

# LWV LEAGUE OF WOMEN VOTERS<sup>®</sup> OF SCHENECTADY COUNTY

## BULLETIN

JANUARY 2021

### President's Letter

Dear LWVSC Friends,

At last we are able to welcome 2021, a year we hope will bring us better health, a new presidency, and a more positive outlook for the economy, climate, education, civil rights, and more. For myself, I am still reeling from the enormous losses in 2020, but do see brighter days ahead for our community and our country. I hope you were able to enjoy peace and comfort during this holiday season, and I wish you a very happy and healthy New Year.

January's Bulletin will focus mainly on the new LWVNYS Healthcare and Healthcare Financing Position Update. Members of all New York State Leagues are asked to review, discuss, and hopefully, reach consensus to support (or not) the LWVNYS new position proposal. To accomplish this, we will be holding an all-member Zoom meeting on **Thursday, February 4 at 7:00 pm**. You will receive a Zoom invitation for this meeting with Zoom instructions shortly before that date. All members are encouraged to speak at the meeting and all points of view are welcome. If you are unable to attend, but would like to ask a question or comment, please call or email me before the meeting.

The study materials supplied by LWVNYS are very detailed and contain well over fifty pages. However, Carol Furman has written an excellent summary for us that is included in this Bulletin that is very helpful in focusing on all key points of this update. I would like to ask you to please read this summary carefully before the meeting on February 4.

If you would like to read the complete LWVNYS position update in depth, it is attached to this email.

Thanking you in advance for participating in this important project,

In League,  
Ann Hatke

Just a reminder, **THE LWV OF SCHENECTADY COUNTY does NOT send mail or email requests for donations to our members.** All such requests come from the State and National leagues, and we do not receive anything from these donations. We only email bulletins, issues/program information, and the occasional membership renewal reminders. Donations to our league can ONLY be made by check or clicking the donate button on our website, <https://my.lwv.org/new-york/schenectady-county>.

## **Spotlight on Diversity, Equity and Inclusion (DEI) in the Voting Process**

This year in the Bulletin, we will shine a light on various legislation and policies and procedures that illustrate the history of DEI in the American voting system.

### **History of the Electoral College**

**The call for the end of the Electoral College was heard during the 2020 elections. According to some the electoral college is undemocratic, allowing a person who did not win the most votes to be elected. Others point to the racist origins of the electoral college.**

At the **Constitutional Convention in 1787** the Virginia Plan called for Congress to elect the President, and the majority of states agreed. However, delegates opposed the nomination by Congress because they believed it could violate the separation of powers. A committee formed and made recommendations for the same number of state representatives in Congress (**the formula resulted in the "Connecticut Compromise" and the "Three-Fifths Compromise"**) but chosen by each state. Some delegates preferred popular election of the executive.

The **Connecticut Compromise** was an agreement that large and small states reached, that in part defined the legislative structure and representation that each state would have under the United States Constitution.

The **Three-Fifths Compromise** was reached among state delegates to resolve the dispute on whether and how slave states would be counted when determining a state's total population. This number would determine a state's number of seats in the House of Representatives *and* how much it would pay in taxes. The compromise counted 3 out of every 5 slaves as people, giving the Southern States a third more seats in Congress *and* a third more electoral votes than if slaves had been ignored, but fewer than if slaves and free people were counted equally. This compromise empowered white southern voters. The populations of the North and South were approximately equal, but roughly one-third of those living in the South were held in bondage. Because of the considerable non-voting slave population the region would have less clout under a popular vote system. About 93 percent of the slaves toiled in 5-Southern states, increasing the South's Congressional delegation by 42 percent, making them the beneficiaries of the compromise. **This system is the foundation of the Electoral College.**

Victoria Cooper, LWVSC  
DEINYS Task Force Representative

Mission Statement: The League of Women Voters is a non-partisan organization. We encourage the informed and active participation of citizens in government. We work to increase the understanding of major public policy issues and influence public policy through education and advocacy.

**“Empowering Voters, Defending Democracy”**

## Citizenship Mentoring Group Report

In late November, USCIS (Immigration Services) released a new set of civics questions that will be used during all citizenship interviews. Anyone applying for US Citizenship after December 2, 2020 will be required to pass their civics test using the new questions. Instead of the usual 100 questions that immigrants must learn, there will now be 128 questions. Applicants must get 10 questions correct out of 20 questions asked in order to pass. The questions are decidedly different, using a more sophisticated vocabulary and often requiring a more detailed answer. The reading and writing components will remain the same. I am presently changing all ten power point lessons to accommodate the new questions so that when classes resume, we'll be ready!

Ann Hatke

## THE LEAGUE OF WOMEN VOTERS CONSENSUS MEETING ON UPDATING THE NEW YORK STATE LEAGUE HEALTH CARE POSITION AND THE FINANCING OF THE HEALTHCARE POSITION

The **LWV of Schenectady will be holding a consensus meeting on February 4th at 7pm** to decide whether to concur with updated NYS League positions on Healthcare and Healthcare financing. A consensus meeting decides whether or not there is largely agreement ( not necessarily a majority) to acceptance. To agree to a concurrence is to accept a position proposed by a League committee (such as these two) or one which has been accepted by another state League.

In June of 2019 at the LWVNYS Convention a committee was charged with updating the position on Financing Healthcare with particular emphasis on the financial feasibility of a single payer system of health insurance. This is particularly appropriate as there is legislation proposed to create a single payer plan in New York, *The New York Health Act*, which has gotten strong support.

The committee decided parts of the position on Healthcare needed updating as well. The updated two proposed positions follow with underlining on those parts which are new or changed, as well as the current positions. **Read over the current and updated positions to see what you think of the updates.**

In addition, should you want additional information, there are study materials found at <https://www.lwvnyonline.org/advocacy/healthcare/2020/Healthcare-Update-Full-packet-for-FINAL-092520.pdf> . The study guide has quite a bit of information about the New York Health Act to allow you to consider whether the proposed changed positions will allow the League to adequately evaluate proposed legislation such as this Act. We are, however, not voting to approve this legislation

just to update the Healthcare positions so that we can more appropriately advocate or disapprove this, or other similar proposed legislation.

**A Participant Guide will be emailed prior to the consensus meeting as well as a Zoom invitation to attend the meeting.**

**The LWNYS committee identified areas in need of inclusion in the Healthcare position:**

The committee felt there needed to be additional consideration of: coordination across regulatory bodies in the state; care received on line on a computer or other device; consideration of safe staffing in health care facilities; a focus on vulnerable populations in both rural and urban locations; a mention of essential healthcare services such as behavioral, vision care, dental, and hearing, as well as long term care.

**The committee identified areas in need of inclusion in Financing of Healthcare:**

The committee felt the following needed to be included in an updated position: access to essential healthcare at an affordable cost for New York patients and taxpayers; financing through broad and progressive state taxes; access to insurance independent of employment status; financing must include continuation of federal funding; feasibility based on the level of funding by Federal support, cost savings, and the creation of a Healthcare Trust Fund; and cost control through reduction of administrative costs, negotiated volume discounts particularly on pharmaceuticals and medical equipment, regionalizing tertiary care, malpractice reform, an emphasis on preventive care, and addressing disparities in health care.

**CURRENT Position on Health Care (1991)**

The League of Women Voters of New York State believes that everyone should have access to basic physical and mental health care. New York State has a proper role in the regulation of health care and must assure high quality care that is affordable and accessible to all. The state should support incentives to foster the development of alternative delivery and payment methods.

More resources should be devoted to health promotion and disease prevention so that consumers can take active responsibility for their own health. Citizens should have more opportunities to participate effectively in decisions regarding their personal health and in health care policy decisions.

The League believes that NEW YORK STATE 's primary role in health care is to assure that quality care is available to all New Yorkers. We believe that the state should provide planning and regulations to assure everyone, including the medically indigent, access to a basic level of quality physical and mental health care. Cost containment should be an important criterion in developing regulations. Such regulation, however, should not compromise the quality of care or its accessibility. We support regionalization of specialized tertiary services as a means of providing access while controlling costs.

There should be coordination among regulatory bodies to avoid undue delays and contradictory, duplicative regulations.

The League supports regulatory incentives to encourage the development of alternative ways of delivering and paying for health care. Delivery programs should provide quality care, be cost effective, and be adaptable to different geographical locations. Services may take place in a variety of settings, including the home, and must be staffed by personnel who meet state standards.

Coordination of services is essential to assure that community needs are met. In addition, all programs should be evaluated regularly. Payment methods should be encouraged which include incentives for efficiency and for disease prevention and health promotion activities. Some alternatives, which should be considered for state regulation, include ambulatory surgery, alternative providers, prepayment plans and the issue of professional liability. Activities should be continued in public health and research.

Decisions on medical procedures that would prolong life should be made jointly by patient, family, and physician. Patient decisions, including those made prior to need, should be respected. To participate in public discussion of health policy and to share effectively in making policy decisions, consumers must be provided with information on the health care system and on the implications of health policy decisions.

## **PROPOSED Position with Changes Healthcare (2021)**

### **GOALS**

The League of Women Voters of New York State (LWVNYS) believes that everyone should have access to essential physical and behavioral healthcare. New York State has a proper role in the regulation of healthcare and must assure high quality care that is affordable and accessible to all.

Resources should be devoted to health promotion and disease prevention so that people can take active responsibility for their own health. People should have opportunities to participate effectively in decisions regarding their personal health and in healthcare policy decisions.

The League believes that New York State's primary role in healthcare is to assure that quality care is available to all New Yorkers. We believe that the state should provide planning and regulations to assure everyone, including the medically indigent, access to an essential level of quality physical and behavioral healthcare. Cost containment should be an important criterion in developing regulations. Such regulation, however, should not compromise the quality of care or its accessibility.

The League supports regulatory incentives to encourage the development of cost-effective alternative ways of delivering and paying for healthcare, appropriate to all areas of NYS, with coordination across regulatory bodies to avoid undue delays and contradictory, duplicative regulations. Delivery programs may take place in a variety of settings, including the home and online, and must provide quality care, meaning consistent with "standard of care" guidelines, by trained and licensed personnel, staffed adequately to ensure their own and patient safety.

Coordination of services is essential to assure that community needs are met. As public health crises increasingly reveal, NYS should protect the health of its most vulnerable populations, urban and rural, in order to protect the health of everyone. In addition, all programs should be evaluated regularly. Provider reimbursement should include incentives for efficiency and for disease prevention and health promotion activities. Public health, environmental health and research activities should be continued.

Decisions on medical procedures that would prolong life should be made jointly by patient, family, and physician. Patient decisions, including those made prior to need, should be respected.

### **ESSENTIAL LEVEL OF QUALITY CARE**

The League supports uniform eligibility and coverage of essential healthcare services, both physical and behavioral, ideally, including coverage of services such as vision, dental, hearing, and long-term care, through public financing. Access to optional insurance coverage for care not covered by public financing should be available. The League has a strong commitment to an emphasis on preventive care, health education, and appropriate use of primary care services.

### **CURRENT POSITION ON FINANCING OF HEALTH CARE**

As announced by the State Board, November 1991

As a continuation of the 1985 statement of position on health care, a two-year study and consensus on the financing of health care was conducted from 1989 to 1991. Major concerns were the financial limitations on access to health care for the uninsured and the underinsured and the escalating cost of health care.

The current financing system which involves public programs with limited eligibility, and private insurance coverage for selected groups and selected health care treatments, does not meet League criteria for access and equity in health care as stated in the position of 1985.

The League of Women Voters of New York State supports uniform eligibility and coverage of basic health care costs through public financing. Access to optional insurance coverage for care beyond the basic level of coverage should be available. Assuming that public funds for health care are limited, the League believes that the scope of services contained in basic coverage and the cost/benefit ratio of medical treatments should be considered in efforts to contain costs. The League has a strong commitment to an emphasis on preventive care, health education, and appropriate use of primary care services.

The Federal government should be the primary vehicle for the financing of health care, determining eligibility for health care services, and determining the scope of services to be provided. The State should assume secondary responsibility in these areas.

The League should ensure that public input is an integral part of the process in determining priorities in health care coverage. Cost containment efforts should precede increased taxes or reallocation of funds from other state programs.

The League supports the single payer concept as an acceptable approach to implementing League positions on equitable access and cost containment.

The League supports the establishment of an administrative system for determining patient compensation as a modification of the tort system related to patient injury.

Overall, the League believes that universal access must be balanced by restrictions in the scope of services, and that the scope of services should be determined by knowledgeable professionals and consumers with administrative and legislative oversight.

### **PROPOSED FINANCING OF HEALTHCARE (2021)**

As a continuation of the 1985 statement of position on healthcare, a two-year study and consensus on the financing of healthcare was conducted from 1989 to 1991. Following study in 2019-20, this position was updated again in 2021.

The League of Women Voters of New York State (LWVNYS) believes that any proposed healthcare financing system should provide access to essential healthcare at an affordable cost for all New Yorkers, both patients and taxpayers. The League supports the single-payer concept as a viable and desirable approach to implementing League positions on equitable access, affordability, and financial feasibility. **In any proposed healthcare financing system, the League favors funding supported in part by broad-based and progressive state taxes on earned and unearned income with health insurance access independent of employment status.**

### **FEDERAL v STATE ROLES**

Although the League prefers a healthcare financing system that includes all residents of the United States, in the absence of a federal program that achieves the goals of universal, affordable access to essential health services for New Yorkers, the League supports a healthcare program financed by NYS which includes continuation of federal funding.

### **FEASIBILITY**

The LWVNYS believes the financial feasibility of any single-payer NYS program requires:

- Levels of federal support appropriate for the cost of the program,
- Sufficient cost-savings to be identified so that estimated overall program cost will approximate the cost of current overall health services(all finding sources) or less.

- New state funding from individual taxpayers, employees and businesses to be equitable and progressive to ensure affordability for all,
- A healthcare trust fund managed by the state, that operates in a similarly efficient fashion as Social Security or Medicare trust funds.

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### **COST-CONTROL METHODS**

To reduce the impact of any tax increases, healthcare reform should contain costs. The League believes that efficient and economical delivery of care can be enhanced by such cost-control methods as:

- Reduction of administrative costs — both for this insurance plan and for providers,
- Negotiated volume discounts for pharmaceuticals and durable medical equipment to bring prices closer to international levels—or importing of same to reduce costs.
- Regionalization of specialized tertiary services to ensure timely access and quality,
- Evidence-based treatment protocols and drug formularies that include cost/benefit assessments of medical value.
- Malpractice reforms designed both to compensate patients for medical errors and to avoid future errors by encouraging robust quality improvement processes (at individual and systemic levels) and open communications with patients,
- Investment in well-care — such as prevention, family planning, patient education, primary care—to increase health and reduce preventable adverse health events/expenditures.
- Investment in maternal/infant care, chronic disease management, and behavioral healthcare. Provision for short-term and long-term home-care services to reduce institutionalization.
- Innovative payment and record-keeping.  
Specific cost-control methods should reflect the most credible, evidence-based research available on how healthcare financing policy affects equitable access to healthcare, overall quality of care for individuals and populations, and total system costs of healthcare and its administration. Methods used should not exacerbate disparities in health outcomes among marginalized New Yorkers.

**PUBLIC PARTICIPATION**

**The League supports public input as integral to the process for determining health care coverage and funding.** To participate in public discussion of health policy and to share effectively in making policy decisions, NYS residents must be provided with information on the health care system and on the implications of health policy decisions.

President	Ann Hatke
Vice-President	Jude Rabig
Secretary	Heide Westergaard
Bulletin Editor	Helen MacDonald

Our League goals are to educate citizens about government and public policy, encourage citizen participation in elections, and influence public policy relating to issues we've studied. Membership makes working on our goals possible.

**Membership for JANUARY 1, 2021 – June 30, 2021**

Return to: LWV of Schenectady County, P.O. Box 9135, Schenectady, NY 12309

***New or Renewing Members Please Confirm This Contact Information***

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_\_\_ \$60 Individual \_\_\_\_\_ \$85 Household \_\_\_\_\_ \$20 Full time HS student

Additional support for the League, dues plus \$10 contribution (\$70 or \$95 – circle one)

Confidential arrangements for special payment or partial assistance can be made. Contact Connie Young at 393-7061 with questions about dues or payments. Dues and contributions are not tax deductible.

\_\_\_ I am sending my membership dues payment, but please consider me an **INACTIVE** member.  
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**ACTIVE MEMBERS:** The League depends upon the work of its members, even if for just a short task. Please check any areas that interest you. We appreciate your help.

Judicial \_\_\_\_\_ Health \_\_\_\_\_ Observer Corps \_\_\_\_\_ Fund Raising \_\_\_\_\_

Citizenship Mentoring Group \_\_\_\_\_ Environment \_\_\_\_\_ Education \_\_\_\_\_

**Voter Services:** Register Voters \_\_\_\_\_ Candidate Forums \_\_\_\_\_ Voter Information \_\_\_\_\_

**Computer Skills:** Graphics/Layout \_\_\_\_\_ Data Bases \_\_\_\_\_ Website Work \_\_\_\_\_

Facebook \_\_\_\_\_ Electronic Publicity \_\_\_\_\_ Other Technical Skill(Describe) \_\_\_\_\_

Other areas of interest \_\_\_\_\_

## **2020 Election Report**

The Schenectady County League of Women Voters has obtained, analyzed, and reported data from the County Board of Elections SCBOE for the past 5 election cycles (2016 through 2020), about the number of registered voters county-wide and community-wide, and the number of actual voters who turned out to participate in the electoral process. The data has helped the League to identify trends over this time period, and the communities in which we should concentrate our “get out the vote” efforts. With data obtained from the SCBOE about the 2020 election, we are now able to compare voter data in the last two presidential election years (2016 and 2020).

First, the number of persons registered to vote in Schenectady County has increased from 89,697 in 2016 to 99,588 in 2020, an increase of nearly 10,000 registered voters. Much of this increased number of registrations has occurred since 2019: the increase in the past year alone was 6,135. We at the League are proud to have participated, along with many other organizations, in voter registration efforts that have produced such positive results.

Second, and perhaps even more importantly, the actual voter turnout in the County between 2016 and 2020 increased from 63,141 to 75,383, an increase from 70% to 75% in turnout of registered voters.

Finally, although community interest in the 2020 Presidential election was undoubtedly a major factor, the expanded opportunities to exercise the right to vote likely also had an impact on voter turnout in our County. The means by which voters voted in the 2020 election were as follows: 13,428 persons voted by absentee ballot; 27,033 voted on early voting days; and 34,922 voted on Election Day. Thus, more people voted early or by mail (40,461) than voted on Election Day itself (34,922). This data provides valuable insight into how we can continue to improve on voter turnout in future years.

With the detailed data available from the SCBOE, we are also able to identify trends in each city/town in the County year over year. We will update our analysis of changes in voter registration and actual voting within each of the six cities/towns, and will provide it as soon as possible, but wanted to share our County-wide analysis at the first opportunity.

The collaborative efforts of the SCLWV with the State League, and with the other local Leagues in the Capital District, have hopefully contributed to the increased participation of our citizens in the democratic process. I want to thank all who participated in this process, including distributing lawn signs, speaking to neighborhood groups, and financially supporting our efforts. Please consider getting even more involved in the League’s voter registration and GOTV efforts in the future! There is much more work to be done!

Respectfully submitted, Pauline Kinsella