A Resolution Affirming SDEA's Support for Universal Health Care (Medicare for All and CalCare)

WHEREAS every person in the United States of America, and its territories, deserves comprehensive, high quality health care; and

WHEREAS employers spend on average over \$16,000 a year¹ for each employee's family health insurance plan with the costs continuing to rise, placing an enormous financial burden on businesses, inhibiting new businesses from opening due to large startup costs, and leading growing numbers of employers to drop health coverage for employees; and

WHEREAS health benefit costs and liabilities are putting an increasing strain on school district budgets¹⁰, making it more difficult to address other priorities; and

WHEREAS a leading cause of strikes and other labor disputes is the increasing demand by employers to shift the burden of paying for care to employees by increasing deductibles, coinsurance, and copays, as well as cutting covered services and changing in-network providers; and

WHEREAS removing health coverage from contract negotiations would enhance the opportunity for school districts and district workers to negotiate more robust student resources and better wages for staff recruitment and retainment; and

WHEREAS the number of people in the United States without health insurance is 26.4 million,² with estimates as high as 85 million people underinsured,³ and the number of Californians without health insurance is around 3 million,⁴ with 12 million Californians underinsured,⁵ despite important gains made since the implementation of the Affordable Care Act; and

WHEREAS "25% of Americans say they or a family member have delayed medical treatment for a serious illness due to the costs of care, and an additional 8% report delaying medical treatment for less serious illnesses;"⁶ and

WHEREAS students with consistent healthcare coverage have better attendance, better academic test scores, better graduation rates, and better long-term educational attainment¹¹; and

WHEREAS healthcare is a social justice issue where communities of color, the LGBTQ+ community, the disabled community, immigrant communities, and women are disproportionately represented among the uninsured, underinsured, and those subjected to higher medical debt, medical bankruptcies, and homelessness due to medical bills; and

WHEREAS the Covid-19 pandemic resulted in record levels of unemployment, loss of employer-sponsored health insurance, a severely strained health care system, widespread illness, and a profound toll on our community's mental health, all of which placed significant demands on our health care system and showed the foundational weakness of our employer-driven health care system, and

¹ "<u>2022 Employer Health Benefits Survey</u>," Kaiser Family Foundation. October 2022.

² "<u>National Uninsured Rate Reaches All-Time Low in Early 2022</u>," Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. August 2022.

³ "Economic Analysis of Medicare for All," Political Economy Research Institute, University of Massachusetts Amherst. November 2018.

⁴ "<u>Undocumented Californians Projected to Remain the Largest Group of Uninsured in the State in 2022</u>," UC Berkeley Labor Center. April 2021.

⁵ "Economic Analysis of the Healthy California Single-Payer Health Care Proposal (SB-562)," Political Economy Research Institute, University of Massachusetts Amherst. May 2017.

⁶ Sainato, Michael. "<u>The Americans Dying Because They Can't Afford Medical Care</u>." The Guardian, 7 Jan. 2020.

WHEREAS "More than 330,000 Americans could have been saved during the <u>COVID-19 pandemic</u> if the United States operated under a universal health care system – nearly one-third of the total COVID-related deaths;"⁷ and

WHEREAS the Covid-19 pandemic further exposed the dangers of our fragmented, profit-driven health care system, which leads many Californians to delay seeking needed health care due to an inability to pay, leading to a sicker and poorer population in the long run; and

WHEREAS such a population is significantly more likely to develop serious illness if exposed to diseases like Covid-19 and will subsequently face higher mortality rates; and

WHEREAS long Covid is rapidly becoming a mass disabling event, with millions of people in the United States continuing to suffer from long hauler symptoms, further increasing the need for prohibitively expensive long term services and supports⁸; and

WHEREAS the ever-increasing costs of health care are likely to be further elevated due to ongoing COVID-19 medical needs; and

WHEREAS the Medicare for All Act and the California Guaranteed Health Care for All Act, also known as CalCare, would make healthcare free at the point of service for every person in the United States and California, respectively, for all necessary medical care, including prescription drugs; hospital, surgical, and outpatient services; primary and preventive care; emergency services; reproductive care; dental and vision care; and long-term care; and

WHEREAS Medicare for All and CalCare would guarantee care without copays, deductibles, or other out-of-pocket costs, and would slash bureaucracy, protect the doctor-patient relationship, and assure patients a free choice of doctors; and

WHEREAS Medicare for All and CalCare would save millions in taxpayer dollars now spent on premiums that provide often inadequate health insurance coverage for employees; and

WHEREAS the Healthy California for All Commission, convened by Governor Newsom to evaluate options for health care reform, found through its community engagement process that an overwhelming majority of low-income Californians and Californians of color support single-payer health care,⁹ and polls continue to show majority support for Medicare for All nationally^{10 11}; and

WHEREAS the present presidential administration has the policy to empower states, as laboratories of democracy, to use Affordable Care Act innovation waivers to develop locally tailored approaches to health coverage, including by removing barriers to states that seek to experiment with statewide universal health care approaches; and

WHEREAS medical expenses are, and have been for years, the leading cause of bankruptcy in the United States, even after the implementation of the Affordable Care Act¹²

⁷ Elbeshbishi, Sarah. "Lack of Universal Health Care Cost 300,000 American Lives in Pandemic, Study Shows." USA Today, Gannett Satellite Information Network, 23 June 2022.

⁸ "Confronting Our Next National Health Disaster — Long-Haul Covid" New England Journal of Medicine, August 2021

⁹ "<u>Community Voices: Priorities and Preferences of Californians with Low Incomes for Health Care Reform</u>," presented to the Healthy California for All Commission. October 2021.

¹⁰ "Poll: 69 percent of voters support Medicare for All" The Hill/HarrisX poll, April 2020

¹¹ Morning Consult Poll, Taken March 2021

¹⁰ "Challenges of Health and Welfare Benefit Costs for California School Districts" Policy Analysis of CA Education, 2019

¹¹ "The Impact of Children's Health Insurance Program", Kaiser Family Foundation, 2014

¹² This is the real reason most Americans file for bankruptcy (cnbc.com) CNBC February 2019

NOW THEREFORE BE IT RESOLVED, that the San Diego Education Association enthusiastically supports the Medicare for All Act, calling on the National Education Association/American Federation of Teachers and federal legislators to work toward its immediate enactment, assuring health care for all residents of the United States.

BE IT FURTHER RESOLVED, that the San Diego Education Association expresses its enthusiastic support for the California Guaranteed Health Care for All Act, also known as CalCare, calling upon the California Teachers Association/California Federation of Teachers and state legislators to work toward its immediate enactment.