

## LWVofPWM Proposed Motion to Board for 4 Sept 2024 Meeting

**Motion: LWVPWM will hold a concurrence meeting this fall (date TBD) to consider whether LWVPWM should adopt by concurrence a portion of LWVVT's new position.**

Judy Esterquest reported that the Vermont Privatization Update proposed at the National Convention was not adopted by the delegates. Judy requests that our League consider adopting a stripped-down version of the Vermont position, perhaps at a LWVPWM concurrence meeting in October or November of this year. She will prepare all needed education materials.

Judy offers the following version of the VT position, shortened by 75% to eliminate unneeded commentary, re-sequenced to ensure clarity, and with a few added modifiers.

<p>The LWV of PWM believes that health care, like other programs that provide and protect basic human needs, should be considered a public good.</p> <p>The League favors a <u>healthcare</u> system where fiduciary responsibility is to patients. <u>Because</u> private for-profit corporations have a fiduciary responsibility to their shareholders rather than to patients or public health, the League believes the for-profit business model for providing health care is inappropriate for the common good or to meet the basic needs of the most vulnerable members of society.</p> <p>In sum, the League opposes further privatization of needed healthcare; and, where private <u>healthcare</u> entities fail to deliver programs that provide and protect basic human needs, the League supports de-privatizing <u>them</u>.</p>	<p>[no change from VT language]</p> <p>"<u>healthcare</u>" added to modify "systems" to clarify which systems are described.</p> <p>"<u>Because</u>" added to clarify relationship between the two clauses.</p> <p>"<u>healthcare</u>" added to specify the only private entities under consideration in paragraph 3. Direct object (in italics) added to clarify the 1) criteria the League will consider when supporting or opposing govt regulation of healthcare entities (the words are repeated from first paragraph), and 2) what will be de-privatized ("<u>them</u>," that is private HC entities that have failed to deliver.)</p>
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There is precedent for adopting a partial version of a state's position:

- LWVUS adopted only 46% of the NY Healthcare positions in 2022
- LWVUS adopted only 63% of the CT Digital Equity positions in 2022
- LWVNM adopted (and reworded) CT and TN positions on Media in 2018

Turn the page to read the full LWVVT position, as adopted 14 Dec 2023.

The 100-plus page VT study document is available at <https://lwwhealthcarereform.org/> and can be put on our PWM website if the motion is adopted.



## PRIVATIZATION POSITION

The League of Women Voters of Vermont believes that health care, like other programs that provide and protect basic human needs, should be considered a public good. The LWWVT believes that public funding, oversight, and delivery of essential health care services (including tests, treatments, facilities, etc.) are necessary to optimize equity and access (including for racially, economically, geographically, and other underserved populations). Similarly, quality, transparency, accountability and affordability are critically necessary for effective administration. Further, the League supports public oversight of all aspects of health care from policy-making to administration to accountability, and public participation in policy-making and accountability, as essential.

LWWVT believes the current private-enterprise, for-profit business model for providing health care is inappropriate for the common good, or to meet the basic needs of the most vulnerable members of society. It is not working for most Americans, their providers, or their communities in the following ways:

- Private for-profit corporations have a fiduciary responsibility to their *shareholders* rather than to patients or public health. The LWWVT favors a system where fiduciary responsibility is to patients.
- Health care is not discretionary spending where consumers can choose what product or service, which brand, and how much to purchase. Patients do not have perfect information, and they are usually not able to make decisions and seek care based on comparison shopping. The LWWVT favors a system that ensures that patients needing health care have those needs assessed based on “standards of care,” offered equitably and constrained by public policy rather than the patient's ability to pay.
- Lack of a profitable market for providers can create health-care deserts in poor or low-population areas. The LWWVT favors a system where all communities have access to quality basic health care because this will improve both individual and public health.
- Free market principles require that anyone who benefits from a service must pay for it, and anyone who does not pay for it should not benefit from it. The LWWVT favors a system where health care needs are met regardless of a patient's ability to pay because this will improve our longevity, and general welfare.
- People do not consume health care on a supply-demand curve. A person without a disease has no interest in purchasing treatment for that disease even if it is free. A person whose child's life depends upon a standard treatment should not have to forego their child's care because its purchase price is beyond their means. In addition, patients cannot legally vary the amount of a prescribed product they purchase based on price, nor would such variation typically serve their health.

In addition, the League supports health care as a public good for fiscal reasons. Our current multi-payer, multi-layered system contains significant financial waste, including excessive administrative costs and misdirected marketing costs that create additional barriers to care.

Therefore, where private entities fail to deliver, the League supports de-privatizing.

In sum, League opposes further privatization of needed health care and favors de-privatization of services and facilities that are currently owned, managed or financed by for-profit corporations.

## LWV of Vermont Privatization Position

Proposed as Concurrence by LWV PWM

### **What does "Concurrence" mean?**

It allows a League (in this case LWV PWM) to adopt a position of another League, when that League has studied the issue, reached consensus on the language of the position, and formally adopted the position, all according to League rules — **as Vermont has.**

### **What is a "position"?**

A position is a public policy statement; LWVUS and LWVNY positions are in *Impact on Issues*. Local Leagues use their own, their state, and national League positions to advocate for or against specific legislation and regulations. Having a position allows a League to advocate but does not require a League to advocate. Not having a position precludes a League from advocating on that issue. Positions are not written to support specific bills but to provide principles for supporting or opposing legislation or regulations. Leagues use positions to determine whether to advocate.

### **How would concurring with Vermont change what PWM can advocate for/against?**

- 1) **Concurrence would add "health care" to the list** of what the US position lists as services essential "to preserve the common good, to protect national or local security or to meet the needs of the most vulnerable members of society."
- 2) **Concurrence would allow advocacy (accountability) if a League determines that privatized management or ownership of services essential to the common good has not delivered on its promises** (e.g., equal quality and access for lower cost).
- 3) **As a local League, PWM** could only use this position for legislative bodies within its local area, but it could also encourage other NY Leagues, including NYS, to concur.

### **What local issues might this position apply to?**

- Current discussions of municipalizing the non-profit LIPA/PSEG might benefit from League [research](#) into Massena Electric (NY), Emerald PUD (OR), Winter Park (FL)
- Similarly, water in Nassau County is owned by public and private companies; enhanced revenues (and profits) like reduce sustainability of this essential resource.

### **What NYS issues might this position be used for, were LWVNY to adopt it?**

Legislation has been introduced in recent sessions to

- Prohibit new for-profit hospices, nursing homes, hospitals — which evidence associates with higher costs, increased adverse events (e.g., bed sores, falls), increased readmissions, and earlier deaths.
- For NYS to reimburse providers of **Medicaid Managed Long-Term Care** services directly (not using for-profit MCC companies): saving as much as 25% of total state annual MMC expenditures.<sup>1</sup> Connecticut deprivatized Medicaid<sup>2</sup> entirely; ten-year benefits include significant savings, improved quality of outcomes, improved accessibility and equity.

### **What could your League do?**

- Read the LWVVT Study Materials<sup>3</sup> to educate yourself on privatization of healthcare
- Check out the HC News from LWVNY HCC Google Group for recent news stories
- Consider asking your League's Health Comm to propose concurrence by your League
- Begin education of your League to support LWVNY concurrence at June Convention

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<sup>1</sup> <https://medicaidmattersny.org/wp-content/uploads/2022/11/OSC-MLTC-report-consumer-advocates-statement-11.2.22-final.pdf>

<sup>2</sup> Connecticut deprivatized Medicaid entirely; 10-yr benefits include savings, improved health outcomes, accessibility and equity: <https://pnhp.org/news/connecticut-medicaid-prospers-post-capitated-managed-care/>

<sup>3</sup> At <https://drive.google.com/file/d/1VU826V2v2riflO52WiXAm4FgTY6kWe3n/view> Available at [lwvhealthcarereform.org](http://lwvhealthcarereform.org)