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

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.

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 still 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 GoFundMe accounts being established to pay for exorbitant medical bills; and

WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed medical care, 30% fail to fill a prescription or take less than the recommended dose, and a third said that in the past year they had to choose between paying for food, heating, housing, or healthcare, 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 growing wealth inequality; and

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

WHEREAS, 55% 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%, and deductibles have risen by an average of 212% over the past decade; and

WHEREAS, Many other countries around the world use taxes to pay for a 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 U.S. 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 healthcare costs in the U.S. and the quality of care or access to care; and

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

WHEREAS, The Medicare for All Act would 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; and

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

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

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

WHEREAS, The Medicare for All Act would 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 based on 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 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% public support for a Medicare for All/single payer healthcare system and for the government to guarantee health care for all people living in the U.S.; and

WHEREAS, The Medicare for All Act 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; and

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

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

Supervisors Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen, Stefani
BOARD OF SUPERVISORS
FURTHER RESOLVED, That the City and County of San Francisco endorses H.R. 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate health care disparities, and lower health care costs for all of our residents; and, be it

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

FURTHER RESOLVED, That the City and County of San Francisco encourages all of our residents to contact their member of congress and other elected representatives to encourage them to co-sponsor H.R. 1384.
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March 19, 2019 Board of Supervisors - ADOPTED
Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

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.

Angela Calvillo
Clerk of the Board

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.

Angela Calvillo
Clerk of the Board