

LWVNYS Healthcare Position Update

February 10, 2021
League of Women Voters
Syracuse Metro

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Healthcare Update Committee*



We are asking you to make 2 decisions. In each case, compare the proposed new position to the current position:

- **Do you accept the new position on Healthcare? YES or NO.**

No retains the current position; Yes accepts the new position

- **Do you accept the new position on Financing of Healthcare? YES or NO.**

No retains the current position; Yes accepts the new position



Should the LWV NYS position on Healthcare include

- A call for “safe staffing” (care by appropriately trained and licensed individuals in sufficient numbers)?
- A call for protecting vulnerable populations (as equitable and) as critical to overall public health?
- A call for vision, dental, hearing and long-term care in essential care?

Current Position

1. 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.
2. [Silent on how inequitable access to healthcare for vulnerable populations has harmed overall public health.]
3. The League of Women Voters of New York State supports uniform eligibility and coverage of basic health care costs through public financing.

Proposed Position

1. 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.
2. 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.
3. 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.

LWV NYS position on Financing of Healthcare — Universal Access

- Should any healthcare system that provides universal access to essential healthcare be affordable for both patients and taxpayers?
- Should health insurance coverage be tied to employment (as now) or should NYS residents have access to essential healthcare regardless of employment status?
- Should the League specify favoring broad-based and progressive taxes for the “public financing” of healthcare — where tax rates increase with increased ability to pay (as contrasted, e.g., with narrower, flat-rate taxes such as sales taxes)?

Current Position

1. New York State ... must assure high quality care that is affordable and accessible to all.
2. The League of Women Voters of New York State supports uniform eligibility and coverage of basic health care costs through public financing. Silent on the type of taxes.

Proposed Position

1. The League of Women Voters of New York State 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.
2. In any proposed healthcare financing system, the League favors funding supported in part by broad-based and progressive state income taxes with health insurance access independent of employment status.

LWV NYS position on Financing of Healthcare — Cost Control

Do you prefer the current or proposed cost controls?

Current Position

1. [silent on administrative costs]
2. [silent on pharma costs]
3. [silent on healthcare that most reduces high-cost adverse medical events, but the Healthcare position does support prevention]
4. [silent on marginalized (urban and rural), except for “medically indigent”]
5. 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
6. 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 Position

- 1.Reduction of administrative costs — both for this plan and for providers
- 2.Negotiated volume discounts for pharmaceuticals and durable medical equipment to bring prices closer to international levels — or importing of same to reduce costs
- 3.Investment in maternal/infant and child care, chronic disease care, and behavioral healthcare
Provision for short-term and long-term home-care services to reduce institutionalization
- 4.Methods used should not exacerbate disparities in health outcomes among marginalized New Yorkers.
- 5.Evidence-based treatment protocols and drug formularies that include cost/benefit assessments of medical value.
- 6.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,
 - total system costs of healthcare and its administration.

LWV NYS position on Financing of Healthcare — Cost Control, Cont'd

Do you prefer the current or proposed cost controls?

Current Position

7. We support regionalization of specialized tertiary services as a means of providing access while controlling costs
8. More resources should be devoted to health promotion and disease prevention so that consumers can take active responsibility for their own health.
9. Cost containment efforts should precede increased taxes or reallocation of funds from other state programs.
10. The League supports the establishment of an administrative system for determining patient compensation as a modification of the tort system related to patient injury
11. [silent on admin innovation for cost control]

Proposed Position

7. Regionalization of specialized tertiary services to ensure timely access and quality
8. Investment in well-care — such as prevention, family planning, patient education, primary care — to increase health and reduce preventable adverse health events/expenditures
9. To reduce the impact of any tax increases, healthcare reform should contain costs.
10. 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
11. Innovative payment and record-keeping

Financing of Healthcare — Federal vs. State Roles & Single-Payer Systems

- To what extent should federal policy on HC determine the healthcare NYS provides its residents?
- Should any single-payer legislation be required to provide not just equitable access to healthcare but also financial feasibility and affordability for patients and taxpayers.

Current Position

1. 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.
2. The League supports the single payer concept as an acceptable approach to implementing League positions on equitable access and cost containment.

Proposed Position

1. 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.
2. The League supports the single-payer concept as a viable and desirable approach to implementing League positions on equitable access, affordability, and financial feasibility.

Feasibility

Do you support the included feasibility criteria?

Current Position

- [silent on how to judge feasibility of any single-payer legislation]

Proposed Position

- The League believes the financial feasibility of any single-payer NYS program requires:
1. Levels of federal support appropriate for the cost of the program
 2. Sufficient cost-savings to be identified so that estimated overall program cost will approximate the cost of current overall health services (as funded from all sources) or less
 3. New state funding from individual taxpayers, employees and businesses, that is equitable and progressive to ensure affordability for all
 4. 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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