

LWVUS and LWVPDX positions on Reproductive Choice-Health Care-Human Trafficking & Teenage Girls at Risk

LWVUS position on Reproductive Choice

(Summary: **Public Policy on Reproductive Choices.** Protect the constitutional right of privacy of the individual to make reproductive choices.)

Statement of Position on Public Policy on Reproductive Rights, as announced by the National Board, January 1983:

The League of Women Voters of the United States believes that public policy in a pluralistic society must affirm the constitutional right of privacy of the individual to make reproductive choices.

LWVUS position on Health Care

(Summary: **Health Care**

Promote a health care system for the United States that provides affordable access to a basic level of quality care for all U.S. residents, including behavioral health that is integrated with and achieves parity with the physical health care system.)

Statement of Position on Health Care, as announced by the National Board, April 1993 and supplemented by concurrence to add Behavioral Health, June 2016:

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 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.

BASIC LEVEL OF QUALITY CARE: Every U.S. 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 U.S. 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.

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 U.S. 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 is opposed to a strictly private market-based model of financing the health care system. The League also is 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 U.S. 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 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 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.

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.**

LWVUS position on Human Trafficking

(Summary: **Human Trafficking**

Oppose all forms of domestic and international human trafficking of adults and children, including sex trafficking and labor trafficking.)

Statement of Position on Human Trafficking, as adopted at the LWVUS 2014 National Convention

The League of Women Voters opposes all forms of domestic and international human trafficking of adults and children, including sex trafficking and labor trafficking. We consider human trafficking to be a form of modern-day slavery and believe that every measure should be taken and every effort should be made through legislation and changes in public policy to prevent human trafficking. Prosecution and penalization of traffickers and abusers should be established, and existing laws should be strictly enforced. Extensive essential services for victims should be applied where needed. Education and awareness programs on human trafficking should be established in our communities and in our schools.

LWVPDX position on Teenage Girls at Risk

Teenage Girls at Risk (1995)

The League of Women Voters of Portland, Oregon supports equal access to appropriate services for at risk girls and boys. These services should be comprehensive in nature and should include outreach, treatment and follow-up.

We support:

- **Appropriate services that include consideration of gender, developmental phase, intellectual capacity, cultural identification, sexual orientation, as well as mental and physical clinical considerations.**
- **A comprehensive service directory plan that includes outreach, emergency services, case management, individual and family counseling, housing and follow-up. Effectiveness of these programs should be evaluated periodically.**
- **Emphasis on early detection and prevention of child abuse.**
- **The teaching of parenting skills.**
- **Strategies to prevent teenage pregnancy which include the following: school-based health centers, sex education programs, teacher training, and the availability of a range of contraceptives at the school-based health clinics.**
- **Group homes and improved foster care for youth under age 16 in need of housing. Group homes as part of transition services for youth leaving residential treatment programs.**
- **Gender specific drug and alcohol treatment programs.**