

1 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

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3 **Resolution supporting United States House Resolution No. 1384, authored by United**
4 **States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the**
5 **Board of Supervisors' support for a single-payer universal health care system.**

6
7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

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

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

18 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
19 the still largely unregulated high cost of medical care that has led to one-third of all
20 GoFundMe accounts being established to pay for exorbitant medical bills; and

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

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

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

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

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

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

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

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

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

4 WHEREAS, The U.S. ranks first in cost, but only 35th among countries of the world in
5 health system outcomes and quality according to the *Lancet* and worse for infant mortality and
6 life expectancy, with no relationship between what healthcare costs in the U.S. and the quality
7 of care or access to care; and

8 WHEREAS, The Medicare for All Act would establish guaranteed, universal health care
9 for all U.S. residents; and

10 WHEREAS, The Medicare for All Act would provide comprehensive health care,
11 including all primary care, hospital and outpatient services, dental, vision, audiology, maternity
12 and newborn care, women’s reproductive services, mental health, prescription drugs, and
13 long-term care services; and

14 WHEREAS, The Medicare for All Act would eliminate all costs for premiums,
15 deductibles, co-pays, and other out-of-pocket costs that have caused such a crisis for tens of
16 millions of people; and

17 WHEREAS, The Medicare for All Act would ensure genuine patient choice of any
18 doctor, hospital, clinic, or other provider a patient chooses without the restrictions imposed by
19 private insurers; and

20 WHEREAS, The Medicare for All Act would sharply reduce the cost of prescription
21 drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world
22 does; and

23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to
24 continue to receive their specialized care through the Veterans Administration if they choose
25

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

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

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

11 WHEREAS, The Medicare for All Act would establish a system of public financing that
12 retains the private provider system with real patient choice and greater transparency on how
13 our public dollars are spent; and

14 WHEREAS, Public opinion polls show up to 70% public support for a Medicare for
15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

17 WHEREAS, The Medicare for All Act would establish peace of mind for everyone,
18 relieving worry about medical bills and access to needed care through a humane system
19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
2 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate
3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.

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City and County of San Francisco

Tails

Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing Resolution was ADOPTED on 3/19/2019 by the Board of Supervisors of the City and County of San Francisco.

Handwritten signature of Angela Calvillo
Angela Calvillo
Clerk of the Board

Unsigned
London N. Breed
Mayor

3/29/2019
Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.

Handwritten signature for Angela Calvillo
Angela Calvillo
Clerk of the Board

3/29/19
Date