



Sample resolution in support of single-payer improved Medicare for All

WHEREAS, 28.5 million Americans lacked health insurance in 2017 (1), and

WHEREAS, compared to ten other high-income countries, the U.S. ranks last in health care affordability, and has the highest rate of infant mortality and mortality amenable to health care (2), and

WHEREAS, employer-sponsored health plans are increasingly unaffordable for workers since 85% of these plans include an annual deductible and the average deductible was \$1,573 for single coverage in 2018 (3), and

WHEREAS, in 2017 the U.S. spent \$3.7 trillion on health care, or 17.9% of GDP (4), twice as much per capita on health care as the average of wealthy nations that provide universal coverage (5), and

WHEREAS, illness and medical bills contribute to 66.5% of all bankruptcies, a figure that is virtually unchanged since before the passage of the Affordable Care Act (ACA), and 530,000 families suffer bankruptcies each year that are linked to illness or medical bills (6), and

WHEREAS, overhead consumes 12.2% of private insurance premiums (7), while the overhead of fee-for-service Medicare is less than 2% (8), and

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

WHEREAS, the U.S. could save over \$500 billion annually on administrative costs with a single-payer system (11), and

WHEREAS, billing-driven documentation that contributes to physician burnout would be greatly reduced under a single-payer reform (12), and

WHEREAS, the savings from slashing bureaucracy would be enough to cover all of the uninsured and eliminate cost sharing for everyone else (13), and

WHEREAS, a single-payer system could control costs through proven-effective mechanisms such as global budgets for hospitals and negotiated drug prices (14), thereby making health care financing sustainable, and

WHEREAS, a single-payer reform will reduce malpractice lawsuits and insurance costs because injured patients won't 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 will 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 (15), and

WHEREAS, a single-payer system will allow patients to freely choose their doctors, gives 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. 1804, therefore

BE IT RESOLVED that [this organization] express its support for universal access to comprehensive, affordable, high-quality health care through a single-payer national health program, including single-payer legislation at the state level.

References

1. "Health Insurance Coverage in the United States: 2017," U.S. Census Bureau, September 2018.
2. Schneider, et al., "Mirror, Mirror 2017: International comparison reflects flaws and opportunities for better U.S. health care," Commonwealth Fund, July 17, 2017.
3. Claxton, et al., "Health benefits in 2018: Modest growth in premiums, higher worker contributions at firms with more low-wage workers," Health Affairs, October 2018.
4. "National Health Expenditures Fact Sheet 2017," U.S. Centers for Medicare & Medicaid Services, December 2018.
5. Sawyer and Cox, "How does health spending in the U.S. compare to other countries?" Kaiser Family Foundation, December 7, 2018.
6. Himmelstein et al., "Medical bankruptcy: Still common despite the Affordable Care Act," American Journal of Public Health, March 1, 2019.
7. National Health Expenditure Accounts, U.S. Centers for Medicare & Medicaid Services, December 2018.
8. 2018 Annual Report of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds, June 2018.
9. Morra, et al., "U.S. physician practices versus Canadians: spending nearly four times as much money interacting with payers," Health Affairs, August 2011.
10. Woolhandler, et al., "Costs of health administration in the U.S. and Canada," NEJM, Sept. 21, 2003.
11. Woolhandler and Himmelstein, "Single-payer reform: The only way to fulfill the President's pledge of more coverage, better benefits, and lower costs," Annals of Internal Medicine, April 2017.
12. Downing, et al., "Physician burnout in the electronic health record era: Are we ignoring the real cause?" Annals of Internal Medicine, July 3, 2018.
13. Pollin, et al., "Economic analysis of Medicare for All," Political Economy Research Institute, University of Massachusetts-Amherst, November 30, 2018.
14. Marmor and Oberlander, "From HMOs to ACOs: The Quest for the Holy Grail in U.S. Health Policy," Journal of General Internal Medicine, March 13, 2012.
15. Himmelstein and Woolhandler, "Medicare's rollout vs. Obamacare's glitches brew," Health Affairs blog, Jan. 2, 2014.

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