

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Nancy Pelosi
Speaker of the United States House of Representatives
1236 Longworth House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Madam Speaker:

On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

The Board of Supervisors directs the Clerk of the Board to forward the following document to your attention:

- One certified copy of Resolution No. 149-19 (File No. 190295)

If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "Angela Calvillo".
Angela Calvillo
Clerk of the Board

- c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295

[Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



1 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

2

3 **Resolution supporting United States House Resolution No. 1384, authored by United**
4 States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the
5 Board of Supervisors' support for a single-payer universal health care system.

6

7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

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12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

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16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

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20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
the still largely unregulated high cost of medical care that has led to one-third of all
21 GoFundMe accounts being established to pay for exorbitant medical bills; and

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23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

1 WHEREAS, The inability to pay medical bills continues to be a leading cause of
2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

14 WHEREAS, Continued attacks on the ACA by the Trump administration and GOP in
15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

19 WHEREAS, Employer-provided health benefits are declining and employees' costs are
20 increasing through cost-shifting to workers, including increased cost of premiums for workers
21 covered by employer-paid insurance, which have risen by an average of 65%, and
22 deductibles have risen by an average of 212% over the past decade; and

23 WHEREAS, Many other countries around the world use taxes to pay for a national
24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

1 WHEREAS, Due to their profit incentive, private insurance companies deny up to one-fourth of all claims for care and restrict patient choice through narrow networks for doctors and hospitals, limited drug formularies, and other limits in coverage; and

4 WHEREAS, The U.S. ranks first in cost, but only 35th among countries of the world in health system outcomes and quality according to the *Lancet* and worse for infant mortality and life expectancy, with no relationship between what healthcare costs in the U.S. and the quality of care or access to care; and

8 WHEREAS, The Medicare for All Act would establish guaranteed, universal health care for all U.S. residents; and

10 WHEREAS, The Medicare for All Act would provide comprehensive health care, including all primary care, hospital and outpatient services, dental, vision, audiology, maternity and newborn care, women's reproductive services, mental health, prescription drugs, and long-term care services; and

14 WHEREAS, The Medicare for All Act would eliminate all costs for premiums, deductibles, co-pays, and other out-of-pocket costs that have caused such a crisis for tens of millions of people; and

17 WHEREAS, The Medicare for All Act would ensure genuine patient choice of any doctor, hospital, clinic, or other provider a patient chooses without the restrictions imposed by private insurers; and

20 WHEREAS, The Medicare for All Act would sharply reduce the cost of prescription drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world does; and

23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
10 with global budgeting without the waste for billing, marketing, profit-taking; and

11 WHEREAS, The Medicare for All Act would establish a system of public financing that
12 retains the private provider system with real patient choice and greater transparency on how
13 our public dollars are spent; and

14 WHEREAS, Public opinion polls show up to 70% public support for a Medicare for
15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

17 WHEREAS, The Medicare for All Act would establish peace of mind for everyone,
18 relieving worry about medical bills and access to needed care through a humane system
19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
2 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate
3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

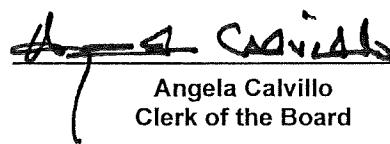
Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.



Angela Calvillo
Clerk of the Board

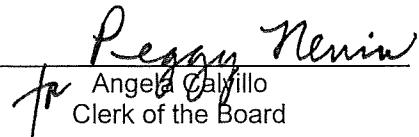
Unsigned

London N. Breed
Mayor

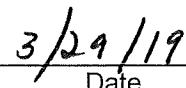
3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.



Angela Calvillo
Clerk of the Board



Date

BOARD of SUPERVISORS



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San Francisco 94102-4689
Tel. No. 554-5184
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April 3, 2019

The Honorable Dianne Feinstein
United States Senator
331 Hart Senate Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Senator Feinstein:

On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

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Sincerely,

A handwritten signature in blue ink, appearing to read "Angela Calvillo".
Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

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1 Dr. Carlton B. Goodlett Place
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190295 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

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7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

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12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

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16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

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20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
the still largely unregulated high cost of medical care that has led to one-third of all
21 GoFundMe accounts being established to pay for exorbitant medical bills; and

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23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

1 WHEREAS, The inability to pay medical bills continues to be a leading cause of
2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

14 WHEREAS, Continued attacks on the ACA by the Trump administration and GOP in
15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

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20 increasing through cost-shifting to workers, including increased cost of premiums for workers
21 covered by employer-paid insurance, which have risen by an average of 65%, and
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23 WHEREAS, Many other countries around the world use taxes to pay for a national
24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

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20 WHEREAS, The Medicare for All Act would sharply reduce the cost of prescription drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world does; and

23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
10 with global budgeting without the waste for billing, marketing, profit-taking; and

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13 our public dollars are spent; and

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15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

17 WHEREAS, The Medicare for All Act would establish peace of mind for everyone,
18 relieving worry about medical bills and access to needed care through a humane system
19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
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23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
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3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
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6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

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**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

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March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.

Angela Calvillo
Angela Calvillo
Clerk of the Board

Unsigned

London N. Breed
Mayor

3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.

Peggy Nevin
Angela Calvillo
Clerk of the Board

3/29/19
Date

BOARD of SUPERVISORS



City Hall
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April 3, 2019

The Honorable Jackie Speier
United States House of Representatives
2465 Rayburn House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congresswoman Speier:

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Sincerely,

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3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

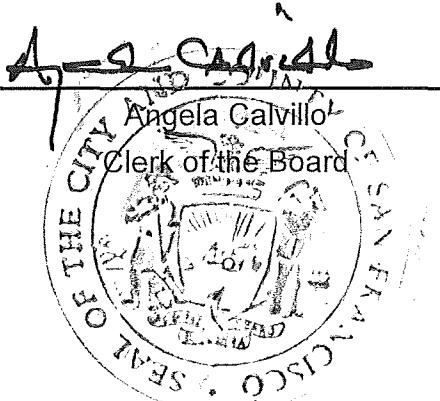
CLERK'S CERTIFICATE

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April 01, 2019

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8 as all other comparable countries and yet ranks only 35th in the world by global health
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12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
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21 GoFundMe accounts being established to pay for exorbitant medical bills; and

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23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
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25 University of Chicago; and

1 WHEREAS, The inability to pay medical bills continues to be a leading cause of
2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

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5 contribute to growing wealth inequality; and

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7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
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16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
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18 by millions of American families; and

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14 WHEREAS, The Medicare for All Act would eliminate all costs for premiums, deductibles, co-pays, and other out-of-pocket costs that have caused such a crisis for tens of millions of people; and

17 WHEREAS, The Medicare for All Act would ensure genuine patient choice of any doctor, hospital, clinic, or other provider a patient chooses without the restrictions imposed by private insurers; and

20 WHEREAS, The Medicare for All Act would sharply reduce the cost of prescription drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world does; and

23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
10 with global budgeting without the waste for billing, marketing, profit-taking; and

11 WHEREAS, The Medicare for All Act would establish a system of public financing that
12 retains the private provider system with real patient choice and greater transparency on how
13 our public dollars are spent; and

14 WHEREAS, Public opinion polls show up to 70% public support for a Medicare for
15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

17 WHEREAS, The Medicare for All Act would establish peace of mind for everyone,
18 relieving worry about medical bills and access to needed care through a humane system
19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
2 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate
3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

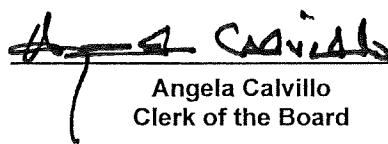
Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.



Angela Calvillo
Clerk of the Board

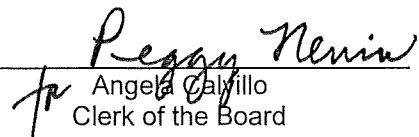
Unsigned

London N. Breed
Mayor

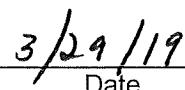
3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.



Angela Calvillo
Clerk of the Board



Date

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Kamala Harris
United States Senator
112 Hart Senate Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Senator Harris:

On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

The Board of Supervisors directs the Clerk of the Board to forward the following document to your attention:

- One certified copy of Resolution No. 149-19 (File No. 190295)

If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "Angela Calvillo".
Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295

[Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



1 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

2

3 **Resolution supporting United States House Resolution No. 1384, authored by United**
4 States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the
5 Board of Supervisors' support for a single-payer universal health care system.

6

7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

11

12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

15

16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

19

20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
the still largely unregulated high cost of medical care that has led to one-third of all
21 GoFundMe accounts being established to pay for exorbitant medical bills; and

22

23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

1 WHEREAS, The inability to pay medical bills continues to be a leading cause of
2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

14 WHEREAS, Continued attacks on the ACA by the Trump administration and GOP in
15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

19 WHEREAS, Employer-provided health benefits are declining and employees' costs are
20 increasing through cost-shifting to workers, including increased cost of premiums for workers
21 covered by employer-paid insurance, which have risen by an average of 65%, and
22 deductibles have risen by an average of 212% over the past decade; and

23 WHEREAS, Many other countries around the world use taxes to pay for a national
24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

1 WHEREAS, Due to their profit incentive, private insurance companies deny up to one-fourth of all claims for care and restrict patient choice through narrow networks for doctors and hospitals, limited drug formularies, and other limits in coverage; and

4 WHEREAS, The U.S. ranks first in cost, but only 35th among countries of the world in health system outcomes and quality according to the *Lancet* and worse for infant mortality and life expectancy, with no relationship between what healthcare costs in the U.S. and the quality of care or access to care; and

8 WHEREAS, The Medicare for All Act would establish guaranteed, universal health care for all U.S. residents; and

10 WHEREAS, The Medicare for All Act would provide comprehensive health care, including all primary care, hospital and outpatient services, dental, vision, audiology, maternity and newborn care, women's reproductive services, mental health, prescription drugs, and long-term care services; and

14 WHEREAS, The Medicare for All Act would eliminate all costs for premiums, deductibles, co-pays, and other out-of-pocket costs that have caused such a crisis for tens of millions of people; and

17 WHEREAS, The Medicare for All Act would ensure genuine patient choice of any doctor, hospital, clinic, or other provider a patient chooses without the restrictions imposed by private insurers; and

20 WHEREAS, The Medicare for All Act would sharply reduce the cost of prescription drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world does; and

23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
10 with global budgeting without the waste for billing, marketing, profit-taking; and

11 WHEREAS, The Medicare for All Act would establish a system of public financing that
12 retains the private provider system with real patient choice and greater transparency on how
13 our public dollars are spent; and

14 WHEREAS, Public opinion polls show up to 70% public support for a Medicare for
15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

17 WHEREAS, The Medicare for All Act would establish peace of mind for everyone,
18 relieving worry about medical bills and access to needed care through a humane system
19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
2 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate
3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

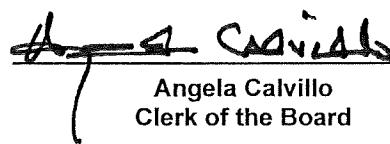
Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.



Angela Calvillo
Clerk of the Board

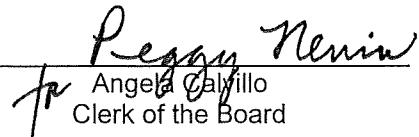
Unsigned

London N. Breed
Mayor

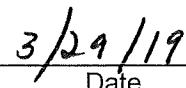
3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.



Angela Calvillo
Clerk of the Board



Date

BOARD of SUPERVISORS



City Hall

1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Pete Aguilar
United States House of Representatives
109 Cannon House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congressman Aguilar:

On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

The Board of Supervisors directs the Clerk of the Board to forward the following document to your attention:

- One certified copy of Resolution No. 149-19 (File No. 190295)

If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "Angela Calvillo".
Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295

[Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

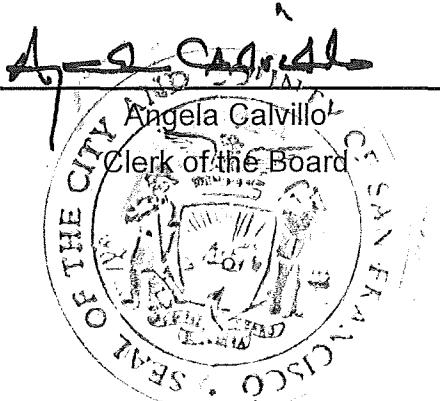
CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



1 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

2

3 **Resolution supporting United States House Resolution No. 1384, authored by United**
4 States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the
5 Board of Supervisors' support for a single-payer universal health care system.

6

7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

11

12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

15

16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

19

20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
the still largely unregulated high cost of medical care that has led to one-third of all
21 GoFundMe accounts being established to pay for exorbitant medical bills; and

22

23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

1 WHEREAS, The inability to pay medical bills continues to be a leading cause of
2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

14 WHEREAS, Continued attacks on the ACA by the Trump administration and GOP in
15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

19 WHEREAS, Employer-provided health benefits are declining and employees' costs are
20 increasing through cost-shifting to workers, including increased cost of premiums for workers
21 covered by employer-paid insurance, which have risen by an average of 65%, and
22 deductibles have risen by an average of 212% over the past decade; and

23 WHEREAS, Many other countries around the world use taxes to pay for a national
24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

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20 WHEREAS, The Medicare for All Act would sharply reduce the cost of prescription drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world does; and

23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
10 with global budgeting without the waste for billing, marketing, profit-taking; and

11 WHEREAS, The Medicare for All Act would establish a system of public financing that
12 retains the private provider system with real patient choice and greater transparency on how
13 our public dollars are spent; and

14 WHEREAS, Public opinion polls show up to 70% public support for a Medicare for
15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

17 WHEREAS, The Medicare for All Act would establish peace of mind for everyone,
18 relieving worry about medical bills and access to needed care through a humane system
19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
2 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate
3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

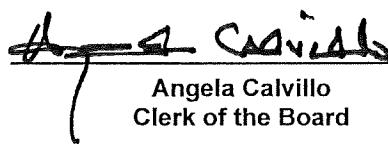
Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.



Angela Calvillo
Clerk of the Board

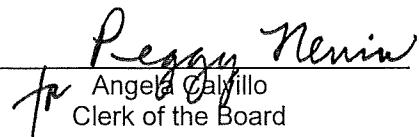
Unsigned

London N. Breed
Mayor

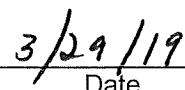
3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.



Angela Calvillo
Clerk of the Board



Date

BOARD of SUPERVISORS



City Hall

1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Nanette Barragán
United States House of Representatives
1030 Longworth House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congresswoman Barragán:

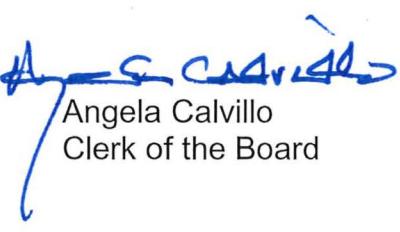
On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

The Board of Supervisors directs the Clerk of the Board to forward the following document to your attention:

- One certified copy of Resolution No. 149-19 (File No. 190295)

If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,


Angela Calvillo
Clerk of the Board

- c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



1 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

2

3 **Resolution supporting United States House Resolution No. 1384, authored by United**
4 States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the
5 Board of Supervisors' support for a single-payer universal health care system.

6

7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

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12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

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16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

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20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
the still largely unregulated high cost of medical care that has led to one-third of all
21 GoFundMe accounts being established to pay for exorbitant medical bills; and

22

23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

1 WHEREAS, The inability to pay medical bills continues to be a leading cause of
2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

14 WHEREAS, Continued attacks on the ACA by the Trump administration and GOP in
15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

19 WHEREAS, Employer-provided health benefits are declining and employees' costs are
20 increasing through cost-shifting to workers, including increased cost of premiums for workers
21 covered by employer-paid insurance, which have risen by an average of 65%, and
22 deductibles have risen by an average of 212% over the past decade; and

23 WHEREAS, Many other countries around the world use taxes to pay for a national
24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

1 WHEREAS, Due to their profit incentive, private insurance companies deny up to one-fourth of all claims for care and restrict patient choice through narrow networks for doctors and hospitals, limited drug formularies, and other limits in coverage; and

4 WHEREAS, The U.S. ranks first in cost, but only 35th among countries of the world in health system outcomes and quality according to the *Lancet* and worse for infant mortality and life expectancy, with no relationship between what healthcare costs in the U.S. and the quality of care or access to care; and

8 WHEREAS, The Medicare for All Act would establish guaranteed, universal health care for all U.S. residents; and

10 WHEREAS, The Medicare for All Act would provide comprehensive health care, including all primary care, hospital and outpatient services, dental, vision, audiology, maternity and newborn care, women's reproductive services, mental health, prescription drugs, and long-term care services; and

14 WHEREAS, The Medicare for All Act would eliminate all costs for premiums, deductibles, co-pays, and other out-of-pocket costs that have caused such a crisis for tens of millions of people; and

17 WHEREAS, The Medicare for All Act would ensure genuine patient choice of any doctor, hospital, clinic, or other provider a patient chooses without the restrictions imposed by private insurers; and

20 WHEREAS, The Medicare for All Act would sharply reduce the cost of prescription drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world does; and

23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
10 with global budgeting without the waste for billing, marketing, profit-taking; and

11 WHEREAS, The Medicare for All Act would establish a system of public financing that
12 retains the private provider system with real patient choice and greater transparency on how
13 our public dollars are spent; and

14 WHEREAS, Public opinion polls show up to 70% public support for a Medicare for
15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

17 WHEREAS, The Medicare for All Act would establish peace of mind for everyone,
18 relieving worry about medical bills and access to needed care through a humane system
19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
2 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate
3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.

Angela Calvillo
Angela Calvillo
Clerk of the Board

Unsigned

London N. Breed
Mayor

3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.

Peggy Nevin
Angela Calvillo
Clerk of the Board

3/29/19
Date

BOARD of SUPERVISORS



City Hall

1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Karen Bass
United States House of Representatives
2059 Rayburn House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congresswoman Bass:

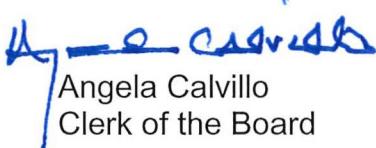
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Sincerely,


Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295

[Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

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3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



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8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

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13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
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**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

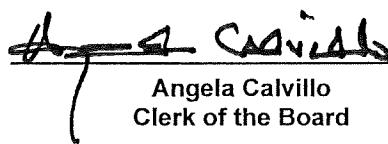
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March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

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Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.



Angela Calvillo
Clerk of the Board

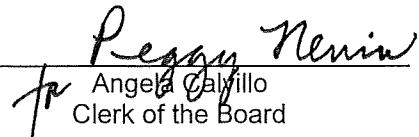
Unsigned

London N. Breed
Mayor

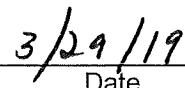
3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.



Angela Calvillo
Clerk of the Board



Date

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Ami Bera
United States House of Representatives
1727 Longworth House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congressman Bera:

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Sincerely,

A handwritten signature in blue ink, appearing to read "Angela Calvillo".
Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
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City and County of San Francisco
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Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

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April 01, 2019

Date



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8 as all other comparable countries and yet ranks only 35th in the world by global health
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17 WHEREAS, The Medicare for All Act would ensure genuine patient choice of any doctor, hospital, clinic, or other provider a patient chooses without the restrictions imposed by private insurers; and

20 WHEREAS, The Medicare for All Act would sharply reduce the cost of prescription drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world does; and

23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
10 with global budgeting without the waste for billing, marketing, profit-taking; and

11 WHEREAS, The Medicare for All Act would establish a system of public financing that
12 retains the private provider system with real patient choice and greater transparency on how
13 our public dollars are spent; and

14 WHEREAS, Public opinion polls show up to 70% public support for a Medicare for
15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

17 WHEREAS, The Medicare for All Act would establish peace of mind for everyone,
18 relieving worry about medical bills and access to needed care through a humane system
19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
2 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate
3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

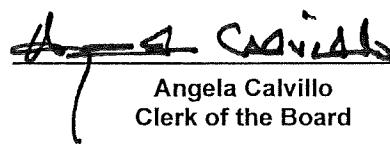
Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.



Angela Calvillo
Clerk of the Board

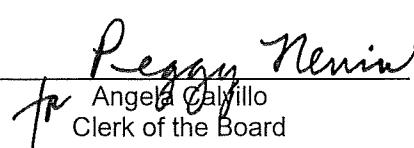
Unsigned

London N. Breed
Mayor

3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.



Angela Calvillo
Clerk of the Board

3/29/19

Date

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Julia Brownley
United States House of Representatives
2262 Rayburn House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congresswoman Brownley:

On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

The Board of Supervisors directs the Clerk of the Board to forward the following document to your attention:

- One certified copy of Resolution No. 149-19 (File No. 190295)

If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "Angela Calvillo".
Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



1 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

2

3 **Resolution supporting United States House Resolution No. 1384, authored by United**
4 States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the
5 Board of Supervisors' support for a single-payer universal health care system.

6

7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

11

12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

15

16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

19

20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
the still largely unregulated high cost of medical care that has led to one-third of all
21 GoFundMe accounts being established to pay for exorbitant medical bills; and

22

23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

1 WHEREAS, The inability to pay medical bills continues to be a leading cause of
2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

14 WHEREAS, Continued attacks on the ACA by the Trump administration and GOP in
15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

19 WHEREAS, Employer-provided health benefits are declining and employees' costs are
20 increasing through cost-shifting to workers, including increased cost of premiums for workers
21 covered by employer-paid insurance, which have risen by an average of 65%, and
22 deductibles have risen by an average of 212% over the past decade; and

23 WHEREAS, Many other countries around the world use taxes to pay for a national
24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

1 WHEREAS, Due to their profit incentive, private insurance companies deny up to one-fourth of all claims for care and restrict patient choice through narrow networks for doctors and hospitals, limited drug formularies, and other limits in coverage; and

4 WHEREAS, The U.S. ranks first in cost, but only 35th among countries of the world in health system outcomes and quality according to the *Lancet* and worse for infant mortality and life expectancy, with no relationship between what healthcare costs in the U.S. and the quality of care or access to care; and

8 WHEREAS, The Medicare for All Act would establish guaranteed, universal health care for all U.S. residents; and

10 WHEREAS, The Medicare for All Act would provide comprehensive health care, including all primary care, hospital and outpatient services, dental, vision, audiology, maternity and newborn care, women's reproductive services, mental health, prescription drugs, and long-term care services; and

14 WHEREAS, The Medicare for All Act would eliminate all costs for premiums, deductibles, co-pays, and other out-of-pocket costs that have caused such a crisis for tens of millions of people; and

17 WHEREAS, The Medicare for All Act would ensure genuine patient choice of any doctor, hospital, clinic, or other provider a patient chooses without the restrictions imposed by private insurers; and

20 WHEREAS, The Medicare for All Act would sharply reduce the cost of prescription drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world does; and

23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
10 with global budgeting without the waste for billing, marketing, profit-taking; and

11 WHEREAS, The Medicare for All Act would establish a system of public financing that
12 retains the private provider system with real patient choice and greater transparency on how
13 our public dollars are spent; and

14 WHEREAS, Public opinion polls show up to 70% public support for a Medicare for
15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

17 WHEREAS, The Medicare for All Act would establish peace of mind for everyone,
18 relieving worry about medical bills and access to needed care through a humane system
19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
2 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate
3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.

Angela Calvillo
Angela Calvillo
Clerk of the Board

Unsigned

London N. Breed
Mayor

3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.

Peggy Merrin
Angela Calvillo
Clerk of the Board

3/29/19
Date

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Ken Calvert
United States House of Representatives
2205 Rayburn House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congressman Calvert:

On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

The Board of Supervisors directs the Clerk of the Board to forward the following document to your attention:

- One certified copy of Resolution No. 149-19 (File No. 190295)

If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "Angela Calvillo".
Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

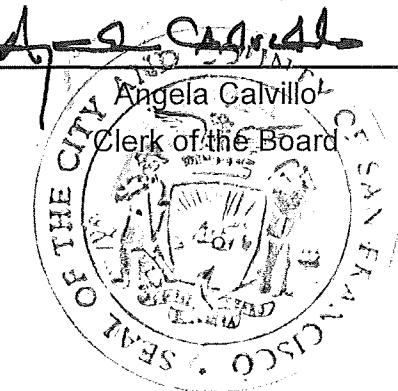
CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



1 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]
2

3 **Resolution supporting United States House Resolution No. 1384, authored by United
4 States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the
5 Board of Supervisors' support for a single-payer universal health care system.**

6
7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

11
12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

15
16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

19
20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
21 the still largely unregulated high cost of medical care that has led to one-third of all
22 GoFundMe accounts being established to pay for exorbitant medical bills; and

23
24 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
25 medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
University of Chicago; and

1 WHEREAS, The inability to pay medical bills continues to be a leading cause of
2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

14 WHEREAS, Continued attacks on the ACA by the Trump administration and GOP in
15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

19 WHEREAS, Employer-provided health benefits are declining and employees' costs are
20 increasing through cost-shifting to workers, including increased cost of premiums for workers
21 covered by employer-paid insurance, which have risen by an average of 65%, and
22 deductibles have risen by an average of 212% over the past decade; and

23 WHEREAS, Many other countries around the world use taxes to pay for a national
24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

1 WHEREAS, Due to their profit incentive, private insurance companies deny up to one-fourth of all claims for care and restrict patient choice through narrow networks for doctors and hospitals, limited drug formularies, and other limits in coverage; and

4 WHEREAS, The U.S. ranks first in cost, but only 35th among countries of the world in health system outcomes and quality according to the *Lancet* and worse for infant mortality and life expectancy, with no relationship between what healthcare costs in the U.S. and the quality of care or access to care; and

8 WHEREAS, The Medicare for All Act would establish guaranteed, universal health care for all U.S. residents; and

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23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
10 with global budgeting without the waste for billing, marketing, profit-taking; and

11 WHEREAS, The Medicare for All Act would establish a system of public financing that
12 retains the private provider system with real patient choice and greater transparency on how
13 our public dollars are spent; and

14 WHEREAS, Public opinion polls show up to 70% public support for a Medicare for
15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

17 WHEREAS, The Medicare for All Act would establish peace of mind for everyone,
18 relieving worry about medical bills and access to needed care through a humane system
19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
2 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate
3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.

Angela Calvillo
Angela Calvillo
Clerk of the Board

Unsigned

London N. Breed
Mayor

3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.

Peggy Nevin
Angela Calvillo
Clerk of the Board

3/29/19
Date

BOARD of SUPERVISORS



City Hall

1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Salud Carbajal
United States House of Representatives
1431 Longworth House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congressman Carbajal:

On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

The Board of Supervisors directs the Clerk of the Board to forward the following document to your attention:

- One certified copy of Resolution No. 149-19 (File No. 190295)

If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "A. Calvillo".
Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295

[Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

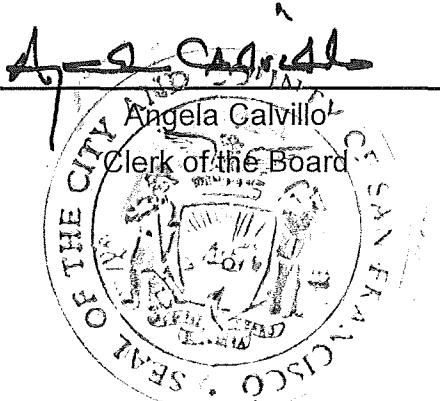
CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



1 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

2

3 **Resolution supporting United States House Resolution No. 1384, authored by United**
4 States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the
5 Board of Supervisors' support for a single-payer universal health care system.

6

7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

11

12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

15

16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

19

20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
the still largely unregulated high cost of medical care that has led to one-third of all
21 GoFundMe accounts being established to pay for exorbitant medical bills; and

22

23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

1 WHEREAS, The inability to pay medical bills continues to be a leading cause of
2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

14 WHEREAS, Continued attacks on the ACA by the Trump administration and GOP in
15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

19 WHEREAS, Employer-provided health benefits are declining and employees' costs are
20 increasing through cost-shifting to workers, including increased cost of premiums for workers
21 covered by employer-paid insurance, which have risen by an average of 65%, and
22 deductibles have risen by an average of 212% over the past decade; and

23 WHEREAS, Many other countries around the world use taxes to pay for a national
24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

1 WHEREAS, Due to their profit incentive, private insurance companies deny up to one-fourth of all claims for care and restrict patient choice through narrow networks for doctors and hospitals, limited drug formularies, and other limits in coverage; and

4 WHEREAS, The U.S. ranks first in cost, but only 35th among countries of the world in health system outcomes and quality according to the *Lancet* and worse for infant mortality and life expectancy, with no relationship between what healthcare costs in the U.S. and the quality of care or access to care; and

8 WHEREAS, The Medicare for All Act would establish guaranteed, universal health care for all U.S. residents; and

10 WHEREAS, The Medicare for All Act would provide comprehensive health care, including all primary care, hospital and outpatient services, dental, vision, audiology, maternity and newborn care, women's reproductive services, mental health, prescription drugs, and long-term care services; and

14 WHEREAS, The Medicare for All Act would eliminate all costs for premiums, deductibles, co-pays, and other out-of-pocket costs that have caused such a crisis for tens of millions of people; and

17 WHEREAS, The Medicare for All Act would ensure genuine patient choice of any doctor, hospital, clinic, or other provider a patient chooses without the restrictions imposed by private insurers; and

20 WHEREAS, The Medicare for All Act would sharply reduce the cost of prescription drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world does; and

23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
10 with global budgeting without the waste for billing, marketing, profit-taking; and

11 WHEREAS, The Medicare for All Act would establish a system of public financing that
12 retains the private provider system with real patient choice and greater transparency on how
13 our public dollars are spent; and

14 WHEREAS, Public opinion polls show up to 70% public support for a Medicare for
15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

17 WHEREAS, The Medicare for All Act would establish peace of mind for everyone,
18 relieving worry about medical bills and access to needed care through a humane system
19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
2 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate
3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

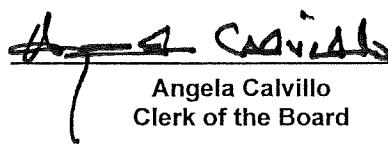
Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.



Angela Calvillo
Clerk of the Board

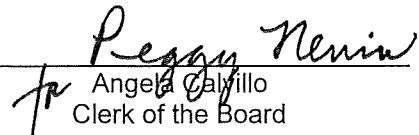
Unsigned

London N. Breed
Mayor

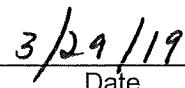
3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.



Angela Calvillo
Clerk of the Board



Date

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Tony Cárdenas
United States House of Representatives
2438 Rayburn House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congressman Cárdenas:

On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

The Board of Supervisors directs the Clerk of the Board to forward the following document to your attention:

- One certified copy of Resolution No. 149-19 (File No. 190295)

If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "A. Calvillo".
Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295

[Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



1 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

2

3 **Resolution supporting United States House Resolution No. 1384, authored by United**
4 States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the
5 Board of Supervisors' support for a single-payer universal health care system.

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7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

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12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

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16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

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20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
the still largely unregulated high cost of medical care that has led to one-third of all
21 GoFundMe accounts being established to pay for exorbitant medical bills; and

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23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

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2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

14 WHEREAS, Continued attacks on the ACA by the Trump administration and GOP in
15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

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20 increasing through cost-shifting to workers, including increased cost of premiums for workers
21 covered by employer-paid insurance, which have risen by an average of 65%, and
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23 WHEREAS, Many other countries around the world use taxes to pay for a national
24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

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8 WHEREAS, The Medicare for All Act would establish guaranteed, universal health care for all U.S. residents; and

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23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

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7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
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13 our public dollars are spent; and

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16 people living in the U.S.; and

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18 relieving worry about medical bills and access to needed care through a humane system
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20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
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3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

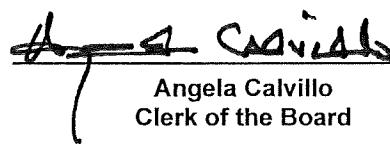
Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.



Angela Calvillo
Clerk of the Board

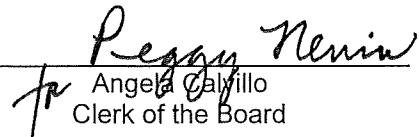
Unsigned

London N. Breed
Mayor

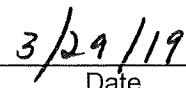
3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.



Angela Calvillo
Clerk of the Board



Date

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Judy Chu
United States House of Representatives
2423 Rayburn House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congresswoman Chu:

On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

The Board of Supervisors directs the Clerk of the Board to forward the following document to your attention:

- One certified copy of Resolution No. 149-19 (File No. 190295)

If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "Angela Calvillo".
Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295

[Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



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7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

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13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
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the still largely unregulated high cost of medical care that has led to one-third of all
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medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
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or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

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2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
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6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
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8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
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15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

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4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

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15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

17 WHEREAS, The Medicare for All Act would establish peace of mind for everyone,
18 relieving worry about medical bills and access to needed care through a humane system
19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
2 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate
3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.

Angela Calvillo
Angela Calvillo
Clerk of the Board

Unsigned

London N. Breed
Mayor

3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.

Peggy Nevin
Angela Calvillo
Clerk of the Board

3/29/19
Date

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Gil Cisneros
United States House of Representatives
431 Cannon House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congressman Cisneros:

On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

The Board of Supervisors directs the Clerk of the Board to forward the following document to your attention:

- One certified copy of Resolution No. 149-19 (File No. 190295)

If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "Angela Calvillo".
Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295

[Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



1 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

2

3 **Resolution supporting United States House Resolution No. 1384, authored by United**
4 States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the
5 Board of Supervisors' support for a single-payer universal health care system.

6

7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

11

12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

15

16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

19

20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
the still largely unregulated high cost of medical care that has led to one-third of all
21 GoFundMe accounts being established to pay for exorbitant medical bills; and

22

23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

1 WHEREAS, The inability to pay medical bills continues to be a leading cause of
2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

14 WHEREAS, Continued attacks on the ACA by the Trump administration and GOP in
15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

19 WHEREAS, Employer-provided health benefits are declining and employees' costs are
20 increasing through cost-shifting to workers, including increased cost of premiums for workers
21 covered by employer-paid insurance, which have risen by an average of 65%, and
22 deductibles have risen by an average of 212% over the past decade; and

23 WHEREAS, Many other countries around the world use taxes to pay for a national
24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

1 WHEREAS, Due to their profit incentive, private insurance companies deny up to one-fourth of all claims for care and restrict patient choice through narrow networks for doctors and hospitals, limited drug formularies, and other limits in coverage; and

4 WHEREAS, The U.S. ranks first in cost, but only 35th among countries of the world in health system outcomes and quality according to the *Lancet* and worse for infant mortality and life expectancy, with no relationship between what healthcare costs in the U.S. and the quality of care or access to care; and

8 WHEREAS, The Medicare for All Act would establish guaranteed, universal health care for all U.S. residents; and

10 WHEREAS, The Medicare for All Act would provide comprehensive health care, including all primary care, hospital and outpatient services, dental, vision, audiology, maternity and newborn care, women's reproductive services, mental health, prescription drugs, and long-term care services; and

14 WHEREAS, The Medicare for All Act would eliminate all costs for premiums, deductibles, co-pays, and other out-of-pocket costs that have caused such a crisis for tens of millions of people; and

17 WHEREAS, The Medicare for All Act would ensure genuine patient choice of any doctor, hospital, clinic, or other provider a patient chooses without the restrictions imposed by private insurers; and

20 WHEREAS, The Medicare for All Act would sharply reduce the cost of prescription drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world does; and

23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
10 with global budgeting without the waste for billing, marketing, profit-taking; and

11 WHEREAS, The Medicare for All Act would establish a system of public financing that
12 retains the private provider system with real patient choice and greater transparency on how
13 our public dollars are spent; and

14 WHEREAS, Public opinion polls show up to 70% public support for a Medicare for
15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

17 WHEREAS, The Medicare for All Act would establish peace of mind for everyone,
18 relieving worry about medical bills and access to needed care through a humane system
19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
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23 care system in California for the benefit of all state residents; now, therefore, be it

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4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

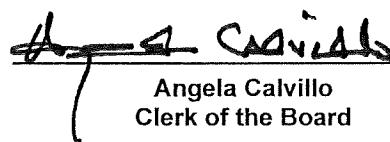
Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.



Angela Calvillo
Clerk of the Board

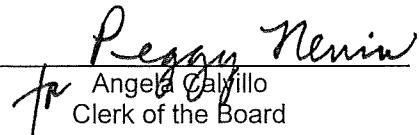
Unsigned

London N. Breed
Mayor

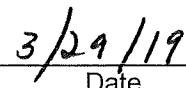
3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.



Angela Calvillo
Clerk of the Board



Date

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Paul Cook
United States House of Representatives
1027 Longworth House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congressman Cook:

On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

The Board of Supervisors directs the Clerk of the Board to forward the following document to your attention:

- One certified copy of Resolution No. 149-19 (File No. 190295)

If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "Angela Calvillo".
Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295

[Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

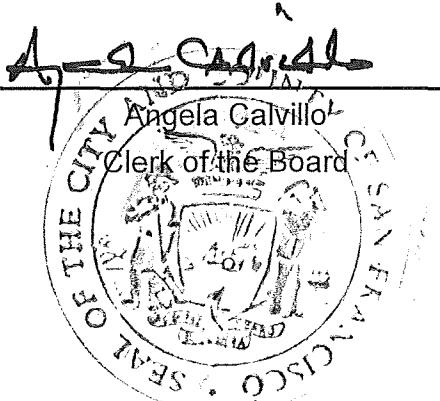
CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



1 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]
2

3 **Resolution supporting United States House Resolution No. 1384, authored by United
4 States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the
5 Board of Supervisors' support for a single-payer universal health care system.**

6
7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

11
12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

15
16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

19
20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
21 the still largely unregulated high cost of medical care that has led to one-third of all
22 GoFundMe accounts being established to pay for exorbitant medical bills; and

23
24 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
25 medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
University of Chicago; and

1 WHEREAS, The inability to pay medical bills continues to be a leading cause of
2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

14 WHEREAS, Continued attacks on the ACA by the Trump administration and GOP in
15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

19 WHEREAS, Employer-provided health benefits are declining and employees' costs are
20 increasing through cost-shifting to workers, including increased cost of premiums for workers
21 covered by employer-paid insurance, which have risen by an average of 65%, and
22 deductibles have risen by an average of 212% over the past decade; and

23 WHEREAS, Many other countries around the world use taxes to pay for a national
24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

1 WHEREAS, Due to their profit incentive, private insurance companies deny up to one-fourth of all claims for care and restrict patient choice through narrow networks for doctors and hospitals, limited drug formularies, and other limits in coverage; and

4 WHEREAS, The U.S. ranks first in cost, but only 35th among countries of the world in health system outcomes and quality according to the *Lancet* and worse for infant mortality and life expectancy, with no relationship between what healthcare costs in the U.S. and the quality of care or access to care; and

8 WHEREAS, The Medicare for All Act would establish guaranteed, universal health care for all U.S. residents; and

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17 WHEREAS, The Medicare for All Act would ensure genuine patient choice of any doctor, hospital, clinic, or other provider a patient chooses without the restrictions imposed by private insurers; and

20 WHEREAS, The Medicare for All Act would sharply reduce the cost of prescription drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world does; and

23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
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13 our public dollars are spent; and

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15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

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21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
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24 RESOLVED, That the City and County of San Francisco affirms that health care is a
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3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.

Angela Calvillo
Angela Calvillo
Clerk of the Board

Unsigned

London N. Breed
Mayor

3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.

Peggy Nevin
Angela Calvillo
Clerk of the Board

3/29/19
Date

BOARD of SUPERVISORS



City Hall

1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Lou Correa
United States House of Representatives
1039 Longworth House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congressman Correa:

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If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "Angela Calvillo".
Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295

[Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



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22 GoFundMe accounts being established to pay for exorbitant medical bills; and

23
24 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
25 medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
University of Chicago; and

1 WHEREAS, The inability to pay medical bills continues to be a leading cause of
2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

14 WHEREAS, Continued attacks on the ACA by the Trump administration and GOP in
15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

19 WHEREAS, Employer-provided health benefits are declining and employees' costs are
20 increasing through cost-shifting to workers, including increased cost of premiums for workers
21 covered by employer-paid insurance, which have risen by an average of 65%, and
22 deductibles have risen by an average of 212% over the past decade; and

23 WHEREAS, Many other countries around the world use taxes to pay for a national
24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

1 WHEREAS, Due to their profit incentive, private insurance companies deny up to one-fourth of all claims for care and restrict patient choice through narrow networks for doctors and hospitals, limited drug formularies, and other limits in coverage; and

4 WHEREAS, The U.S. ranks first in cost, but only 35th among countries of the world in health system outcomes and quality according to the *Lancet* and worse for infant mortality and life expectancy, with no relationship between what healthcare costs in the U.S. and the quality of care or access to care; and

8 WHEREAS, The Medicare for All Act would establish guaranteed, universal health care for all U.S. residents; and

10 WHEREAS, The Medicare for All Act would provide comprehensive health care, including all primary care, hospital and outpatient services, dental, vision, audiology, maternity and newborn care, women's reproductive services, mental health, prescription drugs, and long-term care services; and

14 WHEREAS, The Medicare for All Act would eliminate all costs for premiums, deductibles, co-pays, and other out-of-pocket costs that have caused such a crisis for tens of millions of people; and

17 WHEREAS, The Medicare for All Act would ensure genuine patient choice of any doctor, hospital, clinic, or other provider a patient chooses without the restrictions imposed by private insurers; and

20 WHEREAS, The Medicare for All Act would sharply reduce the cost of prescription drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world does; and

23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
10 with global budgeting without the waste for billing, marketing, profit-taking; and

11 WHEREAS, The Medicare for All Act would establish a system of public financing that
12 retains the private provider system with real patient choice and greater transparency on how
13 our public dollars are spent; and

14 WHEREAS, Public opinion polls show up to 70% public support for a Medicare for
15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

17 WHEREAS, The Medicare for All Act would establish peace of mind for everyone,
18 relieving worry about medical bills and access to needed care through a humane system
19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
2 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate
3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.

Angela Calvillo
Angela Calvillo
Clerk of the Board

Unsigned

London N. Breed
Mayor

3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.

Peggy Nevin
Angela Calvillo
Clerk of the Board

3/29/19
Date

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Jim Costa
United States House of Representatives
2081 Rayburn House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congressman Costa:

On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

The Board of Supervisors directs the Clerk of the Board to forward the following document to your attention:

- One certified copy of Resolution No. 149-19 (File No. 190295)

If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "Angela Calvillo".
Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco

Certified Copy

Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295

[Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

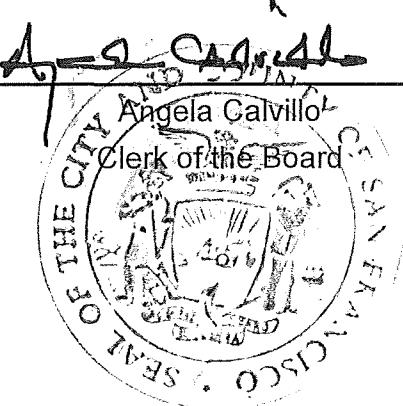
CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



1 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

2

3 **Resolution supporting United States House Resolution No. 1384, authored by United**
4 States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the
5 Board of Supervisors' support for a single-payer universal health care system.

6

7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

11

12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

15

16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

19

20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
the still largely unregulated high cost of medical care that has led to one-third of all
21 GoFundMe accounts being established to pay for exorbitant medical bills; and

22

23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

1 WHEREAS, The inability to pay medical bills continues to be a leading cause of
2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

14 WHEREAS, Continued attacks on the ACA by the Trump administration and GOP in
15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

19 WHEREAS, Employer-provided health benefits are declining and employees' costs are
20 increasing through cost-shifting to workers, including increased cost of premiums for workers
21 covered by employer-paid insurance, which have risen by an average of 65%, and
22 deductibles have risen by an average of 212% over the past decade; and

23 WHEREAS, Many other countries around the world use taxes to pay for a national
24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

1 WHEREAS, Due to their profit incentive, private insurance companies deny up to one-fourth of all claims for care and restrict patient choice through narrow networks for doctors and hospitals, limited drug formularies, and other limits in coverage; and

4 WHEREAS, The U.S. ranks first in cost, but only 35th among countries of the world in health system outcomes and quality according to the *Lancet* and worse for infant mortality and life expectancy, with no relationship between what healthcare costs in the U.S. and the quality of care or access to care; and

8 WHEREAS, The Medicare for All Act would establish guaranteed, universal health care for all U.S. residents; and

10 WHEREAS, The Medicare for All Act would provide comprehensive health care, including all primary care, hospital and outpatient services, dental, vision, audiology, maternity and newborn care, women's reproductive services, mental health, prescription drugs, and long-term care services; and

14 WHEREAS, The Medicare for All Act would eliminate all costs for premiums, deductibles, co-pays, and other out-of-pocket costs that have caused such a crisis for tens of millions of people; and

17 WHEREAS, The Medicare for All Act would ensure genuine patient choice of any doctor, hospital, clinic, or other provider a patient chooses without the restrictions imposed by private insurers; and

20 WHEREAS, The Medicare for All Act would sharply reduce the cost of prescription drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world does; and

23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
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11 WHEREAS, The Medicare for All Act would establish a system of public financing that
12 retains the private provider system with real patient choice and greater transparency on how
13 our public dollars are spent; and

14 WHEREAS, Public opinion polls show up to 70% public support for a Medicare for
15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

17 WHEREAS, The Medicare for All Act would establish peace of mind for everyone,
18 relieving worry about medical bills and access to needed care through a humane system
19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
2 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate
3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

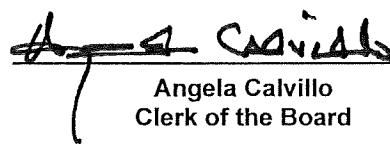
Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.



Angela Calvillo
Clerk of the Board

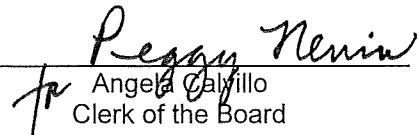
Unsigned

London N. Breed
Mayor

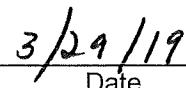
3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.



Angela Calvillo
Clerk of the Board



Date

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable TJ Cox
United States House of Representatives
1728 Longworth House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congressman Cox:

On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

The Board of Supervisors directs the Clerk of the Board to forward the following document to your attention:

- One certified copy of Resolution No. 149-19 (File No. 190295)

If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "Angela Calvillo".
Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



1 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

2

3 **Resolution supporting United States House Resolution No. 1384, authored by United**
4 States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the
5 Board of Supervisors' support for a single-payer universal health care system.

6

7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

11

12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

15

16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

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20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
the still largely unregulated high cost of medical care that has led to one-third of all
21 GoFundMe accounts being established to pay for exorbitant medical bills; and

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23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

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2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

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15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
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22 deductibles have risen by an average of 212% over the past decade; and

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25 at a competitive disadvantage; and

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1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
10 with global budgeting without the waste for billing, marketing, profit-taking; and

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13 our public dollars are spent; and

14 WHEREAS, Public opinion polls show up to 70% public support for a Medicare for
15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

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21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
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23 care system in California for the benefit of all state residents; now, therefore, be it

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25 human right that should be guaranteed to all U.S. residents; and, be it

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3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

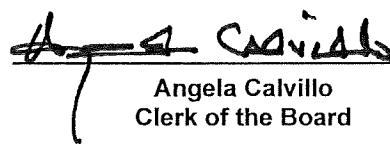
Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.



Angela Calvillo
Clerk of the Board

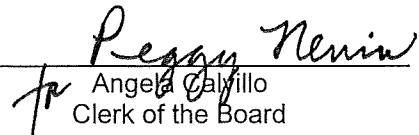
Unsigned

London N. Breed
Mayor

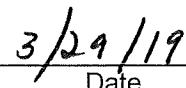
3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.



Angela Calvillo
Clerk of the Board



Date

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Susan Davis
United States House of Representatives
1214 Longworth House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congresswoman Davis:

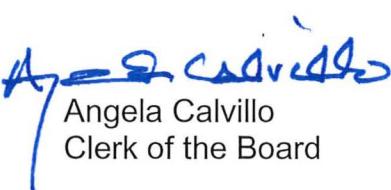
On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

The Board of Supervisors directs the Clerk of the Board to forward the following document to your attention:

- One certified copy of Resolution No. 149-19 (File No. 190295)

If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,


Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



1 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

2

3 **Resolution supporting United States House Resolution No. 1384, authored by United**
4 States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the
5 Board of Supervisors' support for a single-payer universal health care system.

6

7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

11

12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

15

16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

19

20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
the still largely unregulated high cost of medical care that has led to one-third of all
21 GoFundMe accounts being established to pay for exorbitant medical bills; and

22

23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

1 WHEREAS, The inability to pay medical bills continues to be a leading cause of
2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

14 WHEREAS, Continued attacks on the ACA by the Trump administration and GOP in
15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

19 WHEREAS, Employer-provided health benefits are declining and employees' costs are
20 increasing through cost-shifting to workers, including increased cost of premiums for workers
21 covered by employer-paid insurance, which have risen by an average of 65%, and
22 deductibles have risen by an average of 212% over the past decade; and

23 WHEREAS, Many other countries around the world use taxes to pay for a national
24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

1 WHEREAS, Due to their profit incentive, private insurance companies deny up to one-fourth of all claims for care and restrict patient choice through narrow networks for doctors and hospitals, limited drug formularies, and other limits in coverage; and

4 WHEREAS, The U.S. ranks first in cost, but only 35th among countries of the world in health system outcomes and quality according to the *Lancet* and worse for infant mortality and life expectancy, with no relationship between what healthcare costs in the U.S. and the quality of care or access to care; and

8 WHEREAS, The Medicare for All Act would establish guaranteed, universal health care for all U.S. residents; and

10 WHEREAS, The Medicare for All Act would provide comprehensive health care, including all primary care, hospital and outpatient services, dental, vision, audiology, maternity and newborn care, women's reproductive services, mental health, prescription drugs, and long-term care services; and

14 WHEREAS, The Medicare for All Act would eliminate all costs for premiums, deductibles, co-pays, and other out-of-pocket costs that have caused such a crisis for tens of millions of people; and

17 WHEREAS, The Medicare for All Act would ensure genuine patient choice of any doctor, hospital, clinic, or other provider a patient chooses without the restrictions imposed by private insurers; and

20 WHEREAS, The Medicare for All Act would sharply reduce the cost of prescription drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world does; and

23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
10 with global budgeting without the waste for billing, marketing, profit-taking; and

11 WHEREAS, The Medicare for All Act would establish a system of public financing that
12 retains the private provider system with real patient choice and greater transparency on how
13 our public dollars are spent; and

14 WHEREAS, Public opinion polls show up to 70% public support for a Medicare for
15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

17 WHEREAS, The Medicare for All Act would establish peace of mind for everyone,
18 relieving worry about medical bills and access to needed care through a humane system
19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
2 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate
3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

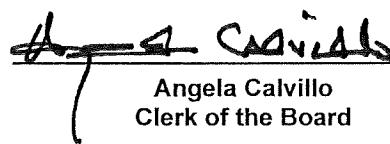
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March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.



Angela Calvillo
Clerk of the Board

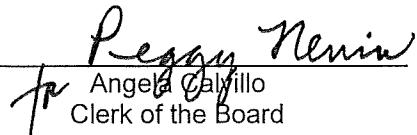
Unsigned

London N. Breed
Mayor

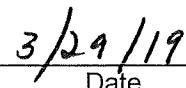
3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.



Angela Calvillo
Clerk of the Board



Date

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Mark DeSaulnier
United States House of Representatives
503 Cannon House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congressman DeSaulnier:

On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

The Board of Supervisors directs the Clerk of the Board to forward the following document to your attention:

- One certified copy of Resolution No. 149-19 (File No. 190295)

If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "Angela Calvillo".
Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295

[Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

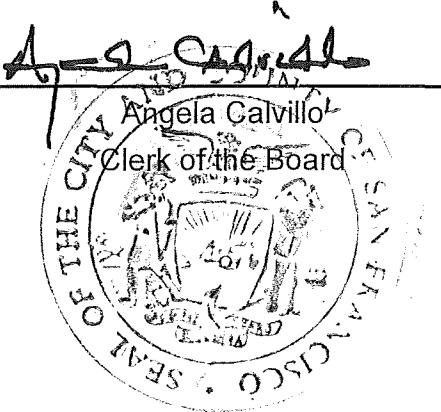
CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



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4 States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the
5 Board of Supervisors' support for a single-payer universal health care system.

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7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

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12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

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16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

19

20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
the still largely unregulated high cost of medical care that has led to one-third of all
21 GoFundMe accounts being established to pay for exorbitant medical bills; and

22

23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

1 WHEREAS, The inability to pay medical bills continues to be a leading cause of
2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

14 WHEREAS, Continued attacks on the ACA by the Trump administration and GOP in
15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

19 WHEREAS, Employer-provided health benefits are declining and employees' costs are
20 increasing through cost-shifting to workers, including increased cost of premiums for workers
21 covered by employer-paid insurance, which have risen by an average of 65%, and
22 deductibles have risen by an average of 212% over the past decade; and

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24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

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20 WHEREAS, The Medicare for All Act would sharply reduce the cost of prescription drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world does; and

23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
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13 our public dollars are spent; and

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15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

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18 relieving worry about medical bills and access to needed care through a humane system
19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
2 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate
3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

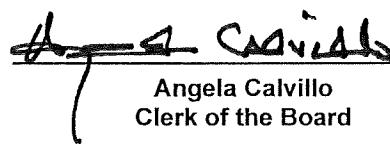
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March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.



Angela Calvillo
Clerk of the Board

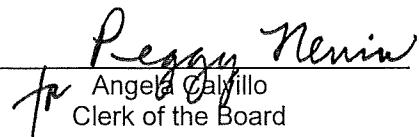
Unsigned

London N. Breed
Mayor

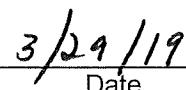
3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.



Angela Calvillo
Clerk of the Board



Date

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Anna Eshoo
United States House of Representatives
202 Cannon House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congresswoman Eshoo:

On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

The Board of Supervisors directs the Clerk of the Board to forward the following document to your attention:

- One certified copy of Resolution No. 149-19 (File No. 190295)

If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "Angela Calvillo".
Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



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2

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7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

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12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

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16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

19

20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
the still largely unregulated high cost of medical care that has led to one-third of all
21 GoFundMe accounts being established to pay for exorbitant medical bills; and

22

23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

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2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

14 WHEREAS, Continued attacks on the ACA by the Trump administration and GOP in
15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

19 WHEREAS, Employer-provided health benefits are declining and employees' costs are
20 increasing through cost-shifting to workers, including increased cost of premiums for workers
21 covered by employer-paid insurance, which have risen by an average of 65%, and
22 deductibles have risen by an average of 212% over the past decade; and

23 WHEREAS, Many other countries around the world use taxes to pay for a national
24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

1 WHEREAS, Due to their profit incentive, private insurance companies deny up to one-fourth of all claims for care and restrict patient choice through narrow networks for doctors and hospitals, limited drug formularies, and other limits in coverage; and

4 WHEREAS, The U.S. ranks first in cost, but only 35th among countries of the world in health system outcomes and quality according to the *Lancet* and worse for infant mortality and life expectancy, with no relationship between what healthcare costs in the U.S. and the quality of care or access to care; and

8 WHEREAS, The Medicare for All Act would establish guaranteed, universal health care for all U.S. residents; and

10 WHEREAS, The Medicare for All Act would provide comprehensive health care, including all primary care, hospital and outpatient services, dental, vision, audiology, maternity and newborn care, women's reproductive services, mental health, prescription drugs, and long-term care services; and

14 WHEREAS, The Medicare for All Act would eliminate all costs for premiums, deductibles, co-pays, and other out-of-pocket costs that have caused such a crisis for tens of millions of people; and

17 WHEREAS, The Medicare for All Act would ensure genuine patient choice of any doctor, hospital, clinic, or other provider a patient chooses without the restrictions imposed by private insurers; and

20 WHEREAS, The Medicare for All Act would sharply reduce the cost of prescription drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world does; and

23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
10 with global budgeting without the waste for billing, marketing, profit-taking; and

11 WHEREAS, The Medicare for All Act would establish a system of public financing that
12 retains the private provider system with real patient choice and greater transparency on how
13 our public dollars are spent; and

14 WHEREAS, Public opinion polls show up to 70% public support for a Medicare for
15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

17 WHEREAS, The Medicare for All Act would establish peace of mind for everyone,
18 relieving worry about medical bills and access to needed care through a humane system
19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
2 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate
3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

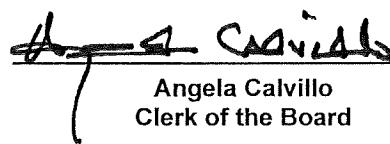
Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.



Angela Calvillo
Clerk of the Board

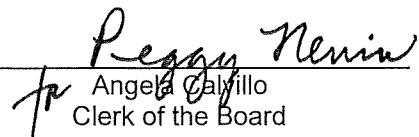
Unsigned

London N. Breed
Mayor

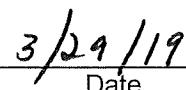
3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.



Angela Calvillo
Clerk of the Board



Date

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable John Garamendi
United States House of Representatives
2368 Rayburn House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congressman Garamendi:

On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

The Board of Supervisors directs the Clerk of the Board to forward the following document to your attention:

- One certified copy of Resolution No. 149-19 (File No. 190295)

If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "A. Calvillo".
Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295

[Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



1 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

2

3 **Resolution supporting United States House Resolution No. 1384, authored by United**
4 States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the
5 Board of Supervisors' support for a single-payer universal health care system.

6

7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

11

12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

15

16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

19

20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
the still largely unregulated high cost of medical care that has led to one-third of all
21 GoFundMe accounts being established to pay for exorbitant medical bills; and

22

23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

1 WHEREAS, The inability to pay medical bills continues to be a leading cause of
2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

14 WHEREAS, Continued attacks on the ACA by the Trump administration and GOP in
15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

19 WHEREAS, Employer-provided health benefits are declining and employees' costs are
20 increasing through cost-shifting to workers, including increased cost of premiums for workers
21 covered by employer-paid insurance, which have risen by an average of 65%, and
22 deductibles have risen by an average of 212% over the past decade; and

23 WHEREAS, Many other countries around the world use taxes to pay for a national
24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

1 WHEREAS, Due to their profit incentive, private insurance companies deny up to one-fourth of all claims for care and restrict patient choice through narrow networks for doctors and hospitals, limited drug formularies, and other limits in coverage; and

4 WHEREAS, The U.S. ranks first in cost, but only 35th among countries of the world in health system outcomes and quality according to the *Lancet* and worse for infant mortality and life expectancy, with no relationship between what healthcare costs in the U.S. and the quality of care or access to care; and

8 WHEREAS, The Medicare for All Act would establish guaranteed, universal health care for all U.S. residents; and

10 WHEREAS, The Medicare for All Act would provide comprehensive health care, including all primary care, hospital and outpatient services, dental, vision, audiology, maternity and newborn care, women's reproductive services, mental health, prescription drugs, and long-term care services; and

14 WHEREAS, The Medicare for All Act would eliminate all costs for premiums, deductibles, co-pays, and other out-of-pocket costs that have caused such a crisis for tens of millions of people; and

17 WHEREAS, The Medicare for All Act would ensure genuine patient choice of any doctor, hospital, clinic, or other provider a patient chooses without the restrictions imposed by private insurers; and

20 WHEREAS, The Medicare for All Act would sharply reduce the cost of prescription drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world does; and

23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
10 with global budgeting without the waste for billing, marketing, profit-taking; and

11 WHEREAS, The Medicare for All Act would establish a system of public financing that
12 retains the private provider system with real patient choice and greater transparency on how
13 our public dollars are spent; and

14 WHEREAS, Public opinion polls show up to 70% public support for a Medicare for
15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

17 WHEREAS, The Medicare for All Act would establish peace of mind for everyone,
18 relieving worry about medical bills and access to needed care through a humane system
19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
2 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate
3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

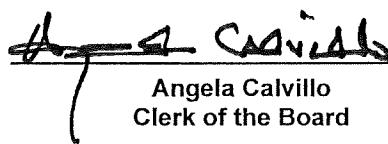
Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.



Angela Calvillo
Clerk of the Board

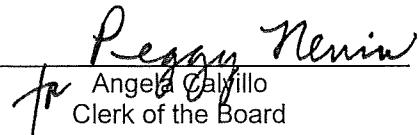
Unsigned

London N. Breed
Mayor

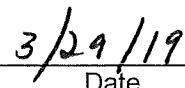
3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.



Angela Calvillo
Clerk of the Board



Date

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Jimmy Gomez
United States House of Representatives
1530 Longworth House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congressman Gomez:

On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

The Board of Supervisors directs the Clerk of the Board to forward the following document to your attention:

- One certified copy of Resolution No. 149-19 (File No. 190295)

If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Angela Calvillo'.

Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295

[Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

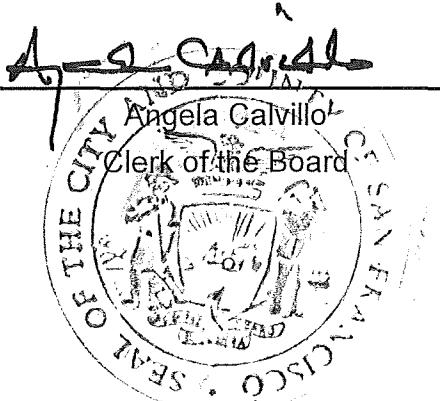
CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



1 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

2

3 **Resolution supporting United States House Resolution No. 1384, authored by United**
4 States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the
5 Board of Supervisors' support for a single-payer universal health care system.

6

7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

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12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

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16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

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20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
the still largely unregulated high cost of medical care that has led to one-third of all
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23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

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2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

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9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
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12 women to die in childbirth; and African-American and Latino students are more likely to
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24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

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23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
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13 our public dollars are spent; and

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15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

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18 relieving worry about medical bills and access to needed care through a humane system
19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
2 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate
3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

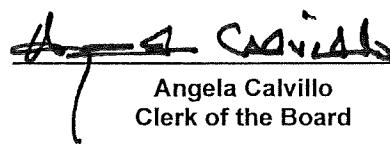
Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.



Angela Calvillo
Clerk of the Board

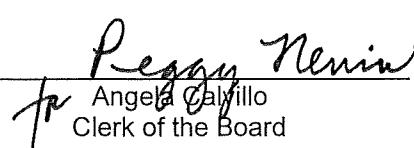
Unsigned

London N. Breed
Mayor

3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.



Angela Calvillo
Clerk of the Board

3/29/19

Date

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Josh Harder
United States House of Representatives
131 Cannon House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congressman Harder:

On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

The Board of Supervisors directs the Clerk of the Board to forward the following document to your attention:

- One certified copy of Resolution No. 149-19 (File No. 190295)

If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "Angela Calvillo".
Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295

[Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



1 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

2

3 **Resolution supporting United States House Resolution No. 1384, authored by United**
4 States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the
5 Board of Supervisors' support for a single-payer universal health care system.

6

7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

11

12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

15

16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

19

20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
the still largely unregulated high cost of medical care that has led to one-third of all
21 GoFundMe accounts being established to pay for exorbitant medical bills; and

22

23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

1 WHEREAS, The inability to pay medical bills continues to be a leading cause of
2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

14 WHEREAS, Continued attacks on the ACA by the Trump administration and GOP in
15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

19 WHEREAS, Employer-provided health benefits are declining and employees' costs are
20 increasing through cost-shifting to workers, including increased cost of premiums for workers
21 covered by employer-paid insurance, which have risen by an average of 65%, and
22 deductibles have risen by an average of 212% over the past decade; and

23 WHEREAS, Many other countries around the world use taxes to pay for a national
24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

1 WHEREAS, Due to their profit incentive, private insurance companies deny up to one-fourth of all claims for care and restrict patient choice through narrow networks for doctors and hospitals, limited drug formularies, and other limits in coverage; and

4 WHEREAS, The U.S. ranks first in cost, but only 35th among countries of the world in health system outcomes and quality according to the *Lancet* and worse for infant mortality and life expectancy, with no relationship between what healthcare costs in the U.S. and the quality of care or access to care; and

8 WHEREAS, The Medicare for All Act would establish guaranteed, universal health care for all U.S. residents; and

10 WHEREAS, The Medicare for All Act would provide comprehensive health care, including all primary care, hospital and outpatient services, dental, vision, audiology, maternity and newborn care, women's reproductive services, mental health, prescription drugs, and long-term care services; and

14 WHEREAS, The Medicare for All Act would eliminate all costs for premiums, deductibles, co-pays, and other out-of-pocket costs that have caused such a crisis for tens of millions of people; and

17 WHEREAS, The Medicare for All Act would ensure genuine patient choice of any doctor, hospital, clinic, or other provider a patient chooses without the restrictions imposed by private insurers; and

20 WHEREAS, The Medicare for All Act would sharply reduce the cost of prescription drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world does; and

23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
10 with global budgeting without the waste for billing, marketing, profit-taking; and

11 WHEREAS, The Medicare for All Act would establish a system of public financing that
12 retains the private provider system with real patient choice and greater transparency on how
13 our public dollars are spent; and

14 WHEREAS, Public opinion polls show up to 70% public support for a Medicare for
15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

17 WHEREAS, The Medicare for All Act would establish peace of mind for everyone,
18 relieving worry about medical bills and access to needed care through a humane system
19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
2 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate
3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

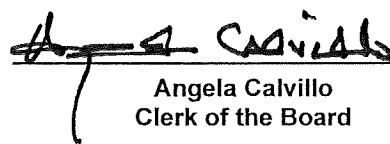
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March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.



Angela Calvillo
Clerk of the Board

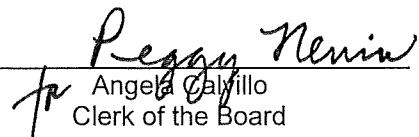
Unsigned

London N. Breed
Mayor

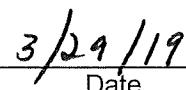
3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.



Angela Calvillo
Clerk of the Board



Date

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Katie Hill
United States House of Representatives
1130 Longworth House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congresswoman Hill:

On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

The Board of Supervisors directs the Clerk of the Board to forward the following document to your attention:

- One certified copy of Resolution No. 149-19 (File No. 190295)

If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "Angela Calvillo".
Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco

Certified Copy

Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295

[Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

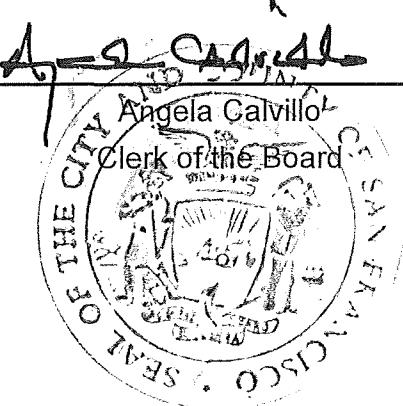
CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



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7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

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12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

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16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
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the still largely unregulated high cost of medical care that has led to one-third of all
21 GoFundMe accounts being established to pay for exorbitant medical bills; and

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23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

1 WHEREAS, The inability to pay medical bills continues to be a leading cause of
2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

14 WHEREAS, Continued attacks on the ACA by the Trump administration and GOP in
15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

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20 increasing through cost-shifting to workers, including increased cost of premiums for workers
21 covered by employer-paid insurance, which have risen by an average of 65%, and
22 deductibles have risen by an average of 212% over the past decade; and

23 WHEREAS, Many other countries around the world use taxes to pay for a national
24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

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20 WHEREAS, The Medicare for All Act would sharply reduce the cost of prescription drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world does; and

23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
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15 All/single payer healthcare system and for the government to guarantee health care for all
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19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
2 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate
3 health care disparities, and lower health care costs for all of our residents; and, be it

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5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

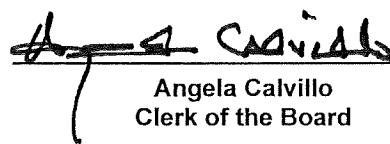
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March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

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Angela Calvillo
Clerk of the Board

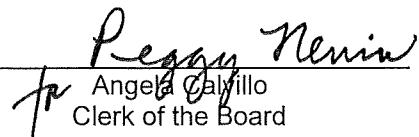
Unsigned

London N. Breed
Mayor

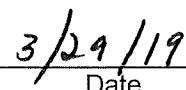
3/29/2019

Date Approved

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Angela Calvillo
Clerk of the Board



Date

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Jared Huffman
United States House of Representatives
1527 Longworth House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congressman Huffman:

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If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "Angela Calvillo".
Angela Calvillo
Clerk of the Board

- c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

CLERK'S CERTIFICATE

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

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8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

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13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

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16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

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20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
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21 GoFundMe accounts being established to pay for exorbitant medical bills; and

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23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

1 WHEREAS, The inability to pay medical bills continues to be a leading cause of
2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

14 WHEREAS, Continued attacks on the ACA by the Trump administration and GOP in
15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

19 WHEREAS, Employer-provided health benefits are declining and employees' costs are
20 increasing through cost-shifting to workers, including increased cost of premiums for workers
21 covered by employer-paid insurance, which have risen by an average of 65%, and
22 deductibles have risen by an average of 212% over the past decade; and

23 WHEREAS, Many other countries around the world use taxes to pay for a national
24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

1 WHEREAS, Due to their profit incentive, private insurance companies deny up to one-fourth of all claims for care and restrict patient choice through narrow networks for doctors and hospitals, limited drug formularies, and other limits in coverage; and

4 WHEREAS, The U.S. ranks first in cost, but only 35th among countries of the world in health system outcomes and quality according to the *Lancet* and worse for infant mortality and life expectancy, with no relationship between what healthcare costs in the U.S. and the quality of care or access to care; and

8 WHEREAS, The Medicare for All Act would establish guaranteed, universal health care for all U.S. residents; and

10 WHEREAS, The Medicare for All Act would provide comprehensive health care, including all primary care, hospital and outpatient services, dental, vision, audiology, maternity and newborn care, women's reproductive services, mental health, prescription drugs, and long-term care services; and

14 WHEREAS, The Medicare for All Act would eliminate all costs for premiums, deductibles, co-pays, and other out-of-pocket costs that have caused such a crisis for tens of millions of people; and

17 WHEREAS, The Medicare for All Act would ensure genuine patient choice of any doctor, hospital, clinic, or other provider a patient chooses without the restrictions imposed by private insurers; and

20 WHEREAS, The Medicare for All Act would sharply reduce the cost of prescription drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world does; and

23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
10 with global budgeting without the waste for billing, marketing, profit-taking; and

11 WHEREAS, The Medicare for All Act would establish a system of public financing that
12 retains the private provider system with real patient choice and greater transparency on how
13 our public dollars are spent; and

14 WHEREAS, Public opinion polls show up to 70% public support for a Medicare for
15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

17 WHEREAS, The Medicare for All Act would establish peace of mind for everyone,
18 relieving worry about medical bills and access to needed care through a humane system
19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
2 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate
3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

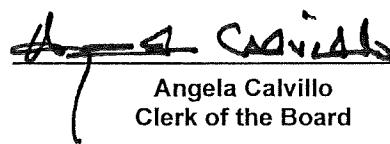
Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.



Angela Calvillo
Clerk of the Board

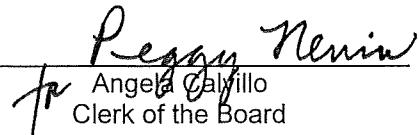
Unsigned

London N. Breed
Mayor

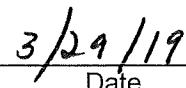
3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.



Angela Calvillo
Clerk of the Board



Date

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Duncan Hunter
United States House of Representatives
2429 Rayburn House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congressman Hunter:

On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

The Board of Supervisors directs the Clerk of the Board to forward the following document to your attention:

- One certified copy of Resolution No. 149-19 (File No. 190295)

If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "Angela Calvillo".
Angela Calvillo
Clerk of the Board

- c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

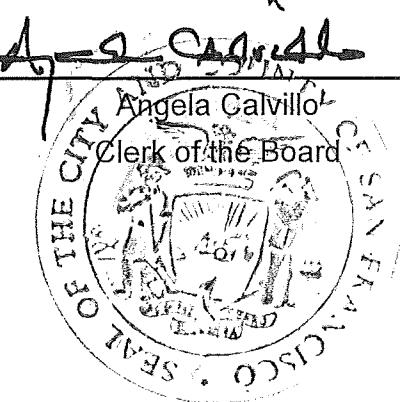
CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



1 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

2

3 **Resolution supporting United States House Resolution No. 1384, authored by United**
4 States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the
5 Board of Supervisors' support for a single-payer universal health care system.

6

7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

11

12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

15

16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

19

20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
the still largely unregulated high cost of medical care that has led to one-third of all
21 GoFundMe accounts being established to pay for exorbitant medical bills; and

22

23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

1 WHEREAS, The inability to pay medical bills continues to be a leading cause of
2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

14 WHEREAS, Continued attacks on the ACA by the Trump administration and GOP in
15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

19 WHEREAS, Employer-provided health benefits are declining and employees' costs are
20 increasing through cost-shifting to workers, including increased cost of premiums for workers
21 covered by employer-paid insurance, which have risen by an average of 65%, and
22 deductibles have risen by an average of 212% over the past decade; and

23 WHEREAS, Many other countries around the world use taxes to pay for a national
24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

1 WHEREAS, Due to their profit incentive, private insurance companies deny up to one-fourth of all claims for care and restrict patient choice through narrow networks for doctors and hospitals, limited drug formularies, and other limits in coverage; and

4 WHEREAS, The U.S. ranks first in cost, but only 35th among countries of the world in health system outcomes and quality according to the *Lancet* and worse for infant mortality and life expectancy, with no relationship between what healthcare costs in the U.S. and the quality of care or access to care; and

8 WHEREAS, The Medicare for All Act would establish guaranteed, universal health care for all U.S. residents; and

10 WHEREAS, The Medicare for All Act would provide comprehensive health care, including all primary care, hospital and outpatient services, dental, vision, audiology, maternity and newborn care, women's reproductive services, mental health, prescription drugs, and long-term care services; and

14 WHEREAS, The Medicare for All Act would eliminate all costs for premiums, deductibles, co-pays, and other out-of-pocket costs that have caused such a crisis for tens of millions of people; and

17 WHEREAS, The Medicare for All Act would ensure genuine patient choice of any doctor, hospital, clinic, or other provider a patient chooses without the restrictions imposed by private insurers; and

20 WHEREAS, The Medicare for All Act would sharply reduce the cost of prescription drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world does; and

23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
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11 WHEREAS, The Medicare for All Act would establish a system of public financing that
12 retains the private provider system with real patient choice and greater transparency on how
13 our public dollars are spent; and

14 WHEREAS, Public opinion polls show up to 70% public support for a Medicare for
15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

17 WHEREAS, The Medicare for All Act would establish peace of mind for everyone,
18 relieving worry about medical bills and access to needed care through a humane system
19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
2 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate
3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

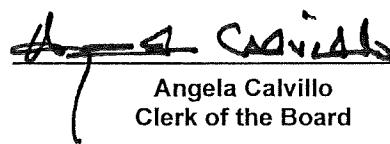
Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.



Angela Calvillo
Clerk of the Board

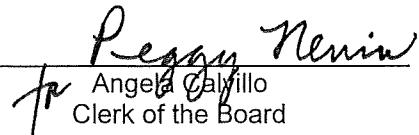
Unsigned

London N. Breed
Mayor

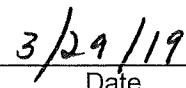
3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.



Angela Calvillo
Clerk of the Board



Date

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Ro Khanna
United States House of Representatives
221 Cannon House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congressman Khanna:

On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

The Board of Supervisors directs the Clerk of the Board to forward the following document to your attention:

- One certified copy of Resolution No. 149-19 (File No. 190295)

If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "Angela Calvillo".
Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295

[Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



1 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

2

3 **Resolution supporting United States House Resolution No. 1384, authored by United**
4 States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the
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6

7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

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12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

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16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

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20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
the still largely unregulated high cost of medical care that has led to one-third of all
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23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

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3 result of needing care; and

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4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

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7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
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24 RESOLVED, That the City and County of San Francisco affirms that health care is a
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4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

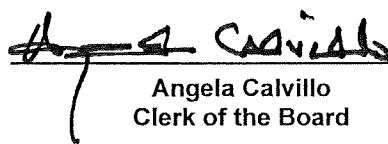
Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.



Angela Calvillo
Clerk of the Board

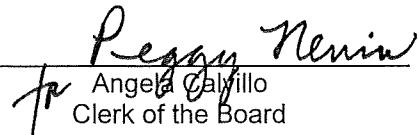
Unsigned

London N. Breed
Mayor

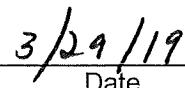
3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.



Angela Calvillo
Clerk of the Board



Date

BOARD of SUPERVISORS



City Hall

1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Doug LaMalfa
United States House of Representatives
322 Cannon House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congressman LaMalfa:

On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

The Board of Supervisors directs the Clerk of the Board to forward the following document to your attention:

- One certified copy of Resolution No. 149-19 (File No. 190295)

If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "Angela Calvillo".
Angela Calvillo
Clerk of the Board

- c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295

[Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

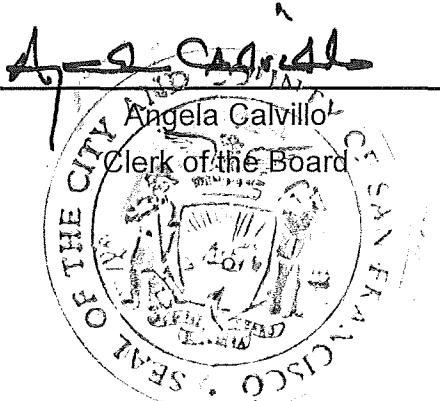
CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



1 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

2

3 **Resolution supporting United States House Resolution No. 1384, authored by United**
4 States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the
5 Board of Supervisors' support for a single-payer universal health care system.

6

7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

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12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

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16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

19

20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
the still largely unregulated high cost of medical care that has led to one-third of all
21 GoFundMe accounts being established to pay for exorbitant medical bills; and

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23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

1 WHEREAS, The inability to pay medical bills continues to be a leading cause of
2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

14 WHEREAS, Continued attacks on the ACA by the Trump administration and GOP in
15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

19 WHEREAS, Employer-provided health benefits are declining and employees' costs are
20 increasing through cost-shifting to workers, including increased cost of premiums for workers
21 covered by employer-paid insurance, which have risen by an average of 65%, and
22 deductibles have risen by an average of 212% over the past decade; and

23 WHEREAS, Many other countries around the world use taxes to pay for a national
24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

1 WHEREAS, Due to their profit incentive, private insurance companies deny up to one-fourth of all claims for care and restrict patient choice through narrow networks for doctors and hospitals, limited drug formularies, and other limits in coverage; and

4 WHEREAS, The U.S. ranks first in cost, but only 35th among countries of the world in health system outcomes and quality according to the *Lancet* and worse for infant mortality and life expectancy, with no relationship between what healthcare costs in the U.S. and the quality of care or access to care; and

8 WHEREAS, The Medicare for All Act would establish guaranteed, universal health care for all U.S. residents; and

10 WHEREAS, The Medicare for All Act would provide comprehensive health care, including all primary care, hospital and outpatient services, dental, vision, audiology, maternity and newborn care, women's reproductive services, mental health, prescription drugs, and long-term care services; and

14 WHEREAS, The Medicare for All Act would eliminate all costs for premiums, deductibles, co-pays, and other out-of-pocket costs that have caused such a crisis for tens of millions of people; and

17 WHEREAS, The Medicare for All Act would ensure genuine patient choice of any doctor, hospital, clinic, or other provider a patient chooses without the restrictions imposed by private insurers; and

20 WHEREAS, The Medicare for All Act would sharply reduce the cost of prescription drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world does; and

23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
10 with global budgeting without the waste for billing, marketing, profit-taking; and

11 WHEREAS, The Medicare for All Act would establish a system of public financing that
12 retains the private provider system with real patient choice and greater transparency on how
13 our public dollars are spent; and

14 WHEREAS, Public opinion polls show up to 70% public support for a Medicare for
15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

17 WHEREAS, The Medicare for All Act would establish peace of mind for everyone,
18 relieving worry about medical bills and access to needed care through a humane system
19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
2 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate
3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

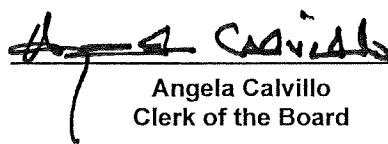
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March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.



Angela Calvillo
Clerk of the Board

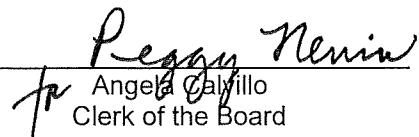
Unsigned

London N. Breed
Mayor

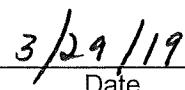
3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.



Angela Calvillo
Clerk of the Board



Date

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Barbara Lee
United States House of Representatives
2470 Rayburn House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congresswoman Lee:

On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

The Board of Supervisors directs the Clerk of the Board to forward the following document to your attention:

- One certified copy of Resolution No. 149-19 (File No. 190295)

If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

Angela Calvillo
Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295

[Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



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7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

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12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

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18 women, young adults, and lower-income people; and

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the still largely unregulated high cost of medical care that has led to one-third of all
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23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
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24 third said that in the past year they had to choose between paying for food, heating, housing,
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25 University of Chicago; and

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2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

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15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

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20 increasing through cost-shifting to workers, including increased cost of premiums for workers
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24 universal health care, which leaves U.S. based companies that pay for employee health care
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23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
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12 retains the private provider system with real patient choice and greater transparency on how
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**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.

Angela Calvillo
Angela Calvillo
Clerk of the Board

Unsigned

London N. Breed
Mayor

3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.

Peggy Nevin
Angela Calvillo
Clerk of the Board

3/29/19
Date

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Mike Levin
United States House of Representatives
1626 Longworth House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congressman Levin:

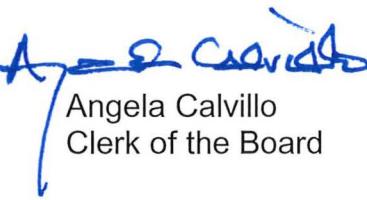
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Sincerely,


Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295

[Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



1 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

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9 standards, including on such critical barometers as average life expectancy, infant mortality,
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21 GoFundMe accounts being established to pay for exorbitant medical bills; and

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23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
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25 University of Chicago; and

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2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

14 WHEREAS, Continued attacks on the ACA by the Trump administration and GOP in
15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

19 WHEREAS, Employer-provided health benefits are declining and employees' costs are
20 increasing through cost-shifting to workers, including increased cost of premiums for workers
21 covered by employer-paid insurance, which have risen by an average of 65%, and
22 deductibles have risen by an average of 212% over the past decade; and

23 WHEREAS, Many other countries around the world use taxes to pay for a national
24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

1 WHEREAS, Due to their profit incentive, private insurance companies deny up to one-fourth of all claims for care and restrict patient choice through narrow networks for doctors and hospitals, limited drug formularies, and other limits in coverage; and

4 WHEREAS, The U.S. ranks first in cost, but only 35th among countries of the world in health system outcomes and quality according to the *Lancet* and worse for infant mortality and life expectancy, with no relationship between what healthcare costs in the U.S. and the quality of care or access to care; and

8 WHEREAS, The Medicare for All Act would establish guaranteed, universal health care for all U.S. residents; and

10 WHEREAS, The Medicare for All Act would provide comprehensive health care, including all primary care, hospital and outpatient services, dental, vision, audiology, maternity and newborn care, women's reproductive services, mental health, prescription drugs, and long-term care services; and

14 WHEREAS, The Medicare for All Act would eliminate all costs for premiums, deductibles, co-pays, and other out-of-pocket costs that have caused such a crisis for tens of millions of people; and

17 WHEREAS, The Medicare for All Act would ensure genuine patient choice of any doctor, hospital, clinic, or other provider a patient chooses without the restrictions imposed by private insurers; and

20 WHEREAS, The Medicare for All Act would sharply reduce the cost of prescription drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world does; and

23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
10 with global budgeting without the waste for billing, marketing, profit-taking; and

11 WHEREAS, The Medicare for All Act would establish a system of public financing that
12 retains the private provider system with real patient choice and greater transparency on how
13 our public dollars are spent; and

14 WHEREAS, Public opinion polls show up to 70% public support for a Medicare for
15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

17 WHEREAS, The Medicare for All Act would establish peace of mind for everyone,
18 relieving worry about medical bills and access to needed care through a humane system
19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
2 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate
3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

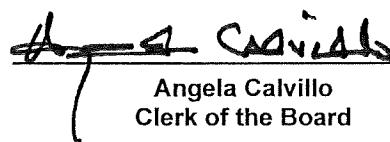
Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.



Angela Calvillo
Clerk of the Board

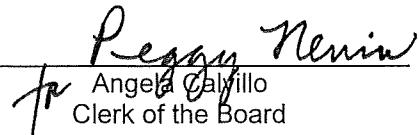
Unsigned

London N. Breed
Mayor

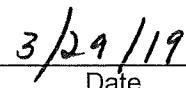
3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.



Angela Calvillo
Clerk of the Board



Date

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Ted Lieu
United States House of Representatives
403 Cannon House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congressman Lieu:

On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

The Board of Supervisors directs the Clerk of the Board to forward the following document to your attention:

- One certified copy of Resolution No. 149-19 (File No. 190295)

If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "A. Calvillo".
Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



1 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

2

3 **Resolution supporting United States House Resolution No. 1384, authored by United**
4 States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the
5 Board of Supervisors' support for a single-payer universal health care system.

6

7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

11

12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

15

16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

19

20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
the still largely unregulated high cost of medical care that has led to one-third of all
21 GoFundMe accounts being established to pay for exorbitant medical bills; and

22

23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

1 WHEREAS, The inability to pay medical bills continues to be a leading cause of
2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

14 WHEREAS, Continued attacks on the ACA by the Trump administration and GOP in
15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

19 WHEREAS, Employer-provided health benefits are declining and employees' costs are
20 increasing through cost-shifting to workers, including increased cost of premiums for workers
21 covered by employer-paid insurance, which have risen by an average of 65%, and
22 deductibles have risen by an average of 212% over the past decade; and

23 WHEREAS, Many other countries around the world use taxes to pay for a national
24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

1 WHEREAS, Due to their profit incentive, private insurance companies deny up to one-fourth of all claims for care and restrict patient choice through narrow networks for doctors and hospitals, limited drug formularies, and other limits in coverage; and

4 WHEREAS, The U.S. ranks first in cost, but only 35th among countries of the world in health system outcomes and quality according to the *Lancet* and worse for infant mortality and life expectancy, with no relationship between what healthcare costs in the U.S. and the quality of care or access to care; and

8 WHEREAS, The Medicare for All Act would establish guaranteed, universal health care for all U.S. residents; and

10 WHEREAS, The Medicare for All Act would provide comprehensive health care, including all primary care, hospital and outpatient services, dental, vision, audiology, maternity and newborn care, women's reproductive services, mental health, prescription drugs, and long-term care services; and

14 WHEREAS, The Medicare for All Act would eliminate all costs for premiums, deductibles, co-pays, and other out-of-pocket costs that have caused such a crisis for tens of millions of people; and

17 WHEREAS, The Medicare for All Act would ensure genuine patient choice of any doctor, hospital, clinic, or other provider a patient chooses without the restrictions imposed by private insurers; and

20 WHEREAS, The Medicare for All Act would sharply reduce the cost of prescription drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world does; and

23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
10 with global budgeting without the waste for billing, marketing, profit-taking; and

11 WHEREAS, The Medicare for All Act would establish a system of public financing that
12 retains the private provider system with real patient choice and greater transparency on how
13 our public dollars are spent; and

14 WHEREAS, Public opinion polls show up to 70% public support for a Medicare for
15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

17 WHEREAS, The Medicare for All Act would establish peace of mind for everyone,
18 relieving worry about medical bills and access to needed care through a humane system
19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
2 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate
3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

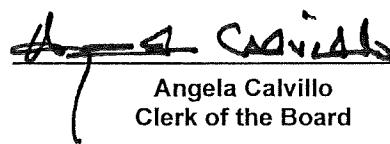
Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.



Angela Calvillo
Clerk of the Board

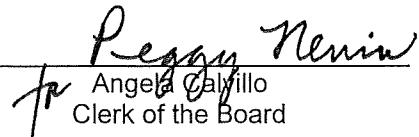
Unsigned

London N. Breed
Mayor

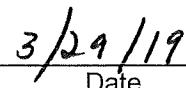
3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.



Angela Calvillo
Clerk of the Board



Date

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Zoe Lofgren
United States House of Representatives
1401 Longworth House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congresswoman Lofgren:

On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

The Board of Supervisors directs the Clerk of the Board to forward the following document to your attention:

- One certified copy of Resolution No. 149-19 (File No. 190295)

If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "Angela Calvillo".
Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295

[Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



1 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

2

3 **Resolution supporting United States House Resolution No. 1384, authored by United**
4 States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the
5 Board of Supervisors' support for a single-payer universal health care system.

6

7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

11

12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

15

16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

19

20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
the still largely unregulated high cost of medical care that has led to one-third of all
21 GoFundMe accounts being established to pay for exorbitant medical bills; and

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23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

1 WHEREAS, The inability to pay medical bills continues to be a leading cause of
2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

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24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

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20 WHEREAS, The Medicare for All Act would sharply reduce the cost of prescription drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world does; and

23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
10 with global budgeting without the waste for billing, marketing, profit-taking; and

11 WHEREAS, The Medicare for All Act would establish a system of public financing that
12 retains the private provider system with real patient choice and greater transparency on how
13 our public dollars are spent; and

14 WHEREAS, Public opinion polls show up to 70% public support for a Medicare for
15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

17 WHEREAS, The Medicare for All Act would establish peace of mind for everyone,
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19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
2 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate
3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

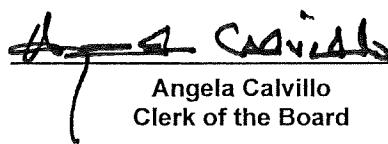
Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.



Angela Calvillo
Clerk of the Board

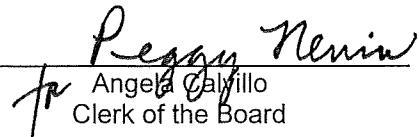
Unsigned

London N. Breed
Mayor

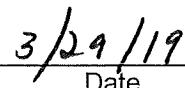
3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.



Angela Calvillo
Clerk of the Board



Date

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Alan Lowenthal
United States House of Representatives
108 Cannon House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congressman Lowenthal:

On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

The Board of Supervisors directs the Clerk of the Board to forward the following document to your attention:

- One certified copy of Resolution No. 149-19 (File No. 190295)

If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "Angela Calvillo".
Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295

[Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



1 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

2

3 **Resolution supporting United States House Resolution No. 1384, authored by United**
4 States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the
5 Board of Supervisors' support for a single-payer universal health care system.

6

7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

11

12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

15

16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

19

20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
the still largely unregulated high cost of medical care that has led to one-third of all
21 GoFundMe accounts being established to pay for exorbitant medical bills; and

22

23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

1 WHEREAS, The inability to pay medical bills continues to be a leading cause of
2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

14 WHEREAS, Continued attacks on the ACA by the Trump administration and GOP in
15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

19 WHEREAS, Employer-provided health benefits are declining and employees' costs are
20 increasing through cost-shifting to workers, including increased cost of premiums for workers
21 covered by employer-paid insurance, which have risen by an average of 65%, and
22 deductibles have risen by an average of 212% over the past decade; and

23 WHEREAS, Many other countries around the world use taxes to pay for a national
24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

1 WHEREAS, Due to their profit incentive, private insurance companies deny up to one-fourth of all claims for care and restrict patient choice through narrow networks for doctors and hospitals, limited drug formularies, and other limits in coverage; and

4 WHEREAS, The U.S. ranks first in cost, but only 35th among countries of the world in health system outcomes and quality according to the *Lancet* and worse for infant mortality and life expectancy, with no relationship between what healthcare costs in the U.S. and the quality of care or access to care; and

8 WHEREAS, The Medicare for All Act would establish guaranteed, universal health care for all U.S. residents; and

10 WHEREAS, The Medicare for All Act would provide comprehensive health care, including all primary care, hospital and outpatient services, dental, vision, audiology, maternity and newborn care, women's reproductive services, mental health, prescription drugs, and long-term care services; and

14 WHEREAS, The Medicare for All Act would eliminate all costs for premiums, deductibles, co-pays, and other out-of-pocket costs that have caused such a crisis for tens of millions of people; and

17 WHEREAS, The Medicare for All Act would ensure genuine patient choice of any doctor, hospital, clinic, or other provider a patient chooses without the restrictions imposed by private insurers; and

20 WHEREAS, The Medicare for All Act would sharply reduce the cost of prescription drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world does; and

23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
10 with global budgeting without the waste for billing, marketing, profit-taking; and

11 WHEREAS, The Medicare for All Act would establish a system of public financing that
12 retains the private provider system with real patient choice and greater transparency on how
13 our public dollars are spent; and

14 WHEREAS, Public opinion polls show up to 70% public support for a Medicare for
15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

17 WHEREAS, The Medicare for All Act would establish peace of mind for everyone,
18 relieving worry about medical bills and access to needed care through a humane system
19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
2 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate
3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

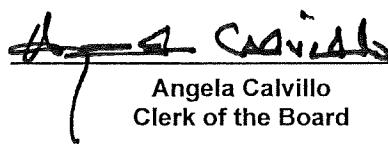
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March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.



Angela Calvillo
Clerk of the Board

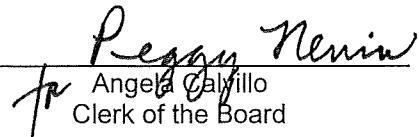
Unsigned

London N. Breed
Mayor

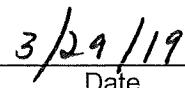
3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.



Angela Calvillo
Clerk of the Board



Date

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Doris Matsui
United States House of Representatives
2311 Rayburn House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congresswoman Matsui:

On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

The Board of Supervisors directs the Clerk of the Board to forward the following document to your attention:

- One certified copy of Resolution No. 149-19 (File No. 190295)

If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "Angela Calvillo".
Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295

[Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



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6

7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

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12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

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16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

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20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
the still largely unregulated high cost of medical care that has led to one-third of all
21 GoFundMe accounts being established to pay for exorbitant medical bills; and

22

23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

1 WHEREAS, The inability to pay medical bills continues to be a leading cause of
2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

14 WHEREAS, Continued attacks on the ACA by the Trump administration and GOP in
15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

19 WHEREAS, Employer-provided health benefits are declining and employees' costs are
20 increasing through cost-shifting to workers, including increased cost of premiums for workers
21 covered by employer-paid insurance, which have risen by an average of 65%, and
22 deductibles have risen by an average of 212% over the past decade; and

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24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

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20 WHEREAS, The Medicare for All Act would sharply reduce the cost of prescription drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world does; and

23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
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13 our public dollars are spent; and

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15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

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19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
2 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate
3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

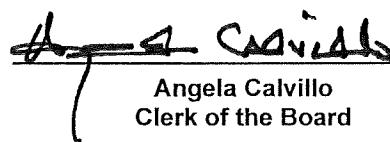
Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.



Angela Calvillo
Clerk of the Board

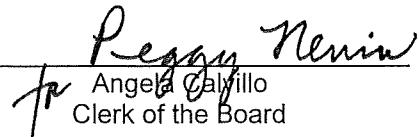
Unsigned

London N. Breed
Mayor

3/29/2019

Date Approved

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Angela Calvillo
Clerk of the Board



Date

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Kevin McCarthy
United States House of Representatives
2468 Rayburn House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congressman McCarthy:

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If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "Angela Calvillo".
Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

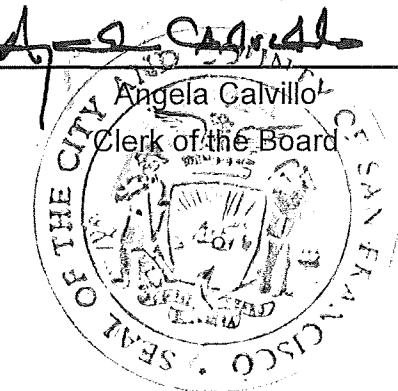
CLERK'S CERTIFICATE

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



1 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

2

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7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

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12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

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16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

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20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
the still largely unregulated high cost of medical care that has led to one-third of all
21 GoFundMe accounts being established to pay for exorbitant medical bills; and

22

23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

1 WHEREAS, The inability to pay medical bills continues to be a leading cause of
2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

14 WHEREAS, Continued attacks on the ACA by the Trump administration and GOP in
15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

19 WHEREAS, Employer-provided health benefits are declining and employees' costs are
20 increasing through cost-shifting to workers, including increased cost of premiums for workers
21 covered by employer-paid insurance, which have risen by an average of 65%, and
22 deductibles have risen by an average of 212% over the past decade; and

23 WHEREAS, Many other countries around the world use taxes to pay for a national
24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

1 WHEREAS, Due to their profit incentive, private insurance companies deny up to one-fourth of all claims for care and restrict patient choice through narrow networks for doctors and hospitals, limited drug formularies, and other limits in coverage; and

4 WHEREAS, The U.S. ranks first in cost, but only 35th among countries of the world in health system outcomes and quality according to the *Lancet* and worse for infant mortality and life expectancy, with no relationship between what healthcare costs in the U.S. and the quality of care or access to care; and

8 WHEREAS, The Medicare for All Act would establish guaranteed, universal health care for all U.S. residents; and

10 WHEREAS, The Medicare for All Act would provide comprehensive health care, including all primary care, hospital and outpatient services, dental, vision, audiology, maternity and newborn care, women's reproductive services, mental health, prescription drugs, and long-term care services; and

14 WHEREAS, The Medicare for All Act would eliminate all costs for premiums, deductibles, co-pays, and other out-of-pocket costs that have caused such a crisis for tens of millions of people; and

17 WHEREAS, The Medicare for All Act would ensure genuine patient choice of any doctor, hospital, clinic, or other provider a patient chooses without the restrictions imposed by private insurers; and

20 WHEREAS, The Medicare for All Act would sharply reduce the cost of prescription drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world does; and

23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
10 with global budgeting without the waste for billing, marketing, profit-taking; and

11 WHEREAS, The Medicare for All Act would establish a system of public financing that
12 retains the private provider system with real patient choice and greater transparency on how
13 our public dollars are spent; and

14 WHEREAS, Public opinion polls show up to 70% public support for a Medicare for
15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

17 WHEREAS, The Medicare for All Act would establish peace of mind for everyone,
18 relieving worry about medical bills and access to needed care through a humane system
19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
2 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate
3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

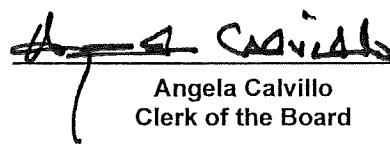
Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.



Angela Calvillo
Clerk of the Board

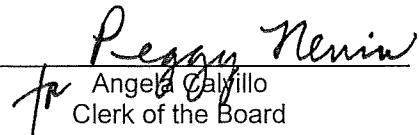
Unsigned

London N. Breed
Mayor

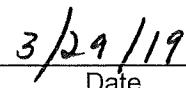
3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.



Angela Calvillo
Clerk of the Board



Date

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Tom McClintock
United States House of Representatives
2312 Rayburn House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congressman McClintock:

On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

The Board of Supervisors directs the Clerk of the Board to forward the following document to your attention:

- One certified copy of Resolution No. 149-19 (File No. 190295)

If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "A. Calvillo".
Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295

[Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



1 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

2

3 **Resolution supporting United States House Resolution No. 1384, authored by United**
4 States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the
5 Board of Supervisors' support for a single-payer universal health care system.

6

7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

11

12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

15

16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

19

20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
the still largely unregulated high cost of medical care that has led to one-third of all
21 GoFundMe accounts being established to pay for exorbitant medical bills; and

22

23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

1 WHEREAS, The inability to pay medical bills continues to be a leading cause of
2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

14 WHEREAS, Continued attacks on the ACA by the Trump administration and GOP in
15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

19 WHEREAS, Employer-provided health benefits are declining and employees' costs are
20 increasing through cost-shifting to workers, including increased cost of premiums for workers
21 covered by employer-paid insurance, which have risen by an average of 65%, and
22 deductibles have risen by an average of 212% over the past decade; and

23 WHEREAS, Many other countries around the world use taxes to pay for a national
24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

1 WHEREAS, Due to their profit incentive, private insurance companies deny up to one-fourth of all claims for care and restrict patient choice through narrow networks for doctors and hospitals, limited drug formularies, and other limits in coverage; and

4 WHEREAS, The U.S. ranks first in cost, but only 35th among countries of the world in health system outcomes and quality according to the *Lancet* and worse for infant mortality and life expectancy, with no relationship between what healthcare costs in the U.S. and the quality of care or access to care; and

8 WHEREAS, The Medicare for All Act would establish guaranteed, universal health care for all U.S. residents; and

10 WHEREAS, The Medicare for All Act would provide comprehensive health care, including all primary care, hospital and outpatient services, dental, vision, audiology, maternity and newborn care, women's reproductive services, mental health, prescription drugs, and long-term care services; and

14 WHEREAS, The Medicare for All Act would eliminate all costs for premiums, deductibles, co-pays, and other out-of-pocket costs that have caused such a crisis for tens of millions of people; and

17 WHEREAS, The Medicare for All Act would ensure genuine patient choice of any doctor, hospital, clinic, or other provider a patient chooses without the restrictions imposed by private insurers; and

20 WHEREAS, The Medicare for All Act would sharply reduce the cost of prescription drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world does; and

23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
10 with global budgeting without the waste for billing, marketing, profit-taking; and

11 WHEREAS, The Medicare for All Act would establish a system of public financing that
12 retains the private provider system with real patient choice and greater transparency on how
13 our public dollars are spent; and

14 WHEREAS, Public opinion polls show up to 70% public support for a Medicare for
15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

17 WHEREAS, The Medicare for All Act would establish peace of mind for everyone,
18 relieving worry about medical bills and access to needed care through a humane system
19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
2 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate
3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

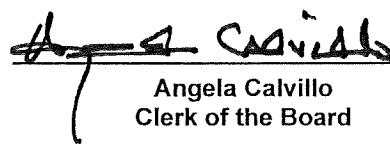
Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.



Angela Calvillo
Clerk of the Board

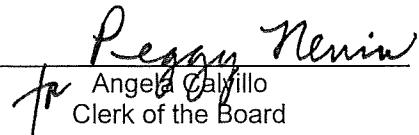
Unsigned

London N. Breed
Mayor

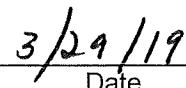
3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.



Angela Calvillo
Clerk of the Board



Date

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Jerry McNerney
United States House of Representatives
2265 Rayburn House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congressman McNerney:

On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

The Board of Supervisors directs the Clerk of the Board to forward the following document to your attention:

- One certified copy of Resolution No. 149-19 (File No. 190295)

If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "A. Calvillo".
Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



1 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

2

3 **Resolution supporting United States House Resolution No. 1384, authored by United**
4 States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the
5 Board of Supervisors' support for a single-payer universal health care system.

6

7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

11

12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

15

16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

19

20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
the still largely unregulated high cost of medical care that has led to one-third of all
21 GoFundMe accounts being established to pay for exorbitant medical bills; and

22

23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

1 WHEREAS, The inability to pay medical bills continues to be a leading cause of
2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

14 WHEREAS, Continued attacks on the ACA by the Trump administration and GOP in
15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

19 WHEREAS, Employer-provided health benefits are declining and employees' costs are
20 increasing through cost-shifting to workers, including increased cost of premiums for workers
21 covered by employer-paid insurance, which have risen by an average of 65%, and
22 deductibles have risen by an average of 212% over the past decade; and

23 WHEREAS, Many other countries around the world use taxes to pay for a national
24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

1 WHEREAS, Due to their profit incentive, private insurance companies deny up to one-fourth of all claims for care and restrict patient choice through narrow networks for doctors and hospitals, limited drug formularies, and other limits in coverage; and

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14 WHEREAS, The Medicare for All Act would eliminate all costs for premiums, deductibles, co-pays, and other out-of-pocket costs that have caused such a crisis for tens of millions of people; and

17 WHEREAS, The Medicare for All Act would ensure genuine patient choice of any doctor, hospital, clinic, or other provider a patient chooses without the restrictions imposed by private insurers; and

20 WHEREAS, The Medicare for All Act would sharply reduce the cost of prescription drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world does; and

23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
10 with global budgeting without the waste for billing, marketing, profit-taking; and

11 WHEREAS, The Medicare for All Act would establish a system of public financing that
12 retains the private provider system with real patient choice and greater transparency on how
13 our public dollars are spent; and

14 WHEREAS, Public opinion polls show up to 70% public support for a Medicare for
15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

17 WHEREAS, The Medicare for All Act would establish peace of mind for everyone,
18 relieving worry about medical bills and access to needed care through a humane system
19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
2 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate
3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.

Angela Calvillo
Angela Calvillo
Clerk of the Board

Unsigned

London N. Breed
Mayor

3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.

Peggy Nevin
Angela Calvillo
Clerk of the Board

3/29/19
Date

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Grace Napolitano
United States House of Representatives
1610 Longworth House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congresswoman Napolitano:

On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

The Board of Supervisors directs the Clerk of the Board to forward the following document to your attention:

- One certified copy of Resolution No. 149-19 (File No. 190295)

If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "Angela Calvillo".
Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



1 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

2

3 **Resolution supporting United States House Resolution No. 1384, authored by United**
4 States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the
5 Board of Supervisors' support for a single-payer universal health care system.

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7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

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12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

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16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

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20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
the still largely unregulated high cost of medical care that has led to one-third of all
21 GoFundMe accounts being established to pay for exorbitant medical bills; and

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23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

1 WHEREAS, The inability to pay medical bills continues to be a leading cause of
2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

14 WHEREAS, Continued attacks on the ACA by the Trump administration and GOP in
15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

19 WHEREAS, Employer-provided health benefits are declining and employees' costs are
20 increasing through cost-shifting to workers, including increased cost of premiums for workers
21 covered by employer-paid insurance, which have risen by an average of 65%, and
22 deductibles have risen by an average of 212% over the past decade; and

23 WHEREAS, Many other countries around the world use taxes to pay for a national
24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

1 WHEREAS, Due to their profit incentive, private insurance companies deny up to one-fourth of all claims for care and restrict patient choice through narrow networks for doctors and hospitals, limited drug formularies, and other limits in coverage; and

4 WHEREAS, The U.S. ranks first in cost, but only 35th among countries of the world in health system outcomes and quality according to the *Lancet* and worse for infant mortality and life expectancy, with no relationship between what healthcare costs in the U.S. and the quality of care or access to care; and

8 WHEREAS, The Medicare for All Act would establish guaranteed, universal health care for all U.S. residents; and

10 WHEREAS, The Medicare for All Act would provide comprehensive health care, including all primary care, hospital and outpatient services, dental, vision, audiology, maternity and newborn care, women's reproductive services, mental health, prescription drugs, and long-term care services; and

14 WHEREAS, The Medicare for All Act would eliminate all costs for premiums, deductibles, co-pays, and other out-of-pocket costs that have caused such a crisis for tens of millions of people; and

17 WHEREAS, The Medicare for All Act would ensure genuine patient choice of any doctor, hospital, clinic, or other provider a patient chooses without the restrictions imposed by private insurers; and

20 WHEREAS, The Medicare for All Act would sharply reduce the cost of prescription drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world does; and

23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
10 with global budgeting without the waste for billing, marketing, profit-taking; and

11 WHEREAS, The Medicare for All Act would establish a system of public financing that
12 retains the private provider system with real patient choice and greater transparency on how
13 our public dollars are spent; and

14 WHEREAS, Public opinion polls show up to 70% public support for a Medicare for
15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

17 WHEREAS, The Medicare for All Act would establish peace of mind for everyone,
18 relieving worry about medical bills and access to needed care through a humane system
19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
2 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate
3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

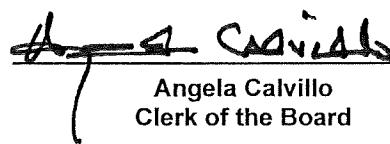
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March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.



Angela Calvillo
Clerk of the Board

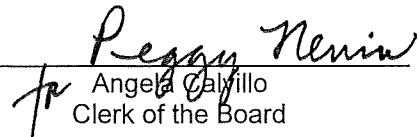
Unsigned

London N. Breed
Mayor

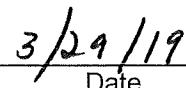
3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.



Angela Calvillo
Clerk of the Board



Date

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Devin Nunes
United States House of Representatives
1013 Longworth House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congressman Nunes:

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If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

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Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
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City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
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190295

[Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



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8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

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12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

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16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

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the still largely unregulated high cost of medical care that has led to one-third of all
21 GoFundMe accounts being established to pay for exorbitant medical bills; and

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medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

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2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

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15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

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1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

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4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
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16 people living in the U.S.; and

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21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

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25 human right that should be guaranteed to all U.S. residents; and, be it

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5 congressional representatives from the City and County of San Francisco and the State of
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**City and County of San Francisco
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Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

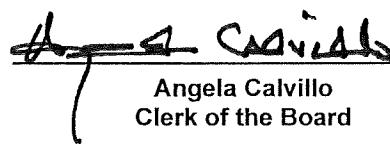
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File No. 190295

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Angela Calvillo
Clerk of the Board

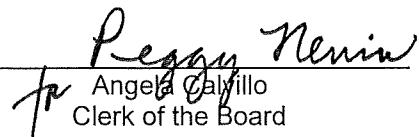
Unsigned

London N. Breed
Mayor

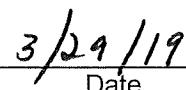
3/29/2019

Date Approved

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Angela Calvillo
Clerk of the Board



Date

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Jimmy Panetta
United States House of Representatives
212 Cannon House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

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Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

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STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

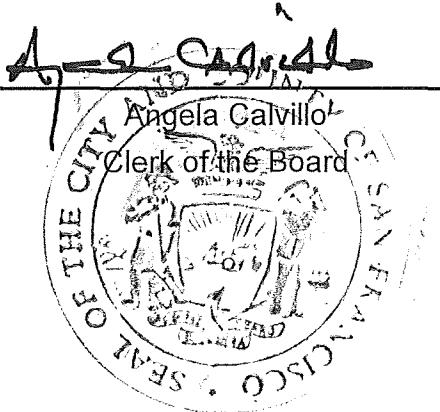
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8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
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access, cost, and quality of care; and

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16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

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20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
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21 GoFundMe accounts being established to pay for exorbitant medical bills; and

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3 result of needing care; and

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7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

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24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

1 WHEREAS, Due to their profit incentive, private insurance companies deny up to one-fourth of all claims for care and restrict patient choice through narrow networks for doctors and hospitals, limited drug formularies, and other limits in coverage; and

4 WHEREAS, The U.S. ranks first in cost, but only 35th among countries of the world in health system outcomes and quality according to the *Lancet* and worse for infant mortality and life expectancy, with no relationship between what healthcare costs in the U.S. and the quality of care or access to care; and

8 WHEREAS, The Medicare for All Act would establish guaranteed, universal health care for all U.S. residents; and

10 WHEREAS, The Medicare for All Act would provide comprehensive health care, including all primary care, hospital and outpatient services, dental, vision, audiology, maternity and newborn care, women's reproductive services, mental health, prescription drugs, and long-term care services; and

14 WHEREAS, The Medicare for All Act would eliminate all costs for premiums, deductibles, co-pays, and other out-of-pocket costs that have caused such a crisis for tens of millions of people; and

17 WHEREAS, The Medicare for All Act would ensure genuine patient choice of any doctor, hospital, clinic, or other provider a patient chooses without the restrictions imposed by private insurers; and

20 WHEREAS, The Medicare for All Act would sharply reduce the cost of prescription drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world does; and

23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
10 with global budgeting without the waste for billing, marketing, profit-taking; and

11 WHEREAS, The Medicare for All Act would establish a system of public financing that
12 retains the private provider system with real patient choice and greater transparency on how
13 our public dollars are spent; and

14 WHEREAS, Public opinion polls show up to 70% public support for a Medicare for
15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

17 WHEREAS, The Medicare for All Act would establish peace of mind for everyone,
18 relieving worry about medical bills and access to needed care through a humane system
19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
2 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate
3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

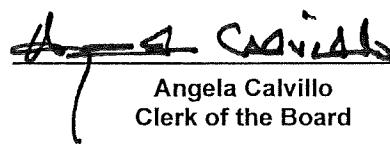
Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.



Angela Calvillo
Clerk of the Board

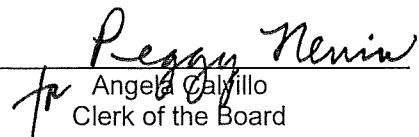
Unsigned

London N. Breed
Mayor

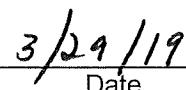
3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.



Angela Calvillo
Clerk of the Board



Date

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Scott Peters
United States House of Representatives
2338 Rayburn House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congressman Peters:

On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

The Board of Supervisors directs the Clerk of the Board to forward the following document to your attention:

- One certified copy of Resolution No. 149-19 (File No. 190295)

If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "Angela Calvillo".
Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295

[Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

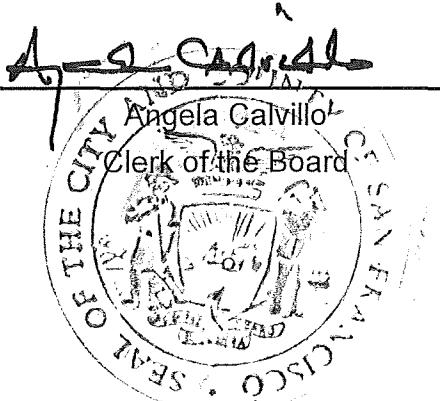
CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



1 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

2

3 **Resolution supporting United States House Resolution No. 1384, authored by United**
4 States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the
5 Board of Supervisors' support for a single-payer universal health care system.

6

7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

11

12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

15

16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

19

20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
the still largely unregulated high cost of medical care that has led to one-third of all
21 GoFundMe accounts being established to pay for exorbitant medical bills; and

22

23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

1 WHEREAS, The inability to pay medical bills continues to be a leading cause of
2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

14 WHEREAS, Continued attacks on the ACA by the Trump administration and GOP in
15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

19 WHEREAS, Employer-provided health benefits are declining and employees' costs are
20 increasing through cost-shifting to workers, including increased cost of premiums for workers
21 covered by employer-paid insurance, which have risen by an average of 65%, and
22 deductibles have risen by an average of 212% over the past decade; and

23 WHEREAS, Many other countries around the world use taxes to pay for a national
24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

1 WHEREAS, Due to their profit incentive, private insurance companies deny up to one-fourth of all claims for care and restrict patient choice through narrow networks for doctors and hospitals, limited drug formularies, and other limits in coverage; and

4 WHEREAS, The U.S. ranks first in cost, but only 35th among countries of the world in health system outcomes and quality according to the *Lancet* and worse for infant mortality and life expectancy, with no relationship between what healthcare costs in the U.S. and the quality of care or access to care; and

8 WHEREAS, The Medicare for All Act would establish guaranteed, universal health care for all U.S. residents; and

10 WHEREAS, The Medicare for All Act would provide comprehensive health care, including all primary care, hospital and outpatient services, dental, vision, audiology, maternity and newborn care, women's reproductive services, mental health, prescription drugs, and long-term care services; and

14 WHEREAS, The Medicare for All Act would eliminate all costs for premiums, deductibles, co-pays, and other out-of-pocket costs that have caused such a crisis for tens of millions of people; and

17 WHEREAS, The Medicare for All Act would ensure genuine patient choice of any doctor, hospital, clinic, or other provider a patient chooses without the restrictions imposed by private insurers; and

20 WHEREAS, The Medicare for All Act would sharply reduce the cost of prescription drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world does; and

23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
10 with global budgeting without the waste for billing, marketing, profit-taking; and

11 WHEREAS, The Medicare for All Act would establish a system of public financing that
12 retains the private provider system with real patient choice and greater transparency on how
13 our public dollars are spent; and

14 WHEREAS, Public opinion polls show up to 70% public support for a Medicare for
15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

17 WHEREAS, The Medicare for All Act would establish peace of mind for everyone,
18 relieving worry about medical bills and access to needed care through a humane system
19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
2 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate
3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

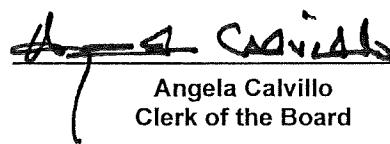
Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.



Angela Calvillo
Clerk of the Board

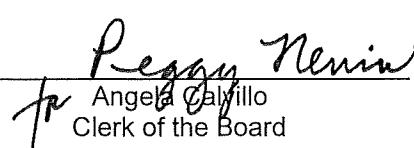
Unsigned

London N. Breed
Mayor

3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.



Angela Calvillo
Clerk of the Board

3/29/19

Date

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Katie Porter
United States House of Representatives
1117 Longworth House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congresswoman Porter:

On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

The Board of Supervisors directs the Clerk of the Board to forward the following document to your attention:

- One certified copy of Resolution No. 149-19 (File No. 190295)

If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "Angela Calvillo".
Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295

[Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



1 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

2

3 **Resolution supporting United States House Resolution No. 1384, authored by United**
4 States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the
5 Board of Supervisors' support for a single-payer universal health care system.

6

7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

11

12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

15

16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

19

20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
the still largely unregulated high cost of medical care that has led to one-third of all
21 GoFundMe accounts being established to pay for exorbitant medical bills; and

22

23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

1 WHEREAS, The inability to pay medical bills continues to be a leading cause of
2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

14 WHEREAS, Continued attacks on the ACA by the Trump administration and GOP in
15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

19 WHEREAS, Employer-provided health benefits are declining and employees' costs are
20 increasing through cost-shifting to workers, including increased cost of premiums for workers
21 covered by employer-paid insurance, which have risen by an average of 65%, and
22 deductibles have risen by an average of 212% over the past decade; and

23 WHEREAS, Many other countries around the world use taxes to pay for a national
24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

1 WHEREAS, Due to their profit incentive, private insurance companies deny up to one-fourth of all claims for care and restrict patient choice through narrow networks for doctors and hospitals, limited drug formularies, and other limits in coverage; and

4 WHEREAS, The U.S. ranks first in cost, but only 35th among countries of the world in health system outcomes and quality according to the *Lancet* and worse for infant mortality and life expectancy, with no relationship between what healthcare costs in the U.S. and the quality of care or access to care; and

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17 WHEREAS, The Medicare for All Act would ensure genuine patient choice of any doctor, hospital, clinic, or other provider a patient chooses without the restrictions imposed by private insurers; and

20 WHEREAS, The Medicare for All Act would sharply reduce the cost of prescription drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world does; and

23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
10 with global budgeting without the waste for billing, marketing, profit-taking; and

11 WHEREAS, The Medicare for All Act would establish a system of public financing that
12 retains the private provider system with real patient choice and greater transparency on how
13 our public dollars are spent; and

14 WHEREAS, Public opinion polls show up to 70% public support for a Medicare for
15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

17 WHEREAS, The Medicare for All Act would establish peace of mind for everyone,
18 relieving worry about medical bills and access to needed care through a humane system
19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
2 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate
3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.

Angela Calvillo
Angela Calvillo
Clerk of the Board

Unsigned

London N. Breed
Mayor

3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.

Peggy Merrin
Angela Calvillo
Clerk of the Board

3/29/19
Date

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Harley Rouda
United States House of Representatives
2300 Rayburn House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congressman Rouda:

On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

The Board of Supervisors directs the Clerk of the Board to forward the following document to your attention:

- One certified copy of Resolution No. 149-19 (File No. 190295)

If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "A - S Calvillo".
Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



1 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

2

3 **Resolution supporting United States House Resolution No. 1384, authored by United**
4 States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the
5 Board of Supervisors' support for a single-payer universal health care system.

6

7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

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12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

15

16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

19

20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
the still largely unregulated high cost of medical care that has led to one-third of all
21 GoFundMe accounts being established to pay for exorbitant medical bills; and

22

23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

1 WHEREAS, The inability to pay medical bills continues to be a leading cause of
2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

14 WHEREAS, Continued attacks on the ACA by the Trump administration and GOP in
15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

19 WHEREAS, Employer-provided health benefits are declining and employees' costs are
20 increasing through cost-shifting to workers, including increased cost of premiums for workers
21 covered by employer-paid insurance, which have risen by an average of 65%, and
22 deductibles have risen by an average of 212% over the past decade; and

23 WHEREAS, Many other countries around the world use taxes to pay for a national
24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

1 WHEREAS, Due to their profit incentive, private insurance companies deny up to one-fourth of all claims for care and restrict patient choice through narrow networks for doctors and hospitals, limited drug formularies, and other limits in coverage; and

4 WHEREAS, The U.S. ranks first in cost, but only 35th among countries of the world in health system outcomes and quality according to the *Lancet* and worse for infant mortality and life expectancy, with no relationship between what healthcare costs in the U.S. and the quality of care or access to care; and

8 WHEREAS, The Medicare for All Act would establish guaranteed, universal health care for all U.S. residents; and

10 WHEREAS, The Medicare for All Act would provide comprehensive health care, including all primary care, hospital and outpatient services, dental, vision, audiology, maternity and newborn care, women's reproductive services, mental health, prescription drugs, and long-term care services; and

14 WHEREAS, The Medicare for All Act would eliminate all costs for premiums, deductibles, co-pays, and other out-of-pocket costs that have caused such a crisis for tens of millions of people; and

17 WHEREAS, The Medicare for All Act would ensure genuine patient choice of any doctor, hospital, clinic, or other provider a patient chooses without the restrictions imposed by private insurers; and

20 WHEREAS, The Medicare for All Act would sharply reduce the cost of prescription drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world does; and

23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
10 with global budgeting without the waste for billing, marketing, profit-taking; and

11 WHEREAS, The Medicare for All Act would establish a system of public financing that
12 retains the private provider system with real patient choice and greater transparency on how
13 our public dollars are spent; and

14 WHEREAS, Public opinion polls show up to 70% public support for a Medicare for
15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

17 WHEREAS, The Medicare for All Act would establish peace of mind for everyone,
18 relieving worry about medical bills and access to needed care through a humane system
19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
2 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate
3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.

Angela Calvillo
Angela Calvillo
Clerk of the Board

Unsigned

London N. Breed
Mayor

3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.

Peggy Nevin
Angela Calvillo
Clerk of the Board

3/29/19
Date

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Lucille Roybal-Allard
United States House of Representatives
2083 Rayburn House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congresswoman Roybal-Allard:

On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

The Board of Supervisors directs the Clerk of the Board to forward the following document to your attention:

- One certified copy of Resolution No. 149-19 (File No. 190295)

If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "Angela Calvillo".
Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

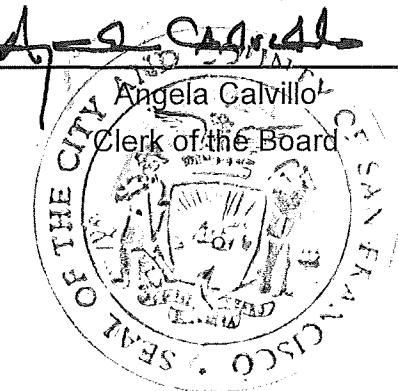
CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



1 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

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4 States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the
5 Board of Supervisors' support for a single-payer universal health care system.

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7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

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12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

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16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

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20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
the still largely unregulated high cost of medical care that has led to one-third of all
21 GoFundMe accounts being established to pay for exorbitant medical bills; and

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23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

1 WHEREAS, The inability to pay medical bills continues to be a leading cause of
2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

14 WHEREAS, Continued attacks on the ACA by the Trump administration and GOP in
15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

19 WHEREAS, Employer-provided health benefits are declining and employees' costs are
20 increasing through cost-shifting to workers, including increased cost of premiums for workers
21 covered by employer-paid insurance, which have risen by an average of 65%, and
22 deductibles have risen by an average of 212% over the past decade; and

23 WHEREAS, Many other countries around the world use taxes to pay for a national
24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

1 WHEREAS, Due to their profit incentive, private insurance companies deny up to one-fourth of all claims for care and restrict patient choice through narrow networks for doctors and hospitals, limited drug formularies, and other limits in coverage; and

4 WHEREAS, The U.S. ranks first in cost, but only 35th among countries of the world in health system outcomes and quality according to the *Lancet* and worse for infant mortality and life expectancy, with no relationship between what healthcare costs in the U.S. and the quality of care or access to care; and

8 WHEREAS, The Medicare for All Act would establish guaranteed, universal health care for all U.S. residents; and

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20 WHEREAS, The Medicare for All Act would sharply reduce the cost of prescription drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world does; and

23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
10 with global budgeting without the waste for billing, marketing, profit-taking; and

11 WHEREAS, The Medicare for All Act would establish a system of public financing that
12 retains the private provider system with real patient choice and greater transparency on how
13 our public dollars are spent; and

14 WHEREAS, Public opinion polls show up to 70% public support for a Medicare for
15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

17 WHEREAS, The Medicare for All Act would establish peace of mind for everyone,
18 relieving worry about medical bills and access to needed care through a humane system
19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
2 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate
3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

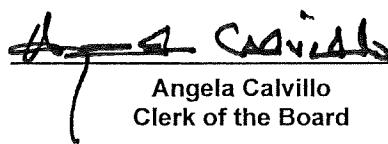
Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.



Angela Calvillo
Clerk of the Board

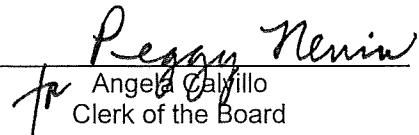
Unsigned

London N. Breed
Mayor

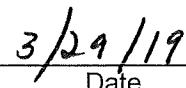
3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.



Angela Calvillo
Clerk of the Board



Date

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Raul Ruiz
United States House of Representatives
2342 Rayburn House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congressman Ruiz:

On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

The Board of Supervisors directs the Clerk of the Board to forward the following document to your attention:

- One certified copy of Resolution No. 149-19 (File No. 190295)

If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "Angela Calvillo".
Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
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City and County of San Francisco
Certified Copy
Resolution

City Hall
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190295 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

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3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



1 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]
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7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

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12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
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10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
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15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
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18 by millions of American families; and

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7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
10 with global budgeting without the waste for billing, marketing, profit-taking; and

11 WHEREAS, The Medicare for All Act would establish a system of public financing that
12 retains the private provider system with real patient choice and greater transparency on how
13 our public dollars are spent; and

14 WHEREAS, Public opinion polls show up to 70% public support for a Medicare for
15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

17 WHEREAS, The Medicare for All Act would establish peace of mind for everyone,
18 relieving worry about medical bills and access to needed care through a humane system
19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
2 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate
3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.

Angela Calvillo
Angela Calvillo
Clerk of the Board

Unsigned

London N. Breed
Mayor

3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.

Peggy Merrin
Angela Calvillo
Clerk of the Board

3/29/19
Date

BOARD of SUPERVISORS



City Hall

1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Linda Sánchez
United States House of Representatives
2329 Rayburn House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congresswoman Sánchez:

On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

The Board of Supervisors directs the Clerk of the Board to forward the following document to your attention:

- One certified copy of Resolution No. 149-19 (File No. 190295)

If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "Angela Calvillo".
Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295

[Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



1 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

2

3 **Resolution supporting United States House Resolution No. 1384, authored by United**
4 States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the
5 Board of Supervisors' support for a single-payer universal health care system.

6

7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

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12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

15

16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

19

20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
the still largely unregulated high cost of medical care that has led to one-third of all
21 GoFundMe accounts being established to pay for exorbitant medical bills; and

22

23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

1 WHEREAS, The inability to pay medical bills continues to be a leading cause of
2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

14 WHEREAS, Continued attacks on the ACA by the Trump administration and GOP in
15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

19 WHEREAS, Employer-provided health benefits are declining and employees' costs are
20 increasing through cost-shifting to workers, including increased cost of premiums for workers
21 covered by employer-paid insurance, which have risen by an average of 65%, and
22 deductibles have risen by an average of 212% over the past decade; and

23 WHEREAS, Many other countries around the world use taxes to pay for a national
24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

1 WHEREAS, Due to their profit incentive, private insurance companies deny up to one-fourth of all claims for care and restrict patient choice through narrow networks for doctors and hospitals, limited drug formularies, and other limits in coverage; and

4 WHEREAS, The U.S. ranks first in cost, but only 35th among countries of the world in health system outcomes and quality according to the *Lancet* and worse for infant mortality and life expectancy, with no relationship between what healthcare costs in the U.S. and the quality of care or access to care; and

8 WHEREAS, The Medicare for All Act would establish guaranteed, universal health care for all U.S. residents; and

10 WHEREAS, The Medicare for All Act would provide comprehensive health care, including all primary care, hospital and outpatient services, dental, vision, audiology, maternity and newborn care, women's reproductive services, mental health, prescription drugs, and long-term care services; and

14 WHEREAS, The Medicare for All Act would eliminate all costs for premiums, deductibles, co-pays, and other out-of-pocket costs that have caused such a crisis for tens of millions of people; and

17 WHEREAS, The Medicare for All Act would ensure genuine patient choice of any doctor, hospital, clinic, or other provider a patient chooses without the restrictions imposed by private insurers; and

20 WHEREAS, The Medicare for All Act would sharply reduce the cost of prescription drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world does; and

23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
10 with global budgeting without the waste for billing, marketing, profit-taking; and

11 WHEREAS, The Medicare for All Act would establish a system of public financing that
12 retains the private provider system with real patient choice and greater transparency on how
13 our public dollars are spent; and

14 WHEREAS, Public opinion polls show up to 70% public support for a Medicare for
15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

17 WHEREAS, The Medicare for All Act would establish peace of mind for everyone,
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21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
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23 care system in California for the benefit of all state residents; now, therefore, be it

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4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.

Angela Calvillo
Angela Calvillo
Clerk of the Board

Unsigned

London N. Breed
Mayor

3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.

Peggy Nevin
Angela Calvillo
Clerk of the Board

3/29/19
Date

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Adam Schiff
United States House of Representatives
2269 Rayburn House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congressman Schiff:

On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

The Board of Supervisors directs the Clerk of the Board to forward the following document to your attention:

- One certified copy of Resolution No. 149-19 (File No. 190295)

If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "Angela Calvillo".
Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

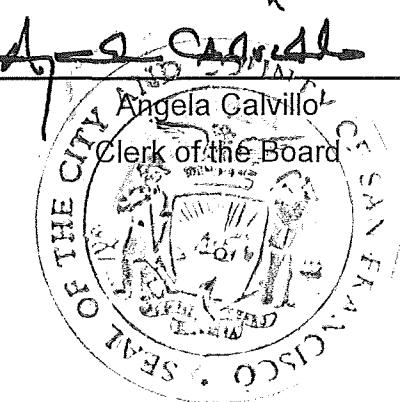
CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



1 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

2

3 **Resolution supporting United States House Resolution No. 1384, authored by United**
4 States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the
5 Board of Supervisors' support for a single-payer universal health care system.

6

7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

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12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

15

16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

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20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
the still largely unregulated high cost of medical care that has led to one-third of all
21 GoFundMe accounts being established to pay for exorbitant medical bills; and

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23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

1 WHEREAS, The inability to pay medical bills continues to be a leading cause of
2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

14 WHEREAS, Continued attacks on the ACA by the Trump administration and GOP in
15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

19 WHEREAS, Employer-provided health benefits are declining and employees' costs are
20 increasing through cost-shifting to workers, including increased cost of premiums for workers
21 covered by employer-paid insurance, which have risen by an average of 65%, and
22 deductibles have risen by an average of 212% over the past decade; and

23 WHEREAS, Many other countries around the world use taxes to pay for a national
24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

1 WHEREAS, Due to their profit incentive, private insurance companies deny up to one-fourth of all claims for care and restrict patient choice through narrow networks for doctors and hospitals, limited drug formularies, and other limits in coverage; and

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23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
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6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
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22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

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4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

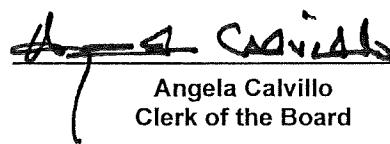
Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.



Angela Calvillo
Clerk of the Board

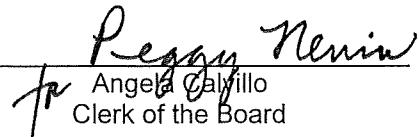
Unsigned

London N. Breed
Mayor

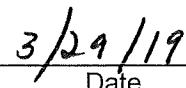
3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.



Angela Calvillo
Clerk of the Board



Date

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Brad Sherman
United States House of Representatives
2181 Rayburn House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congressman Sherman:

On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

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If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "Angela Calvillo".
Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295

[Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

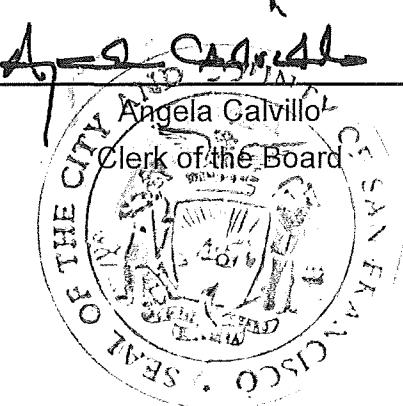
CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



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7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

11

12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

15

16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

19

20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
the still largely unregulated high cost of medical care that has led to one-third of all
21 GoFundMe accounts being established to pay for exorbitant medical bills; and

22

23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

1 WHEREAS, The inability to pay medical bills continues to be a leading cause of
2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

14 WHEREAS, Continued attacks on the ACA by the Trump administration and GOP in
15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

19 WHEREAS, Employer-provided health benefits are declining and employees' costs are
20 increasing through cost-shifting to workers, including increased cost of premiums for workers
21 covered by employer-paid insurance, which have risen by an average of 65%, and
22 deductibles have risen by an average of 212% over the past decade; and

23 WHEREAS, Many other countries around the world use taxes to pay for a national
24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

1 WHEREAS, Due to their profit incentive, private insurance companies deny up to one-fourth of all claims for care and restrict patient choice through narrow networks for doctors and hospitals, limited drug formularies, and other limits in coverage; and

4 WHEREAS, The U.S. ranks first in cost, but only 35th among countries of the world in health system outcomes and quality according to the *Lancet* and worse for infant mortality and life expectancy, with no relationship between what healthcare costs in the U.S. and the quality of care or access to care; and

8 WHEREAS, The Medicare for All Act would establish guaranteed, universal health care for all U.S. residents; and

10 WHEREAS, The Medicare for All Act would provide comprehensive health care, including all primary care, hospital and outpatient services, dental, vision, audiology, maternity and newborn care, women's reproductive services, mental health, prescription drugs, and long-term care services; and

14 WHEREAS, The Medicare for All Act would eliminate all costs for premiums, deductibles, co-pays, and other out-of-pocket costs that have caused such a crisis for tens of millions of people; and

17 WHEREAS, The Medicare for All Act would ensure genuine patient choice of any doctor, hospital, clinic, or other provider a patient chooses without the restrictions imposed by private insurers; and

20 WHEREAS, The Medicare for All Act would sharply reduce the cost of prescription drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world does; and

23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
10 with global budgeting without the waste for billing, marketing, profit-taking; and

11 WHEREAS, The Medicare for All Act would establish a system of public financing that
12 retains the private provider system with real patient choice and greater transparency on how
13 our public dollars are spent; and

14 WHEREAS, Public opinion polls show up to 70% public support for a Medicare for
15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

17 WHEREAS, The Medicare for All Act would establish peace of mind for everyone,
18 relieving worry about medical bills and access to needed care through a humane system
19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
2 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate
3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

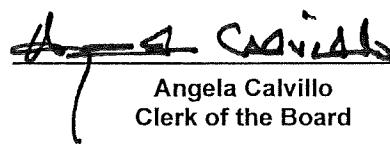
Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.



Angela Calvillo
Clerk of the Board

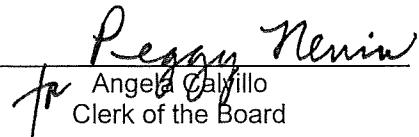
Unsigned

London N. Breed
Mayor

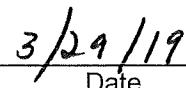
3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.



Angela Calvillo
Clerk of the Board



Date

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Eric Swalwell
United States House of Representatives
407 Cannon House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congressman Swalwell:

On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

The Board of Supervisors directs the Clerk of the Board to forward the following document to your attention:

- One certified copy of Resolution No. 149-19 (File No. 190295)

If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "Angela Calvillo".
Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295

[Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



1 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

2

3 **Resolution supporting United States House Resolution No. 1384, authored by United**
4 States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the
5 Board of Supervisors' support for a single-payer universal health care system.

6

7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

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12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

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16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

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20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
the still largely unregulated high cost of medical care that has led to one-third of all
21 GoFundMe accounts being established to pay for exorbitant medical bills; and

22

23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

1 WHEREAS, The inability to pay medical bills continues to be a leading cause of
2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

14 WHEREAS, Continued attacks on the ACA by the Trump administration and GOP in
15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

19 WHEREAS, Employer-provided health benefits are declining and employees' costs are
20 increasing through cost-shifting to workers, including increased cost of premiums for workers
21 covered by employer-paid insurance, which have risen by an average of 65%, and
22 deductibles have risen by an average of 212% over the past decade; and

23 WHEREAS, Many other countries around the world use taxes to pay for a national
24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

1 WHEREAS, Due to their profit incentive, private insurance companies deny up to one-fourth of all claims for care and restrict patient choice through narrow networks for doctors and hospitals, limited drug formularies, and other limits in coverage; and

4 WHEREAS, The U.S. ranks first in cost, but only 35th among countries of the world in health system outcomes and quality according to the *Lancet* and worse for infant mortality and life expectancy, with no relationship between what healthcare costs in the U.S. and the quality of care or access to care; and

8 WHEREAS, The Medicare for All Act would establish guaranteed, universal health care for all U.S. residents; and

10 WHEREAS, The Medicare for All Act would provide comprehensive health care, including all primary care, hospital and outpatient services, dental, vision, audiology, maternity and newborn care, women's reproductive services, mental health, prescription drugs, and long-term care services; and

14 WHEREAS, The Medicare for All Act would eliminate all costs for premiums, deductibles, co-pays, and other out-of-pocket costs that have caused such a crisis for tens of millions of people; and

17 WHEREAS, The Medicare for All Act would ensure genuine patient choice of any doctor, hospital, clinic, or other provider a patient chooses without the restrictions imposed by private insurers; and

20 WHEREAS, The Medicare for All Act would sharply reduce the cost of prescription drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world does; and

23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
10 with global budgeting without the waste for billing, marketing, profit-taking; and

11 WHEREAS, The Medicare for All Act would establish a system of public financing that
12 retains the private provider system with real patient choice and greater transparency on how
13 our public dollars are spent; and

14 WHEREAS, Public opinion polls show up to 70% public support for a Medicare for
15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

17 WHEREAS, The Medicare for All Act would establish peace of mind for everyone,
18 relieving worry about medical bills and access to needed care through a humane system
19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
2 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate
3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

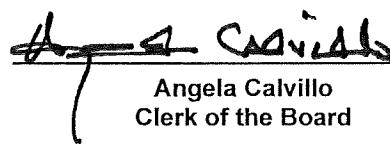
Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.



Angela Calvillo
Clerk of the Board

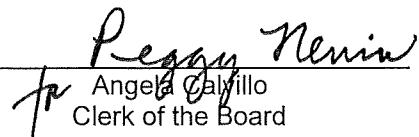
Unsigned

London N. Breed
Mayor

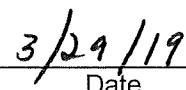
3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.



Angela Calvillo
Clerk of the Board



Date

BOARD of SUPERVISORS



City Hall

1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Mark Takano
United States House of Representatives
420 Cannon House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congressman Takano:

On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

The Board of Supervisors directs the Clerk of the Board to forward the following document to your attention:

- One certified copy of Resolution No. 149-19 (File No. 190295)

If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "A. Calvillo".
Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295

[Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



1 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

2

3 **Resolution supporting United States House Resolution No. 1384, authored by United**
4 States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the
5 Board of Supervisors' support for a single-payer universal health care system.

6

7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

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12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

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16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

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20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
the still largely unregulated high cost of medical care that has led to one-third of all
21 GoFundMe accounts being established to pay for exorbitant medical bills; and

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23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

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2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
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11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

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16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

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23 WHEREAS, Many other countries around the world use taxes to pay for a national
24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

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1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

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4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
10 with global budgeting without the waste for billing, marketing, profit-taking; and

11 WHEREAS, The Medicare for All Act would establish a system of public financing that
12 retains the private provider system with real patient choice and greater transparency on how
13 our public dollars are spent; and

14 WHEREAS, Public opinion polls show up to 70% public support for a Medicare for
15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

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19 based on patient need, not ability to pay; and

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21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
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1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
2 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate
3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

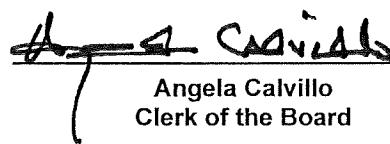
Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.



Angela Calvillo
Clerk of the Board

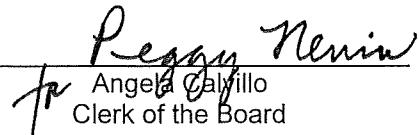
Unsigned

London N. Breed
Mayor

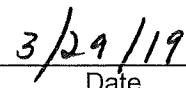
3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.



Angela Calvillo
Clerk of the Board



Date

BOARD of SUPERVISORS



City Hall

1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Mike Thompson
United States House of Representatives
406 Cannon House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congressman Thompson:

On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

The Board of Supervisors directs the Clerk of the Board to forward the following document to your attention:

- One certified copy of Resolution No. 149-19 (File No. 190295)

If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "Angela Calvillo".
Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295

[Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

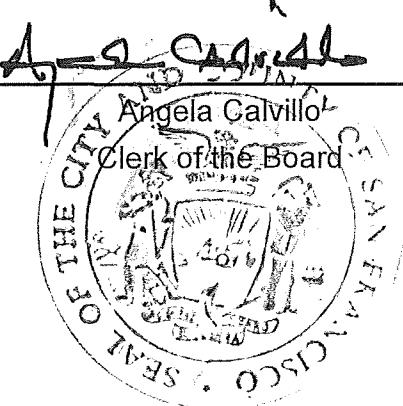
CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



1 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

2

3 **Resolution supporting United States House Resolution No. 1384, authored by United**
4 States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the
5 Board of Supervisors' support for a single-payer universal health care system.

6

7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

11

12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

15

16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

19

20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
the still largely unregulated high cost of medical care that has led to one-third of all
21 GoFundMe accounts being established to pay for exorbitant medical bills; and

22

23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

1 WHEREAS, The inability to pay medical bills continues to be a leading cause of
2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

14 WHEREAS, Continued attacks on the ACA by the Trump administration and GOP in
15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

19 WHEREAS, Employer-provided health benefits are declining and employees' costs are
20 increasing through cost-shifting to workers, including increased cost of premiums for workers
21 covered by employer-paid insurance, which have risen by an average of 65%, and
22 deductibles have risen by an average of 212% over the past decade; and

23 WHEREAS, Many other countries around the world use taxes to pay for a national
24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

1 WHEREAS, Due to their profit incentive, private insurance companies deny up to one-fourth of all claims for care and restrict patient choice through narrow networks for doctors and hospitals, limited drug formularies, and other limits in coverage; and

4 WHEREAS, The U.S. ranks first in cost, but only 35th among countries of the world in health system outcomes and quality according to the *Lancet* and worse for infant mortality and life expectancy, with no relationship between what healthcare costs in the U.S. and the quality of care or access to care; and

8 WHEREAS, The Medicare for All Act would establish guaranteed, universal health care for all U.S. residents; and

10 WHEREAS, The Medicare for All Act would provide comprehensive health care, including all primary care, hospital and outpatient services, dental, vision, audiology, maternity and newborn care, women's reproductive services, mental health, prescription drugs, and long-term care services; and

14 WHEREAS, The Medicare for All Act would eliminate all costs for premiums, deductibles, co-pays, and other out-of-pocket costs that have caused such a crisis for tens of millions of people; and

17 WHEREAS, The Medicare for All Act would ensure genuine patient choice of any doctor, hospital, clinic, or other provider a patient chooses without the restrictions imposed by private insurers; and

20 WHEREAS, The Medicare for All Act would sharply reduce the cost of prescription drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world does; and

23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
10 with global budgeting without the waste for billing, marketing, profit-taking; and

11 WHEREAS, The Medicare for All Act would establish a system of public financing that
12 retains the private provider system with real patient choice and greater transparency on how
13 our public dollars are spent; and

14 WHEREAS, Public opinion polls show up to 70% public support for a Medicare for
15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

17 WHEREAS, The Medicare for All Act would establish peace of mind for everyone,
18 relieving worry about medical bills and access to needed care through a humane system
19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
2 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate
3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

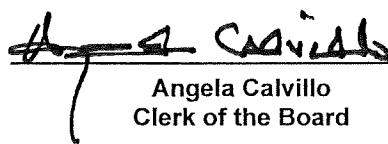
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March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.



Angela Calvillo
Clerk of the Board

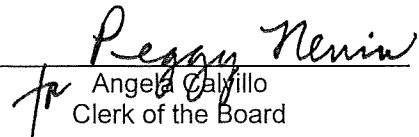
Unsigned

London N. Breed
Mayor

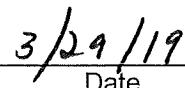
3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.



Angela Calvillo
Clerk of the Board



Date

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Norma Torres
United States House of Representatives
2444 Rayburn House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congresswoman Torres:

On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

The Board of Supervisors directs the Clerk of the Board to forward the following document to your attention:

- One certified copy of Resolution No. 149-19 (File No. 190295)

If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "Angela Calvillo".
Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



1 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

2

3 **Resolution supporting United States House Resolution No. 1384, authored by United**
4 States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the
5 Board of Supervisors' support for a single-payer universal health care system.

6

7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

11

12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

15

16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

19

20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
the still largely unregulated high cost of medical care that has led to one-third of all
21 GoFundMe accounts being established to pay for exorbitant medical bills; and

22

23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

1 WHEREAS, The inability to pay medical bills continues to be a leading cause of
2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

14 WHEREAS, Continued attacks on the ACA by the Trump administration and GOP in
15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

19 WHEREAS, Employer-provided health benefits are declining and employees' costs are
20 increasing through cost-shifting to workers, including increased cost of premiums for workers
21 covered by employer-paid insurance, which have risen by an average of 65%, and
22 deductibles have risen by an average of 212% over the past decade; and

23 WHEREAS, Many other countries around the world use taxes to pay for a national
24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

1 WHEREAS, Due to their profit incentive, private insurance companies deny up to one-fourth of all claims for care and restrict patient choice through narrow networks for doctors and hospitals, limited drug formularies, and other limits in coverage; and

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8 WHEREAS, The Medicare for All Act would establish guaranteed, universal health care for all U.S. residents; and

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17 WHEREAS, The Medicare for All Act would ensure genuine patient choice of any doctor, hospital, clinic, or other provider a patient chooses without the restrictions imposed by private insurers; and

20 WHEREAS, The Medicare for All Act would sharply reduce the cost of prescription drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world does; and

23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
10 with global budgeting without the waste for billing, marketing, profit-taking; and

11 WHEREAS, The Medicare for All Act would establish a system of public financing that
12 retains the private provider system with real patient choice and greater transparency on how
13 our public dollars are spent; and

14 WHEREAS, Public opinion polls show up to 70% public support for a Medicare for
15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

17 WHEREAS, The Medicare for All Act would establish peace of mind for everyone,
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19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
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3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.

Angela Calvillo
Angela Calvillo
Clerk of the Board

Unsigned

London N. Breed
Mayor

3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.

Peggy Nevin
Angela Calvillo
Clerk of the Board

3/29/19
Date

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Juan Vargas
United States House of Representatives
2244 Rayburn House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congressman Vargas:

On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

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If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Angela Calvillo'.

Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

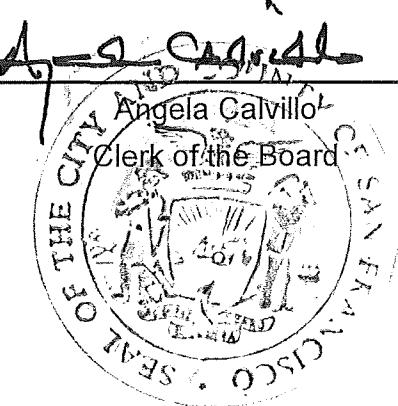
CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



1 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

2

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7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

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12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
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16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

19

20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
the still largely unregulated high cost of medical care that has led to one-third of all
21 GoFundMe accounts being established to pay for exorbitant medical bills; and

22

23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

1 WHEREAS, The inability to pay medical bills continues to be a leading cause of
2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

14 WHEREAS, Continued attacks on the ACA by the Trump administration and GOP in
15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

19 WHEREAS, Employer-provided health benefits are declining and employees' costs are
20 increasing through cost-shifting to workers, including increased cost of premiums for workers
21 covered by employer-paid insurance, which have risen by an average of 65%, and
22 deductibles have risen by an average of 212% over the past decade; and

23 WHEREAS, Many other countries around the world use taxes to pay for a national
24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

1 WHEREAS, Due to their profit incentive, private insurance companies deny up to one-fourth of all claims for care and restrict patient choice through narrow networks for doctors and hospitals, limited drug formularies, and other limits in coverage; and

4 WHEREAS, The U.S. ranks first in cost, but only 35th among countries of the world in health system outcomes and quality according to the *Lancet* and worse for infant mortality and life expectancy, with no relationship between what healthcare costs in the U.S. and the quality of care or access to care; and

8 WHEREAS, The Medicare for All Act would establish guaranteed, universal health care for all U.S. residents; and

10 WHEREAS, The Medicare for All Act would provide comprehensive health care, including all primary care, hospital and outpatient services, dental, vision, audiology, maternity and newborn care, women's reproductive services, mental health, prescription drugs, and long-term care services; and

14 WHEREAS, The Medicare for All Act would eliminate all costs for premiums, deductibles, co-pays, and other out-of-pocket costs that have caused such a crisis for tens of millions of people; and

17 WHEREAS, The Medicare for All Act would ensure genuine patient choice of any doctor, hospital, clinic, or other provider a patient chooses without the restrictions imposed by private insurers; and

20 WHEREAS, The Medicare for All Act would sharply reduce the cost of prescription drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world does; and

23 WHEREAS, The Medicare for All Act would Protect the ability of service veterans to continue to receive their specialized care through the Veterans Administration if they choose

1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
9 lower prescription drug prices, and improved efficiency through a uniform payment system
10 with global budgeting without the waste for billing, marketing, profit-taking; and

11 WHEREAS, The Medicare for All Act would establish a system of public financing that
12 retains the private provider system with real patient choice and greater transparency on how
13 our public dollars are spent; and

14 WHEREAS, Public opinion polls show up to 70% public support for a Medicare for
15 All/single payer healthcare system and for the government to guarantee health care for all
16 people living in the U.S.; and

17 WHEREAS, The Medicare for All Act would establish peace of mind for everyone,
18 relieving worry about medical bills and access to needed care through a humane system
19 based on patient need, not ability to pay; and

20 WHEREAS, On April 11, 2017, the Board of Supervisors unanimously adopted a
21 Resolution supporting California State Senate Bill No. 562, the Californians for a Healthy
22 California Act, that would have established a comprehensive universal single-payer health
23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a
25 human right that should be guaranteed to all U.S. residents; and, be it

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.
2 1384, the Medicare for All Act, that will expand health coverage and health security, eliminate
3 health care disparities, and lower health care costs for all of our residents; and, be it

4 FURTHER RESOLVED, That the City and County of San Francisco will notify all
5 congressional representatives from the City and County of San Francisco and the State of
6 California of this endorsement, and urge them to co-sponsor H.R. 1384; and, be it

7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of
8 our residents to contact their member of congress and other elected representatives to
9 encourage them to co-sponsor H.R. 1384.



**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

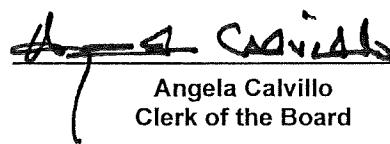
Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.



Angela Calvillo
Clerk of the Board

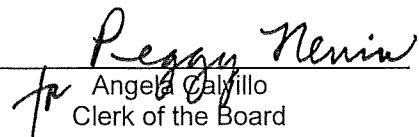
Unsigned

London N. Breed
Mayor

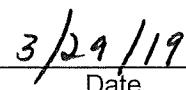
3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.



Angela Calvillo
Clerk of the Board



Date

BOARD of SUPERVISORS



City Hall

1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 3, 2019

The Honorable Maxine Waters
United States House of Representatives
2221 Rayburn House Office Building
Washington, D.C. 20515

Re: Board of Supervisors Resolution No. 149-19

Dear Congresswoman Waters:

On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

The Board of Supervisors directs the Clerk of the Board to forward the following document to your attention:

- One certified copy of Resolution No. 149-19 (File No. 190295)

If you have any questions or require additional information, please contact the Office of the Clerk of the Board at (415) 554-5184, or by e-mail: board.of.supervisors@sfgov.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "Angela Calvillo".
Angela Calvillo
Clerk of the Board

c. Members of the Board of Supervisors
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors
Eddie McCaffrey, Mayor's Manager of State and Federal Legislative Affairs
Andres Power, Mayor's Policy Director
Rebecca Peacock, Mayor's Office



City and County of San Francisco
Certified Copy
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

190295

[Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

Sponsors: Fewer; Mar, Safai, Brown, Mandelman, Yee, Peskin, Walton, Haney, Ronen and Stefani

Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

3/19/2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO

CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date



1 [Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act]

2

3 **Resolution supporting United States House Resolution No. 1384, authored by United**
4 States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the
5 Board of Supervisors' support for a single-payer universal health care system.

6

7 WHEREAS, The United States spends nearly twice as much per capita on health care
8 as all other comparable countries and yet ranks only 35th in the world by global health
9 standards, including on such critical barometers as average life expectancy, infant mortality,
10 maternal mortality, and death from preventable diseases; and

11

12 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily
13 through the expansion of Medicaid in states that have agreed to do so, and limits on some
14 insurance industry abuses, that reform still left tens of millions with a continuing crisis in
access, cost, and quality of care; and

15

16 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to
17 nearly 30 million, even after implementation of the ACA, with the greatest increase among
18 women, young adults, and lower-income people; and

19

20 WHEREAS, Tens of millions more who pay for insurance remain underinsured due to
the still largely unregulated high cost of medical care that has led to one-third of all
21 GoFundMe accounts being established to pay for exorbitant medical bills; and

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23 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed
medical care, 30% fail to fill a prescription or take less than the recommended dose, and a
24 third said that in the past year they had to choose between paying for food, heating, housing,
or healthcare, according to a 2018 survey by the West Health Institute and NORC at the
25 University of Chicago; and

1 WHEREAS, The inability to pay medical bills continues to be a leading cause of
2 personal bankruptcy, and people who need medical care should never face bankruptcy as a
3 result of needing care; and

4 WHEREAS, The ever-rising cost of health care and its discriminatory characteristics
5 contribute to growing wealth inequality; and

6 WHEREAS, Discrimination, based on race, ethnicity, national origin, gender identity,
7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic
8 to a profit-based health care system; and

9 WHEREAS, 55% of the uninsured are people of color; African Americans suffer higher
10 death rates than whites at an earlier age due to heart disease, diabetes, cancer, HIV, and
11 infant mortality; African-American women are three to four times more likely than white
12 women to die in childbirth; and African-American and Latino students are more likely to
13 experience health risks due to exposure to toxins and air pollution at school; and

14 WHEREAS, Continued attacks on the ACA by the Trump administration and GOP in
15 Congress have given insurance companies a new pretext to demand double-digit premium
16 increases, while the government's failure to maintain taxpayer subsidies to help moderate
17 income families pay the high cost of insurance plans has exacerbated the crisis experienced
18 by millions of American families; and

19 WHEREAS, Employer-provided health benefits are declining and employees' costs are
20 increasing through cost-shifting to workers, including increased cost of premiums for workers
21 covered by employer-paid insurance, which have risen by an average of 65%, and
22 deductibles have risen by an average of 212% over the past decade; and

23 WHEREAS, Many other countries around the world use taxes to pay for a national
24 universal health care, which leaves U.S. based companies that pay for employee health care
25 at a competitive disadvantage; and

1 WHEREAS, Due to their profit incentive, private insurance companies deny up to one-fourth of all claims for care and restrict patient choice through narrow networks for doctors and hospitals, limited drug formularies, and other limits in coverage; and

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1 and Native Americans to receive their medical benefits through the Indian Health Service if
2 they choose; and

3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far
4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health
5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that
7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is
8 projected to spend under the current system, due to massive savings in administration costs,
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**City and County of San Francisco
Tails
Resolution**

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 190295

Date Passed: March 19, 2019

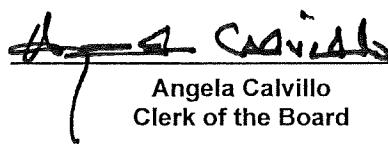
Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

March 19, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190295

I hereby certify that the foregoing
Resolution was ADOPTED on 3/19/2019 by
the Board of Supervisors of the City and
County of San Francisco.



Angela Calvillo
Clerk of the Board

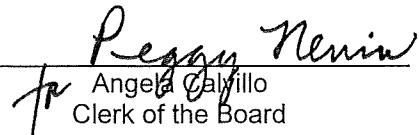
Unsigned

London N. Breed
Mayor

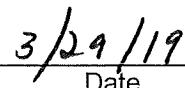
3/29/2019

Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without her approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.



Angela Calvillo
Clerk of the Board



Date