

Resolution in support of single-payer improved Medicare for All (19-03)

WHEREAS, our ELCA Social Statement titled Caring for Health: Our Shared Endeavor states the following: "In light of these biblical and theological perspectives, (such as the story of the good Samaritan) we address the health crisis in the United States with the disjointed health care services, its high costs of treatment, and its failure to provide access for many", and

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, therefore

BE IT RESOLVED that the Southwest California Synod encourage its congregations and members to support and advocate 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.