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Resolution in Support of H.R. 1384—the Medicare for All Act

WHEREAS, the United States spends nearly twice as much per capita on health care as all other comparable countries and yet ranks only 35th in the world by global health standards, including on such critical barometers as average life expectancy, infant mortality, maternal mortality, and death from preventable diseases; and

WHEREAS, the Affordable Care Act (ACA) enacted important improvements, primarily through the expansion of Medicaid in states that have agreed to do so, and limits on some insurance industry abuses, that reform left tens of millions with a continuing crisis in access, cost, and quality of care; and

WHEREAS, the uninsured rate for U.S. adults has risen for four straight years up to nearly 30 million, even after implementation of the ACA, with the greatest increase among women, young adults, and lower-income people; and

WHEREAS, tens of millions more who pay for insurance remain underinsured due to the still largely unregulated high cost of medical care that has led to one-third of all Go Fund Me accounts being established to pay for exorbitant medical bills; and

WHEREAS, more than 40 percent of all U.S. adults under the age of 65 forego needed medical care, 30 percent fail to fill a prescription or take less than the recommended dose, and a third said they had to choose in the past year between paying for food, heating, housing, or health care, according to a 2018 survey by the West Health Institute and NORC at the University of Chicago; and

WHEREAS, the inability to pay medical bills continues to be a leading cause of personal bankruptcy, and people who need medical care should never face bankruptcy as a result of needing care; and

WHEREAS, the ever-rising cost of health care and its discriminatory characteristics contribute to the growing national chasm in wealth inequality; and

WHEREAS, discrimination, based on race, ethnicity, national origin, gender, sexual orientation, age, socioeconomic status, and where one lives is particularly systematic to a profit-based health care system; and

WHEREAS, 55 percent of the uninsured are people of color; African Americans suffer higher death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and infant mortality; African-American women are three to four times more likely than white women to die in childbirth; and African-American and Latino students are more likely to experience health risks due to

exposure to toxins and air pollution at school; and

WHEREAS, continued attacks on the ACA by the Trump administration and GOP in Congress have given insurance companies a new pretext to demand double-digit premium increases, while the government's failure to maintain taxpayer subsidies to help moderate-income families pay the high cost of insurance plans has exacerbated the crisis experienced by millions of American families; and

WHEREAS, employer-provided health benefits are declining and employees' costs are increasing through cost-shifting to workers, including increased cost of premiums for workers covered by employer-paid insurance, which have risen by an average of 65 percent, and deductibles have risen by an average of 212 percent over the past decade; and

WHEREAS, many other countries around the world use taxes to pay for national universal health care, which leaves U.S. based companies that pay for employee health care at a competitive disadvantage; and

WHEREAS, due to their profit incentive, private insurance companies deny up to one-fourth of all claims for care and restrict patient choice through narrow networks for doctors and hospitals, limited drug formularies, and other limits in coverage; and

WHEREAS, the United States ranks first in cost, but only 35th among countries of the world in health system outcomes and quality according to the Lancet and worse for infant mortality and life expectancy, with no relationship between what health care costs in the United States and the quality of care or access to care; and

WHEREAS, the Medicare for All Act, H.R. 1384, would:

- Establish guaranteed, universal health care for all U.S. residents
- Provide comprehensive health care, including all primary care, hospital and outpatient services, dental, vision, audiology, maternity and newborn care, women's reproductive services, mental health, prescription drugs, and long-term care services
- Eliminate all costs for premiums, deductibles, copays, and other out-of-pocket costs that have caused such a crisis for tens of millions of people
- Ensure genuine patient choice of any doctor, hospital, clinic, or other provider a patient chooses without the restrictions imposed by private insurers
- Sharply reduce the cost of prescription drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world does
- Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose, and Native Americans to receive their medical benefits through the Indian Health Service if they choose; and

WHEREAS, nearly all U.S. residents and businesses would spend less, and usually far less, under a Medicare for All program, such as H.R. 1384, than they do today for health coverage and medical, dental, vision, and other care; and

WHEREAS, various studies, both conservative and progressive, have estimated that the U.S. would save from \$2 trillion to \$5 trillion over 10 years over what our country is projected to spend under the current system, due to massive savings in administration costs, lower prescription drug prices, and improved efficiency through a uniform payment system with global budgeting — without the waste for billing, marketing, profit-taking; and

WHEREAS, the Medicare for All Act, H.R. 1384, would establish a system of public financing that retains

the private provider system with real patient choice and greater transparency on how our public dollars are spent; and

WHEREAS, public opinion polls show up to 70 percent public support for a Medicare for All/single-payer health care system and for the government to guarantee health care for all people living in the United States; and

WHEREAS, the Medicare for All Act, H.R. 1384, would establish peace of mind for everyone, relieving worry about medical bills and access to needed care through a humane system based on patient need, not ability to pay,

THEREFORE, BE IT RESOLVED, that the San Francisco Labor Council affirms that health care is a human right that should be guaranteed to all U.S. residents; and

BE IT FURTHER RESOLVED, that the San Francisco Labor Council endorses H.R. 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate health disparities, and lower health care costs for all of our community residents; and

BE IT FURTHER RESOLVED, that the San Francisco Labor Council will notify all congressional representatives in San Francisco of this endorsement, and urge them to cosponsor H.R. 1384; and

BE IT FINALLY RESOLVED, that the San Francisco Labor Council encourages all of our residents to contact their member of Congress and other elected representatives to encourage them to cosponsor H.R. 1384.

Adopted by the Executive Committee of the San Francisco Labor Council on May 6, 2019 and affirmed by the Delegate Body of the San Francisco on May 13, 2019.