

AFSCME'S HEALTH CARE REFORM BLUEPRINT FOR 2007 AND 2008

1 WHEREAS:

2 The number of Americans without health insurance has increased steadily in the last two
3 decades, and this growth has accelerated under the Bush Administration. There are now
4 approximately 48 million uninsured, up from 39.6 million in 2000; and

5 WHEREAS:

6 The number of employers offering health benefits has also been declining. In 2006, just 61
7 percent of firms made coverage available to employees, down from 69 percent in 2000; and

8 WHEREAS:

9 The decline in health care coverage offered to employees can be tied to the astronomical
10 increases in the cost of employment-based health benefits. Since 2000, the cost of health benefits
11 has more than doubled; and

12 WHEREAS:

13 Retiree health care coverage is eroding and the implementation of Governmental
14 Accounting Standards Board rules will exaggerate and distort the costs of retiree health care
15 coverage which in some cases may jeopardize their continuation; and

16 WHEREAS:

17 Our national problem with health care requires a comprehensive solution that only federal
18 action can provide. The current Administration and previous Congresses have shown no leadership
19 on the issue of health care but, as a result of the 2006 election, opportunities for progressive health
20 care have been enhanced. Yet AFSCME and other advocates for meaningful reform need greater
21 legislative majorities and a progressive health care thinker as President; and

22 WHEREAS:

23 In the absence of federal leadership on the issue, many states are making serious efforts to
24 provide solutions to the myriad problems plaguing our health care system. However, states
25 typically do not have the economic or legal capacity to bring about access to quality affordable
26 health care for all; and

27 WHEREAS:

28 The AFL-CIO Executive Council issued a statement at its March 2007 meeting calling for
29 the enactment of federal health care reform that achieves universal, comprehensive and affordable

30 coverage, choice of providers, pooled risk, fair financing, cost control, quality care, and protection
31 of the benefits levels that union members now enjoy.

32 THEREFORE BE IT RESOLVED:

33 That the International Union and its affiliated District Councils and Locals will lead
34 AFSCME members in a vigorous advocacy effort and a member education and mobilization
35 program to build support for federal legislation that achieves comprehensive and meaningful reform
36 and otherwise participate in the legislative and political process for the purpose of achieving quality,
37 affordable health care for all; and

38 BE IT FURTHER RESOLVED:

39 That AFSCME supports the health care reform principles enunciated by the AFL-CIO:
40 Universal Coverage

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

46 Comprehensive, Affordable Coverage

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

50 Choice of Providers

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

53 Financing Through Shared Responsibility

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

60 Effective Cost Control

- 61 • Reform efforts must include effective mechanisms for controlling costs, requiring
62 information on provider performance and enhancing efficiency.

- 63 • Investments should be made in systems and technology to reduce medical errors and costs,
64 streamline administration and promote best practices.
- 65 • Employees who are frontline caregivers should have a protected voice in improving health
66 care.

67 Do No Harm

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

70 BE IT FURTHER RESOLVED:

71 That AFSCME supports federal legislation that meets these principles, such as the Medicare
72 for All Act drafted by Sen. Edward M. Kennedy (D-MA) and Rep. John Dingell (D-MI) and the
73 AmeriCare Health Care Act drafted by Rep. Pete Stark (D-CA); and

74 BE IT FURTHER RESOLVED:

75 That health care reform is the responsibility of the federal government because only the
76 federal government has the resources and the legal authority to implement the necessary systemic
77 reforms; and

78 BE IT FINALLY RESOLVED:

79 In the absence of federal solutions, states will continue to initiate their own reforms of the
80 health care system, especially reforms targeted to the most vulnerable populations. Some of these
81 reforms, such the reforms adopted in Massachusetts in 2006 which rely on "individual mandates,"
82 are incompatible with AFSCME's principles and long term interests. Others, such as proposals to
83 expand S-CHIP, are worthy of the union's support. AFSCME must carefully weigh its involvement
84 in state based reform based on whether our participation advances the union towards its ultimate
85 goal. The union's participation will be based on the following guidelines:

- 86 1. The reform can be strategically used to advance the union towards its health care reform
87 goals.
- 88 2. The reform provides comprehensive coverage, including preventative and primary care,
89 and does not create unreasonable financial barriers to care, such as high co-payments
90 and deductibles.
- 91 3. The reform includes a plan for financing based on shared responsibility and identifies
92 new sources of funds, or realigns current health care funding, but does not rely on the
93 existing overburdened general fund revenue stream and does not shift more of the
94 financial burden for care to workers.
- 95 4. The reform relies on creating broad risk pools and not on individual market approaches.

96 5: The reform addresses quality, cost and the long term sustainability of the health care
97 system.

SUBMITTED BY: INTERNATIONAL EXECUTIVE BOARD