

Resolution in Support of Single Payer Healthcare

Resolution #15 – Submitted by Communication Workers of America, Local 9119

WHEREAS, there is no debate about the healthcare crisis in America; and

WHEREAS, healthcare expenditures were \$2 trillion in 2005 when they accounted for 16% of the gross domestic product, costs are expected to rise to 20% of the GDP by 2015 and healthcare costs doubled from 1993 to 2004, according to the Centers for Medicare and Medicaid Services; and

WHEREAS, one-fifth of all Americans, 48.8 million individuals, were in families spending more than 10% of their family income on healthcare in 2003, an increase of 11.7 million persons since 1996. Of these, 18.7 million (7.3%) were spending more than 20% of their family income on healthcare, a figure normally associated with home ownership; and

WHEREAS, half of all personal bankruptcies are caused by illness or medical bills, the number of medical bankruptcies has increased by 2200% since 1981 and two-thirds of people with a medical bill or debt problem went without needed care due to cost; and

WHEREAS, nearly 30% of low and middle-income households with credit card debt cite medical debt as a contributing factor; 69% of those had a major medical expense in the previous three years; and

WHEREAS, the potential economic value to be gained in better health outcomes from uninterrupted coverage for all Americans is estimated to be between \$65 and \$130 billion each year; and

WHEREAS, over 30% of every healthcare dollar is spent on administrative overhead in private insurance compared to just 3.2% in Medicare administrative costs; and

WHEREAS, about one-third of medical spending is now devoted to services that don't appear to improve health or the quality of care, meaning the U.S. wastes more than \$650 billion per year, more than is being spent on the war in Iraq; and

WHEREAS, from 2000 to 2005, health insurance premiums rose by 73%, compared to an aggregate increase in workers' income of just 15% and premiums rose three times faster than wages and inflation in 2005;

THEREFORE BE IT RESOLVED that, as the solution to the healthcare crisis, the California Labor Federation endorses a single payer healthcare system that includes the following elements:

- Access to healthcare for everyone.
- Portability, so that even if you are unemployed, or lose or change your job, your health coverage goes with you.
- Uniform benefits. No Cadillac plans for the wealthy and Pinto plans for everyone else, with high deductibles, limited services, caps on payments for care, and no protection in

the event of a catastrophe. One level of comprehensive care, no matter what size your wallet.

- Prevention. By removing financial roadblocks, a single payer system encourages preventive care that lowers an individual's ultimate cost and pain and suffering when problems are neglected and societal cost in the over-utilization of emergency rooms or the spread of communicable diseases.
- Choice of physician. Most private plans restrict what doctors, other caregivers, or hospital you can use. Under a single payer system, patients have a choice, and the provider is assured a fair payment for providing service.
- Ending insurance industry interference with care. Caregivers and patients regain the autonomy to make decisions on what's best for a patient's health, not what's dictated by the billing department or the bean counters. No denial of coverage due to pre-existing conditions or cancellation of policies for "unreported" minor health problems.
- Reducing administrative waste. One third of every health care dollar in California goes for paperwork, such as denying care, and profits, compared to about 3% under Medicare, a single-payer, universal system already in existence.
- Cost savings. A single payer system would produce the savings needed to cover everyone, largely by using existing resources without the waste. Taiwan, shifting from a U.S. healthcare model, adopted a single-payer system in 1995, boosting health coverage from 57% to 97% with little, if any, increase in overall healthcare spending.
- Common sense budgeting. The public system sets fair reimbursements applied equally to all providers while assuring all comprehensive and appropriate health care is delivered, and uses its clout to negotiate volume discounts for prescription drugs and medical equipment.
- Public oversight. The public sets the policies and administers the system, not high priced CEOs meeting in secret and making decisions based on what inflates their compensation packages or stock wealth or company profits.

BE IT FURTHER RESOLVED that the 2008 27th Biennial Convention of the California Labor Federation endorses a single-payer healthcare system for the people of the United States as the most effective, inclusive, and cost-effective implementation of the principles of major health care reform.

BE IT FURTHER RESOLVED that the California Labor Federation will work with other unions, Lt. Governor John Garamendi, the Health Care for America Now campaign, and other healthcare advocacy groups to support single-payer healthcare reform legislation.

BE IT FURTHER RESOLVED that the California Labor Federation encourages all members to participate in health care reform campaigns and help build a political movement that will achieve, at long last, health care for all.

BE IT FINALLY RESOLVED that the California Labor Federation will support passage of The National Health Care Act, HR 676 (Conyers) and lobby for California SB 840 (Kuehl), both of which call for enactment of single-payer healthcare coverage, as well as the Medicare for All Act.