

The Fight for Universal Health Care Isn't Over

The fight for universal, comprehensive national health care has been a central part of the American Left's political life for over a century. For the past twenty-five years, Democratic Socialists of America (DSA) has consistently advocated a single-payer or "Medicare for All" approach to universal health care that would eliminate the wasteful and inhumane private insurance industry.

Congress is on the verge of passing legislation that would affirm the principle that the government has a responsibility to guarantee meaningful health care for its citizens. Some bill will likely pass into law by early February.

DSA believes that between now and then progressives should work to improve the bill. More importantly, the Left must recognize that the fight for universal and affordable health care is just beginning. We must continue to fight after February to expand national health care coverage, to make it more affordable, and to rein in the power of the private insurance industry. Progressives may most productively focus their efforts on establishing single-payer universal health insurance systems at the state level.

DSA urges all its members and our progressive allies to lobby the White House and the Democratic House and Senate leadership to insure that the final bill:

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- makes health insurance affordable for more presently uninsured individuals by better subsidizing it
- is financed fairly, through income taxes based on ability to pay and a high level of employer-contributed premiums rather than by taxes on the health care benefits of unionized workers
- allows for state experimentation in providing health care for all, including state single-payer systems that could access Medicare and Medicaid funds to help finance single-payer, and
- requires health insurance plans to cover comprehensive reproductive services, including abortion.

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Talking Points on These Key Issues:

Affordability

The Senate bill fails to offer adequate subsidies that would enable moderate income individuals and families to afford health insurance, nor does it expand Medicaid eligibility to moderate-income families. The House version is better than the Senate bill, but the final bill should include even higher subsidy levels.

The combination of inadequate subsidies and penalties for not buying insurance will likely alienate moderate income workers and turn them against all reform.

Equitable Financing

DSA joins with the AFL-CIO in demanding that expanded health care be financed by progressive income taxes on wealthy individuals and by employers being required to pay their fair share for expanded coverage. In this regard, the House bill is superior to the Senate bill.

If health benefits are to be taxed the level should be raised to \$10,000 for individuals and \$27,000 for family plans, and this must be indexed to health care cost inflation, not to the slower general cost-of-living index.

State Experiments, including State Single-Payer Systems

Thanks to the efforts of our fellow democratic socialist, Senator Bernie Sanders (I-VT), the Senate version allows for states to experiment with alternatives to the federal health care system. State experimentation could lead to the establishment of state single-payer systems, particularly if the final bill grants an ERISA waiver to states so they can fold the Medicare and Medicaid funding for their residents into a comprehensive single-payer system.

Insuring Reproductive Rights for All

Both bills restrict the use of public funds for abortion. The Senate bill allows individuals who receive public health care subsidies to use the private funds they contribute to buy insurance to cover reproductive health services, including abortions. The House's Stupak amendment would bar all women who receive public subsidies from purchasing a health insurance plan that includes abortion services. We demand abortion coverage.

After Passage: The Struggle Continues

DSA recognizes that the inadequate health care reform that may pass Congress in a few weeks will fail to rein in the power of the health insurance industry. But it will expand health care coverage to over 30 million Americans, create health "exchanges" through which those who lack secure workplace coverage can gain group-insurance discount plans, and will reduce insurers' ability to discriminate against the sick and those with pre-existing conditions. In the final weeks, DSA urges its locals and members to join the phone-ins, E-mail campaigns, lobby days, and demonstrations that feminist organizations, labor unions, MoveOn, PDA, Health Care for America Now (HCAN), and others are organizing to improve the final bill.

But DSA also understands that millions of Americans (including millions of undocumented immigrants who provide important labor that benefits all of us) will still not have health insurance coverage and that millions more will be paying too much for inadequate coverage regardless of the bill that may pass. Thus, the fight for a universal system that provides affordable, high-quality health care coverage for all residents of the United States will continue. To win this fight we must build a stronger political coalition capable of eliminating the corporate health care industry's inordinate political influence.