



PRIVATIZATION UPDATE

LWV Convention 2026 Proposed Concurrence

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Presented to LWV Virginia
Nov 13, 2025

Agenda

- What is Concurrence?
- What would the Update change in the current privatization position?
 1. Health care as a common good
 2. Accountability: (up to/including) de-privatization
 3. Fiduciary duty required
 4. Opposing further privatization of health care
- How might it benefit state and local Leagues?
- How can your League support this?

What Is Concurrence? What will it do?

Quick Intro: LWV Definitions

1) What is a League position?

- A POLICY statement, formally adopted after rigorous study, reaching consensus on language, and adopted by vote of membership
- It GUIDES advocacy — to oppose or support legislation/regulation
- It does not REQUIRE advocacy, but having it ALLOWS advocacy

2) What does “by concurrence” mean?

- When a League adopts a position that was studied, drafted, and adopted by another League, it’s “by concurrence.” No additional study is needed.
- Concurrence requires “yes” or “no” on the entire position, exactly as is.

3) Does this process happen often?

Yes, e.g., 2022 Convention **delegates adopted** “by concurrence”

- NY Health Care Update, CA Criminal Justice (“Recommended” to delegates)
- CT Digital Equity (“Not Recommended” to delegates)

Quick Intro: slides showing how to access Impact on Issues

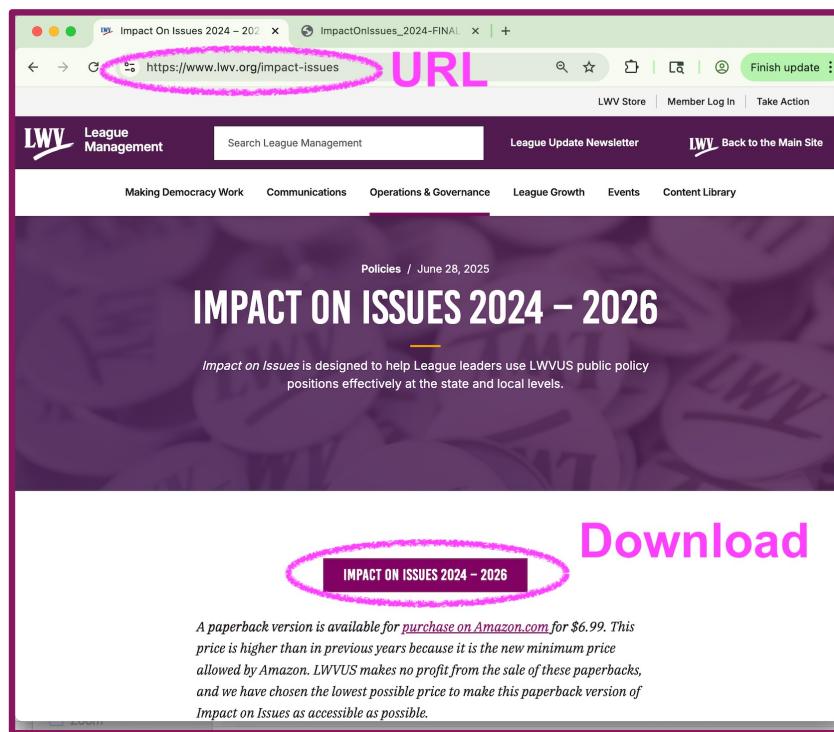
1) Google: LWV.org Impact on Issues 2026

- Download the file

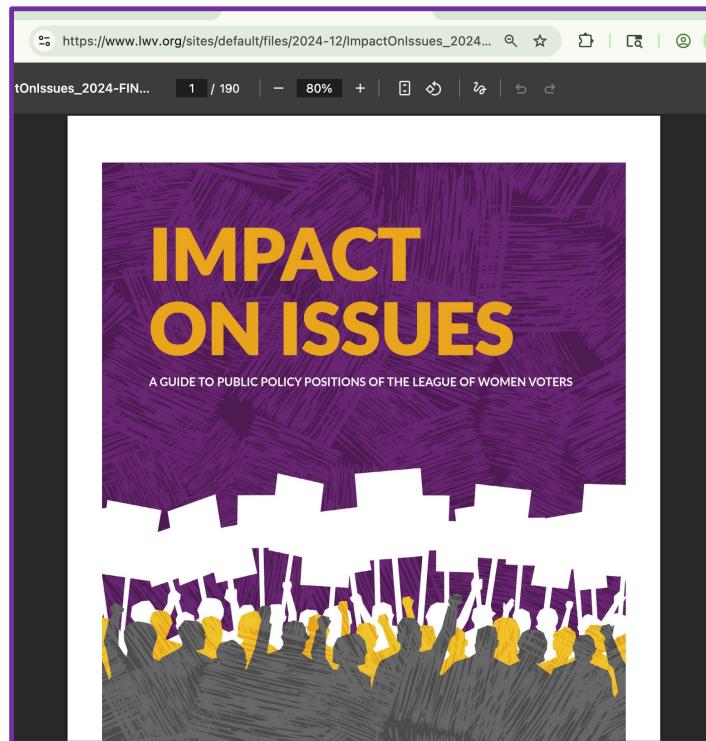
2) Open to Table of Contents

- Note categories:
 - “Representative Government” — Privatization, Digital Equity
 - “Social Policy” has Health Care, Meeting Basic Human Needs
- Clicking on the page number takes you to the position, including
 - Position, exact language as adopted (or updated)
 - History, which lays out League actions using this position
(Privatization has no history; HC with 3-page position has 7 pages of history.)

Quick Intro: Google: LWV.org Impact on Issues 2026 Brings you to URL: [lwv.org/impact-issues](https://www.lwv.org/impact-issues)



Quick Intro: Download the file (190-page PDF)



Quick Intro:

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Quick Intro: Position vs History

PRIVATIZATION

The League's Position

Statement of Position on Privatization as announced by the national board in June 2012:

The League of Women Voters of the United States believes that when governmental entities consider the transfer of governmental services, assets, and/or functions to the private sector, the community impact and goals of such transfers must be identified and considered. Further, the League believes that transparency, accountability, and preservation of the common good must be ensured.

The League believes that some government-provided services could be delivered more efficiently by private entities; however, privatization is not appropriate in all circumstances. Privatization is not appropriate when the provision of services by the government is necessary to preserve the common good, to protect national or local security, or to meet the needs of the most vulnerable members of society. While the League recognizes that the definition of core government services will vary by level of government and community values, services fundamental to the governance of a democratic society should not be privatized in their entirety. These services include the electoral process, justice system, military, public safety, public health, education, transportation, environmental protection, and programs that protect and provide basic human needs.

The decision to privatize a public service should be made only after an informed, transparent planning process and thorough analysis of the implications of privatizing service delivery. While specific criteria will vary by service and local conditions, the League believes the following considerations apply to most decisions to transfer public services, assets, and functions to the private sector:

- Ongoing and timely communication with stakeholders and the public.
- Statement of the circumstances as they exist and what is to be gained.
- Definition of the quality, level, and cost of service expected.
- Assessment of the private market – whether there are providers to assure competitive pricing and delivery (in some cases there may not be multiple providers if a service is so specialized (e.g., high-tech, airports).
- Cost-benefit analyses evaluating short- and long-term costs of privatization, including the ongoing costs of contract administration and oversight.
- An understanding of the impact on customers, the broader community, the environment, and public employees.
- An open, competitive bidding process with clearly defined criteria to be used in selecting a contractor.
- A provision and process to ensure the services or assets will be returned to the government if a contractor fails to perform.
- A data-driven selection of private entities whose goals, purposes, and means are not incompatible with the public well-being.
- The careful negotiation and drafting of the controlling privatization contract.
- Adequate oversight and periodic performance monitoring of the privatized services by the government entity to ensure that the private entity is complying with all relevant laws and regulations, contract terms and conditions, and ethical standards, including public disclosure and comment.



2024 – 2026 IMPACT ON ISSUES A GUIDE TO PUBLIC POLICY POSITIONS of the LEAGUE OF WOMEN VOTERS | 76

The League believes that the enactment of state laws and issuance of regulations to control the process and delivery of privatization within a state's jurisdiction is often appropriate and desirable. Best practices for government regulation of the privatization process should include the following requirements:

- An open process that allows for citizen input and oversight in a timely manner.
- A reasonable feasibility study and project evaluation appropriate to the size and scope of the project.
- The establishment of carefully crafted criteria for selection of the private entity (beyond the lowest-cost bid).
- Additional consideration for local bidders in order to support the local economy.
- The retention of liability and responsibility with the government entity.
- Allowance for and promotion of opportunities for innovation and collaboration.
- Provision for employment, benefits, and training plans on behalf of employees displaced as a result of privatization.

League History

Convention 2010 delegates voted to undertake a study of the issue of privatization. Local and state Leagues across the country participated in the study and the League announced its position in June 2012.



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What Would Proposed Update Change in the Current Privatization Position?

What Would the LWVPWM Update Change?

It **clarifies** language or logic in **TWO** areas of the current position –

It **sums up** **TWO** recent LWV applications of the position –

Making it more useful to state and local Leagues:

1. **Includes health care among services defined as necessary to**
 - “Preserve the common good”
 - “Protect national or local security”
 - “Meet the needs of the most vulnerable members of society”
2. **Makes accountability explicit – up to and including de-privatization**
3. **Includes the phrase “fiduciary responsibility” as a best practice requirement of private-sector management/delivery of “common good” services (i.e., sets a standard for determining “fails to perform”)**
4. **Opposes further privatization of health care**

What Is the LWV PWM* Privatization Update?

The League believes that **healthcare**, like other programs that provide and protect basic human needs, should be considered a public good.

The League favors a system where **fiduciary responsibility** (for such programs) is to patients and the public. Because 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 healthcare 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.**

Where private entities fail to deliver programs that provide and protect basic human needs, the League supports **de-privatizing** them.

* LWV PWM — Port Washington-Manhasset is a League on Long Island, New York

**Change 1:
Explicitly include Healthcare as
providing and protecting basic
human needs**

Update Clarifications:

1. Adds “health care” to list of services in the position:

Language of Update:

The LWV believes that healthcare like other programs that provide and protect basic human needs, should be considered a public good.

One way to revise the current position (inserting the phrase, not the blue sentence):

These services include the electoral process, justice system, military, public safety, **health care**, public health, education, transportation, environmental protection, and programs that protect and provide basic human needs.

Note: The LWVUS and L WVNY Healthcare positions detail what “healthcare” includes.

The relevant LWVUS guidance in *Impact on Issues* defines health care as a basic human need where lack of access harms vulnerable and marginalized populations (pp.96-98)

Change 2:

Makes accountability explicit — up to and including de-privatization

Update Clarifications:

2. Makes accountability explicit — up to and including de-privatization:

Language of Update:

Where private entities fail to deliver programs that provide and protect basic human needs, the League supports de-privatizing them

One way to revise the current position: add the entire sentence as the last sentence of the current position.

Note: Note this accountability measure applies only to the services addressed by the current position, not “private entities” across the economy.

Change 3: Explicitly clarifies regulatory best practices as including “Fiduciary Responsibility”

(a more discernible standard than “fail to
provide,” that is, a breach of fiduciary duty)

Update Clarifications:

3. Adds the phrase “fiduciary duty” as a required “best practice” for “government regulation” (of privatized public goods):

The League believes that the enactment of state laws and issuance of regulations to control the process and delivery of privatization within a state's jurisdiction is often appropriate and desirable. Best practices for government regulation of the privatization process should include the following requirements:

- [First seven bullet points not shown here.]
- The League favors a system where fiduciary responsibility (around public goods) is to patients and the public.

[Following PWM sentence: omitted or added, as the LWVUS decides)

Note: Fiduciary responsibility is discussed at length in the Vermont Study Report. A fiduciary, in any context, is a person who is ethically or legally obliged to act in the best interests of another party. A doctor or an accountant takes on a fiduciary role.



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Health and Human Services**
Enhancing the health and well-being
of all Americans

LWVUS letter to FTC, DOJ, HHS: concluding paragraphs

JUNE 2024
LETTER FROM
LWV OF US
& 96 ALLIES

PE and health care are incompatible: ...

- spiraling prices,
- diminished access, and
- declining quality, including unnecessary illness, injury, death.

The essence of health care

— an ethical commitment by autonomous, highly trained professionals to the improvement and well-being of their patients and clients —

is undermined by PE's financialization strategies that emphasize maximizing profits above all.

www.lwv.org/health-care-reform/league-joins-comments-regarding-consolidation-healthcare-markets

Change 4: (Oppose further privatization of Healthcare)

Update Clarifications:

4. Opposes further privatization of health care:

Language of Update:

In sum, the League opposes further privatization of needed healthcare.

One way to revise the current position: add it as “best practices” bullet above or below the “fiduciary duty” insertion.

Note: The LWVUS and LWVNY Healthcare positions detail what “healthcare” includes.



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LWVUS letter to FTC, DOJ, HHS: concluding paragraphs

JUNE 2024
LETTER FROM
LWV OF US
& 96 ALLIES

Markets function best with competition and a free flow of information about prices and quality.

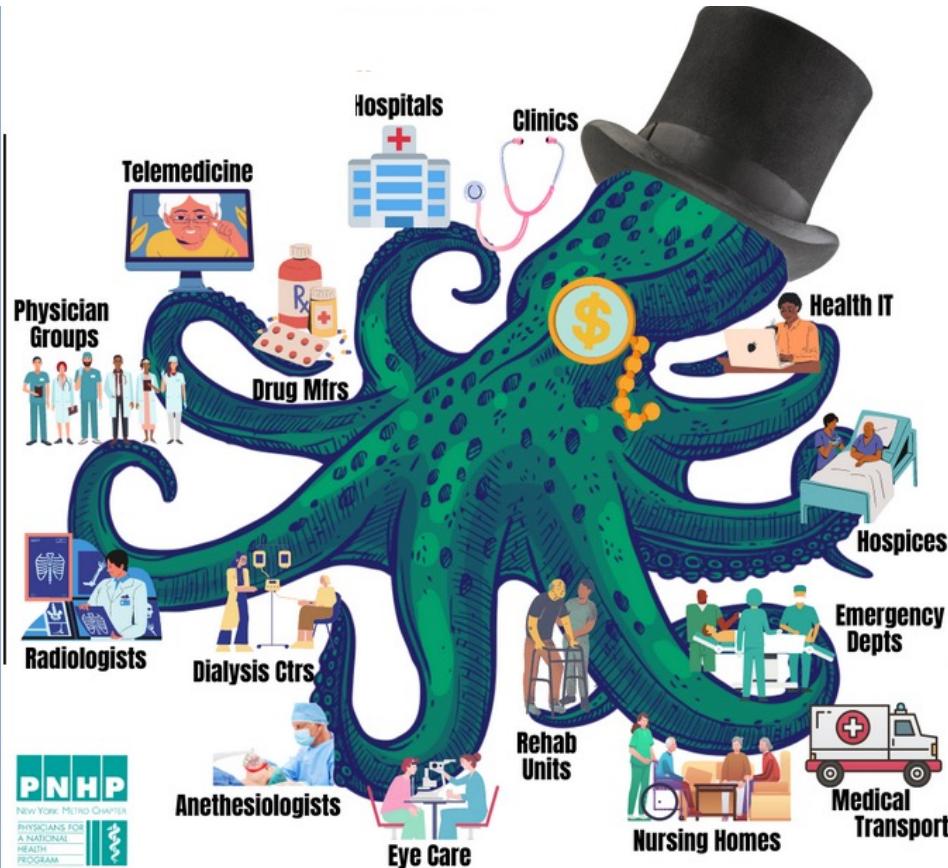
The health care system functions best when everyone has adequate access to care and decisions are made in the best interest of patients and communities, rather than owners and investors seeking to maximize financial return.

The unfettered pursuit of profit is unhealthy for the American economy and for the communities that suffer...

We thank the FTC, DOJ, and HHS ... and urge them to act

Privatizing Health Care — the tips of the iceberg

Private Equity targets inelastic demand: your money or your life



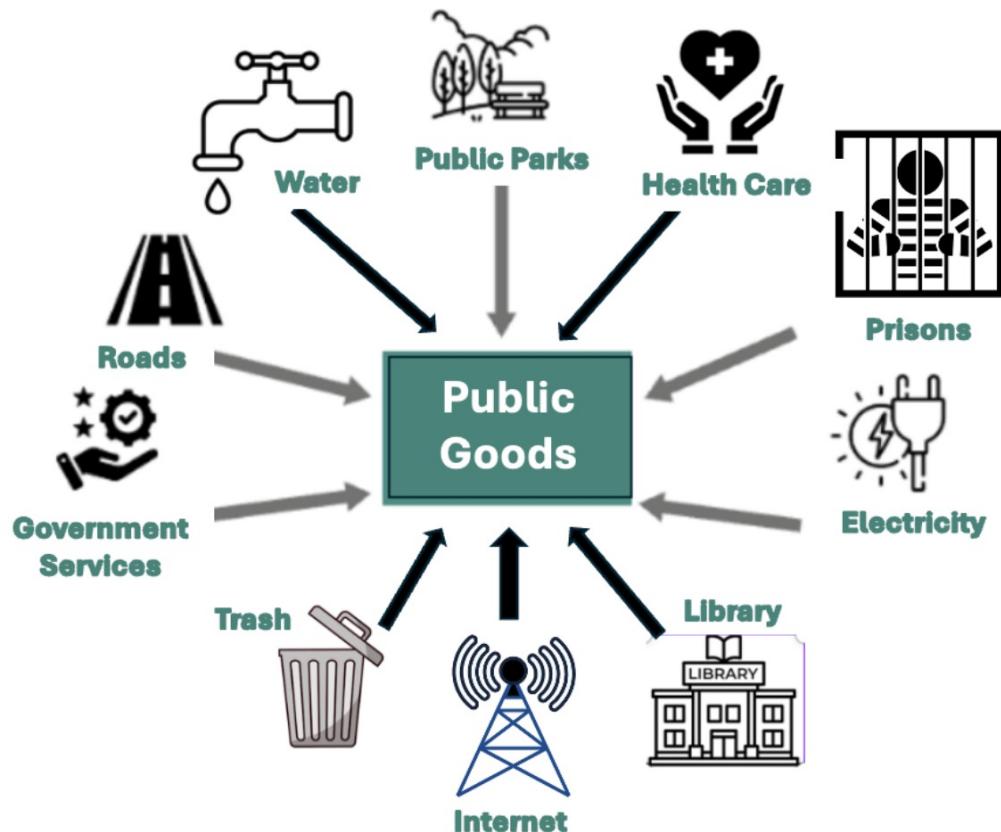
<https://www.youtube.com/watch?v=jW933Eu7wKg>

2000-2020:
\$833 Billion & 7300 deals

Extracting money
No regulatory oversight
A veil of secrecy

Anesthesiologists	Clinics
Behavioral Health	Dentists
Emergency Depts	Dialysis
Medical Transport	Drug Mfrs
Nursing Homes	Hospices
Radiologists	Eye Care
PACE Programs	Health IT
Physician Groups	Hospitals
Troubled Teens	Maternity
Telemedicine	Rehab Units

Across the country, many public goods have been privatized: reduced service, safety, transparency and at higher cost



Rural and municipal broadband
Municipal water
Trash pickup/disposal
Energy grid and/or distribution
Libraries
Parks
Parking and road repair
Prisons/jails or their management
Probation (with fees like payday lenders)



How Has
NYS League
Used This Update?

Expanding Advocacy ... To Benefit Your League

Bills like these have been introduced

The Update allows LWV NYS to advocate for them

- **Prohibit New For-Profit Hospices: signed April 2025**
 - More fraud, higher cost, fewer services, more likely to discharge patients
 - 2 of 41 NY hospices are for profit (vs US average of 2/3 are for-profit)
 - "The mission of hospice, providing compassionate end-of-life care, should not be subservient to providing profit to investors."
- **"Home Care Savings Act" — Deprivatizing Medicaid Managed Long-Term Care* (MLTC)**
 - To save 20-25% of total NYS MMC costs — in NYS, about **\$1B/year**
 - To improve service, reduce denials, speed provider payments
 - (Next step: follow Connecticut example and **deprivatize all** of Medicaid)
- **Requiring transparency of corporate ownership of hospitals**
 - who is the ultimate owner is too often hidden
 - extend establishment approval requirements to include "passive" control models

* NYS Dept of Health audits show almost no "coordination of care." despite NYS paying up to 25% admin overhead **plus** a premium for coordination — 2022 profits for 24 for-profit NYS insurers administering MLTC were \$722 million (twice the US average)

Expanding Advocacy ... cont'd

- **“Affordable Drug Act” NYS Manufacture of Generic Drugs**
 - Almost 90% of Rx's paid by NYS public funds are generic, but NYS pays brand premium
 - Many needed generic drugs are sometimes/always in short-supply or unavailable
 - Bill would allow NYS to establish in-state manufacturing and/or to partner with other states
- **“NY Health Act” — Single-Payer Health Plan for All NYS**
 - To save NYS residents and taxpayers **\$20 Billion annually** (**double** the NYS budget gap caused by **OBBA**)
 - To provide comprehensive, universal, high-quality healthcare, including all out-patient and hospital services, physical/behavioral, dental, vision, hearing, and long-term care
 - Funded by taxes with no out-of-pocket costs to residents (or those eligible who retire to out of state)

How Might Your League Use the Update?

Controversies in Virginia over privately-owned or controlled public goods*

- **Private (tolled) roads — Dulles Greenway**
 - High tolls & repeated rate hikes, recent hike of 40%, and excessive fees
 - Cost reduces usage (forecast 128K drivers/day; actual is 36K), pushes congestion to public roads
- **Water — Alexandria City — Virginia American Water**
 - City has won refunds on overcharges (excessive rate hikes) — 27% in 2023, 29% in 2024
 - 2018 rate hike was refunded 80% (from \$6.6M to \$1.2M overall increase)
- **Energy — Dominion Energy Virginia**
 - May have overcharged customers by as much as \$1.9 billion since 2009
 - History of environmental violations: coal ash, stormwater, toxic water discharge, lack of compliance with long-term Va clean energy goals
 - History of political corruption/undue influence (largest political donor in Va): huge gifts to regulators, legislators, DA candidate (\$650K donation), filing misrepresentations
- **Prisons — Geo — in 2024: 3 closed, 1 de-privatized (Lawrenceville)**
 - “Severe” understaffing led to escapes, over-doses, preventable deaths
 - Significant campaign contributions to legislators who voted against private prison ban
 - Elsewhere in US: Geo being sued for “slave labor” at ICE facilities — in Nov 2025 SCOTUS Geo is claiming sovereign immunity from suit by 30,000 Colorado detainees

How to Support This Initiative

Where to Learn More

How to Support This Initiative — Ask your League to

- **Concur with LWVPWM or LWVNY**
- **Support including concurrence with LWVPWM on the LWVUS Program Planning Survey (available Jan 15, submission deadline is March 10, 2026)**
- **Advocate for this Update and promote it to fellow members and sister Leagues**

Where to Learn More

- **Healthcare Reform Toolkit:** lwhalthcarereform.org/
- **LWVofPWM Update page:** lwofpwm.org/concurrence-privatization-update/
- **Questions?** LWV.Update4Convention@gmail.com

THANK YOU!

QUESTIONs?

