



Legislation Text

File #: 20-1228, **Version:** 1

Recommendation to refer the support of H.R. 1384 to the Federal Legislation Committee for review and consideration.

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

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

Whereas, 55 percent 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 AfricanAmerican 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 percent, and deductibles have risen by an average of 212 percent over the past decade; and

Whereas, many other countries around the world use taxes to pay for national universal health care, which leaves U.S. based companies that pay for employee health care at a competitive disadvantage.

URGENCY STATEMENT

Due to COVID19 impacts and healthcare costs, this item is critical.

Due to the urgency of this item, this item was not reviewed by Financial Management. This recommendation is anticipated to require a minimal level of staff hours beyond the budgeted scope of duties and is expected to have a minimal impact on existing City Council priorities.

Approve recommendation.

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APPROVED:

THOMAS B. MODICA
CITY MANAGER