



Capital District Area Labor Federation AFL-CIO

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*Only a Single Payer System
such as Hr-676—Expanded and
Improved Medicare For All can best
implement all of the criteria set out by the
AFL-CIO Executive Council!*

Excerpts from AFL-CIO Executive Council Statement on Health Care - March 06, 2007:

“Health care is a fundamental human right and an important measure of social justice.

As a nation, we need to exert the political will to enact comprehensive health care reform nationwide. There is strong evidence the crisis can be solved with tools at hand and at a cost that pales in comparison to the toll in human lives the current system exacts.

It is time to mobilize America behind a concrete plan to enact universal health care and the AFL-CIO commits its full resources to asserting leadership in this historic effort.

Universal health care does not mean mandating that everyone must buy a health insurance policy and then handing them the bills. Meaningful health care reform must be measured by the following tests:

Universal Coverage

- Everyone should have health care coverage, without exclusions or penalties.
- While the market has an important role to play, our government—as the voice of all of us—must play the central role in regulating, financing and providing health care.
- Coverage should be accessible through the largest possible groups that pool risk to ensure coverage regardless of gender, age, health status or other factors.

(continued inside)

Excerpts from AFL-CIO Executive Council Statement on Health Care (continued):

Comprehensive, Affordable Coverage

- Coverage should be affordable and comprehensive.
- Unions and employers should continue to play a role and retain the ability to supplement coverage.

Choice of Providers

- Individuals should retain the ability to select their own doctors and other health care providers.

Financing Through Shared Responsibility

- Because everyone faces the possibility of poor health, risks should be shared broadly to ensure fair treatment and equitable rates, and everyone should share responsibility for contributing to the system through progressive financing.
- A level playing field should be provided for all businesses. Every employer must participate in ensuring health coverage and no employer should be disadvantaged because of the age or health of its workforce or number of retirees.

Effective Cost Control

- Reform efforts must include effective mechanisms for controlling costs, requiring information on provider performance and enhancing efficiency.
- Investments should be made in systems and technology to reduce medical errors and costs, streamline administration and promote best practices.
- Employees who are frontline caregivers should have a protected voice in improving health care.

Do No Harm

- Until we have a comprehensive alternative for all Americans, reform efforts should not undermine existing coverage or put people at risk of unmet health care needs.

Our approach should be to build on what's best in American health care. At the same time, we should draw from the best experiences of other countries that have achieved universal coverage at a fraction of U.S. health care costs.

One concrete plan that meets the test of comprehensive, universal health coverage would build on our nation's successful universal health coverage plan for seniors: Medicare.

In its 40-year history, Medicare has delivered substantial advances for the health care of older Americans and people with disabilities. Medicare has guaranteed coverage, made health care more affordable, included a form of shared financial responsibility, significantly reduced administrative costs compared with those of private plans and has been the largely unheralded financier of America's medical science advances. Medicare also has been a leader in advancing quality care and improvements in health care service delivery in the United States.

Such an approach would require updating and expanding Medicare benefits to fit the working population and children, as well as negotiating prices with physicians and providers that families—and the country—can afford. It would encourage innovation in health care services and medical technology. Employers' responsibility for health care financing would be broadly and equitably shared, substantially reducing burdens on all businesses and reducing disadvantages currently faced in the global marketplace. In building on Medicare to move toward a universal program, we can find a practical, achievable and affordable solution to our country's health care crisis.

We call on congressional leaders to unite behind such a plan.”

JOIN US IN CREATING SINGLE PAYER NEW YORK ! SEPTEMBER 13, 2008 ~ ALBANY, NEW YORK

On Saturday, September 13, 2008, single payer advocates from across New York will meet in Albany to form a new statewide organization. Our aim: to build an unbeatable movement for a single payer public system that would fully fund comprehensive health care, including prescription drugs, for all. We invite all single-payer supporters to join us!

Private insurance has no legitimate role to play in the care of patients. We believe it must be replaced by a public program of health financing. Under a single-payer healthcare system, we'll spend our healthcare dollars on care, not on bureaucratic waste, profit-making and corporate gain.

Our grassroots movement has gained momentum in 2008. Healthcare-NOW and other groups organized a nationwide protest on June 19 in support of single-payer healthcare. The U.S. Conference of Mayors, the New York State Assembly, and a growing number of unions and central labor bodies have all endorsed HR 676, the National Health Insurance Act. New studies found that a majority of physicians support national health insurance. And there is renewed support for single-payer among important groups like the League of Women Voters, the Unitarian Universalist Association and the Presbyterian Church USA.

Looking ahead, healthcare will continue to be a central issue in the presidential election. And New York State, with a new governor and a changing Senate, has initiated an official evaluation and discussion of proposals for universal healthcare. Now is the time to strengthen grassroots activism in support of a single national, publicly-financed healthcare plan.

Already a wide diversity of groups and individuals across New York are working for HR 676, and also for a New York state-based single payer system. We have worked together spontaneously, organically, and successfully. We also work with many other groups that promote "universal healthcare" or "affordable healthcare," but not necessarily single payer. We are appreciative of their efforts. But the evidence is convincing that single payer reform is crucial for our state and our nation.

A formal statewide grassroots coalition will allow us to share resources, local news, publications, speakers and more. We have much to learn from one another--and from other successful state-based single payer organizations. Together we can build a vigorous single payer voice in every county in New York State—and, ultimately, a new healthcare system.

SINGLE PAYER NEW YORK

ALBANY MEDICAL COLLEGE - SATURDAY SEPTEMBER 13TH

10am to Noon – Healthcare-NOW Roadshow, featuring Donna Smith of “Sicko”

Noon – lunch, please RSVP if you would like a box lunch

1pm to 4pm - organizing and strategy meeting

**For more information please contact Fareed Michelen at
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Ten Problems with the Private Health Insurance System

1. **Profit before health care.** Private health insurance companies make more money when they prevent consumers from receiving care. To them health care is just another product for sale.
2. **High Administrative Costs.** Around 25 cents of each health care dollar paid to private health insurance goes to its profits and administrative costs. Premiums are raised regardless of patients' ability to pay.
3. **Creation of paperwork and confusion.** Consumers and doctors can't figure out what is covered. Physicians on average have to hire 2.5 staff people to fill out insurance forms and try to figure out what medical services are covered by the various insurance programs.
4. **Excessive Role in Health Policy.** The private health insurance industry, whose primary accountability is to corporate shareholders, has too much power over the health care system. They dictate how our health care resources are spent, what medical services are available, and how healthcare providers and hospitals are financed.
5. **Undercuts social responsibility.** Private insurers carve up the risk pool and impose high premiums that exclude many individuals forcing the tax payer to provide the cost of coverage for the uninsured and underinsured.
6. **Restricts choice.** Private health insurance unduly restricts what doctors and other medical providers we can use. In addition, private health insurances frequently deny prescribed medical treatment recommended by your healthcare provider.
7. **Lack of portability.** Private health insurance is primarily financed through employers. Workers become "locked" into their job, since they often can't carry their policy to their next job, and may be denied coverage at their new job due to "pre-existing conditions." Changing jobs or employment status often requires people to change their health providers.
8. **Excludes the sick.** Private Insurance companies make more money by covering those who are healthy and likely to remain so. They invariably exclude pre-existing medical conditions
9. **Coverage is often inadequate.** Being insured does not guarantee access to health care nor coverage for services received. Most people with insurance don't know the scope of their coverage. They may not learn these limitations until the insurance company rejects coverage when they seek medical treatment.
10. **High costs for workers and employers.** The annual premium that a health insurer charges an employer for a health plan covering a family of four averaged \$12,000 in 2007; individual coverage averaged \$4,000. As costs rise, employers pass on more of the costs to their employees. Health insurance expenses are the fastest growing cost component for employers and is becoming the largest expense for employees as well.

*Only a Single Payer System such as HR-676—
Medicare For All can solve all of these problems!*