhwv.org/league-management/policies-guidelines/leaders-guide-lhwv-program-planning-2022-2024>

**Online Survey:** <http://s.alchemer.com/s3/2021-Program-Planning-Survey>

**Link to Concurrence URL:** [LWVofPWM.org/HC-Concurrence/](http://LWVofPWM.org/HC-Concurrence/)

**V. Find Out More**

- **NYS Full Study Materials** (contain LWVUS [1993] and LWVNYS [2021] positions in their entirety) & more — [on LWVNYS website https://lhwvny.org/programs-studies/](https://lhwvny.org/programs-studies/)
- **Pro/Con Considerations & more** — [on LWVofPWM website https://lhwvofpwm.org/hc-concurrence/](https://lhwvofpwm.org/hc-concurrence/)
- **Questions?** — [LWV.NYS.Healthcare.Update@gmail.com](mailto:LWV.NYS.Healthcare.Update@gmail.com)

## VI. Proposed Concurrence Statement

### Proposal for Concurrence at LWVUS Convention: Adding Language Excerpted From the 2021 LWNYS Positions on Healthcare and Financing Healthcare<sup>1</sup>

#### 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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<sup>1</sup> 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](#).

## VII. Pro/Con for Proposed Concurrence

### **Pro/Con on the Proposal for Concurrence at LWVUS Convention With Language Excerpted from the 2021 LWWNY Positions on Healthcare and Healthcare Financing**

- 1 Should the LWVUS position on health care include support for “safe staffing”?
  - Pro: This would protect patients and providers from injury
  - Con: Regulating the number of staff reduces management flexibility
  
- 2 Should the LWVUS position on health care include a call to protect vulnerable populations to protect overall public health?
  - Pro: Infection spreads easily from vulnerable to general populations, and prevention saves money in the long run.
  - Con: It costs money and taxes upfront to provide health care for those who can't pay for their own.
  
- 3 Should health insurance coverage be tied to employment (as now) or should residents have access to healthcare regardless of employment status?
  - Pro: The pandemic showed what happens when millions of families lose access to health insurance when a parent loses their job
  - Con: The current system has worked for 70 years, with employers subsidizing part of the cost.
  
- 4 Should single-payer legislation be required to provide not just equitable access to healthcare but also financial feasibility and affordability for patients and taxpayers?
  - Pro: Single-payer programs save overall healthcare dollars
  - Con: It's not been proven that what works in other countries can transfer to the U.S.
  
- 5 Should proposed cost-control methods project both equitable access and overall savings?
  - Pro: Cost controls do not have to reduce access or increase health problems.
  - Con: Cost controls result in limiting access.
  
- 6 In the absence of a federal program funding universal health care, should states be allowed to enact programs that comply with League principles?
  - Pro: States are the “laboratories of democracy” and can pilot new approaches.
  - Con: Americans move around too much for this to be effective.
  
- 7 Should the public participate in setting policy for health care administration?
  - Pro: If we want the public to be satisfied with decisions, the public should have a say in the services provided
  - Con: Health care policy is too complicated for public participation.