



RESOLUTION IN SUPPORT OF UNIVERSAL HEALTH CARE

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WHEREAS every person in the City of Alexandria, the Washington Metropolitan Area, the Commonwealth of Virginia, and the entire United States deserves high quality health care; and the Commonwealth of Virginia has made great strides in increasing our health care coverage through Medicaid expansion, we still struggle to ensure quality health care for all- more than 12,900 people, or 8.3% of residents, in the City of Alexandria remain uninsured; (1)

WHEREAS health care outcomes reflect racial disparities, and further divide populations by race and incomes; (2)

WHEREAS the health of our City depends on the health of its citizens; and the City of Alexandria's economy depends heavily on its restaurant industry,(3) and other underinsured professions, especially in the gig economy;(4)

WHEREAS universal healthcare will benefit those most in need; homeless populations use emergency departments at higher rates, and are more likely to have repeat visits than their housed counterparts;(5)

WHEREAS health care is an increasing burden on the Commonwealth of Virginia; the COVID-19 pandemic has caused increases in applications for Medicaid and other health care programs managed by the Commonwealth of Virginia; (6) (9)

WHEREAS in order to equitably and effectively address the health care needs in the City of Alexandria, and only comprehensive universal health coverage can assure people that, no matter what health condition is ultimately responsible for their symptoms, or whatever treatment becomes necessary, all residents of the U.S. will be financially protected; (7)

WHEREAS the *Medicare for All Act of 2021* would guarantee all residents full coverage for medically necessary health care without copays, deductibles, or other out-of-pocket costs, and provide full and comprehensive mental health services; (8) (10)

WHEREAS the *State-Based Universal Health Care Act of 2021* would amend the *Patient Protection and Affordable Care Act* to authorize the establishment of, and provide support for, state-based universal health care systems that provide comprehensive health care to their residents; (11)

WHEREAS the Democratic Party of Virginia passed resolutions in 2016 and 2020 at their State Conventions affirming support for a single payer Health Care System, such as Medicare For All, and so it is now part of the Virginia Democratic Party Platform, and so the local party would be in agreement with the state party on this issue; (12)

WHEREAS many members of the U.S. Congress have cosponsored the *Medicare for All Act of 2021* (H.R. 1976), including Virginia Congress Members Rep. Don Beyer and Rep. Bobby Scott; (14) and

WHEREAS The United States can not afford not to address rising Health Care Costs, which if unaddressed will have a catastrophic effect on our economy and the health of our citizens. (13)

THEREFORE, BE IT RESOLVED THAT THE ALEXANDRIA DEMOCRATIC COMMITTEE

- a) supports the enactment of federal legislation to provide universal and comprehensive health care for all residents of the United States including the residents of the City of Alexandria;
- b) calls for passage of the *Medicare for All Act of 2021* (H.R. 1976) and *State-Based Universal Health Care Act of 2021* (H.R. 3775) or similar legislation that guarantees Healthcare coverage to all Americans.

¹ More than 12,900 people, or 8.3% of residents, in the City of Alexandria remain uninsured^[1], and many more are underinsured; and 50% of undocumented children and 5% of all children in Virginia are uninsured, and 27% of the total uninsured population in Virginia are non-citizens^[9]; U.S. Census Bureau American Community Survey, <https://data.census.gov/cedsci/table?q=Alexandria%20city%20Health&t=Health%20Insurance&tid=ACSST1Y2019.S2701&hidePreview=true&moe=false>

² 1. More than 3,500 Black people, or 11%, and 6,100 Hispanic people, or nearly 24%, in the City of Alexandria remain uninsured^[2], and many more are underinsured; and health care expenditure comprises more than \$9,500,000 of the City of Alexandria's budget^[3]. 2. The City of Alexandria suffers from racial disparities in quality of health care and patient outcomes, clearly demonstrated by the unequal rates of morbidity and mortality of Black residents in the City of

Alexandria during the COVID-19 pandemic^[4]; 3. More than 30% of pregnant people in the city do not receive early prenatal care which can prevent low birth weight and infant mortality^[5]; and there are racial disparities in life expectancy in the City of Alexandria with white residents expected to live 5 years longer than Black residents (84.9 and 79.7 years, respectively)^[6]; 4. Black and white residents of the City of Alexandria have similar rates of cancer diagnosis, but Black residents are more likely to die from cancer compared with white residents^[7]; 5. Hypertension hospitalization rates among Black residents of the City of Alexandria are 12 times the rate of hospitalization among white residents, and hospitalization rates due to long-term complications from diabetes among Hispanic residents are four times the rate of hospitalization among white residents^[8];

³ The Restaurant industry has only 31% health insurance coverage nationally before the pandemic^[10] and which now faces significant loss of income, while many restaurant industry workers frequently oscillate between Medicaid and other insurance or no insurance due to unstable wages, leading to interruptions of care for chronic disease management, which worsens outcomes^[11]; and many people delay seeking needed health care due to an inability to pay^[12], leading to a sicker and poorer population which is significantly more likely to develop serious illness if exposed to COVID-19 or other infectious disease, and will subsequently face higher mortality rates from infectious diseases; Summary Tables, 2021 City of Alexandria Budget, [https://www.alexandriava.gov/uploadedFiles/budget/info/budget2021/Section%2006%20-%20Summary%20Tables\(3\).pdf#page=4](https://www.alexandriava.gov/uploadedFiles/budget/info/budget2021/Section%2006%20-%20Summary%20Tables(3).pdf#page=4)

4 16% of Americans have ever earned money from an online gig platform.<https://www.pewresearch.org/internet/2021/12/08/the-state-of-gig-work-in-2021/>

5 This has been linked to a poor understanding of the *Patient Protection and Affordable Care Act* and Medicaid enrollment criteria, and leads to increases hospital emergency room costs and to preventable deaths among the homeless population^[13]; and the *Medicare for All Act of 2021* will provide long-term support services for people in the disability community and those with pre-existing conditions^[14]; City of Alexandria's Community Health Assessment, 2019, https://www.alexandriava.gov/uploadedFiles/health/info/CHA%20FINAL_small%20file.pdf#page=21

Homelessness and Emergency Medicine: A Review of the Literature, Society for Academic Emergency Medicine, January 11, 2018, <https://onlinelibrary.wiley.com/doi/full/10.1111/acem.13358>

6 Kaiser Family Foundation, December 2020, <https://www.kff.org/coronavirus-covid-19/issue-brief/analysis-of-recent-national-trends-in-medicare-and-chip-enrollment/>

7 Modern Healthcare, March 2019, <https://www.modernhealthcare.com/politics-policy/sanders-medicare-all-expands-long-term-care-benefits>

8 H.R.1976 - Medicare for All Act of 2021, <https://www.congress.gov/bill/117th-congress/house-bill/1976>

9 The COVID-19 pandemic has led to record levels of unemployment, loss of employer sponsored health insurance, a severely strained health care system, widespread illness, and taken

a profound toll on our community’s mental health, all of which is placing significant demands on our health care system; and the ever-increasing costs of health care, which are further elevated due to the pandemic, may challenge our already strapped state and municipal budgets^[1], and COVID-19 and other virulent and communicable diseases like Monkey-pox are likely to cost uninsured patients tens of thousands of dollars;

10 Universal health care will help the financial health of our citizens, and medical bills are a leading cause of bankruptcy in this country^[15] and more than 25% of residents of Virginia report past-due medical debt which is above the national average^[16]; Commonwealth Institute for Fiscal Analysis

<https://www.thecommonwealthinstitute.org/wp-content/uploads/2021/01/For-Today-and-Tomorrow-Increasing-Health-Coverage-for-Undocumented-Virginians.pdf>

^[11] Annals of Internal Medicine 2017;167:424, <https://www.acpjournals.org/doi/full/10.7326/M17-1403>: An estimated 37-45 thousand Americans die per year for lack of health care coverage.

^[12] JPMorgan Chase Institute, January 2018, <https://www.jpmorganchase.com/content/dam/jpmc/jpmorgan-chase-and-co/institute/pdf/institute-tax-refunds-healthcare-report.pdf#page=17>

^[13]^[14] ^[15] American Journal of Public Health, March 2019, <http://www.pnhp.org/docs/AJPHBankruptcy2019.pdf>

^[16] Urban Institute, March 2016, <https://apps.urban.org/features/medical-debt-in-america/>

^[17] ^[18] Council on Foreign Relations, January 12, 2021, <https://www.cfr.org/backgrounder/how-covid-19-harming-state-and-city-budgets>

Kaiser Family Foundation, April 2020, <https://www.kff.org/coronavirus-covid-19/issue-brief/estimated-cost-of-treating-the-uninsured-hospitalized-with-covid-19/>

¹¹ Legislators in several states including California, New York, Maryland, and Washington have introduced bills in their legislatures that could potentially create state-based single-payer universal health care systems for their residents.) H.R.5010 - State-Based Universal Health Care Act of 2019, <https://www.congress.gov/bill/117th-congress/house-bill/3775>

12 [2020 DPVA Convention - Refocusing National Security Policy for International cooperation to Address Global Needs .pdf](#)

[State2016CallsForMedicareForAllRatified.pdf](#)

[2020 DPVA Convention-Condemn the Failures of The Trump Administration and Current Healthcare system to Address COVID-19 .pdf](#)

<https://docs.google.com/document/d/14nr7vbUEvYX8ON-PM57HTvoVCPm5dzP13LDR4kng0/edit#bookmark=id.x110l3q6gdhs>

13 “Federal spending on major health care programs continues to grow faster than the economy—which is helping contribute to the unsustainable long-term fiscal future of the nation. For instance, Medicare will likely face a funding shortfall within the decade because enrollment in and spending on Medicare (which is on the [High Risk List](#)) are both expected to increase as the number and proportion of people over age 65 increases. Similarly, federal Medicaid spending (also on the [High Risk List](#)) is expected to total \$700 billion by 2030;” and “In 2018, \$3.7 trillion was spent on healthcare-related goods and services, 18% of the nation’s gross domestic product; and although there is some dispute as to how much Medicare for All would cost, surely overall costs would decrease as patients avoid preventable disease and take better care of themselves,

and seek medical care when they need it, not just when they can afford it; and that should save all people money in the long run. [Healthcare - USAFacts](#)

14 (<https://www.congress.gov/bill/117th-congress/house-bill/1976/cosponsors>)