

**CITY OF BALTIMORE
COUNCIL BILL 07-0287R
(Resolution)**

Introduced by: Councilmembers Clarke, D'Adamo, Kraft, Curran, Holton, Middleton, Crider,
President Rawlings-Blake, Councilmembers Harris, Young, Spector, Reisinger, Welch,
Mitchell

Introduced and adopted: April 23, 2007

A COUNCIL RESOLUTION CONCERNING

Martin Luther King National Healthcare Month

FOR the purpose of expressing support for Representative John Conyers, Jr.'s legislation that seeks to ensure that guaranteed by law, all Americans, will have access to the highest quality, cost effective health care from birth to death regardless of an individual's employment, income, or health care status; and urging the Maryland State Delegation to the 112th Congress to secure final passage of the legislation.

Recitals

April is Martin Luther King National Health Care Month. The United States' health care system is currently in a state of crisis. The cost of private health insurance premiums is rising by more than 10% each year, which is much greater than the yearly increase in wages. Each year, more employers either drop health insurance benefits or shift more of the burden to the employees by requiring higher contributions or higher deductibles. Each year, more workers find they are unable to afford health insurance. When employees are required to pay more for health care, they forego needed preventive care and timely treatment of medical conditions.

The United States is the only industrialized country in the world without a national health care system. The United States ranks 37th in the world, at the bottom of all industrialized nations, in health outcomes. The U.S. has double the infant mortality and maternal mortality rates of other industrialized nations. The U.S. has a lower life expectancy than other industrialized nations.

Despite the fact that Maryland is the 2nd wealthiest state in the U.S., the number of uninsured has grown to 810,000, and Maryland ranks 32nd in the U.S. in health outcomes. The United States National Insurance Act (HR676) establishes a national health insurance program by creating a single payer health care system. The bill creates a publicly financed, privately delivered health care program that expands and improves upon the existing Medicare program and makes it available to all residents of the United States and the U.S. territories. Persons enrolled in the program would not be subject to co-pays or deductibles. The legislation addresses the needs of the over 46 million uninsured and over 40 million under-insured Americans who do not benefit from the current inefficient, costly, and fragmented health care delivery system.

It is expected that the United States National Health Insurance Act will reduce overall annual health care spending by \$109 billion. The average cost to an employer for an employee earning \$35,000 per year will be reduced to less than \$100 a month and a family who pays \$5-7,000 a

EXPLANATION: Underlining indicates matter added by amendment.
~~Strike out~~ indicates matter deleted by amendment.

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1 year in health insurance will pay less than \$50 a month. Total household expenditures would
2 drop from \$326.7 billion to \$65.9 billion annually. National Health Insurance will cover all
3 medically necessary services, including primary care, preventive care, in-patient care, out-patient
4 care, emergency room care, prescription drugs, durable medical equipment, long term care,
5 mental health services, dentistry, eye care, chiropractic, and substance abuse treatment. Patients
6 will have their choice of physicians, health care providers, hospitals, clinics, and group practices.
7 To ensure conversion to a non-profit health care system, private health insurers will be
8 prohibited from selling coverage that duplicates the benefits of the National Health Insurance
9 program. They will not, however, be prohibited from selling coverage for any additional benefits
10 not covered by the Act such as cosmetic surgery and other elective and medically unnecessary
11 surgery and treatments.

12 The National Health Insurance Act will set annual reimbursement rates and provide an
13 annual lump sum allotment to each existing Medicare region that will then administer the
14 program. Payments to health care providers will include fee-for-service and global budgets. The
15 conversion to this not-for-profit health care system is expected to take place over a 15-year
16 period and will be financed through the sale of U.S. Treasury bonds. The United States
17 Congress will establish annual funding appropriations for basic operating costs of the program
18 that will operate under the auspices of the Department of Health and Human Services and be
19 administered by the former Medicare offices. All current expenditures for public health
20 insurance programs will be enveloped by the National Health Insurance program. Other funding
21 for the program will come from modest payroll taxes on employers and employees and a higher
22 health income tax on the wealthiest 5% of Americans. There is no reason for anyone in this
23 country to go without the basic health care coverage that sustains life.

24 **NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF BALTIMORE,** That this
25 Body supports Representative John Conyers, Jr.'s legislation that seeks to ensure that guaranteed
26 by law, all Americans, will have access to the highest quality, cost effective health care from
27 birth to death regardless of an individual's employment, income, or health care status; and urging
28 the Maryland State Delegation to the 112th Congress to secure final passage of the legislation.

29 **AND BE IT FURTHER RESOLVED,** That a copy of this Resolution be sent to the Mayor, the
30 members of the Maryland State Delegation to the 112th United States Congress, the members of
31 the Baltimore City Delegation to the 2007 Maryland General Assembly, the Baltimore City
32 Health Commissioner, and the Mayor's Legislative Liaison to the City Council.