1-1-1992

Health Care folder, 1992 (League of Women Voters Records box 42, folder 24)

Maine League of Women Voters Staff
Maine League of Women Voters

LEAGUE OF WOMEN VOTERS OF MAINE

335 WATER STREET • AUGUSTA, ME 04330 (207) 623-0256

HEALTH CARE in the UNITED STATES

Defining League's Position

This is an opportunity for each member of LWV-Maine to take part in the Health Care Consensus, Phase I. In Leagues throughout the state, consensus meetings have been scheduled for January, so that we can meet the LWVUS deadline. The timing is critical. With the problems of our health care delivery system moving to the headlines, reforms of the system already appear as a major issue for the 1992 elections. LWV needs to be in a position to evaluate and act on the various legislative and executive initiatives.

Copies of the consensus questions have been mailed to every member. If you can't attend one of the meetings listed below, you can still be a part of this--literally--vital project. Write your responses on your copy of the consensus and mail it to:

Ruth Benedikt
Rte. 8, Box 5559
Brunswick, ME 04011

All mail responses must be received by January 30th.

Health Care Consensus Meetings:

Brunswick Area:	Sat., Jan. 11th at 10 AM at home of Ruth Irwin in South Harpswell. FMI call 729-1413.
Ellsworth & MDI:	Sat., Jan. 25th, at Meadowview Apts., Ellsworth (11 AM session on Library Consensus will be followed in PM by Health Care Consensus) FMI call 442-3627
Portland Area:	Wed., Jan. 15th at Holiday Inn by the Bay 5:30 Dinner; 6:30 Meeting. FMI call 774-3289
York County:	Sat., Jan., 11th at 11:30 AM (snow date 1/18) at the Bull & Claw Restaurant in Wells. FMI call 646-5772

HEALTH CARE -- Consensus Questions

I. What should the goals of health care policy in the United States include? (Check "High Priority", "Lower Priority", "Not a Priority", or "No Consensus" for each item, according to the value your League places on that goal. It is permissible to choose as many as necessary.)

	High Priority	Lower Priority	Not A Priority	No Consensus	
a)	____	____	____	____	Minimum basic level of care for all US residents
b)	____	____	____	____	Health Care at an affordable cost to the individual patient
c)	____	____	____	____	Quality standards of care
d)	____	____	____	____	Consumer choice in the selection of health care providers
e)	____	____	____	____	Choice for providers in the selection of type of practice (i.e., traditional single or group practice, HMOs, etc.)
f)	____	____	____	____	Efficient and economical delivery of care
g)	____	____	____	____	A reasonable total national expenditure level for health care
h)	____	____	____	____	Equitable distribution of health care services
i)	____	____	____	____	Advancement of medical research and technology
j)	____	____	____	____	Other_____

II. If a goal of U.S. health care policy is a minimum basic level of care for all U.S. residents, what should that minimum basic level include? (Check a level for each item according to the value your League places on that choice. It is permissible to choose as many as necessary.)

	High Priority	Lower Priority	Not A Priority	No Consensus	
k)	____	____	____	____	Prevention of disease
l)	____	____	____	____	Health promotion and education
m)	____	____	____	____	Primary care
n)	____	____	____	____	Acute care
o)	____	____	____	____	Long-term care
p)	____	____	____	____	Mental health care
q)	____	____	____	____	Dental care
r)	____	____	____	____	Vision care
s)	____	____	____	____	Hearing care
t)	____	____	____	____	Other_____

III. If a goal of U.S. health care policy is equitable distribution of health care services, what would contribute to achieving this goal? (Check "Agree", "Disagree", or "No Consensus" for each. It is permissible to agree or disagree with more than one item.)

	Agree	Disagree	No Consensus	
u)	____	____	____	Requiring insurance companies to use community rating instead of experience rating
v)	____	____	____	Allocating services to medically underserved areas
w)	____	____	____	Providing for training of health care professionals in needed fields of care
x)	____	____	____	Mandating uniform service levels for all publicly funded health care programs
y)	____	____	____	Providing for insurance pools for small businesses and organizations.
z)	____	____	____	Other_____

HEALTH CARE -- CONSENSUS QUESTIONS (continued)

IV. If a goal of U.S. health care policy is efficient and economical delivery of care, which of the following cost control methods would contribute to achieving this goal? (Check "Agree", "Disagree", or "No Consensus" for each. It is permissible to agree or disagree with more than one method.)

	Agree	Disagree	No Consensus	
aa)	____	____	____	Consumer accountability through deductibles and copayments
bb)	____	____	____	Mandatory second opinion before serious surgery or extensive treatment
cc)	____	____	____	Outcome-based guidelines for providers
dd)	____	____	____	Regional planning for the allocation of personnel, facilities and equipment
ee)	____	____	____	Utilization reviews of treatment
ff)	____	____	____	Establishing maximum level of public reimbursement to providers
gg)	____	____	____	Use of fixed, per capita payments to providers (capitation payments)
hh)	____	____	____	Use of managed care
ii)	____	____	____	Reduction of administrative costs
jj)	____	____	____	Malpractice reform
kk)	____	____	____	Other_____

V. In a health care system with limited resources, what criteria should be used in allocating or "rationing" health care services for individuals in need of care? (Check "Agree", "Disagree", or "No Consensus" for each. It is permissible to agree or disagree with more than one criterion.)

	Agree	Disagree	No Consensus	
ll)	____	____	____	Ability of patient to pay (from personal resources or from public or private insurance coverage)
mm)	____	____	____	Age of patient
nn)	____	____	____	Urgency of medical condition
oo)	____	____	____	Life expectancy of patient
pp)	____	____	____	Expected outcome of treatment
qq)	____	____	____	Cost of procedure
rr)	____	____	____	Duration of care
ss)	____	____	____	Patient and family wishes
tt)	____	____	____	Quality of life of patient after treatment

_____

Name

1992-94 National Program Planning Report Form

Response Deadline - Feb. 1
Send to: Ruth Benedikt, RR 8, Box 5559, Brunswick, ME 04011

See your Jan. '92 LWV-Maine VOTER for further explanation of current National Positions.

PART I: Recommendations to retain or drop Current National Positions.

	Retain	Drop
GOVERNMENT		
Agriculture Policy	____	____
Citizen Right to Know & Citizen Participation	____	____
Individual Liberties	____	____
Reproductive Choice	____	____
Congress & the Presidency	____	____
DC Self-Government	____	____
Apportionment	____	____
Campaign Finance	____	____
Election of the Pres.	____	____
Fiscal Policy	____	____
Gun Control	____	____
Voting Rights	____	____
NATURAL RESOURCES		
Resource Management	____	____
Environmental Protection & Pollution Control	____	____
Public Participation	____	____
INTERNATIONAL RELATIONS		
Arms Control	____	____
Military Policy & Defense Spending	____	____
Trade	____	____
United Nations	____	____
US Relations with Developing Countries	____	____
SOCIAL POLICY		
Child Care	____	____
Equality of Opportunity	____	____
Meeting Basic Human Needs	____	____
Urban Policy	____	____
HEALTH CARE STUDY		
Evaluate public & private mechanisms for delivery & financing of Health Care in the U.S. (phase 2 of study in '92-'94)	____	____

PART 2: Your Choices of Program "ISSUES FOR EMPHASIS" for 1992-94:

These are issues on which League can be active under current positions. Please rank-order your top 3 only according to your preference.

Place a "1" by your top-ranked issue, a "2" by your second-ranked and a "3" by your lowest-ranked issue.

If you add issues under "other", they must be included in your 3-issue ranking. If you add issues under "other" that are not included under current positions, please explain in PART III.

CHECK ONLY 3 ITEMS OUT OF 14.

GOVERNMENT
- A. ____ Electoral Reform*
- B. ____ Federal Deficit & Budget*
- C. ____ Right of Privacy in Reproductive Choices*

INTERNATIONAL RELATIONS
- D. ____ Trade & International
- E. ____ Arms Control
- F. ____ Defense Spending

NATURAL RESOURCES
- 6. ____ Waste Management & Pollution Control*
- H. ____ Energy
- I. ____ Use of the Nation's Land

SOCIAL POLICY
- J. ____ Health Care**
- K. ____ Civil Rights
- L. ____ Workforce Issues in a Changing Population

OTHER
- M. ____ _____
- N. ____ _____

* = 1990-92 Issue for Emphasis
** = 1990-92 National Study

PART III:

If your choice in part 2 would require a new LWV position, please describe the scope of the study, problem to be addressed._____

THE LEAGUE
OF WOMEN VOTERS
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POST-BOARD SUMMARY

Following the April 1992 Meetings of the LWVUS Board of Directors and the LWVEF Board of Trustees

For All League Presidents and DPM Subscribers

HIGHLIGHTS OF THIS POST-BOARD SUMMARY

- **LWVUS board adopts the 1992-94 Proposed Program (see page 2), the FY 1992-93 Proposed LWVUS Budget (see page 2) and the Report of the Bylaws Committee on Proposed Amendments to the LWVUS Bylaws (see page 4). The Proposed Program, Proposed Budget and Proposed Bylaw Amendments will be sent to all Leagues in the Convention '92 Workbook, to be mailed in accordance with the April 30 bylaw deadline.**
- **LWVEF board adopts FY 1992-93 Proposed LWVEF Budget, which will be discussed at Convention '92 and adopted by the trustees in July 1992. See page 2.**
- **LWVUS board adopts national League position on health care. See below and additional material in this mailing.**
- **LWVUS board adopts Strategy for Member Growth and Support for Leagues. See page 4 and full report in this mailing.**
- **See attachment for nominees for 1992-94 LWVUS officers and directors and 1992-94 Nominating Committee, as reported by 1990-92 Nominating Committee.**

NEW NATIONAL POSITION ON HEALTH CARE

The LWVUS board adopted a position on health care, based on the first phase of a League-wide study and consensus process on the financing and delivery of health care in the United States. The League position asserts that a minimum basic level of quality health care should be available to all U.S. residents. It also supports stringent cost-control measures in the health care industry. The League position defines "minimum basic level of care" to include the prevention of disease, health promotion and education, primary care (including prenatal and reproductive health), acute care, long-term care and mental health care. Dental, vision and hearing care also are important but lower in priority.

See the enclosed package of information for the full health care position. Also included are a Q&A that provides background information on the new statement, a copy of the LWVUS press release announcing the position, a sample op-ed that Leagues can use with their local media, and a Health Care Action Alert. These materials were sent to state League leaders in an earlier mailing.

League of Women Voters of the United States
1730 M Street, NW
Washington, DC 20036
202-429-1965 • Fax 202-429-0854

The position is based on the participation of nearly three-quarters of Leagues across the country. The League's statement supporting universal access to quality health care and stringent measures to curtail escalating health care costs reflects members' overwhelming consensus that fundamental reform is needed. "We can no longer manage with our makeshift system," said LWVUS President Susan S. Lederman.

The position will allow the League to address key elements of reform proposals now before Congress. See the enclosed Q&A and look for the upcoming issue of *Report from the Hill* for more information about what Leagues and League members can do to begin taking the LWV's health care reform message to Capitol Hill.

The next phase of the League's health care study, which will be presented to Convention '92 delegates in June as part of the 1992-94 Proposed Program, is planned to address issues of financing and administration. That phase of the study is scheduled to be completed in January 1993.

Thank you to all of the League leaders and members who participated in the first phase of the study. Your thoughtful study and consensus helped to forge a strong and balanced League position on our nation's health care dilemma.

Remind members that Phase 2 of the study will be based on direct member agreement, with background information and a response form in the August/September 1992 *The National Voter*. Please help us encourage continuing member participation in the health care consensus process. A Leader's Guide will be sent to Leagues this spring to assist those that plan to hold consensus meetings or other activities.

1992-94 PROPOSED PROGRAM

The LWVUS board adopted a Proposed Program for the 1992-94 biennium, to be presented to Convention '92 in June. In brief, the proposed program calls for:

- adoption of the current LWVUS program in Government, International Relations, Natural Resources and Social Policy;
- adoption of Phase 2 of a study and member agreement process on health care, to focus on financing and administration issues;
- adoption of four program issues for emphasis: Health Care, Electoral Reform, The Right of Privacy in Reproductive Choice, and Waste Management and Pollution Control.

The issues for emphasis are proposed with the understanding that, in order to use limited resources wisely at all levels of the League, we will be able to work on only three of the four issues at any given time. The national board will make the appropriate determinations, based on internal and external factors throughout the biennium.

Leagues' responses on these issues were very clear, thanks to the good preparation and work by League leaders across the country during the national program planning process. Look for a full report on the 1992-94 Proposed Program in the Convention '92 *Workbook*, to be mailed to Leagues in accordance with the April 30 bylaw deadline.

BUDGET/PMP

Recognizing that Taking Back the System requires both "will and wallet," the national board engaged in extensive discussion of the programs needed to ensure that the League can carry out its mission of education and advocacy while supporting membership, development and visibility. Based on that discussion, the LWVUS Board of Directors adopted a Proposed LWVUS Budget for FY 1992-93 and adopted

proposed Per-Member Payment (PMP) levels for FY 1992-93 and FY 1993-94.

The LWVEF Board of Trustees adopted a Proposed LWVEF Budget for FY 1992-93, which will be discussed at Convention '92 and adopted by the trustees in July 1992.

Both the LWVUS and LWVEF budgets and PMP information will be presented in full in the Convention '92 Workbook, which will be mailed to all Leagues in accordance with the April 30 bylaw deadline.

The board recommends adoption of a $19 PMP rate for FY 1992-93 and for FY 1993-94. This rate represents a $1 increase over the current $18 PMP figure, which has been in effect since FY 1989-90. In formulating the budgets, the national board worked to balance the effect of any PMP increase on state and local League budgets during these recessionary times with the need for an effective advocacy program on national issues, including the new position on health care, and the need to implement a League-wide membership growth strategy.

Even with a $1 increase in PMP, the proposed FY 1992-93 budget is a deficit budget. Expenses in the budget total $2,645,800; total income is $2,606,000, for a deficit of $39,800. Both income and expenses in the proposed budget are less than the budget for this current fiscal year that was adopted at Council '91. This year's budget was adjusted by the board in January 1992 when income fell short of expectations.

The proposed LWVUS budget includes a number of items designed to support membership growth. Generic membership materials and a videotape will be produced and distributed to Leagues for the cost of postage alone, to help Leagues of all sizes implement a membership campaign. See the enclosed Strategy for Member Growth and Support for Leagues for more on the campaign.

While the "will" to grow comes from League leaders, the LWVUS budget tries to make that as painless on the "wallet" as possible. Therefore, the recommended PMP increase is offset by an incentive for membership growth. The LWVUS proposed budget provides that each local League with a *net* growth in members from January 1, 1991 to January 1, 1992 would receive a $5 discount in LWVUS PMP for each net member gained. For example, a League that had 35 members on January 1, 1991 and 40 members on January 1, 1992 would get a discount of $25 ($5 x 5 members) on its LWVUS PMP bill. This incentive would count *all* members: individual, household, life or honorary, and nationally recruited. In FY 1992-93, this reward would benefit about 560 Leagues of all sizes and would replace the current +10 percent waiver program that benefits only those Leagues that grow by more than 10 percent. In other words, every bit of net growth is rewarded in the proposed system.

Also included in the budget is funding for advocacy campaigns for three issues, including grassroots lobbying by state and local Leagues on the new health care position. There undoubtedly is a "will" to take effective legislative action on our priority national issues. With both a new Congress and a new position, we must provide the "wallet" not only for the staff and volunteers who lobby on the Hill but also for a grassroots lobbyist to work with Leagues whose members of Congress are on key committees, to produce Action Alerts for all Leagues and to conduct phone banks at the time of key votes.

The decisions that yielded these recommendations were not made easily, as the Budget Committee and then the board tried to balance all of the needs and interests of the organization. The proposed LWVUS budget represents an effort to hold down costs while delivering the services needed to ensure a strong and visible organization

and to enhance the effectiveness of the League at all three levels.

As mentioned above, full information on these financial proposals will be included in the convention *Workbook*. Four formal Q&A sessions (including two during afternoon hours) will be held at convention, and the Budget Committee will be available throughout convention to meet with members. Q&A sessions are a time to ask questions, express concerns and seek advice about the impacts of any changes in the proposals. In addition, members are encouraged to contact Budget Committee Chair Diane Sheridan at 4127 Rolling Green, Taylor Lake Village, TX 77586-5107.

Sheridan notes, "The readers of this mailing are the leaders of the League. A leader's natural response is to estimate what impact a $1 PMP increase and a $5 net growth discount will have on her or his League. If estimates result in a bigger PMP bill for your League, I hope you will consider all options for meeting the expense before assuming there must be a dues increase.

"In addition, as leaders in the League tradition of being informed before being involved, you will want to share with your board and your members both this information and the details that will come later in the Workbook. Bring their comments to the Q&A sessions at convention, or contact me before then if I can help you respond to the questions you will inevitably receive. We share the will to make the League at all levels strong and effective. I hope that the proposed budget is one you feel your wallet can support."

BYLAWS

Based on a report by the Bylaws Committee, the LWVUS board considered the ten proposed amendments to the LWVUS Bylaws submitted by Leagues. The bylaws and the proposed amendments will be presented in the Convention '92 *Workbook*, which will be mailed to League in accordance with the April 30 bylaw deadline.

MEMBERSHIP

Throughout the past year, the Membership Committee and the board have been working to develop and refine a comprehensive Strategy for Member Growth and Support for Leagues, with the help of Alice Buhl, a management consultant and former local League leader. The strategy was developed with the assistance of local and state League leaders who participated in a series of conference calls on targeted aspects of the plan. The strategy as approved by the national board in April is included in this mailing and activities already are under way, including the development of recruitment and training videos for membership and plans for a workshop at Convention '92.

Some encouraging news for the board as it considered this strategy was a 2.27 percent increase in overall League membership from January 1, 1991 to January 1, 1992, to a total of 96,884. A less encouraging development was the decline in the number of local and provisional Leagues from 1,076 to 1,057.

We have heard the message from Leagues that the time gap between when new members join and when they get their first *National Voter* can be a problem. The switch to a quarterly schedule for the magazine increases the potential waiting period before a new member hears from the national level of the League. Therefore, we have established a procedure to send the most recent *Voter* to new members who join between *Voter* mailing dates. This will be especially beneficial for members whose names are added to the LWVUS database shortly after *Voter* labels are printed. We hope this quicker response to new members from the national level helps in fostering member satisfaction and involvement within the League.

The June/July issue of *The National Voter* will offer League members a special opportunity to join the Prodigy computer network at a discount rate and to network with other League members who have the Prodigy service. The League's agreement with Prodigy is part of an effort to move toward an electronic communications capability within the League. See the *Voter* ad for details.

CONVENTION '92 REPRESENTATION

The board granted hardship designation to the following Leagues, which will allow them voting representation at Convention '92: Boston, MA; Detroit, MI; Kansas City, MO; St. Louis City, MO; Portsmouth, NH; Metro Columbus, OH.

COUNCIL '93 DATES

For state League leaders planning ahead, the national board has set June 5-8, 1993 for Council '93, in Washington, DC. Look for more information beginning in fall 1992.

UNCED CONFERENCE

Since the League is unable to send an official representative to the June 1992 United National Conference on the Environment and Development (UNCED), the national board authorized a League member who is attending in another capacity to present a statement on behalf of the League. The statement will reflect League positions as they relate to Agenda 21, a declaration of principles for encouraging environmentally responsible development. In March, the LWVUS joined a number of other organizations in urging President Bush to personally lead the U.S. delegation to UNCED in Rio de Janeiro, Brazil. The LWVEF will send all Leagues a report on UNCED in summer 1992.

POLAND PROJECT

The LWVEF project "Building Political Participation in Poland" is bringing 20 women from Poland to the United States to serve in citizen participation fellowships with host Leagues around the country. Participating Leagues are: North Orange County, CA; Connecticut state; Atlanta-Fulton County, GA; Lansing Area, MI and Michigan state; Santa Fe County, NM; Oneonta Area/Albany County, NY; Cuyahoga County, OH; Tulsa/Muskogee/Bartlesville, OK; Lane County/Portland, OR and Oregon state; Spartanburg, SC.

The Polish fellows will arrive in Washington, DC on May 20, 1992 for a three-day orientation program. On May 23, they will travel to their host destinations for a three-week fellowship experience and then proceed to Boston to attend the LWVUS national convention. The LWVEF will follow up with a conference in Poland in fall 1992.

NOMINATIONS

The LWVUS 1990-92 Nominating Committee Will Submit the Following Slate of LWVUS Officers and Directors to Convention '92

President Becky Cain, St. Albans, WV

First Vice-President Diane Sheridan, Taylor Lake Village, TX

Second Vice-President Peggy Lucas, Minneapolis, MN

Secretary-Treasurer Robin Seaborn, St. Petersburg, FL

Directors

Marilyn Brill, Danville, PA

Jane Garbacz, Wilton, CT

Debbie Macon, West Bloomfield, MI

Beverly McKinnell, St. Paul, MN

Linda Moscarella, El Prado, NM

Nancy Pearson, Tacoma, WA

Carole Wagner Vallianos, Manhattan Beach, CA

Kathleen Weisenberg, Atherton, CA

Nominated for the 1992-94 Nominating Committee

Chair Gerry Cummins, Littleton, CO; Colleen Bennett, Lake Oswego, OR; Elaine LaLonde, Atlanta, GA; Marian Sinek, Chappaqua, NY.

The nominations will appear in the June/July 1992 *National Voter* and in the Convention '92 *Workbook*, which will be mailed to Leagues in accordance with the April 30 bylaw deadline.

Health Care Position - Part 1

THE LEAGUE
OF WOMEN VOTERS
OF THE UNITED STATES

ACTION ALERT

April 7, 1992

TO: State and Local League Presidents and DPM Subscribers

FROM: Susan S. Lederman, President

RE: Health Care Position and Opportunities for Action

The first phase of our health care study is complete! Now it is time to act! Included in this mailing is a copy of our new position, a Q & A outlining some key issues and a copy of the press release on the position. Also included is an op-ed piece and these first suggested advocacy steps.

SUGGESTED ACTIONS:

1. Contact your local newspapers and electronic media. Use the attached op-ed to gain attention for the League's views on health care, or use the enclosed press release as the basis for your own release. Don't forget to include a quote of your own. If you have any questions about press, please contact Maggie Simpson at the national office.

2. Write to your representatives and senators asking each to appoint a health care advisory committee of concerned citizens, health professionals and community leaders to assist them in responding to the health care crisis. Volunteer to serve on the advisory committee.

3. Urge your representatives and senators to support legislation to provide universal access to a basic level of quality health care and to control costs in the health care industry. Tell the President that we do not support his proposals because they don't provide for universal coverage and tough cost controls.

LEGISLATIVE BACKGROUND

In the House, both the Ways and Means Committee and the Energy and Commerce Committee are poised to introduce major health care reform proposals and to act on them before the Memorial Day recess. In the Senate, the leadership would also like to move quickly. While the timing is ambitious and might not be met, this is an ideal time to urge passage of fundamental health care reform legislation that includes:

1. Universal Coverage -- Every U.S. resident deserves access to a minimum level of basic care, regardless of ability to pay. This must include acute care, primary care (including prenatal and reproductive services), long-term and mental health care, disease prevention and health promotion and education.

2. Cost Containment -- Stringent cost containment measures are critical to the success of health care reform. These should include 1) setting and enforcing a limit on total health care spending, 2) reform of the health care delivery system, and 3) allocation of costly facilities and equipment.

1730 M STREET, NW, WASHINGTON, DC 20036 • 202-429-1965 • FAX 202-429-0854

Op-Ed

THE HEALTH CARE CRISIS

Our health care system is failing. Costs are spiraling out of control, and many families feel uncertain about their ability to afford adequate health care. An extended hospital stay or long-term care for aging parents can deplete any family's budget. For those who cannot afford insurance, the picture is even more grim -- no doctor when one is needed, no medicine when illness strikes.

Over the last year, the League of Women Voters has carefully studied the problems with the American health care system and examined prescriptions for reform. We have debated the issues and reached consensus on actions that must be taken. Our members nationwide are now ready to mobilize to press Congress and the President to take the necessary steps to put our health care system back on the right track.

The League believes that stringent cost control measures in the health care industry and universal access to health care are critical ingredients for meaningful reform.

In 1980, the total amount spent on health care per family was $2,600. By 1991, the figure had more than doubled, to $6,500. Without strong action, it will more than double again by the year 2000. These costs are draining our economy and threatening the welfare of our families.

We must control health care costs. Specific cost-cutting measures should include: curbing excessive administrative costs, encouraging managed care for effective and efficient disease prevention and treatment, promoting consumer responsibility through use of second opinions before costly procedures and ensuring more efficient and equitable distribution of medical facilities and equipment. At the same time, we must set and then enforce a limit on total health care spending.

But it is access to health care -- universal coverage -- that will determine the humanity of our system. Something is fundamentally wrong when mothers can't afford prenatal care, when children don't receive routine vaccinations, when working families can't afford health insurance, and when older parents are left destitute without long-term care.

All U.S. residents should receive a basic level of quality health care regardless of their ability to pay. This must include acute care, primary care, long-term and mental health care, the prevention of disease and health promotion and education. These are basic human needs that must be met.

Can our political system respond to the crisis in health care? It must. As citizens, we must demand that candidates commit to reform. As citizens, we must hold elected officials accountable.

We must have a health care system that is both economically responsible and humane. Difficult choices have to be made, with a keen awareness that human lives will be affected. The League of Women Voters is working for reform. Please join us in urging Congress and the President to act.

LEAGUE OF WOMEN VOTERS OF THE UNITED STATES
HEALTH CARE POSITION STATEMENT

GOALS

The League of Women Voters of the United States believes that a minimum basic level of quality health care at an affordable cost should be available to all U.S. residents. Other U.S. 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.

MINIMUM BASIC LEVEL OF QUALITY CARE

Every U.S. resident should have access to a minimum 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. Dental, vision and hearing care also are important but lower in priority.

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.

COST CONTROL

The League believes that efficient and economical delivery of care can be enhanced by such cost control methods as:

* the reduction of administrative costs,
* regional planning for the allocation of personnel, facilities and equipment,
* the establishment of maximum levels of public reimbursement to providers,
* malpractice reform,
* the use of managed care,
* utilization reviews of treatment,
* mandatory second opinions before surgery or extensive treatment,
* consumer accountability through deductibles and copayments.

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.

This position is based on Phase 1 of the League's study of the U.S. health care system. Phase 2 of the health care study, which will conclude in January 1993, will address issues of financing and administration.

***

THE LEAGUE
OF WOMEN VOTERS
NATIONAL OFFICE

NEWS RELEASE

CONTACT:
Maggie Simpson
(202) 429-1965

FOR IMMEDIATE RELEASE:
April 6, 1992

LEAGUE STUDY SHOWS CITIZEN SUPPORT FOR COST CONTROLS, UNIVERSAL ACCESS TO HEALTH CARE

WASHINGTON, D.C. -- The League of Women Voters of the United States today called for stringent cost control measures in the health care industry, universal access to health care and a standard definition of basic care for all U.S. residents. Leagues across the country will begin lobbying Congress and state legislatures in support of fundamental reform of the nation's health care system.

The League's health care reform position was reached after six months of study and discussion by 821 Leagues in all 50 states. 30,000 League members participated.

Highlights of the conclusions include:

- 99 percent of participating Leagues said that a minimum basic level of care should be available for all U.S. residents.
- 96 percent said that efficient and economical delivery of care should be a high priority for the U.S.
- 94 percent said that providing health care at an affordable cost should be a high priority.
- 91 percent agreed that equitable distribution of health care should be a high priority.

In the controversial cost control area, Leagues endorsed strong measures:

- More than two-thirds called for independent review of treatments to control costs and reduce unnecessary care.
- Nearly three-quarters said that consumers should be responsible for paying deductibles and making copayments in order to cut overall costs.

- Three-fifths said that managed care should be used to control health care costs and reduce unnecessary care.

- Three-fifths said that ensuring a reasonable national total for health care expenditures should be a high priority.

- 94 percent supported regional planning for the allocation of personnel, facilities and equipment to control health care costs.

- 96 percent of participating Leagues believed that excessive administrative costs must be curtailed.

In calling for universal access, the League emphasized the need for all American residents to have access to a minimum basic level of care, regardless of their ability to pay, that includes acute care, primary care (including prenatal and reproductive services), long-term care, mental health care, disease prevention and health promotion and education.

"For millions of Americans, health care is too expensive or unavailable," said Susan S. Lederman, president of the League of Women Voters of the United States. "We can no longer manage with our makeshift system. It fails too many Americans. It is time for Congress to vote for fundamental reform."

The League will also continue its educational efforts to enable citizens to participate knowledgeably and effectively in the national debate over health care issues. These efforts include community forums, public outreach through the media, citizen guides and fact sheets on health care issues. In addition, League members will ask candidates to go on record with their views for solving the health care crisis.

The League's new position on the need for affordable, quality health care for all American residents represents the completion of the first phase of a two-year comprehensive study on the delivery and financing of health care in the United States. The second phase, scheduled for completion in 1993, will establish the League's position on health care financing.

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Questions & Answers about the LWVUS Health Care Position

How is the LWVUS health care position unique?

Unlike most other organizations, the League's position was formulated by directly asking League members what they think about health care delivery in the United States. With 30,000 members participating, the health care position reflects the concerns of thoughtful Americans who have carefully examined the problem and considered the possible solutions. As a result, the League's position is both economically responsible and humane. Difficult financial choices have been made, but with a keen awareness that human lives will be affected.

What are the most important features of the LWVUS's health care position?

The League supports a health care system that provides universal access to care for all U.S. residents and curtails escalating health care costs.

Why is cost control so important?

U.S. health care costs are spiraling out of control. Families are scared they will be unable to afford the cost of a serious illness. In 1980, the total amount spent on health care per family was $2,600. This figure grew to $6,500 in 1991, and if nothing is done to control costs, by the year 2000 it will be $14,000 per family.

Health care costs are also threatening our economy. Every year, a growing proportion of our gross national product is spent on health care. Health care expenditures for 1992 are projected to account for 13.4 percent of the United States' GNP. Forecasters predict that this number could grow to 16.4 percent by the year 2000 -- that's $1,616 billion spent on health care. Something must be done to address these escalating costs.

What does the LWVUS think should be done to control costs?

The League supports controlling costs through methods such as malpractice reform, the use of managed care, regional planning for the allocation of resources and the reduction of administrative costs. Other cost control options that promote the efficient and economical delivery of care are also supported by the League.

What does the LWVUS mean by universal access?

All U.S. residents should receive a basic minimum level of quality health care regardless of their ability to pay. This includes primary care, acute care, long-term care and mental health care, the prevention of disease and health promotion and education.

Why is universal access important?

The League believes that access to health care is a basic human need that must be available for all U.S. residents. Moreover, universal access is an important tool in containing health care costs. Under the current system, the cost of uncompensated care for the uninsured is passed along to the insured in the form of higher prices. Providing compensated care to all U.S. residents would reduce this "cost-shifting" and help control health care costs.

Does the LWVUS support fundamental reform of the health care system?

Yes. The current system of health care is deeply flawed. Although we are fortunate to have the very best medical technology, millions of Americans are unable to receive even basic care. Moreover, the costs of acquiring health care are skyrocketing. Many American families feel uncertain about their ability to afford adequate health care. The League supports fundamental change that will provide universal access and contain costs.

Does the LWVUS support specific legislation to reform the health care system?

Yes. The League supports some of the key provisions of Representative Russo's (HR 1300) and Senator Wellstone's (S 2320) "Single Payer" approach as well as Senator Mitchell's "Play or Pay" approach (S 1227). These provisions meet the League's criteria for fundamental health care reform by providing universal access to a minimum basic level of quality care for all U.S. residents and addressing the problem of high health care costs. The League does not support either President Bush's or Senator Bentsen's intermediate efforts at health care reform because they do not adequately address issues of cost control and universal access to a minimum basic level of care.

The League has not endorsed any currently introduced bill in Congress and will not until 1993 when we have a position on financing mechanisms for health care reform.

What primary care does the LWVUS think all U.S. residents should receive?

Primary care is the general "wellness" care received by a patient. In particular, primary care includes preventive services, prenatal care, reproductive health care and treatment for chronic illnesses. Noncosmetic dental, vision and hearing care are also included and are especially important for children.

How does the LWVUS' new health care position relate to its public policy in reproductive choice position?

The League's new health care position is entirely consistent with previous positions. Reproductive health is included within the minimum basic level of care. Reproductive health encompasses family planning and abortion, as well as basic care to maintain general health.

Why is long-term care important?

The fastest growing segment of the elderly population is people over age 85. As U.S. citizens live longer, the need for long-term care is a reality for every U.S. family. The League supports long-term care as part of a minimum basic level of care for all U.S. residents. The League favors the use of home care over institutionalization as an option for long-term care.

What does the League mean when it calls for "equitable distribution of services?"

All U.S. residents should have access to appropriate and quality care regardless of factors such as age, sex, race, socioeconomic status or geographical location. Currently, these factors influence the availability of health care services. The League has identified a number of specific reforms that would promote the equitable distribution of services such as insurance reform, the allocation of resources to underserved areas, training health professionals in needed fields of care and standardizing the level of services in publicly funded health programs.

What does the LWVUS mean by malpractice reform?

The League supports reforms to the malpractice system that lower malpractice insurance premiums and reduce the use of "defensive medicine" by health care providers.

Should consumers have to pay copayments and deductibles?

Yes. Copayments and deductibles encourage consumer accountability within the health care system. Establishing methods of consumer accountability can help reduce the wasteful overuse of health care resources. Such accountability measures should, however, be based on a sliding scale to ensure access to services.

How does the LWVUS think limited health care resources should be rationed or allocated?

The League believes a number of factors should be considered together in determining the allocation of health care resources: 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. The ability of a patient to pay for care, however, should not be considered in the decision to allocate resources.