

# RESOLUTION 10

## WINNING GUARANTEED HEALTH CARE FOR ALL

Submitted by the Committee on Legislation/Policy and the Executive Council

In too many ways, our health care system is broken. The sick routinely forgo care because treatment is unaffordable or unavailable. Working people face higher and higher premiums, deductibles and co-pays, and too often are left with crippling debt when serious illness affects a family member. Health care corporations, insurers and investors are more focused on extracting ever more money from workers, employers and governments than on improving care. Quality and access are compromised by industry consolidation. Lip service is given to honoring health care workers instead of truly supporting their work.

This system was ill-prepared to handle the COVID-19 pandemic. Millions of people suffered illness, loss of work and income, or even death. After decades of underfunding, our public health infrastructure struggled to get vaccines into arms, provide tests and mitigate the virus's spread. The crisis forced policymakers to lavish funding on vaccine makers, testing companies and hospitals—with workers ultimately paying the tab through their premiums and tax dollars. Too many lives have been lost, and too many front-line health care workers have paid a terrible personal toll. This lesson drives us to pursue fundamental changes to achieve health care justice.

### **Making Health Care a Basic Right**

More than a century ago, labor unions pioneered our nation's first forms of health insurance and set forth the vision that health care must be guaranteed for all. When working families had no assurance they could pay for medical care, unions established trusts to cover their care, paid sickness benefits to make up for lost wages and opened clinics. As companies assembled large nationwide workforces, we negotiated with employers to provide health benefits for workers, and by the end of World War II, having a "good job" was synonymous with having health insurance. As the labor movement pushed

for the establishment of a national health insurance program, the health benefits we won for our members served as a benchmark for the health coverage we sought for all.

Our advocacy for national insurance led to the establishment of the Medicare program for older adults, which we won with help from our allies. We continued to fight for expanded coverage, through Medicaid, the Children's Health Insurance Program (CHIP) and the Affordable Care Act (ACA). Most recently, we secured COBRA subsidies for unemployed workers during the pandemic, consumer protections against surprise medical bills and improved funding for school-based care.

Our goal is to move toward a single-payer system, like Medicare for All, that provides universal coverage using a social insurance model while retaining the critical role of workers' health plans. Any such system must guarantee everyone can get the health services they need without exclusions or financial barriers to care, and with access to high-quality doctors, hospitals and other health care providers; not diminish the hard-fought benefits union members have won for themselves and all working people; include long-term care for all; retain the Department of Veterans Affairs health care system as the primary direct provider of fully integrated care to veterans; provide multiemployer and other worker health plans the opportunity to administer core health benefits and to provide supplemental benefits, each on a fully tax-advantaged basis; and keep a strong federal role without shifting costs to states. We will support legislation, like Medicare for All, that guarantees health care as a human right through a single-payer system, which we will judge according to the above core values.

To transition to a single-payer system, we resolve to strengthen worker health plans; address chronic inequities; drive down pharmaceutical prices; improve Medicare's benefits and lower the eligibility age to 50;

and create a public health insurance option that builds on Medicare or Medicaid as an alternative to for-profit insurance companies.

We have a fundamental standard for every reform we pursue—that new policies provide clear improvement to the health coverage working people have now, that they make quality health care more accessible and affordable, and that no one will have to give up benefits they have now unless better coverage is guaranteed.

## Eliminating Chronic Inequities

Workers join together for better wages and working conditions, but also because unions improve access to health care, particularly for underserved populations that suffer from discrimination. Though COVID-19 has been a tragedy for every community in this country, the past two years have highlighted the structural inequities in health care suffered by people of color and other underserved populations that lead to elevated rates of illness and mortality.

We must redouble our efforts to create a culture of health in which everyone has the opportunity to thrive, regardless of race, ethnicity, geography, income, ability, sexual orientation, immigration status, gender and/or gender identity. The ACA provides important protections against such discrimination, but more is needed to create a culture of health shared by all. We must secure full Medicaid coverage for people in states with a coverage gap, for pregnant and postpartum women, and for Puerto Rico and the other territories. Mental and physical health professionals must be made available to underserved schools and communities through community schools, community health centers and other programs. Building structures, ventilation and water systems must be improved to ensure everyone has access to clean air and water. While these policies will help all Americans, they will have a disproportionate effect on workers of color and other underserved communities. For people eligible for Social Security Disability Insurance, there must be equal access to Medicare. The current waiting period is unnecessary and harmful to people with disabilities or chronic conditions. Women should have quality health care and the right to control their own bodies, including equal access to contraceptive care, regardless of where they work or live. Finally, we must evaluate every proposed reform of the system for its potential to improve equity.

## Reforming a Broken Health Care System

Unfortunately, the job of improving the health care system begins with defending against attempts to “fix” health coverage by simply paring it back, shifting costs to working people or taxing one part of the system to pay for another. In order to truly reform our broken health care system, we must address the systemic drivers of unrelenting and unsustainable costs—the prices we pay for care and prescription drugs. We will advocate for Medicare to negotiate lower prices for prescription drugs and allow private health plans to access those prices. In addition, drug price increases should be capped at the rate of inflation. Prices for medical services are often high because hospitals and provider groups have merged to gain pricing power in the market. We will push the Federal Trade Commission, the Department of Justice, and state authorities to unwind monopolistic integration and prohibit anti-competitive practices. We also will support other approaches that restrain the growth of provider prices, such as cost growth benchmarks, price regulation, efforts that combine the purchasing power of payers to increase leverage and effective implementation of the No Surprises Act. Slowing price increases will make all forms of health coverage more affordable.

Health benefits earned on the job are the primary source of health coverage for 163 million Americans. Union members often receive high-quality coverage from nonprofit, patient-centered worker health plans, many of which are multiemployer plans. We are committed to strengthening employment-based coverage, including treating worker health plans as unique in regulations, and opposing attempts to undermine its comprehensiveness by removing its tax-advantaged status. Unfortunately, a number of states have sought to assess fees or taxes on worker health plans to finance reinsurance programs and other approaches to stabilizing the individual market, and we fought against those efforts. We will continue to oppose efforts at the state or federal level that impose assessments on worker plans, reducing the funding available for workers' benefits. We will advocate for a permanent COBRA automatic stabilizer program, where the federal government covers 100% of COBRA premiums for workers during economic downturns. As we continue to weather the pandemic, it is also important that the government help pick up the tab for much of the cost of ongoing testing, diagnosis and treatment as part of its public health response.

Medicare is a pillar of the health care system, but it is not immune from the systemic growth in health care prices, and its Hospital Insurance trust fund is projected to be depleted in 2026. This does not call for crisis measures, since the program's annual revenues will cover 91% of that year's costs, but deficit hawks will use the news to renew cries to cut benefits or voucherize the program. Medicare's per capita spending is modest relative to other coverage, and we will vigorously defend it against cuts. We will work to improve it, by adding comprehensive hearing, vision and dental benefits. We also will advocate for Medicare to become the primary payer for adults ages 50 and older, with capacity for workers to receive supplemental coverage.

We will advocate to improve Medicaid and the ACA. We will fight to expand Medicaid coverage in the 12 states that have not adopted the ACA expansion and to secure federal coverage for people caught in the current coverage gap. We will seek adequate funding for home- and community-based services and school-based health services through programs that support the rights of workers. We will work for fundamental improvements to the ACA, including platinum-level tax subsidies, permanently reduced premium contributions, strengthened employer shared responsibility, a fix for the "family glitch" and requirements that ACA plans provide in-network coverage in all states.

We will help build our health care system's capacity to meet unmet needs. Adequate resources must be provided to fight the overdose crisis and ensure access to mental health services. New financing approaches, such as the certified community behavioral health centers, are needed. We will advocate for behavioral health parity rules that effectively ensure access to a full range of services for all working people. It is also important that we bring services to the people who lack them, by supporting health care professionals in school-based settings and in the community. Community violence intervention programs must be funded to connect at-risk individuals with social services. Our beleaguered public health infrastructure must be bolstered to continue our fight against COVID-19 and prepare for other threats. At every site where care is delivered, ventilation systems and building materials must be improved to ensure the air is safe to breathe. We will also fight against hospital and provider consolidation that will harm access to care or increase costs for working people.

## **Fair Pay, Safe Workplaces and Education Support for Health Care Workers**

We must build a care economy that addresses a history of gender discrimination and workplace violence by ensuring that health care workers have a collective voice to address concerns over fair pay, patient care and greater protection from inherent workplace hazards. In addition, a lack of personal protective equipment and respiratory protections has taken a toll on patient care and caused both physical and mental distress to health care workers—problems that have persisted for decades. It is unacceptable that occupations disproportionately held by women and people of color continue to be underpaid, unsafe and unrecognized.

Redressing this history of discrimination requires implementing workplace violence prevention programs, infectious disease protections and federal safe-staffing ratios that would improve the quality of care in hospitals, nursing homes and other settings. Such measures will safeguard the health and safety of workers and increase worker retention. Reversing this discrimination also requires improved federal funding and infrastructure for home- and community-based services, including an expansion of self-directed services, appropriate quality measures and a mechanism for ensuring that workers are fairly compensated. It is important that adequate compensation and support also be provided to workers in intermediate care facilities, which serve a vulnerable population.

Improved workforce development must include better training, increased access to loan forgiveness, mental health supports, and higher pay. Safe patient handling programs that include worker involvement and training as well as appropriate lifting equipment must be implemented fully to protect workers from musculoskeletal injury. Finally, it is crucial that the use of new technology be focused on improving patient care, and not used as a means to reduce labor costs or outsource jobs.

Health care is among the fastest-growing sectors of the economy, but it is also among the most dangerous sectors to work in—a fact that has been exacerbated by the pandemic. Union health care workers are leading the way in creating a society based on care, not corporate profits, through their patient advocacy. We have seen throughout the pandemic that unionized health care

workers are better able to protect the safety and health of their patients and themselves than workers who lack a collective voice at work. We will ensure that health care workers have a right to organize a union in their workplaces, understanding that such organizing benefits both workers and patients.

### **Continuing the Fight**

We will not rest until everyone in our nation is confident that they and their loved ones can get high-quality health care without financial worry. We will fight to curb the health care industry's excessive profit taking and to secure affordable access to care. We will ensure that front-line health care workers, who put themselves into the care as much as their expertise, are fully supported and compensated for their noble work.