



Participant Guide

For Concurrence on Two Proposed Updated LWNYS Positions: Healthcare & Financing of Healthcare

Local Leagues have been asked to hold a consensus meeting early in 2021 to determine if their League concurs with the proposed positions on Healthcare and the Financing of Healthcare. Individual members may also submit individual responses if they did not participate in a local League consensus process, but they did participate in a discussion on the topic with other League members.

Leagues reach consensus by bringing individual perspectives to a discussion and engaging with their group to seek common ground together. An honored tradition, the League sees consensus as a “sense of the group” —not unanimity or a majority, and not reached by voting or polling — a shared perspective achieved by active listening and engagement. Concurrence is a League process in which participants decide if they agree with a statement or position that another League or League committee has already adopted. The position itself cannot be changed during the concurrence process.

So, in this case, you are being asked to try to reach general agreement (consensus) with other League members, in a discussion first about whether you concur (agree) with the proposed position on Healthcare and then with the proposed position on Financing of Healthcare. The choice is, in each case, whether as a group you prefer the current position or the new one.

Many Leagues will also choose to hold an educational meeting focused on the Study Materials prior to the actual consensus meeting.

Prepare for your League’s consensus meeting by:

- Reading the study materials found at <https://www.lwvnyonline.org/advocacy/healthcare/2020/Healthcare-Update-Full-packet-for-FINAL-092520.pdf>
- Printing out these materials so that you can easily refer to them during the discussion:
 - This Participant Guide.
 - The footnoted versions of the proposed new positions (p. 31 – 35).
 - The current positions on Healthcare (p.4) and Financing of Healthcare (p. 7)

Remember: Your League should not publicize the results of its consensus. That is for LWNYS to do after it knows whether enough Leagues have participated and agreed in order to reach a valid NYS consensus.

If you have questions, please email: LWV.NYS.Healthcare.Update@gmail.com

Proposed Healthcare Position
Discussion Guide for Consensus Participants (Draft Nov 6, 2020)

Do you accept the new position on Healthcare? YES or NO.
No retains the current position. Yes accepts the new position.

Suggested Discussion Time: 10 minutes	Current Position on Healthcare	Proposed Position on Healthcare
<p>To answer the above question, consider whether you think the LWVNYS position should include:</p> <ol style="list-style-type: none"> 1. A call for “Safe staffing” (care by appropriately trained and licensed individuals in sufficient numbers)? 2. A call for protecting vulnerable populations (as equitable and) as critical to overall public health? 3. A call for vision, dental, hearing and long-term care in essential care? (The LWVUS position includes long-term care in basic level of healthcare. Because LWVUS considers dental, vision and hearing as lower priority and state leagues can’t contradict LWVUS, the proposed position qualifies these services with “ideally.”) 	<ol style="list-style-type: none"> 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 [LWV US: Dental, vision, and hearing care also are important but lower in priority.] 	<ol style="list-style-type: none"> 1. <u>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.</u> 2. <u>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.</u> 3. <u>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.</u>

Proposed Financing of Healthcare Position
Discussion Guide for Consensus Participants (Draft Nov 6, 2020)

**Do you accept the new position on Financing of Healthcare? YES or NO.
No retains the current position. Yes accepts the new position.**

Please discuss, one at a time, the four sets of Financing of Healthcare questions to reach consensus about the proposed changes to the Financing of Healthcare position. Your preferences on the sets of questions, taken together, should determine the “sense of the group.”

1. Universal Access

Do you prefer the changes to the Financing of Healthcare position around Universal Access?.

Suggested Discussion Time: 8 minutes	Current Position on Access	Proposed Position on Access
<p>Both the current NYS position and the US position support universal healthcare that is high-quality, affordable, equitable, behavioral and physical healthcare, and paid by public financing, so LWVNYS will support these attributes whether the new positions are supported or rejected.</p> <p>You need to decide whether you support the new position specifically around the following:</p> <ul style="list-style-type: none"> • 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)? 	<ol style="list-style-type: none"> 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. 	<ol style="list-style-type: none"> 1. <u>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.</u> 2. <u>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.</u>

2. Cost Control

Do you prefer the changes to the Financing of Healthcare position around Cost Control?		
Suggested Discussion Time: 10 minutes	Current Position on Cost Controls	Proposed Position on Cost Controls
<p>Both the current and proposed LWNYS positions support cost control as an important issue in healthcare.</p> <ul style="list-style-type: none"> Do you prefer the current or proposed cost controls? 	<ol style="list-style-type: none"> [silent on administrative costs] [silent on pharma costs] [silent on healthcare that most reduces high-cost adverse medical events, but the Healthcare position does support prevention] [silent on marginalized (urban and rural), except for “medically indigent”] 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 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 <p>[Continued on next page]</p>	<ol style="list-style-type: none"> <u>Reduction of administrative costs — both for this plan and for providers</u> <u>Negotiated volume discounts for pharmaceuticals and durable medical equipment to bring prices closer to international levels — or importing of same to reduce costs</u> <u>Investment in maternal/infant and child care, chronic disease care, and behavioral healthcare</u> <u>Provision for short-term and long-term home-care services to reduce institutionalization</u> <u>Methods used should not exacerbate disparities in health outcomes among marginalized New Yorkers.</u> <u>Evidence-based treatment protocols and drug formularies that include cost/benefit assessments of medical value.</u> <u>Specific cost-control methods should reflect the most credible, evidence-based research available on how healthcare financing policy affects</u> <ol style="list-style-type: none"> <u>equitable access to healthcare,</u> <u>overall quality of care for individuals and populations, and</u> <u>total system costs of healthcare and its administration.</u>

2. Cost Controls, Continued	Current Position on Cost Controls	Proposed Position on Cost Controls
	<p>7. We support regionalization of specialized tertiary services as a means of providing access while controlling costs</p> <p>8. More resources should be devoted to health promotion and disease prevention so that consumers can take active responsibility for their own health.</p> <p>9. Cost containment efforts should precede increased taxes or reallocation of funds from other state programs.</p> <p>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</p> <p>11. [silent on admin innovation for cost control]</p>	<p>7. <u>Regionalization of specialized tertiary services to ensure timely access and quality</u></p> <p>8. <u>Investment in well-care — such as prevention, family planning, patient education, primary care — to increase health and reduce preventable adverse health events/expenditures</u></p> <p>9. <u>To reduce the impact of any tax increases, healthcare reform should contain costs.</u></p> <p>10. <u>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</u></p> <p>11. <u>Innovative payment and record-keeping</u></p>

3. Federal vs. State Roles & Single-Payer Systems

Do you prefer the changes to the Financing of Healthcare position around federal/state roles and single-payer systems?.		
Suggested Discussion Time: 12 minutes	Current Position on Fed/State Role	Proposed Position on Fed/State Role
<p>Currently NYS provides significantly more benefits to NYS residents than are required by the federal government or that are offered by other states. The federal government pays about 40% of NYS expenditure on healthcare.</p> <ul style="list-style-type: none"> To what extent should federal policy on healthcare 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. 	<ol style="list-style-type: none"> 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 supports the single payer concept as an acceptable approach to implementing League positions on equitable access and cost containment. 	<ol style="list-style-type: none"> <u>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.</u> <u>The League supports the single-payer concept as a viable and desirable approach to implementing League positions on equitable access, affordability, and financial feasibility.</u>

4. Feasibility

Do you prefer the changes to the Financing of Healthcare position around Feasibility?		
The proposed financial feasibility requirement would apply to any proposed NYS single-payer program, but not to other NYS healthcare legislation.		
Suggested Discussion Time: 10 minutes	Current Position on Feasibility	Proposed Position on Feasibility
<p>Single-payer healthcare programs can be skinny or robust, universal or limited to certain qualifying groups — so single-payer legislation per se can require very different levels of funding.</p> <ul style="list-style-type: none"> Do you support the included feasibility criteria? 	<p>[silent on how to judge feasibility of any single-payer legislation]</p>	<p>The League believes the financial feasibility of any single-payer NYS program requires:</p> <ol style="list-style-type: none"> <u>Levels of federal support appropriate for the cost of the program</u> <u>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</u> <u>New state funding from individual taxpayers, employees and businesses, that is equitable and progressive to ensure affordability for all</u> <u>A healthcare trust fund managed by the state, that operates in a similarly efficient fashion as Social Security or Medicare trust funds.</u>

Taking these changes altogether, do you accept the new position on Financing of Healthcare? YES or NO.

No retains the current position. Yes accepts the new position.