

LEADERSHIP CONFERENCE FOR **GUARANTEED HEALTH CARE**

GROUPS ENDORSING H.R. 676

National

American Federation of Musicians of the United States and Canada
American Medical Students Association
California Nurses Association/National Nurse Organizing Committee
Coalition of Black Trade Unionists
Coalition of Labor Union Women
Committee of Presidents, National Association of Letter Carriers
Committees of Correspondence
Earthly Energy Werx
Electrical Workers Minority Caucus
Fellowship of Reconciliation
Feminist Caucus of the American Humanist Association
Global Kids Inc
Global Security Institute
Health Plan Navigator
Healthcare-NOW!
Hip Hop Caucus
House of Peace
Institute for Policy Studies, Cities for Progress
Inter-religious Foundation for Community Organization
International Association of Machinists and Aerospace Workers
League of Independent Voters
National Association for the Advancement of Colored People
National Association of Letter Carriers
National Council on Healthcare for the Homeless
National Economic and Social Rights Initiative
National Education Association
National Student Nurses Association
Needed Now
Older Women's League
PACE International Union
Peoples' Health Movement – US Circle
Physicians for a National Health Program

Progressive Christians Uniting
Progressive Democrats of America
The United Church of Christ
United Association of Journeymen & Apprentices of the Plumbing & Pipe Fitting Industry of the United States & Canada
United Automobile Workers
United Automobile Workers, International Union Convention
United Electric Workers
United Federation of Teachers
United Methodist Global Board of Church and Society
United Steelworkers of America
Up for Democracy
Women's Division of The United Methodist Church
Women's Universal Health Initiative
Young Democrats

State

1199SEIU United Healthcare Workers East, MD, DC, NY, MA
1199SEIU Retired Division of New York
American Guild of Musical Artists: Chicago/Midwest Region
American Postal Workers Union (APWU), Michigan State
Arizona AFL-CIO
Arkansas AFL-CIO
California State Pipe Trades Council, United Association
Connecticut State Council of Machinists of the IAMAW
Connecticut Medicare for All
Delaware State AFL-CIO
Florida CHAIN
Florida State AFL-CIO
Florida State Alliance for Retired Americans
Health Action New Mexico
Health Care for All Colorado
Health Care for All New Jersey
Health Care for All Washington
Iowa Federation of Labor, AFL-CIO
Kentucky House of Representatives
Kentucky Jobs with Justice

Kentucky State AFL-CIO
Maine Council of United Steelworkers
Maine State AFL-CIO
Maine State Building & Construction Trades Council
Maryland State and District of Columbia AFL-CIO
Massachusetts Nurses Association
Massachusetts State United Auto Workers
Michigan State AFL-CIO Women's Council
Michigan State Association of Letter Carriers
Minnesota DFL Progressive Caucus
Minnesota State AFL-CIO
Missouri State AFL-CIO
New Jersey Media Corps
New Jersey State Industrial Union Council
New York Professional Nurses Union
New York State Nurses Association
North Carolina Fair Share
North Carolina State AFL-CIO
North Dakota State AFL-CIO
Ohio Alliance for Retired Americans
Ohio State AFL-CIO
Ohio Steelworkers Organization of Active Retirees
Oregon United Methodist Church
Pennsylvania Association of Staff Nurses and Allied Professionals
Pennsylvania State AFL-CIO
SCFL of Wisconsin
SEIU—United Healthcare Workers West
South Carolina State AFL-CIO
South Dakota AFL-CIO
Texas AFL-CIO
Texas Alliance for Retired Americans
Texas Building & Construction Trades Council
The Tennessee Tribune Newspaper
Utah Jobs with Justice
Vermont State Labor Council AFL-CIO

Washington State Alliance for Retired Americans
Washington State Building and Construction Trades Council
Washington State Labor Council
West Virginia State AFL-CIO
Wisconsin Clean Elections Campaign
Wisconsin State AFL-CIO
Wyoming State AFL-CIO

City and County Legislatures

Alachua County Board of Commissioners, Gainesville, FL
Allegheny County, PA
Baltimore , MD
Bellingham, WA
Bloomington , IN
Boston, MA
Boyle County, KY
Camden City Council, NJ
Cortland County, NY
Detroit, MI
Erie , PA
Gainesville, FL
Ithaca , NY
Indianapolis, IN
Lorain , OH
Lorain County , OH
Louisville , KY
Marion County, IN
Morehead , KY
Oberlin , OH
Santa Cruz , CA
Santa Cruz County, CA
Tuskegee , AL
University City , MO
Warren County , TN
Wilmington , DE
West Hollywood , CA
Wilksburg , PA

Local Unions and Organizations

4th Universalist Society in City of New York, New York, NY
AFM Local 802, Association of Musicians of Greater New York, New York, NY
Africans and African Descendants International Health Organization, Decatur, GA
AFSCME, Local 1549, City of New York
AFSCME Retirees, Chapter 36, Los Angeles, CA
AFSCME Retirees, Chapter 1184, Sub-Chapter 109, Northwest Ohio

AFT, Professional Staff Congress-CUNY, Local 2334, New York City, NY
Albany Central Federation of Labor, Albany, NY
Allegheny County Labor Council, AFL-CIO, Pittsburgh, PA
Alliance to Defend Health, Boston, Ma
Amalgamated Lithographers of America, Graphic Communications Conference/International
Brother of Teamsters, Local 1L, NJ
Amalgamated Transit Union (ATU), Local 825, River Edge, NJ
Amalgamated Transit Union (ATU) Local 1589, Long Beach, CA
American Federation of Government Employees, Local 2028, Pittsburgh, PA,
American Federation of Government Employees, Local 2779, Gainesville, FL
American Federation of Musicians (AFM), Local 1000, New York, NY
American Federation of State, County and Municipal Employees (AFSCME), District Council 5, St. Paul, Minnesota
American Federation of State, County & Municipal Employees (AFSCME), District Council 37, New York City, NY
American Federation of State, County and Municipal Employees (AFSCME), District Council 62, Indiana and Kentucky
American Federation of State, County and Municipal Employees (AFSCME) Local 2629, AFL-CIO, Louisville, KY
American Federation of Teachers (AFT) Local 212, Milwaukee, WI
American Guild of Musical Artists, Local 2629, Chicago, IL
American Vacuum Co, Norwood, MA
Ashtabula AFL-CIO Labor Council, Ashtabula, OH
Ashtabula AFL-CIO Retiree Council, Ashtabula, OH
Association of Plumbers and Pipefitters, Local 630, West Palm Beach, FL
Atlanta's Best Nursing Care,; Scottdale, GA
Audrey Warrus, Licensed Psychologist, Anoka, MN

Augusta Coalition for Peace and Justice, Fishersville, VA
Austin Central Labor Council, Austin, Texas
Backbone Chiropractic and Massage Therapy, East Lansing, MI
Beaver-Lawrence Central Labor Council, AFL-CIO, Beaver, PA
Bergen County Central Trades & Labor Council, Paramus, NJ
Big Bend Chapter, Northwest Florida Federation of Labor, Tallahassee, FL
Big Sky Central Labor Council, Helena, MT
Boulder Area Labor Council, Boulder, CO
Brotherhood of Locomotive Engineers and Trainmen (BLET), Rail Conference, IBT, Division 4, Toledo, OH
Building and Construction Trades Council of St. Louis, AFL-CIO, St. Louis, MO
Burlington County Central Labor Union, Riverside, NJ
Butler County United Labor Council, Butler, PA
Cadillac Chiropractic Center, Cadillac, MI
Cape May County Alliance for Retired Americans, Chapter 01042, Cape May, NJ
CANEL Lodge 700 IAM Pratt & Whitney, Higganum, CT
Capital District Area Labor Federation, 11 counties in NY
Central Connecticut Labor Council, Meriden, CT
Central Maine Labor Council, Waterville, ME
Central New Mexico Labor Council, Albuquerque, NM
Central New York Labor Council, Utica, NY
Central Trades & Labor Council, AFL-CIO, Cape Girardeau, MO
Centreville United Methodist Church – United Methodist Women, Centreville, VA
Champlain Valley Labor Council, Burlington, VT
Chicago & Midwest Regional Joint Board, UNITE HERE, Chicago, IL
Church of North America, San Gabriel, CA
Cincinnati AFL-CIO Labor Council, Cincinnati, OH

CIRSU, New York, NY	Foundation for Integrative AIDS	Local 524, Glens Falls-
AFL-CIO Federation of Labor,	Research (FIAR), Brooklyn, NY	Saratoga, NY
Cleveland, OH	Fox Hill Inn, Troutdale, VA	International Association of
Citizens for a Sustainable Planet,	Gainesville Area National	Machinists District 26, Connecticut
Duluth, MN	Organization for Women,	& Rhode Island
Cleveland AFL-CIO Retiree Council,	Gainesville, FL	International Association of
Cleveland, OH	Gowan's Inc., Boiling Springs, SC	Machinists (IAM), Local 141, Detroit,
Cleveland Jobs with Justice	Graphic Communications	MI
Cleveland Painters District Council 6	Conference, GCC/IBT, Local 546M,	International Association of
Retiree Council, Cleveland, OH	Cleveland, OH	Machinists (IAM), Local 721,
Communications Workers of	Organizing, Columbia, MO	Jacksonville, FL
America (CWA), Local 21, Albany,	Gray Panthers, New York City	International Association of
NY	Network, New York, NY	Machinists (IAM), Lodge 1145,
Communications Workers of	Greyhound Lodge 759 IAM,	Selkirk and DeWitt, NY
America (CWA), Local 1120,	Jacksonville, FL	International Association of
Poughkeepsie, NY	Greater Bangor Area Central Labor	Machinists and Aerospace Workers,
Communications Workers of	Council, Bangor, ME	Columbus, OH
America (CWA), Local 1180, New	Greater Glens Falls Central Labor	International Association of
York, NY	Council, Glens Falls, NY	Machinists and Aerospace Workers,
Communications Workers of	Greater Green Bay Labor Council,	Jacksonville, FL
America (CWA), Local 2222,	Green Bay, WI	International Association of
Annandale, VA	Greater Hartford Central Labor	Machinists and Aerospace Workers,
Communications Workers of	Council, Hartford, CT	Upper Marlboro, MD
America (CWA), Local 3106,	Greater Lansing Labor Council,	International Association of
Jacksonville, FL	Lansing, MI, Feb. 7, 2007	Machinists and Aerospace Workers,
Communications Workers of	Greater Louisville Building &	Ashland, WI
America (CWA), Local 3310,	Construction Trades Council,	International Association of
Louisville, KY	Louisville, KY	Machinists and Aerospace Workers,
Communications Workers of	Greater Louisville Central Labor	Albuquerque, NM
America (CWA), Local 6355,	Council, AFL-CIO, Louisville, KY	International Association of
Missouri	Greater Madison County Federation	Machinists and Aerospace Workers,
Community Action Program (CAP),	of Labor, Granite City, IL	Archbold, OH
Southern Indiana, United	Greater St. Louis Labor Council,	International Association of
Automobile Workers	AFL-CIO, St. Louis, Missouri	Machinists and Aerospace Workers,
Community Health Center of	Greater Westmoreland County	Superior, WI
Clinton, Clinton, CT	Labor Council, Greensburg, PA	International Brotherhood of
Connie Hogarth; ;Center for Social	Harrisburg Region Central Labor	Electrical Workers, Local 2222,
Action, Purchase, NY	Council, Harrisburg, PA	Boston, MA.
Dayton, Springfield, Sidney, Miami	Hastings-on-Hudson, NY	International Brotherhood of
Valley AFL-CIO Regional Labor	Hawkeye Labor Council, Cedar	Electrical Workers, Local 2313,
Council, Dayton, OH	Rapids,	Hanover, MA
Deist Games, San Deigo, CA	Hudson County Central Labor	International Brotherhood of
Democrats of San Juan County,	Council AFL-CIO, Jersey City, NJ	Electrical Workers, Local 2320,
Friday Harbor, WA	Hudson Valley Area Labor	Manchester, NH
Detroit A. Phillip Randolph Institute,	Federation, Newburgh, NY	International Brotherhood of
Detroit, MI	Human Rights Watch, Starkville, MS	Electrical Workers, Local 2321,
Diocese of Oakland, Oakland, CA	IA Plumbers, Pipefitters and Service	North Andover, MA
District 1199P, SEIU, Harrisburg,	Technicians Local 502, Louisville,	International Brotherhood of
PA	KY	Electrical Workers, Local 2322,
Duluth (Minnesota) AFL-CIO Central	Independent Progressive Political	Middleboro, MA
Labor Body	Network	International Brotherhood of
El Paso Central Labor Union, El	Independent State Store Union	Electrical Workers, Local 2323,
Paso, TX	(ISSU) Harrisburg, PA	Cranston, RI
Essex-West Hudson Labor Council	International Alliance of Theatrical	International Brotherhood of
AFL-CIO, Newark, NJ	Stage Employees (IATSE), Local	Electrical Workers, Local 2324,
Executive Health Services, Kansas	477, Miami, FL	Springfield, MA
City, MO	International Alliance of Theatrical	
Family Resources, Chatham, NY	and Stage Employees (IATSE),	

International Brotherhood of Electrical Workers, Local 2325, Northboroug, MA
International Brotherhood of Electrical Workers, Local 2326, Essex Junction, VT
International Brotherhood of Electrical Workers, Local 2327, Augusta, ME
International Federation of Professional and Technical Engineers, Local 17, Seattle, WA
International Longshore & Warehouse Union (ILWU), San Francisco, CA,
International Union of Operating Engineers, Local 547, Detroit, MI
International Union of Painters and Allied Trades, District, Council 1, Denver, CO
International Union of Painters and Allied Trades District Council 4, Cheektowaga, NY
Iroquois Education Association, Erie, PA
Jackson /Hillsdale Counties Central Labor Council, AFL-CIO, Jackson, MI
Jefferson County Teachers' Association (Louisville, KY
JG Enterprises , Los Altos, CA
Jim Hannley LLC, Tucson, AZ
Johnny Hap for Congress, Chicago, IL
Justicia Para Todos, New York, NY
Kindred Circle Art Gallery, Edmonds, WA
Konza Chiropractic
Laborers' International Union of North America (LIUNA), Local 327, August, ME
Laborers' International Union of North America (LIUNA), Local 576, Louisville, KY
Laborers' International Union Retirees' Council, Local 576, Louisville, KY
Lake Erie Alliance for Democracy (L.E.A.D.), Erie, PA
Lamorinda Women's Peace and Justice Group, Lafayette, CA
Lorain County AFL-CIO Federation of Labor, Lorain, OH Metropolitan Detroit AFL- CIO Central Labor Council National Association of Letter Carriers (NALC), Branch 84, Pittsburgh, PA
Merced Labor Party – Just Health Care Com, Merced, CA
Mercer County Central Labor Council, Mercer County, NJ
MiaMedia.com, Mountain View, CA
Middlesex County AFL-CIO Labor Council, North Brunswick, NJ
Minnesota Association of Professional Employees (MAPE), St Paul, MN
Mission and Social Justice Commission of the Riverside Church
Missouri Nurses Association (MONA), District 3, St. Louis, MO
Monongalia-Preston Labor Council, Morgantown, WV
Monroe/Lenawee County AFL-CIO Council, Monroe, MI
Morehouse School of Medicine, MPH Program, Atlanta, GA
National Association of Broadcast Employees and Technicians, Local 21, Albany, NY
National Association of Letter Carriers (NALC), Branch 82, Portland, OR
National Association of Letter Carriers (NALC), Branch 104, Lawrence, KS
National Association of Letter Carriers (NALC), Branch 3126, Royal Oak, MI.
Nepal Clinic Internship, Boston, MA
North Bay Labor Council, AFL-CIO, Santa Rosa, CA
North Central Florida Central Labor Council, Gainesville, FL
North Florida Central Labor Council, Jacksonville, FL
Northern Kentucky Central Labor Council, Covington, KY
Northern Virginia Central Labor Council, Annandale, VA
North West Washington Central Labor Council, Bellingham, WA
Northeast Central Labor Council AFL-CIO, Franklin, Clinton, & Essex Counties, Plattsburgh, NY
Northeastern Oklahoma Central Labor Council, Tulsa, OK
Northwest Indiana Federation of Labor, AFL-CIO, Hammond, IN
Nurses Professional Organization, Louisville, KY
Ohio State Legislative Board, Brotherhood of Locomotive Engineers & Trainmen, Columbus, OH
OneCareNow, Sonoma, CA
Organization of Staff Analysts (OSA/RT), New York, NY
Palm Beach-Treasure Coast AFL-CIO, Riviera Beach, FL
Paper, Allied-Industrial, Chemical, Energy International Union (PACE) Local 5-2002, Louisville, KY
Passaic Central Labor Council, Clifton, NJ
PEF/encon Albany Steward Council (Public Employees Federation/encon), Albany, NY.
Philadelphia Chapter, Coalition of Labor Union Women (CLUW), Philadelphia, PA
Pittsburgh Airman Lodge 1044, International Association of Machinists & Aerospace Workers
Pittsburgh Chapter, Coalition of Labor Union Women (CLUW), Pittsburgh, PA
Plumbers and Pipefitters, United Association, Local 9, Englishtown, NJ
Plumbers and Pipefitters, United Association, Local 409, San Luis Obispo, CA
Plumbers and Steamfitters, United Association (UA), Local 50, Northwood, OH
Plumbers and Steamfitters, United Association, Local 135, Evansville, IN
Plumbers and Steamfitters HVAC, Local 188, United Association, Savannah, GA.
Plumbers Local Union #17, United Association of Journeymen and Apprentices of the Plumbing and Pipe Fitting Industry (UA), Memphis, TN
Plumbers, Steamfitters, and Refrigeration Fitters, Local 393, AFL-CIO, San Jose, CA.
Pima Area Labor Federation, Tucson, AZ
Prism Art Studio, Eastpoint, FL
Prison and Institutional Transformational Healing, Rockaway Park, NY
Prison Families Community Forum, Bronx, NY

Program (CAP), 3rd & 4th Areas,
 Kentucky, United Automobile
 Workers
 Pygmalion's Art Supplies Inc,
 Bloomington, IN
 Rekindling Reform, Great Neck, NY
 Retirees Association of District
 Council 37, AFSCME, New York,
 NY
 Retirees Club, Local 848, United
 Auto Workers (UAW), Grand Prairie,
 TX
 Retirees Council, Bergen County
 Central Trades and Labor Council,
 Paramus, NJ
 Rochester Civil Liberties Coalition,
 Rochester, NY
 Rochester and Genesee Valley
 Area Labor Federation, AFL-CIO,
 Rochester and Vicinity Labor
 Council, AFL-CIO, Rochester, NY
 San Bernardino/Riverside Counties
 Central Labor Council AFL-CIO,
 Riverside, CA
 San Antonio AFL-CIO Council, San
 Antonio, TX
 San Francisco Central Labor
 Council, San Francisco, CA San
 Francisco Web Pressmen &
 Prepress Workers Union Local 4N
 San Francisco Neighbor to
 Neighbor, San Francisco, CA
 San Mateo County Central Labor
 Council, Foster City, CA
 Santa Clara & San Benito Counties
 Building & Construction Trades
 Council, San Jose, CA
 Savannah Regional Central Labor
 Council, Savannah, GA
 Service Employees International
 Union (SEIU), Local 3, Pittsburgh,
 PA
 Service Employees International
 Union (SEIU), Local 73, Chicago, IL
 Service Employees International
 Union (SEIU), Local 668,
 Harrisburg, PA
 Sheet Metal Workers, Local 36, St.
 Louis, Missouri
 Sign Appeal, ;Charleston, IL
 Skylark's Hidden Café, Bellingham,
 WA
 Smith County Central Labor
 Council, Tyler, TX
 Softservices, Asam, AK
 Solidarity Committee of the Capital
 District, 302 Centre Dr, Albany NY
 12206

Sound Ecology Productions,
 Scarborough, ME
 South Bay AFL-CIO Labor Council,
 San Jose, CA, April 200 Community
 Action
 South Central Federation of Labor,
 Madison, Wisconsin
 Southeast Missouri Building and
 Construction Trades Council, Cape
 Girardeau, MO
 Southern Dakota County Labor
 Council
 Southern Iowa Labor Council, AFL-
 CIO, Ottumwa, IA
 Southern Maine Labor Council,
 AFL-CIO, Portland, ME
 Southwestern District Labor Council,
 Huntington, WV Southwestern
 Illinois Building & Construction
 Trades Council, Collinsville, IL
 St. Joe Valley Project Jobs with
 Justice, South Bend, IN
 Steelworker Organization of Active
 Retirees Chapter 9-36 F 5, Cape
 Coral, FL
 Steelworker Organization of Active
 Retirees Chapter 9-UR 7, Hickman,
 KY
 Steelworker Organization of Active
 Retirees Chapter 9-ABG 1,
 Kingsport, TN
 Steelworker Organization of Active
 Retirees Chapter 9-UR 1, Harvest,
 AL
 Steelworkers Organization of Active
 Retirees Chapter 11-3, St. Louis,
 MO.
 Steelworkers Organization of Active
 Retirees Chapter 20-20, Aliquippa,
 PA
 Steelworkers Organization of Active
 Retirees Chapter 30-18, Plymouth,
 IN
 Steelworkers Organization of Active
 Retirees Chapter 31-9, Chicago, IL
 United
 Steelworker Organization of Active
 Retirees Chapter 36-1, Gadsden,
 AL
 Steelworker Organization of Active
 Retirees Chapter 36-2, Gardendale,
 AL
 Steelworkers Organization of Active
 Retirees Chapter Local 200
 Retirees, luka, MS Teamsters Local
 Union 559 (IBT), South Windsor, CT

Texas State Employees
 Union/Communications Workers of
 America, Local 6186
 The College Greens, Albuquerque,
 NM
 The Long Island Labor-Religion
 Coalition, West Sayville, NY
 Toledo Area AFL-CIO Council,
 Toledo, OH
 Toledo Area Jobs with Justice,
 Toledo, OH
 Tompkins County Health Care
 Taskforce, Ithaca, NY
 Towson University College
 Democrats, Towson, MD
 Transport Workers Union (TWU),
 Local 264, New York, NY
 Transport Workers Union (TWU),
 Local 561, Virginia Gardens, FL
 Triangle Home Sellers, Raleigh, NC
 Tri-County Council of Labor, AFL-
 CIO, Henderson, KY
 Troy Area Labor Council, AFL-CIO,
 Troy, NY
 United Association of Journeymen
 and Apprentices of the Plumbing
 and Pipe Fitting Industry
 (UA), Local 295, Daytona Beach, FL
 United Automobile Workers (UAW),
 Local 544, Fisher Body, West
 Mifflin, PA
 United Automobile Workers (UAW),
 Local 862, Louisville, KY
 United Automobile Workers (UAW),
 Local 909, Detroit, MI
 United Automobile Workers (UAW),
 Local 1155, Birmingham, AL
 United Automobile Workers (UAW),
 Local 1183, Newark, DE
 United Automobile Workers (UAW),
 Local 2320, Chicago, Illinois
 United Automobile Workers (UAW),
 Local 2322, Holyoke, MA
 United Automobile Workers (UAW),
 Local 2164, Bowling Green, KY
 United Automobile Workers (UAW),
 Local 6000, Lansing, MI
 United Brotherhood of Carpenters
 (UBC), Local 28, Missoula, MT
 United Brotherhood of Carpenters &
 Joiners (UBC), Local 40,
 Cambridge, MA
 United Electrical, Radio and
 Machine Workers (UE), Pittsburgh,
 PA
 United Electrical Workers, Local
 506, Erie, PA.

United Food and Commercial Workers (UFCW), Local 1445, Dedham, MA
 United Health System, St. Paul, MN
 United Labor Council of Reading and Berks County, Reading, PA
 United Methodist Women, Houston, TX
 United Methodist Women, Wagoner, OK
 United Steelworkers (USW), Region X: Iowa, Michigan, Minnesota, Wisconsin, North Dakota, South Dakota
 United Steelworkers (USW), District 7, Sub-District 1, Chicago, IL
 United Steelworkers (USW), District 7, Sub-District 4, Northern Indiana
 United Steelworkers (USW), Local 176, Rochester, MI
 United Steelworkers (USW), Local 314, Detroit, MI
 United Steelworkers (USW), Local 389, Detroit, MI
 United Steelworkers (USW), Local 1636, Aurora, IL
 United Steelworkers (USW), Local 1899, Granite City, IL
 United Steelworkers (USW), Local 2659, Southgate, MI
 United Steelworkers (USW), Local 675, Carson, CA
 United Steelworkers (USW), Local 5668, Ravenswood, WV
 United Steelworkers (USW), Local 9491, Hamburg, MI
 United Steelworkers (USW), Local 9777, Bridgeview, IL
 United Steelworkers (USW), Local 12775, Portage, Indiana
 United Steelworkers of America, Local 2-591 Riverview, MI
 United Steelworkers of America, Local 196, Trenton, MI
 United Steelworkers of America, Local 829, Owosso, MI
 United Steelworkers of America, Local 995, Follansbee, WV
 United Steelworkers of America, Local 1375, Warren, OH
 United Steelworkers of America, Local 1693, Louisville, KY
 United Steelworkers of America, Local 6787, Burns Harbor, IN
 United Steelworkers of America, Local 8498, Winston-Salem, NC
 Unified Union Partners, which includes 10 Veterans Administration hospitals and several VA community based outpatient clinics (CBOCs) in PA, Wilmington, DE, and Clarksburg, WV.
 United University Professions, Local 2190 AFT, Albany, NY
 Wabash Valley Central Labor Council, Terre Haute, IN, Sep. 20, 2006
 Washington Alliance of Technology Workers (WashTech), Communications Workers of America (CWA), Local 37083, Seattle, WA
 Washington Chapter 10, The Retired Public Employees' Council of Washington,
 Washington County Central Labor Council, Kewaskum, Slinger, Fond du Lac, WI
 Washington State Machinist Council, International Association of Machinists District #160
 Washington-Orange-Lamoille Labor Council, AFL-CIO, Montpelier, VT
 West Central Florida Federation of Labor, AFL-CIO, Tampa, FL,
 West Virginia Brooke-Hancock Central Labor Council, Newell, WV
 Westchester/Putnam Counties Central Labor Body, AFL-CIO, White Plains, NY
 Western Connecticut Central Labor Council, Waterbury, CT
 Western Kentucky AFL-CIO Area Council, Paducah, KY
 Western Maine Central Labor Council AFL-CIO, Lewiston, ME
 Western Maryland Central Labor Council, Cumberland, MD
 White River Central Labor Council, Bloomington, IN
 Wichita/Hutchinson Labor Federation of Central Kansas, Wichita, KS
 Williamstown Medical Associates, Williamstown, MA
 Wisconsin Clean Elections Coalition, Sussex, WI
 Women's International League for Peace and Freedom, Pittsburgh, PA
 Women's International League for Peace and Freedom, New York, NY
 X-Treme Graphics & Design, Riverdale, GA

LEADERSHIP CONFERENCE FOR **GUARANTEED HEALTH CARE**

TOP 10 REASONS TO SUPPORT H.R. 676, THE U.S. NATIONAL HEALTH INSURANCE ACT

- 1. *Everybody In, Nobody Out.*** Universal means access to health care for everyone, period.
- 2. *Portability.*** If you are unemployed, or lose or change jobs, your health coverage stays with you.
- 3. *Uniform Benefits.*** No Cadillac plans for the wealthy and Pinto plans for everyone else, with high deductibles, limited services, caps on payments for care, and no protection in the event of a catastrophe. One level of comprehensive care for everyone, regardless of the size of your wallet.
- 4. *Prevention.*** By removing financial roadblocks, a universal health system encourages preventive care that lowers an individual's ultimate cost and pain and suffering when problems are neglected and societal cost in the over-utilization of emergency rooms or the spread of communicable diseases.
- 5. *Choice.*** Most private insurance restricts your choice of providers and hospitals. Under the U.S. National Health Insurance Act, patients have a choice, and the provider is assured a fair payment.
- 6. *No Interference with Care.*** Caregivers and patients regain their autonomy to decide what's best for a patient's health, not what's dictated by the billing department. No denial of coverage for pre-existing conditions or cancellation of policies for "unreported" minor health problems.
- 7. *Reducing Waste.*** One third of every private health insurance dollar goes for paperwork and profits, compared to about 3% under Medicare, the federal government's universal system for senior citizen healthcare.
- 8. *Cost Savings.*** A guaranteed health care system can produce the cost savings needed to cover everyone, largely by using existing resources without the waste. Taiwan, shifting from a U.S. private health care model, adopted a similar system in 1995, boosting health coverage from 57% to 97% with little increase in overall health care spending.
- 9. *Common Sense Budgeting.*** The public system sets fair reimbursements applied equally to all providers, private and public, while assuring that appropriate health care is delivered, and uses its clout to negotiate volume discounts for prescription drugs and medical equipment.
- 10. *Public Oversight.*** The public sets the policies and administers the system, not high priced CEOs meeting in private and making decisions based on their company's stock performance needs.



The Polling Is Quite Clear: The American Public Supports Guaranteed Healthcare on the “Medicare for All” or “Single-Payer” Model

Do you think it is the responsibility of the federal government to make sure all Americans have health care coverage, or is that not the responsibility of the federal government? *N=501, MoE ± 5 (Form A)*

	IS	IS NOT	UNSURE
11/11-14/07	64%	33%	3%

Gallup Poll. Nov. 11-14, 2007. N=1,014 adults nationwide. MoE ± 3 (for all adults).

Which would you prefer – the current health insurance system in the United States, in which most people get their health insurance from private employers, but some people have no insurance; or a universal health insurance program, in which everyone is covered under a program like Medicare that’s run by the government and financed by taxpayers?

CURRENT	UNIVERSAL	NO OPINION
33%	62%	6%

ABC News/Washington Post, Oct. 9-13, 2003, 1000 adults, MoE 3

Which comes closest to your view?

The United States should continue the current health insurance system in which most people get their health insurance from private employers, but some people have no insurance **34%**

The United States should adopt a universal health insurance program in which everyone is covered under a program like Medicare that is run by the government and financed by taxpayers **65%**

Refused / Not Answered **2%**

Do you consider yourself a supporter of a single-payer health care system, that is a national health plan financed by taxpayers in which all Americans would get their insurance from a single government plan, or not?

YES	NO	REFUSED/NOT ANSWERED
54%	44%	2%

Associated Press/Yahoo News Poll, Dec. 14-20, 2007. N=1,821 adults, MoE =2.3

Do you think it's the government's responsibility to make sure that everyone in the United States has adequate health care, or don't you think so?

	THINK IT IS	DON'T THINK SO	UNSURE
All Registered Voters	61%	35%	4%
Republicans	34%	62%	4%
Democrats	81%	16%	3%
Independents	59%	37%	5%

Quinnipiac University Poll. May 8-12, 2008. N=1,745 registered voters nationwide. MoE ± 2.4 (for all registered voters).

A March, 2008 survey of 2,000 American Doctors conducted by the Indiana University School of Medicine found that 59 percent support a “Medicare for All”/single-payer healthcare system

NNOC/CNA: A Voice for Nurses. A Vision for Healthcare.

LEADERSHIP CONFERENCE FOR **GUARANTEED HEALTH CARE**

July 30th, 2009

Dear Member of Congress,

Today we are celebrating the 44th birthday of one of the nation's most popular public programs: **Medicare**. The majority of Americans and 59% of physicians view its expansion, along with much-needed improvements, as the **solution to our health care crisis**. A single, publicly funded system like Medicare would replace the waste of the for-profit private insurance industry and create savings of \$400 billion a year by:

- streamlining administration and dramatically reducing administrative overhead
- negotiating lower prices for drugs and medical equipment
- providing global budgeting for hospitals

These savings are enough to extend comprehensive access to health care to the 50 million uninsured, and improve health care for everyone.

As President Obama says, "We must build on what works and leave out what doesn't." Let's build on what works in Medicare.

We are greatly concerned that the current legislation will not be universal, protect individuals from bankrupting medical bills, or guarantee needed health care to people. Even with proposed private insurance reform, the quality of coverage available will vary significantly depending on ability to pay, which is flagrantly discriminatory. Healthcare is not a product, it is a necessity, and all deserve equal access to care. In addition, there are no realistic cost-containment measures.

A single-payer system of publicly-financed and privately-delivered care solves all of these issues and provides true health security. It is the only proposal that is both socially and fiscally responsible.

On this anniversary of Medicare, we are calling for an end to a wasteful private health financing model based on earning profits through the restriction and denial of needed health care. This could be done through the passage of HR 676, "Expanded and Improved Medicare for All," or S 703, "American Health Security Act." In celebration of our most beloved public program, Medicare, please make the following asks:

- 1) **If you haven't yet, cosponsor this legislation today.** Thank you to those who have signed on to these important pieces of legislation
- 2) **Join Senators Schumer, Harkin, and Sanders in asking the CBO to score single-payer legislation.** Past cost-benefit analyses (including from the CBO) reflect the cost neutrality of a single-payer system, and savings of health care dollars overall. Please see the document "How Much Would Single-Payer Cost."
- 3) **Vote for single-payer amendments in the House or Senate to current legislation going through committees.** The grassroots movement is closely watching the outcomes of the votes on single-payer amendments. This will be documented and remembered in the midterm elections.
- 4) **Refuse to accept campaign contributions from the healthcare industry and support publicly funded elections.** The receipt of healthcare industry dollars is a conflict of interest as you vote on healthcare policy.

The single-payer movement is resolved to continue until the right to health care is recognized in this nation. Thank you for your time.

Sincerely,
Your constituents

How Much Would a Single Payer System Cost?

Private insurers necessarily waste health dollars on things that have nothing to do with care: overhead, underwriting, billing, sales and marketing departments as well as huge profits and exorbitant executive pay. Doctors and hospitals must maintain costly administrative overhead to deal with the bureaucracy. Combined, this needless administration consumes one-third (31 percent) of Americans' health dollars. Ultimately taxpayers foot the bill for the excess cost.

Single-payer financing is the only way to recapture this wasted money. The potential savings on paperwork, more than \$350 billion per year, are enough to provide comprehensive coverage to everyone without paying any more than we already do. Under a single-payer system, all Americans would be covered for all medically necessary services, including: doctor, hospital, preventive, long-term care, mental health, reproductive health care, dental, vision, prescription drug and medical supply costs. Patients would regain free choice of doctor and hospital, and doctors would regain autonomy over patient care.

Physicians would be paid fee-for-service according to a negotiated formulary or receive salary from a hospital or nonprofit HMO / group practice. Hospitals would receive a global budget for operating expenses. Health facilities and expensive equipment purchases would be managed by regional health planning boards.

National Studies

June, 1991 General Accounting Office

“If the US were to shift to a system of universal coverage and a single payer, as in Canada, the savings in administrative costs [10 percent of health spending] would be more than enough to offset the expense of universal coverage” (“Canadian Health Insurance: Lessons for the United States,” 10 pgs, ref no: T-HRD-91-35. Full text available online at <http://archive.gao.gov/d20t9/144039.pdf>).

December, 1991 Congressional Budget Office

“If the nation adopted...[a] single-payer system that paid providers at Medicare's rates, the population that is currently uninsured could be covered without dramatically increasing national spending on health. In fact, all US residents might be covered by health insurance for roughly the current level of spending or even somewhat less, because of savings in administrative costs and lower payment rates for services used by the privately insured. The prospects for controlling health care expenditure in future years would also be improved.” (“Universal Health Insurance Coverage Using Medicare's Payment Rates”)

April, 1993 Congressional Budget Office

“Under a single payer system with co-payments ...on average, people would have an additional \$54 to spend...more specifically, the increase in taxes... would be about \$856 per capita...private-sector costs would decrease by \$910 per capita.

The net cost of achieving universal insurance coverage under this single payer system would be negative.”

“Under a single payer system without co-payments people would have \$144 a year less to spend than they have now, on average...consumer payments for health would fall by \$1,118 per capita, but taxes would have to increase by \$1,261 per capita to finance this plan.” (“Single-Payer and

All-Payer Health Insurance Systems Using Medicare's Payment Rates" ref : CBO memorandum, 60 pages)

July, 1993 Congressional Budget Office

"Enactment of H.R. 1300 [Russo's single payer bill] would raise national health expenditures at first, but reduce spending about 9 percent in 2000. As the program was phased in, the administrative savings from switching to a single-payer system would offset much of the increased demand for health care services. Later, the cap on the growth of the national health budget would hold the rate of growth of spending below the baseline. The bill contains many of the elements that would make its limit on expenditures reasonably likely to succeed, including a single payment mechanism, uniform reporting by all providers, and global prospective budgets for hospitals and nursing homes." ("Estimates of Health Care Proposals from the 102nd Congress" ref: CBO paper, July 1993, 57pages)

December, 1993 Congressional Budget Office

S491 (Senator Paul Wellstone's single payer bill) would raise national health expenditures above baseline by 4.8 percent in the first year after implementation. However, in subsequent years, improved cost containment and the slower growth in spending associated with the new system would reduce the gap between expenditures in the new system and the baseline. By year five (and in subsequent years) the new system would cost less than baseline. ("S.491, American Health Security Act of 1993")

June, 1998 Economic Policy Institute

"In the model presented in this paper, it is assumed that in the first year after implementing a universal, single-payer plan, total national health expenditures are unchanged from baseline. If expenditures were higher than baseline in the first few years, then additional revenues above those described here would be needed. However, these higher costs would be more than offset by savings which would accrue within the first decade of the program."

"Even more important, greater efficiency and improved cost containment would become possible, leading to sizable savings in the future. The impediment to fundamental reform in health care financing is not economic, but political. Political will, not economic expertise, is what will bring about this important change."

August, 2005 The National Coalition on Health Care

Impacts of Health Care Reform: Projections of Costs and Savings
By Kenneth E. Thorpe, Ph.D.

This fiscal analysis of the impact of four scenarios for health care reform found that the single payer model would reduce costs by over \$1.1 trillion over the next decade while providing comprehensive benefits to all Americans. The other scenarios would be improvements over the status quo, but would not reduce costs as dramatically or provide the same high-quality coverage to all.

For more on State Studies – visit:

http://www.pnhp.org/facts/single_payer_system_cost.php

Keep Medicare as a family

By **RICHARD PROPP**

First published: Sunday, August 3, 2008 Albany Times Union

Dear Medicare:

Happy birthday!

Since I first met you on July 31, 1965, I have been smitten with your looks, your fairness, your support of the elderly without regard to social or economic status, skin color, ethnicity, intellectual IQ, emotional IQ, address, clubs, choice of transportation, hobbies, reading list, or favorite restaurant. You took care of our grandparents, our parents, and now you are taking care of us!

Your birth was not without pain. Some of the Southern congressmen could not stand the idea of people with differing skin colors being in the same hospital room. Eventually President Lyndon Johnson, his staff, and senior citizen groups, wore down Congress, the insurance industry, the unions, and the American Medical Association, and Medicare, health care for all Americans aged 65 and over, became law. It was implemented in July of 1966. Health care was not just a necessity, it was now a right for these folks.

In July of 1965, I was moonlighting as a substitute physician in Ravena in southern Albany County with Dr. John Mosher and Dr. Ira Lefevre while I was chief resident at Albany Hospital, now known, of course, as Albany Medical Center Hospital. (Dr. Richard T. Beebe was chief of medicine at Albany Hospital and allowed us to make ends meet in this way.) More than half of our patients in Ravena who were over 65 couldn't pay for their needed medical care and instead left vegetables and chickens at Mrs. Mosher's back door. When Medicare came in, it allowed older folks to be treated as paying patients, restoring their dignity and their ability to be diagnosed and treated at an early stage of their illness. Countless lives were saved and diseases prevented. Practitioners and hospitals flourished.

Through the years, dear Medicare, you have been declared broke and broken, and somehow in response to pressure by physicians and patients, wise and compassionate politicians have patched you up and you carry on.

In 2003 you were "modernized" by radical conservatives and the drug and insurance companies, and, frankly, you were exploited. We are just now waking up to the fact that the real goal of this "modernization" was privatization. We are now paying private insurance companies 13 percent more to deliver benefits to those 65 and older through these private Medicare Advantage plans than through traditional Medicare. This wasteful and unnecessary payment scheme was highlighted in the recent struggle over Medicare physician reimbursement rates and hopefully will be addressed through the political process over the next year.

Those of us who believe health care is not just a necessity, but should become a right for all, hope that sometime soon you will have a baby and expand your family!

That baby is already in gestation stage as HR676, Expanded and Improved Medicare for All.

More than 90 members of Congress have signed on in support of this legislation, and there is a strong and growing wave of grass-roots support, as well as in the medical community, local governmental entities, and the labor movement. Your overhead of 4 percent, dear Medicare, is one-sixth that of private insurance plans, and one third that of not-for-profit plans. Among its many benefits, socially and economically, single payer improved and expanded Medicare for all would eliminate the huge administrative expense in time and staff to deal with myriad insurance company plan requirements and reduce overhead. Hospitals would have a guaranteed budget, and rural and urban physicians and other practitioners will have patients for whom they will get full reimbursement. At least 22,000 lives will be saved and over 500,000 medical bankruptcies will be avoided each year. Job mobility and the economy will improve as health insurance becomes separated from employment.

New opposition groups are arising, however, who are very clever about espousing "universal health care", but, upon scrutiny, what they are really supporting are private insurance-based plans and the status quo.

This is really like putting lipstick on a pig. Even with lipstick, pigs are still pigs.

Forcing everyone into private insurance plans is not the solution to our health care crisis for anyone except the insurance industry. We, your family, dear Medicare, seek to expose these efforts as the cynical delay and denial tactics they represent. We will not let your estimable reputation and outstanding 43 years of success be besmirched, or curtailed by your undermining and privatizing adversaries.

Medicare, we still love you.

Happy birthday, and many more!

Dr. Richard Propp is chair of the Capital District Alliance for Universal Healthcare, Inc.

23/7/2009

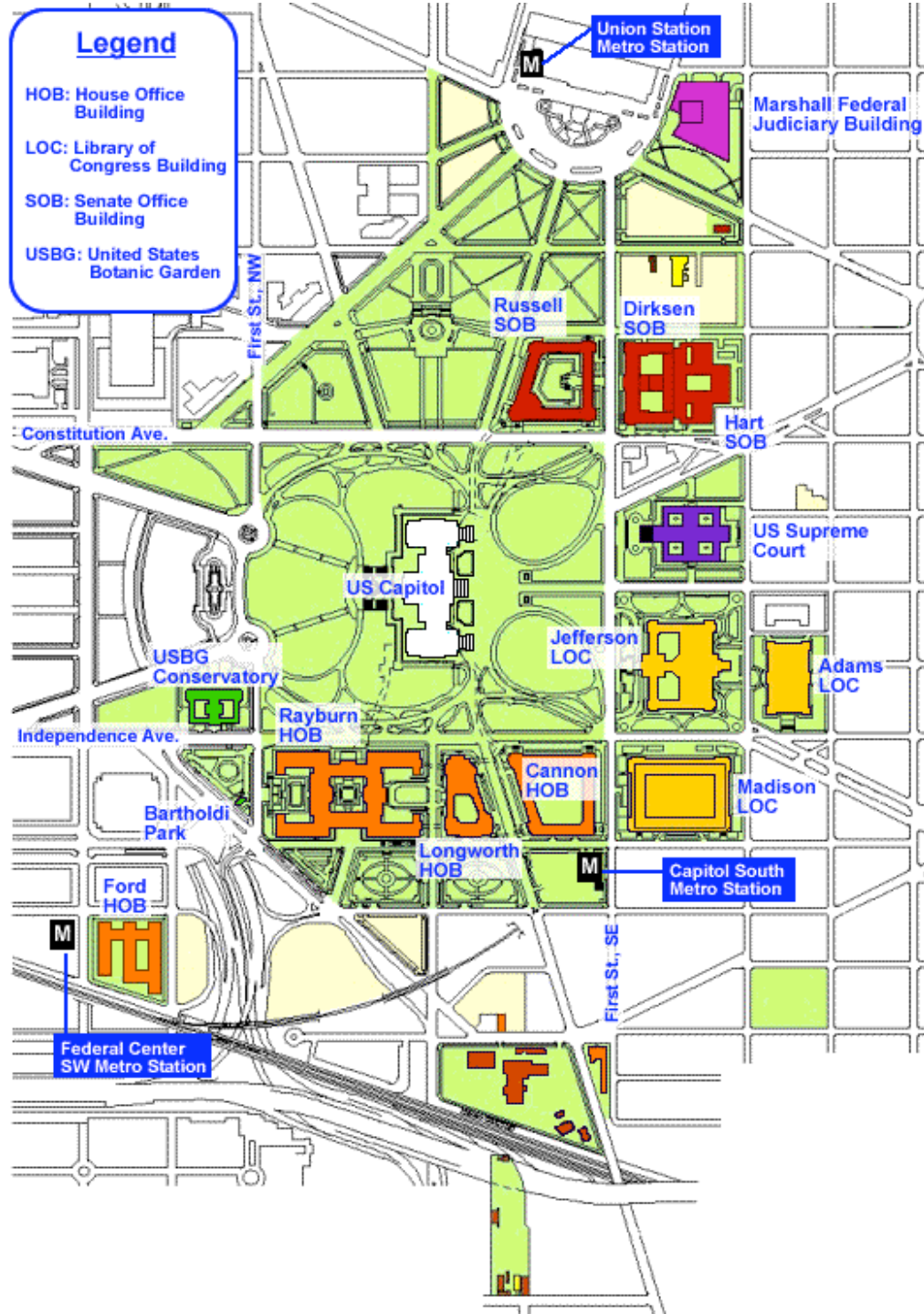
Map of the Capitol Complex

Related Links

- U.S. Capitol
- Russell Senate Office Building
- Dirksen Senate Office Building
- Hart Senate Office Building
- Cannon House Office Building
- Longworth House Office Building
- Rayburn House Office Building
- U.S. Botanic Garden

Related Maps

- Entrances to the Capitol and the Congressional Office Building
- Map of the Capitol Complex
- Map of the Capitol Grounds



LEADERSHIP CONFERENCE FOR **GUARANTEED HEALTH CARE**

THE AWFUL TRUTH: U.S. PRIVATE HEALTH INSURANCE

A Million More Uninsured Americans Each Year

The number of uninsured Americans is rising at a rate of more than one million people annually, as premiums skyrocket and wages stagnate. The ranks of the uninsured increased by 1.3 million from 2004 to 2005, a jump in keeping with previous increase of 6 million between 2001-2005.

-Leighton Ku, "Census Revises Estimates of the Number of Uninsured People," Center on Budget & Policy Priorities, April 5, 2007. www.cbpp.org/4-5-07health.htm

More Money, Less Results

The World Health Organization found that the United States health system spends a higher portion of the gross domestic product than in any other country, but despite the expense, only ranks 37 out of 191 countries in terms of its performance.

-"World Health Organization Assesses the World's Health Systems," Press Release, WHO/44, June 21, 2000. www.who.int/inf-pr-2000/en/pr2000-44.html

Uninsured Americans Are Dying

The prestigious Institute of Medicine found that lack of health insurance is fatal, causing nearly 18,000 unnecessary deaths every year in the United States. Although America leads the world in health care spending, it is the *only* wealthy, industrialized nation that does not ensure that all citizens have coverage.

-"Insuring America's Health: Principles and Recommendations," Institute of Medicine, January 2004. www.iom.edu/?id=19175

INSURANCE EXECUTIVE COMPENSATION: GETTING RICH WHILE AMERICANS SUFFER

\$1.6 billion

Value of stock options of UnitedHealth Group C.E.O. Bill McGuire at the end of 2005, as CEO of UnitedHealth Group.

-Robert Simison, "SEC Investigates UnitedHealth Over Stock-Options Practices," Bloomberg News, December 27, 2006; Michael Regan, "Business 2006: Who Won, Who Lost," Associated Press, December 26, 2006.

\$22.2 million

John W. Rowe earned \$22.2 million in compensation as CEO of Aetna. Rowe has since left Aetna.

-"Forbes 2004 Executive Pay list," April 21, 2005. www.forbes.com/static/execpay2005/LIRS5NI.html?passListId=12

\$3.33 million

Annual compensation for Michael B. McAllister as CEO of Humana, Inc.

-"2006 Executive Pay list," April 20, 2006. www.forbes.com/lists/2006/12/AG0Q.html

LEADERSHIP CONFERENCE FOR **GUARANTEED HEALTH CARE**

CONGRESSIONAL DISTRICT MEETINGS

The primary purpose of the Leadership Conference for Guaranteed Health Care is to increase support in Congress for the United States National Health Insurance Act (H.R. 676). Therefore, one of the most important things you can do is meet with your own U.S. representative in order to encourage him or her to co-sponsor the bill. This person represents you and needs to hear from you. Here are some guidelines for arranging and holding a meeting in your representative's district office.

Planning the meeting

- Determine who is going to be the lead person arranging the meeting. Ideally, but not necessarily, this person will be a representative from an organization that is part of the coalition calling for reform.
- Figure out who else should attend the meeting. Since your goal is to meet with your representative (as opposed to a staff person in the district office), you can be certain that his or her time will be limited. Make sure that each person attending has a specific and unique reason for being there. It is probably not necessary to have more than four or five people attend the meeting.
- Here are some thoughts about the kinds of people who could attend. The more variety the better:
 - ⇒ A healthcare professional/provider
 - ⇒ A business owner who is struggling to provide health insurance to employees
 - ⇒ An individual who lost health insurance after losing a job
 - ⇒ A religious leader from the community
- Find out when the potential meeting attendees will (or will not) be available.

Arranging the meeting

- Look up and call your representative's district office. Ask them how they like to receive meeting requests. Then email it or fax it to them, depending on what they prefer. (If you don't have the ability to fax, just say that you want to email a meeting request and would like to know what email address to use.)
- The day after sending the request, call the office again and ask for the scheduler. Let this person know you are calling as part of the Leadership Conference for Guaranteed Health Care, a coalition of nearly 300 organizations, and would like to meet with the representative to discuss national health insurance and H.R. 676. Let the person know that you emailed/faxed a request the day before. Ask when it will be possible to meet with the representative. If there is a specific timeframe when you hope to meet, let the person know when and why.
- Don't expect that you will immediately get a meeting with your representative. If you do, that's great. But it is more likely that the scheduler will say the representative is busy and not available. Emphasize -- POLITELY -- that your group is comprised of constituents and represent many other constituents and ask when the soonest meeting would be possible. If they are still unable to put something on the schedule, you should let them know that you will call back next week to try again.
- Assuming they set a meeting, provide the scheduler with a final list of attendees prior to the meeting.

Preparing for the meeting

- Before the meeting, find out whether there are any statistics (for example, the percentage of residents uninsured in the area) that may be relevant to the district in which you live. Do you know of any businesses that have closed in the district in part because of the burden of health care costs? Any information specifically about the district will be especially meaningful to the representative and should be brought along or mentioned during the meeting.
- Don't feel like you need to be experts on the subject of health care reform. You are there primarily to talk about how the current law affects your life – and how H.R. 676 could make it better. If the representative asks a question and you don't know the answer, just say you don't know and offer to find the information and send it to the office after the meeting.
- Determine who will be the primary spokesperson in the meeting. This may or may not be the person who arranged the meeting. You should also designate one person as the note-taker.
- Bring at least two sets of materials – which the Leadership Conference will provide for you.

Holding the meeting

- Dress professionally and be sure you are on time.
- During the meeting, be polite and respectful at all times. While you may believe in your cause passionately, arguing during the meeting will get you nowhere – and will just harm your cause.
- When the meeting starts, the group spokesperson should thank the representative for taking the time to meet and give a quick overview of why the group has requested the meeting. This should include a quick overview of H.R. 676, along with the district-specific information described above, if there is any. Once the representative has been given this overview, the spokesperson should have the other attendees take **2-3 minutes** to introduce themselves and explain why they believe H.R. 676 is needed. Be sure all attendees know before the meeting that they need to be brief in their remarks.
- **LISTEN.** Once each person has had a chance to speak, it is time to listen to what the representative has to say. This is a very important part of the meeting. You want to know whether the representative has specific concerns about or objections to the bill. The kinds of questions asked could be an indication of his or her feelings.
- **ASK.** Once the representative has finished asking questions – which may not take long – ask whether he or she would be willing to co-sponsor H.R. 676. If the answer is no, ask what his or her specific objections are to the bill. Is there something that could be changed to make it more supportable?
- Whatever the outcome of the meeting in terms of the representative's feelings about H.R. 676, thank him or her for the opportunity to meet. This is a relationship you want to nurture for the future.
- Leave a set of materials with the representative (or a staff person).
- **Follow-up.** Be sure to send a thank you note after the meeting. If you promised to find any materials or information, send those along with the thank you.

Medicare “A National Treasure”*

In 2005, the Medicare Rights Center (MRC) published "Medicare: A National Treasure for Forty Years." The Medicare program was created as part of the Social Security Amendments of 1965, and the program will celebrate its 44th anniversary on July 30, 2009.

The MRC's findings are still valid: the Medicare program has become a national treasure, reflecting the nation's commitment to the health and independence of older Americans and Americans with disabilities by providing health care coverage to 45 million people.

The original design of the Medicare program - its universality, shared risk, simplicity and dependability - created the foundation for its 44 years of success. Medicare's universal nature ensures that virtually all older Americans and many people with disabilities receive the health care they need, while Medicare pools risk in order to share the financial burdens of illness across healthy and sick individuals and affluent and low-income families. For 44 years, Medicare has guaranteed coverage for a defined set of benefits at a uniform and predictable cost to all seniors and to people with disabilities regardless of their income, health status, or where they live and has dramatically improved the quality of life for millions of individuals.

Among the most important reasons to celebrate the past 44 years of Medicare are:

- (1) guaranteed access to care for people with Medicare;**
- (2) improved quality of life for older Americans and people with disabilities;**
- (3) administrative efficiency and cost containment;**
- (4) critical support for America's healthcare system; and**
- (5) guaranteed benefits and choice of providers.**

Prior to Medicare, only half of older adults had health insurance. Private insurers were unable or unwilling to provide comprehensive, affordable health care coverage to the growing aged population, who were either too old or too sick and therefore too high an insurance risk. Through the guarantee of Medicare coverage, the federal government established protections for all people with Medicare that ensure that everyone - including those battling costly illnesses - have access to covered services.

Medicare is the second largest source of federal spending for HIV care and treatment, and approximately one out of every five HIV-positive Americans receiving regular medical care depends, at least in part, on the Medicare program.

Medicare has also improved access to care in other ways; for example, Medicare was, and continues to be, instrumental in reducing disparities in access and coverage for racial and ethnic minority groups.

A 2001 survey demonstrates that people with Medicare are generally more satisfied with their health care than are persons under age 65 who are covered by private insurance. People with Medicare report fewer problems getting access to care, greater confidence about their access, and fewer instances of financial hardship as a result of medical bills. Medicare creates access to health care across many dimensions: access to physician services; access to necessary care; and reduced financial barriers to care; older Americans with Medicare experience comparatively fewer financial barriers to care.

By the year 2030, 20 percent of the U.S. population - 77 million people - will be eligible for Medicare, compared to the 14 percent of Americans who are Medicare-eligible today; while Medicare gives all Americans a sense of security knowing their parents, grandparents, friends and neighbors can access the health care they need, before long the next generation of Americans will need to count on Medicare too.

Thanks to Medicare, millions of Americans are able to afford life-saving care, but Medicare also improves the quality of life for older Americans in other ways; for example, Medicare is also a social safety net that has lifted millions of people out of poverty; in fact, since Medicare was created in 1965, poverty among the elderly has been reduced by nearly two-thirds; by financing health care services, Medicare safeguards beneficiaries and their families from the ruinous costs of medical treatments and prevents individuals from spending unmanageable proportions of their incomes on medical care or being pushed into poverty by their medical bills. In addition, life expectancy has increased by three years and more people are living past the age of 85 than ever before, while disability rates among the elderly are decreasing.

Equally important in assessing Medicare's success is Medicare's cost-effectiveness. Medicare has consistently contained health care costs better than private health plans. Analysis of cumulative spending over a 30-year period further illustrates Medicare's ability to control costs over time. Medicare has been able to accomplish this cost-containment record, in part, by using its resources more efficiently, assessing the clinical effectiveness of services when making coverage decisions and when setting payment rates for certain services.

Medicare's payment structure supports the United States' health system infrastructure. For example, Medicare supports the nation's teaching hospitals and educational opportunities for health care professionals, through enhanced payments. By supporting graduate education for physicians and other providers, Medicare benefits all Americans, whether or not they are covered by Medicare. Medicare also provides extra support to hospitals that serve a disproportionate number of low-income patients and to rural hospitals, which are often more heavily dependent on Medicare reimbursement than other facilities. Medicare also provides enhanced payments to rural health clinics and Federally Qualified Health Centers in medically underserved areas to ensure that care is available for vulnerable people; and

Medicare is the largest single payer for services provided by the 7,000 home health agencies nationwide. Moreover, Medicare is an essential part of the entire U.S. economy as well as a pillar of the health system. Medicare is simple, popular and reliable. Seniors are very satisfied with the Medicare program. Medicare's success is related to the unparalleled choice and availability of physicians and health care services that it offers people.

Medicare has served Americans well. It is equally available to all seniors and to people with disabilities, regardless of health or financial status, and realizes the right to health care for many of America's most vulnerable individuals. Medicare continues to symbolize a rational, just and systematic approach to health care access for all Americans.

Medicare's successes to date should guide future changes to the program, so that it can continue to ensure access to care, improve quality of life, support the health care system, and enjoy broad support among the people whom it helps every day.

Strengthening Medicare and improving the Medicare Part D drug program should be a vital part of any reform of the American health care system. Given the history and successes of the Medicare program, the United States Congress and the President of the United States should immediately reconsider the "Single Payer" option based on the Medicare model for adoption as the primary component of a national health reform plan, so that all of the people in America can have full access to comprehensive, quality health care in the most cost-effective and efficient manner possible.

*This article is summarized from the Illinois State Resolution celebrating Medicare's 44th Anniversary. ***

*http://www.medicarerights.org/pdf/Medicare_A_National_Treasure.pdf

**<<http://www.ilga.gov/legislation/fulltext.asp?DocName=09600HR0560&GA=96&SessionId=76&DocTypeId=HR&LegID=48400&DocNum=560&GAID=10&Session=>>