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Impact On Issues 2016-2018 - Online Edition

The following document, excerpted from the Impact on Issues, presents **"the [League's] Statement of Position on Health Care, as Announced by National Board, April 1993 and supplemented by concurrence, June 2016** (pp. 85-88).

Pages 85-87 give the history of the League's involvement in Health Care Advocacy; pages 87-88 outline the elements of the Position

HEALTH CARE

In 1990, the LWVUS undertook a two-year study of the funding and delivery of health care in the United States. Phase 1 studied the delivery and policy goals of the U.S. health care system; Phase 2 focused on health care financing and administration. The LWVUS announced its initial health care position in April 1992 and the final position in April 1993.

The health care position outlines the goals the LWVUS believes are fundamental for U.S. health care policy. These include policies that promote access to a basic level of quality care at an affordable cost for all U.S. residents and strong cost-control mechanisms to ensure the efficient and economical delivery of care. The Meeting Basic Human Needs position also addresses access to health care.

The health care position enumerates services League members believe are of highest priority for a basic level of quality care: the prevention of disease, health promotion and education, primary care (including prenatal and reproductive health care), acute care, long-term care and mental health care. Dental, vision and hearing care are recognized as important services but of lower priority when measured against the added cost involved. Comments from numerous state and local Leagues, however, emphasized that these services are essential for children.

To achieve more equitable distribution of services, the League endorses increasing the availability of resources in medically underserved areas, training providers in needed fields of care, standardizing the services provided under publicly funded health care programs and insurance reforms.

The LWVUS health care position includes support for strong mechanisms to contain rising health care costs. Particular methods to promote the efficient and economical delivery of care in the United States include regional planning for the allocation of resources, reducing administrative costs, reforming the malpractice system, copayments and deductibles, and managed care. In accordance with the position's call for health care at an affordable cost, copayments and deductibles are acceptable cost containment mechanisms only if they are based on an individual's ability to pay. In addition, cost containment mechanisms should not interfere with the delivery of quality health care.

The position calls for a national health insurance plan financed through general taxes, commonly known as the "single-payer" approach. The position also supports an employer-based system that provides universal access to health care as an important step toward a national health insurance plan. The League opposes a strictly private market-based model of financing the health care system. With regard to administration of the U.S. health care system, the League supports a combination of private and public sectors or a combination of federal, state and/or regional agencies. The League supports a general income tax increase to finance national health care reform.

The League strongly believes that should the allocation of resources become necessary to reform the U.S. health care system, the ability of a patient to pay for services should not be a consideration. In determining how health care resources should be allocated, the League emphasizes the consideration of the following factors, taken together: the urgency of the medical condition, the life expectancy of the patient, the expected outcome of the treatment, the cost of the procedure, the duration of care, the quality of life of the patient after the treatment, and the wishes of the patient and the family.

As the LWVUS was completing Phase 2 of the study, the issue of health care reform was rising to the top of the country's legislative agenda. In April 1993, as soon as the study results were announced, the LWVUS met with White House Health Care officials to present the results of the League's position. Since then, the League has actively participated in the health care debate.

The LWVUS testified in fall 1993 before the House Ways and Means Subcommittee on Health, the Energy and Commerce Committee and the Education and Labor Committee, calling for comprehensive health care reform based on the League position. The League joined two coalitions—one comprised of consumer, business, labor, provider and senior groups working for comprehensive health

care reform, and the other comprised of groups supporting the single-payer approach to health care reform.

Throughout 1994, the League actively lobbied in support of comprehensive reform, including universal coverage, cost containment, single-payer or employer mandate and a strong benefits package. The League emphasized LWVUS support for the inclusion of reproductive health care, including abortion, in any health benefits package.

The LWVEF initiated community education efforts on health care issues with the Understanding Health Care Policy project in the early 1990s. The project provided training and resources for Leagues to conduct broad-based community outreach and education on health care policy issues with the goal of expanding community participation in the debate.

In spring 1994, the LWVEF and the Kaiser Family Foundation (KFF) undertook a major citizen education effort, Citizen's Voice for Citizen's Choice: A Campaign for a Public Voice on Health Care Reform. The project delivered objective information on health care reform to millions of Americans across the country through local and state Leagues sponsored town meetings in major media markets nationwide, involving members of Congress and other leading policy makers and analysts in health care discussions with citizens. In September 1994, the LWVEF and KFF held a National Satellite Town Meeting on Health Care Reform, with 200+ downlink sites across the country. They also undertook a major television advertising promotion of public participation in the health care debate.

In 1997, the LWVUS joined 100 national, state and local organizations in successfully urging Congress to pass strong bipartisan child health care legislation. In 1998, the LWVUS began working for a Patients' Bill of Rights, aimed at giving Americans participating in managed care health plans greater access to specialists without going through a gatekeeper, the right to emergency room care using the "reasonably prudent person" standard, a speedy appeals process when there is a dispute with insurers and other rights.

In 1998, the LWVEF again partnered with KFF and state and local Leagues on a citizen education project, this time focused on Medicare reform, patients' bill of rights and other health care issues. In the first phase, more than 6,500 citizens participated in focus groups, community dialogues and public meetings. Their views were reflected in "How Americans Talk about Medicare Reform: The Public Voice," presented to the National Bipartisan Commission on the Future of Medicare in March 1999. The report emphasized that people value Medicare but recognize its flaws. Fairness, responsibility, efficiency and access were identified as important values for any reforms of the Medicare system.

In spring 2000, the LWVEF and KFF developed and distributed two guides, *Join the Debate: Your Guide to Health Issues in the 2000 Election* and *A Leader's Handbook for Holding Community Dialogues.* The project focused on five issues under debate in the election: the uninsured, managed care and patients' rights, Medicare reform, prescription drug coverage and long-term care.

In the late 90s, the LWVUS lobbied in support of a strong Patients' Bill of Rights. Despite close votes in 2000, Senate opponents continued to block passage. At Convention 2000, League delegates lobbied their members of Congress to pass a strong, comprehensive Patients' Bill of Rights, but it was shelved as Election 2000 drew near.

In the 108th Congress, the League lobbied in support of the Health Care Access Resolution. In 2003, the League opposed the Medicare Prescription Drug bill, which the President signed into law, because of provisions that undermined universal coverage in Medicare.

In May 2006, the League urged Senators to oppose the Health Insurance Marketplace Modernization and Affordability Act (HIMMA), which purported to expand healthcare coverage, while actually limiting critical consumer protections provided in many states.

From 2007-2009, the League urged reauthorization of the State Children's Health Insurance Program (SCHIP), which provided health care coverage in 2007 to six million low-income children; the efforts were rewarded with reauthorization in early 2009.

In 2010, two decades of League work to ensure access to affordable, quality health care for all Americans and protect patients' rights celebrated success when the Affordable Care Act (ACA) was signed into law. The League remains vigilant in light of current efforts to repeal or diminish the law in Congress and the courts.

In the 112th Congress, the League continued to fight attempts to repeal the Affordable Care Act and to limit provisions that provide health and reproductive services for women. State Leagues began to work with their legislatures to implement the ACA and the LWVUS signed on to an *amicus* brief in the challenge to the Affordable Care Act, which was upheld by the Supreme Court.

In 2013, as opposition to the ACA was raised in the legislative, regulatory and judicial processes, the LWVUS submitted comments opposing religious exemptions for contraceptive services. This debate continued in the courts and the League joined with other concerned organizations in opposing broad "religious exemptions" to the requirement that all insurance plans provide access to contraception as basic care in the 2014 Supreme Court case of *Burwell v. Hobby Lobby Stores*.

Judicial action continued in 2015 as supporters, including the League, submitted an *amicus* brief in the case of *Burwell v. King*, which challenged the availability of tax subsidies for people who purchase health insurance on a marketplace administered by the federal government. The ACA gave states a choice not to administer its own marketplace. The brief outlined how tax subsidies are essential to women's health and critical to the ACA's continued viability.

The League continued to support implementation of the ACA at the state level and expansion of the Medicaid program, as provided by the ACA. The League also continued its strong support for continued funding of the Children's Health Insurance Program (CHIP).

The League's Position

The League of Women Voters believes 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.

Basic Level of Quality Care

Every U.S. resident should have access to a basic level of care that includes:

- **The prevention of disease**
- **Health promotion and education**
- **Primary care (including prenatal and reproductive health)**
- **Acute care**
- **Long-term care**
- **Mental health care**

Every U.S. resident should have access to affordable, quality in- and out-patient behavioral health care, including needed medications and supportive service that is integrated with, and achieves parity with, physical health care.

Dental, vision and hearing care also are important but lower in priority. The League believes that under any system of health care reform, consumers/patients should be permitted to purchase services or insurance coverage beyond the basic level.

Financing and Administration

The League favors a national health insurance plan financed through general taxes in place of individual insurance premiums. As the United States moves toward a national health insurance plan, an employer-based system of health care reform that provides universal access is acceptable to the League. 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.

The League is opposed to a strictly private market-based model of financing the health care system. The League also is opposed to the administration of the

health care system solely by the private sector or the states.

Taxes

The League supports increased taxes to finance a basic level of health care for all U.S. residents, provided health care reforms contain effective cost control strategies.

Cost Control

The League believes that efficient and economical delivery of care can be enhanced by such cost control methods as:

- The reduction of administrative costs
- Regional planning for the allocation of personnel, facilities and equipment
- The establishment of maximum levels of public reimbursement to providers
- Malpractice reform
- The use of managed care
- Utilization review of treatment
- Mandatory second opinions before surgery or extensive treatment
- Consumer accountability through deductibles and copayments

Equity Issues

The League believes that health care services could be more equitably distributed by:

- Allocating medical resources to underserved areas
- Providing for training health care professionals in needed fields of care
- Standardizing basic levels of service for publicly funded health care programs
- Requiring insurance plans to use community rating instead of experience rating
- Establishing insurance pools for small businesses and organizations

Allocation of Resources to Individuals

The League believes that the ability of a patient to pay for services should not be a consideration in the allocation of health care resources. Limited resources should be allocated based on the following criteria considered together:

- The urgency of the medical condition
- The life expectancy of the patient
- The expected outcome of the treatment
- The cost of the procedure
- The duration of care
- The wishes of the patient and the family

Behavioral Health

The League of Women Voters supports:

- Behavioral Health as the nationally accepted term that includes both mental illness and substance use disorder
- Access for all people to affordable, quality in- and out-patient behavioral health care, including needed medications and supportive services
- Behavioral Health care that is integrated with, and achieves parity with, physical health care
- Early and affordable behavioral health diagnosis and treatment for children and youth from early childhood through adolescence
- Early and appropriate diagnosis and treatment for children and adolescents that is family-focused and community-based
- Access to safe and stable housing for people with behavioral health challenges, including those who are chronically homeless
- Effective re-entry planning and follow-up for people released from both behavioral health hospitalization and the criminal justice system
- Problem solving or specialty courts, including mental health and drug courts, in all judicial districts to provide needed treatment and avoid inappropriate entry into the criminal justice system
- Health education from early childhood throughout life that integrates all aspects of social, emotional and physical health and wellness
- Efforts to decrease the stigmatization of, and normalize, behavioral health problems and care