

LWV POSITION ON HEALTH CARE

LWVC Convention Health Care Caucus, June 7, 2021

HISTORY

LWVUS announced its final health care position in April 1993. The 2016 Convention updated the position by concurrence to include behavioral health. The Meeting Basic Human Needs position also addresses access to health care. The League has actively participated in the health care debate since 1993.

Here are links to [Impact on Issues, 2020-2022](#), (Health Care Position is on p.129-134). LWVC [Health Care Position](#) and to the [Meeting Basic Human Needs](#) Position.

SUMMARY OF THE LEAGUE'S HEALTH CARE POSITION

GOALS

- A basic level of quality health care at an affordable cost available to all U.S. residents
- Equitable distribution of services, efficient and economical delivery of care, advancement of medical research and technology, and a reasonable national expenditure level for health care

BASIC LEVEL OF QUALITY CARE

- Prevention of disease
- Health promotion and education
- Primary care (including prenatal and reproductive health)
- Acute care
- Long-term care
- Mental health care that includes parity with physical health care

Consumers/Patients may purchase services or insurance coverage beyond the basic level

FINANCING AND ADMINISTRATION

- Supports national health insurance plan financed through general taxes (commonly known as the “single payer approach”) in place of individual insurance premiums
- Supports effective cost control strategies
- Supports Administration of the U.S. healthcare system either by:
 - A combination of the private and public sectors, or
 - A combination of federal, state, and/or regional government agencies
- Opposes a strictly private market-based model of financing the health care system
- Opposes administration solely by the private sector or the states

EQUITY ISSUES

- Allocating medical resources to underserved areas
- Training health care professionals in needed fields of care
- Standardizing basic levels of service for publicly funded healthcare programs
- No variation in insurance based on age, medical history, tobacco use, occupation, etc.
- Ability to pay should not determine allocation of healthcare resources