

TEMA/TÍTULO: Adopción de un Programa de Seguro Médico Universal con “Pagador Único”

PROPONENTE: Rev. Gary Commins

PÁGINA CYC:

PÁGINA LA:

- 1 *Se resuelve*, con la aprobación de la Cámara de \_\_\_\_\_ que la 76ª Convención General de la  
 2 Iglesia Episcopal pida la aprobación de legislación federal que establezca un programa de seguro  
 3 médico universal de “pagador único” que dispondría cobertura médica para todas las personas de  
 4 los Estados Unidos; y asimismo  
 5  
 6 *Se resuelve* que la Iglesia Episcopal trabajará con otras personas de buena voluntad para final y  
 7 concretamente lograr la meta de cobertura de seguro médico universal; y asimismo  
 8  
 9 *Se resuelve* que los miembros de la iglesia y la Oficina de Relaciones Gubernamentales  
 10 comuniquen la posición de la Iglesia Episcopal sobre este asunto al Presidente y a los Miembros  
 11 del Congreso y que aboguen por la aprobación de legislatura congruente con esta Resolución.

EXPLANATION:

The Episcopal Church, along with several other denominations in the National Council of Churches, previously called upon the Congress and the President to ensure universal access to health care for all people in the United States by the end of 2006. That deadline has now passed, and the situation is worse than ever. More than 47 million people in the U. S. are currently without health insurance, more than 75 million went without for some length of time within the last two years, and millions more have inadequate coverage or are at risk of losing coverage. People of color, immigrants and women are denied care at disproportionate rates, while the elderly and many others must choose between necessities and life sustaining drugs and care. Unorganized workers have either no or inadequate coverage. The Institute of Medicine has found that each year more than 18,000 in the U. S. die because they had no health insurance. While we in the United States spend more than twice as much of our gross domestic product as other developed nations on health care (\$7,129 per capita), we remain the only industrialized country without universal coverage, and the United States performs poorly in comparison on major health indicators such as life expectancy, infant mortality and immunization rates. Almost one-third (31 percent) of the money spent on health care in the United States goes to administrative costs. Single-payer financing is the best way to recapture this wasted money. The potential savings on paperwork, more than \$350 billion per year, are enough to provide comprehensive coverage to everyone without paying any more than we already do. Under a single-payer system, all Americans would be covered for all medically necessary services, including: doctor, hospital, long-term care, mental health, dental, vision, prescription drug and medical supply costs. Patients would regain free choice of doctor and hospital, and doctors would regain autonomy over patient care. Physicians would be paid fee-for-service according to a negotiated formulary or receive salary from a hospital or nonprofit HMO / group practice. Hospitals would receive a global budget for operating expenses. Health facilities and expensive equipment purchases would be managed by regional health planning boards. A single-payer system would be financed by eliminating private insurers and recapturing their administrative waste. Modest new taxes would replace premiums and out-of-pocket payments currently paid by individuals and business. Costs would be controlled through negotiated fees, global budgeting and bulk purchasing.

*Endorser(s)*: Ms. Patricia Abrams, The Rev. William E. Exner

*Sponsor(s)*: Leanne Watkins Heidi Franz-Dale Neysa Ellgren

**BALLOT RESULTS:**

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