

# Sample Resolution in Support of Single-Payer National Health Insurance

WHEREAS, 48 million Americans lacked health insurance in 2012<sup>1</sup>, and an estimated 31 million Americans will remain uninsured in 2023<sup>2</sup>, and

WHEREAS, the United States ranks last out of 19 high-income countries in preventing deaths amenable to medical care before age 75<sup>3</sup>, and

WHEREAS, underinsurance is growing as many patients are forced into insurance plans with high-deductibles (> \$1,000) and narrow networks of providers<sup>4</sup>, and

WHEREAS, the United States spends twice as much per capita on health care as the average of wealthy nations that provide universal coverage<sup>5</sup>, and

WHEREAS, medical bills contribute to 62% of all personal bankruptcies<sup>6</sup>, and medical bankruptcy did not fall in Massachusetts after that state's implementation of reform in 2006<sup>7</sup>, and

WHEREAS, 75% of people bankrupted by medical bills had private insurance at the onset of illness or injury, and

WHEREAS, private insurance companies consume, on average, 13% of premiums in overhead compared to fee-for-service Medicare's overhead of under 2%<sup>8</sup>, and

WHEREAS, providers are forced to spend tens of billions more dealing with insurers' billing and documentation requirements<sup>9</sup>, bringing total administrative costs to 31% of U.S. health spending, compared to 16.7% in Canada<sup>10</sup>, and

WHEREAS, the U.S. could save over \$380 billion annually on administrative costs with a single-payer system<sup>11</sup>, and

WHEREAS, the savings from slashing bureaucracy would be enough to cover all of the uninsured and eliminate cost sharing for everyone else<sup>12</sup>, and

WHEREAS, a single-payer system could control costs through proven-effective mechanisms such as global budgets for hospitals and negotiated drug prices<sup>13</sup>, thereby making health care financing sustainable, and

WHEREAS, a single-payer reform would reduce malpractice lawsuits and insurance costs because injured patients would not have to sue for coverage of future medical expenses, and

WHEREAS, a single-payer system would facilitate health planning, directing capital funds to build and expand health facilities where they are needed, rather than being driven by the dictates of the market, and

WHEREAS, a single-payer reform would dramatically reduce, although not eliminate, health disparities. The passage of Medicare in 1965 led to the rapid desegregation of 99.6% of U.S. hospitals<sup>14</sup>, and

WHEREAS, a single-payer system would allow patients to freely choose their doctors, give physicians a choice of practice setting, and protect the doctor-patient relationship, and

WHEREAS, there is single-payer legislation in both houses of Congress, H.R. 676 and S. 1782, and

WHEREAS, Vermont passed legislation in 2011 to create a "pathway to single payer" in that state starting in 2017, the soonest allowed under federal law, and many other state legislatures are considering similar legislation, therefore

BE IT RESOLVED that \_\_\_\_\_ express its support for universal access to comprehensive, affordable, high-quality health care through single-payer national health insurance, including single-payer legislation at the state level.

## References

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