

Health Care

Statement of Position on Health Care, as announced by the national board, April 1993 supplemented by concurrence to add Behavioral Health, June 2016 and updated by concurrence at Convention 2022.

The League's Position

GOALS: The League of Women Voters of the United States believes that a basic level of quality health care at an affordable cost should be available to all US residents. Other US 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 US 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, and mental health care. Every US 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.

The League supports regulatory incentives to encourage the development of cost-effective alternative ways of delivering and paying for health care. 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.

As public health crises increasingly reveal, a health program 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.

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

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 US 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 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 health care financing system, the League favors health insurance access independent of employment status.

Although the League prefers a health care 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, the League supports health care programs financed by states which include continuation of federal funding and comply with League principles.

The League is opposed to a strictly private market-based model of financing the health care system. The League is also 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 US 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 cost-control methods. Specific cost-control methods should reflect the most-credible, evidence-based research available on how health care financing policy affects equitable access to health care, overall quality of care for individuals and populations, and total system costs of health care and its administration. Methods used should not exacerbate disparities in health outcomes among marginalized residents.

If they meet the above criteria, cost control methods could include:

- Reduction of administrative costs – both for the insurance program 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.
- 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 health care.
- Provision for short-term and long-term home-care services to reduce institutionalization.
- Regional planning for the allocation of personnel, facilities, and equipment.
- The establishment of maximum levels of public reimbursement to providers.
- 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 quality of life of the patient after treatment, and the wishes of the patient and the family.

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 share effectively in making policy decisions, residents must be provided with information on the health care system and the implications of health policy decisions.

Behavioral Health

The League 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.

League History

Given the growing crisis in health care delivery and financing in the 1990s, the League developed a comprehensive position supporting a health care system that provides access to affordable, quality health care for all Americans and protects patients' rights.

In 1990, 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 US health care system; Phase 2 focused on health care financing and

