

## LWVofPWM Shortened Privatization Update Position (2024) vs Vermont (2023)

The Vermont Privatization Update proposed at the National Convention 2024 was not adopted by the delegates. LWVUS recommended shortening the LWVVT position to the essential issues needed to guide advocacy about legislation/regulation. LWVPWM adopted the following version of the LWVVT 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 system where fiduciary responsibility (<u>for such programs</u>) is to patients <u>or the public</u>. <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. In sum, the League opposes further privatization of needed healthcare.</p> <p>Where private entities fail <i>to deliver programs that provide and protect basic human needs</i>, the League supports de-privatizing <u>them</u>.</p>	<p>[no change from VT language]</p> <p>"(<u>for such programs</u>)" added to modify "responsibility" to clarify that fiduciary responsibility pertains to programs described in the first sentence; <u>or the public</u> added to clarify the grammar.</p> <p>"<u>Because</u>" added to clarify relationship between the two clauses.</p> <p>Direct object (in italics) added to clarify that the League will only consider supporting or opposing legislation to de-privatize</p> <ol style="list-style-type: none"> <li>1) private entities that own, control, or manage programs that provide and protect basic human needs (the words are repeated from first paragraph and from the US Position on Privatization),</li> <li>2) when those entities — that is, "<u>them</u>" — have failed to deliver what basic human needs require.</li> </ol>
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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 rewrote) CT and TN positions on Media in 2018

The next page offers the LWVVT position, as adopted 14 Dec 2023.

The 100-plus page VT study document is available at <https://lwvhealthcarereform.org/>.



## 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.