

VERMONT STUDY REPORT: APPENDIX A EXCERPTED & WITH ADDITIONS FOR PWM CONCURRENCE CONSIDERATION OTHER LWVUS POSITIONS RELEVANT TO THE VERMONT UPDATE

A consideration in creating a position, or in choosing a path of advocacy, is to consider all relevant League positions – what exactly does the League support, what does it oppose, and where is it silent. Further, any new position may have nothing in it that conflicts with established positions.

In addition to ensuring that a new position is consistent with all League positions, *Impact on Issues 2022-2024* recommends that Leagues “apply a DEI lens” to any position they are utilizing.

In reviewing the LWVUS *Impact on Issues 2022-24*, LWVVT Study Team found four areas relevant to the Vermont Privatization issues they were studying:

- Meeting Basic Human Needs
- Fiscal Policy
- Public Participation
- Health Care

Meeting Basic Human Needs

“Persons who are unable to work, whose earnings are inadequate, or for whom jobs are not available have the right to an income and/or services sufficient to meet their basic needs for food, shelter, and access to health care.

The federal government should set minimum, uniform standards and guidelines for social welfare programs and should bear primary responsibility for financing programs designed to help meet the basic needs of individuals and families. State and local governments, as well as the private sector, should have a secondary role in financing food, housing, and health care programs...¹

Access to Health Care

LWVUS believes that access to health care includes the following: preventive care, primary care, maternal and child health care, emergency care, catastrophic care, nursing home care, and mental health care, as well as access to substance abuse programs, health and sex education programs, and nutrition programs.²

Because the “Meeting Basic Human Needs” position (*Impact on Issues 2022-2024*, p. 146) states that government should bear responsibility for ensuring access to minimum standards of health care, Leagues could interpret that to mean that LWVUS already considers health care a public good and

¹ *Impact on Issues, 2022-2024* page 146, Meeting Basic Human Needs. https://lwwhealthcarereform.org/wp-content/uploads/2024/04/MeetHumanNeeds_LWV_Impact2022-24_145-151-2.pdf

² *Ibid.*, “Meeting Basic Needs,” p. 145

could act at the local and state level already. However, to reduce inconsistent interpretation, members felt it was important to update the national privatization position by explicitly aligning the two LWVUS positions to both define health care as a public good and a basic need.

Health Care

The proposed update to the position on privatization complements the LWVUS health care position.

The goals of the health care position are usually summarized as supporting universal, affordable and equitable health care. The opening paragraph lays this out in more detail:

... 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.³

[Added for PWM Concurrence: Further, the NY Positions on Healthcare & Financing of Healthcare, which govern advocacy in NYS, also include the following provisions⁴:

New York State ... must assure **high quality care** that is **affordable** and **accessible to all**.

As public health crises increasingly reveal, NYS should protect the health of its **most vulnerable populations**, urban and rural, in order to protect the health of everyone.

The League supports **uniform eligibility and coverage** of essential healthcare services, both physical and behavioral, ideally including coverage of services such as vision, dental, hearing, and long-term care, through public financing. Access to optional insurance coverage for care not covered by public financing should be available. The League has a strong commitment to an emphasis on **preventive care, health education**, and appropriate use of **primary care** services.

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. (stress added)]

Because the intrusion of the profit motive in the US health care sector reduces affordability, efficiency and economical delivery of care, it has contributed to the fact that health care continues to become an increasingly greater proportion of our gross domestic product (GDP). It has also led to less equitable distribution of health care.

Providing health care as a public good is inherent in the health care position, as the League favors progressive general taxes to pay for a national health program, instead of the regressive method of financing health care through individual insurance premiums.

The private sector could have a role in health care administration. For instance, a private contractor could provide the services for determining eligibility and for paying claims:

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.

³ *Impact on Issues 2022-24*, Health Care, pp 137-139: <https://www.lwv.org/impact-issues>

⁴ NYS Healthcare positions 2021: <https://lwvny.org/wp-content/uploads/2023/08/Healthcare-Position-adopted-by-LWVNYS-Bd-032021.pdf>

However:

The League supports the single-payer concept as a viable and desirable approach to implementing League positions on equitable access, affordability, and financial feasibility.⁵

[AND the NYS League requires:

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]⁶

This clear statement that the League supports health care fully funded by the public sector should be sufficient for League members to support deprivatization of health care, including advocacy for deprivatizing Medicare (to support reining in Medicare Advantage failures), and opposing efforts to further privatize Medicare (to oppose programs such as the former Direct Contracting Entities program and current ACO/REACH and future privatization schemes as they are proposed).

[And for NYS, the goal of reducing costs may not reduce access or quality of care, e.g., by reducing or delaying care or its quality (such as more adverse events, higher mortality rates).]

... Fiscal Policy ...

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.⁷

In addition, it states

The government also should achieve whatever savings possible through improved efficiency and management.⁸

The proposed update to the privatization position would allow Leagues to advocate for deprivatization where savings could be achieved through improved efficiency and management, especially where privatization has led to reduced efficiency, including the diversion of public funds from taxes to profit and administrative waste whether in health care or any other privatized management of a public good.

Diversity, Equity, and Inclusion (DEI)

Privatization is a DEI issue where it reduces access, affordability, or transparency or increases disparities of equity or outcome in any public good. Similarly, where de-privatization would improve public benefit, the League viewing the issue through a DEI lens is likely to add weight to any League decision on the importance of advocating on the issue.⁹

⁵ Ibid., *Impact on Issues 2022-24*, Health Care

⁶ LWV NY Financing of Healthcare: <https://lwny.org/wp-content/uploads/2023/08/Financing-of-Healthcare-Position-Adopted-by-Bd-032021.pdf>

⁷ Ibid., *Impact on Issues 2022-24*, Fiscal Policy

⁸ *Impact on Issues 2022-24*, Fiscal Policy, pp 134-135: <https://www.lwv.org/impact-issues>

⁹ "Applying Diversity, Equity, and Inclusion (DEI) Lens to Our Work," p. 3 of *Impact on Issues 2022-24*, <https://www.lwv.org/impact-issues>