

Local Government Resolutions of Support

For Improved Medicare for All

07-22-19

There are two main ways of approaching local elected officials (city, county and school district) to encourage them to adopt a resolution of support for Improved Medicare for All (IMFA).

- a. Encourage adoption of a resolution supporting a specific piece of federal legislation such as HB 1384, the Medicare for All Act of 2019, introduced by Representative Pramila Jayapal from Washington State.
- b. Encourage adoption of a resolution endorsing the creation of a state or national model (or models) of a non-profit, publically funded universal health care system in the form of Improved Medicare for All (IMFA), in order for the voters to compare that option to the current situation. This can also be called a “change of direction” resolution.

A national campaign entitled “Medicare4All Resolutions” has developed a tool kit that is helpful for either approach and can be found at <http://www.medicare4allresolutions.org/>. It provides strategy suggestions and copies of resolutions already passed by several cities.

This paper provides additional talking points and suggestions for approaching local elected officials to determine their receptivity to either option “a” or “b” above. A sample resolution is provided that can support either option and can be found on the Colorado Foundation for Universal Health Care web site. <http://www.couniversalhealth.org/localresolutionscampaign/>.

The resolution should clearly state that the country can no longer base its health care financing policy on the needs of the for-profit health insurance industry, the pharmaceuticals industry and the for-profit hospital industry. Congress and state legislatures should move to find the best form of an IMFA model (not a Public Option or Medicare for Some) to finally provide universal health care for everyone at a fair price. Supporting a specific piece of legislation may be fine politically in some communities. For others, support of a specific bill may encourage a debate about the details rather than keep the focus on the big picture (that our current situation is failing us) and thus make the adoption of a resolution more difficult.

First set the stage: The ultimate solution is national, but the current pain is very local. That is why local governments need to take a position on IMFA.

1. **Research city goals- find the link.** Most cities or counties will not be able to meet their goals for economic and social sustainability without real change in the form of IMFA. Review the adopted city or county goals in advance. You should be able to find several that tie directly to the points made below regarding the pain being felt locally. The key is to show how the major social and financial problems impacting their residents are directly tied to our dysfunctional and extremely expensive health care situation. A resolution for IMFA is very consistent with their already adopted goals. The health of the city, county or school district is directly tied to the physical, mental and financial health of its residents.
2. **This really is a local problem demanding local leadership.** Their initial reaction may be that this is a national problem and nothing that the city or county can fix. Remind them about the history

of social change in America. Local governments have always taken the lead, even on national issues: women's right to vote, the civil rights movement, women's equal rights, elimination of smoking in public places, gay rights and climate change are examples. Congress is always the last to accept the change.

3. **Meet individually with the local elected officials.** No more than two people should be at the first meeting. Let the elected official know you are a volunteer working on a national effort to get resolutions of support for IMFA. How do they feel about the current health care system? How is it impacting their family? Are they familiar with the concept of IMFA? **The key point of the initial meeting is to let them talk.** You may find they are already informed and supportive. If so, they can help frame the language that will work best for themselves and the governing body.
4. **Find your champion.** Hopefully your individual meetings will identify the most likely champion on the elected board. This person will not only be supportive of IMFA but will understand the best way to get a resolution on the board's agenda, the timing and how to secure the votes.
5. **You are not alone, this is part of a national movement.** You are asking them to do something that other cities have already done, see the national toolkit. This (IMFA) is "the next big thing" that is required if cities and counties are to be healthy and prosperous in the future. Seattle, San Francisco, Cambridge, Philadelphia and others have already passed resolutions.
6. **Make sure you have the votes.** It is better to not bring a resolution forward if you do not have the votes to support it at this time. We do not want cities on record appearing to vote against IMFA.

Second, describe the local pain. Everyone is aware that our ridiculously expensive and complicated current health care financing system directly impacts residents of our communities. Bankruptcies triggered by health care bills produce a lot of local pain. The high cost of prescription drugs and the opioid crisis each show the need for strong voices at the local government level.

However, what is not always as obvious is how **our health care system robs people of the freedom to live the lives they want to live.** Here are some examples:

- a) Everyone knows someone who says, "The only reason I am still in this job is because of the health benefits."
- b) Elder Care. How many people who are late in their working careers would gladly cut back to part time or relocate so they could provide care for their elderly parents? However, if they do, they will lose their health benefits or not be able to afford insurance.
- c) Child Care. How many young parents (or grandparents) would gladly have one or both parents cut back to part time to minimize the cost of child care or just to be home with their kids before and after school? Again, many cannot go to part time or they will lose their health insurance or not be able to afford insurance.
- d) Impact on marriage. Couples who would like to get married will do the math. Many will see that one or both will get bumped off Medicaid (the national program providing health care for low income families and individuals). Or they will see that their combined incomes will mean a significant drop in subsidy from the Affordable Care Act. Conversely, some people may agree to get married primarily to obtain spousal health benefits.
- e) Divorces. Some people, especially when domestic abuse is involved, should not remain married. Concerns about the loss of health care coverage as a result of divorce can prevent women (or men) from leaving a bad situation.

- f) The Medicaid “financial cliff”. Medicaid has been a critical part of our patch-work health care situation. In Colorado, almost one in four people are on Medicaid. Unfortunately, Medicaid can also lock some people into a life of poverty. Those on Medicaid must closely watch how much money they make each month or risk losing their health care. Individuals who would like to accept overtime hours, accept a promotion with a raise or be willing to work a second job can be pushed off Medicaid. They must make thousands of dollars more just to “break even” when they have to pay for some or all of an insurance policy. Or, they bounce on and off Medicaid based on changing income, a real headache for them and their doctors.
- g) Affordable housing. Discussions about affordable housing almost always focus on the cost of labor, high cost of materials, the cost implications of local government regulations and codes and, of course, supply and demand. However, this is the equivalent to discussing one side of an equation. The other side of this equation is the fact that, for many, income adjusted wages and salaries have been stagnant for decades. Our ridiculously expensive and wasteful health care system has sucked an enormous amount of money out of the economy that otherwise would have been available to pay higher salaries.
- h) Help for the homeless. How much more successful would programs designed to help the homeless be if physical and mental health services were readily available. How many people could avoid homelessness as a result of unpaid medical bills?
- i) Restrictions on business and our economy. Local businesses of all sizes struggle to plan for the future not knowing how much more they will need to spend over the next 3-5 years on health insurance for employees. Small businesses without employee health benefits struggle to attract and retain employees as the employees are frequently looking for a job that provides health care coverage.
- j) Restricts potential entrepreneurs. How many people would love to turn their big idea into a new business but cannot leave their existing job because they would lose their health insurance and put themselves and their family at risk?
- k) Freedom to pick our doctors. The use of In Network and Out of Network designations only benefits the medical providers and insurance industry.
- l) City and County budgets are dramatically impacted by the cost of providing health care coverage for their employees. By eliminating the unnecessary administrative waste in our current health care financing system, cities and counties would have more money available for other services their citizens need and or can avoid tax hikes. Even governmental entities that are self-funded will see significant savings when the profit motive and the waste due to extreme complexity of health care are removed.

Why would we allow a system that is so unfair, so expensive and causes so much pain to remain in existence? What kind of country do we want to live in?

Much of the high levels of stress being experienced by individuals and society can be directly tied to our dysfunctional health care financing situation. **The pain is very real and very local.** That is why cities and counties need to make their support for IMFA known to their state and federal elected officials.

We have done this before. As a country we have successfully gone through major change when it became obvious that something was very wrong. We have always produced a better society by willing to go through the transition. History shows us that disruptive social change is needed in order to

eliminate a blatantly unfair and harmful situation. “Disruption” is embraced when it brings advances in technology and in the business world. Disruption should also be embraced when it comes to health care reform. It is the only way to get meaningful reform and cost reduction. We have been trying to incrementally fix a system based on meeting the needs of the health insurance industry for decades. Incrementalism is not working!

We want to touch people’s hearts, not win a debate. Eventually the resolution will be in front of the city council or board of county commissioners. Personal testimony about our harmful healthcare situation is very powerful. It is more persuasive than philosophical arguments or technical details. Make sure you have a lot of people prepared to come to a city council or county commissioners meeting to describe how they are impacted by the current situation.

How can they object to gathering information? The sample “change of direction” version of the resolution is written to strongly encourage your Congressional delegates and state legislators to actively support the creation of a financially viable, comprehensive model of IMFA to be available for comparison to the current for-profit health care financing system. No elected official should oppose bringing credible information to the public to help compare options to fix one of the biggest issues facing their constituents and negatively impacting their city or county budget.

Send a Thank You note. Thank the elected officials for passing a resolution in support of a state or national model of IMFA. Elected officials receive more complaints than notes of appreciation for the work that they do. A personal handwritten note addressed to each elected official is always appreciated.

A final note on terminology. Using the words that best resonate with a wider audience is important. Polls consistently show that “universal health care” and “Medicare for All” are much better received than “single payer.”

Colorado Foundation for Universal Health Care.