Why Use Concurrence to Adopt This NYS Privatization Update (LWVVT) (Rationale for Using This Form of Member Agreement)

Adopting language from Vermont's position by concurrence would be more efficient than any League (or many Leagues) undertaking a full study to articulate two needed clarifications to the LWVUS Privatization position. Vermont has already undertaken a full study and used its updated position successfully in two legislative sessions. New York has used its shortened updated position successfully in one legislative session.

The LWV US Privatization Position leaves two issues open to inconsistent interpretation. First, while *Impact on Issues* describes healthcare as a right, the privatization position omits mention of healthcare from its list of specific "public services" providing for the "common good." Second, while the privatization position articulates criteria for transferring public "services, assets, and functions" to private entities, it is silent about accountability should a private entity — managing or delivering such a service — fail to serve the common good.

The LWV NYS Update (shortened from the Vermont Privatization position) clarifies these two issues: First, it defines healthcare explicitly as a public good where fiduciary responsibility is due to patients. Second, it adds explicit accountability to the current position by supporting advocacy to de-privatize any entity that undertakes to manage or deliver such services but fails to provide and protect basic human needs.

Since the LWV US Privatization position was adopted in 2012, the healthcare sector has been increasingly privatized, with private entities extracting increasing tax dollars from the public purse. While state legislators around the country are beginning to introduce bills to protect their residents, providers, and communities from emerging privatization threats and harm, LWV positions do not clearly allow advocacy on these bills. Adopting these two clarifications by concurrence at Convention will resolve the inconsistent interpretations by providing position language that aligns with the interpretation given by LWV US staff from the podium at Convention in 2024.