

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:

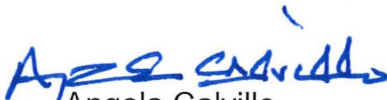
On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

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](mailto: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

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

Certified Copy

Resolution

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


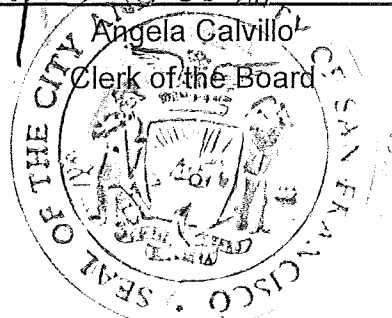
CLERK'S CERTIFICATE

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

  
\_\_\_\_\_  
Angela Calvillo  
Clerk of the Board  


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

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

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

21 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed  
22 medical care, 30% fail to fill a prescription or take less than the recommended dose, and a  
23 third said that in the past year they had to choose between paying for food, heating, housing,  
24 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-  
2 fourth of all claims for care and restrict patient choice through narrow networks for doctors and  
3 hospitals, limited drug formularies, and other limits in coverage; and

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

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

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

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

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

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

23          WHEREAS, The Medicare for All Act would Protect the ability of service veterans to  
24 continue to receive their specialized care through the Veterans Administration if they choose  
25

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  
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File Number: 190295

Date Passed: March 19, 2019

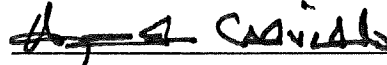
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March 19, 2019 Board of Supervisors - ADOPTED

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.

  
for Angela Calvillo  
Clerk of the Board

\_\_\_\_\_  
3/29/19  
Date

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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:

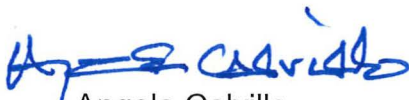
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City and County of San Francisco

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Resolution

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3/19/2019 Board of Supervisors - ADOPTED

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STATE OF CALIFORNIA  
CITY AND COUNTY OF SAN FRANCISCO


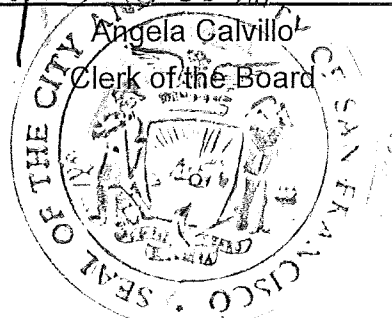
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7 the U.S. would save from \$2 trillion to \$5 trillion over 10 years based on what our country is  
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23 care system in California for the benefit of all state residents; now, therefore, be it

24 RESOLVED, That the City and County of San Francisco affirms that health care is a  
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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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for Angela Calvillo  
Clerk of the Board

3/29/19  
Date

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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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3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA  
CITY AND COUNTY OF SAN FRANCISCO

CLERK'S CERTIFICATE

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24 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-  
2 fourth of all claims for care and restrict patient choice through narrow networks for doctors and  
3 hospitals, limited drug formularies, and other limits in coverage; and

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

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

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

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

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

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

23          WHEREAS, The Medicare for All Act would Protect the ability of service veterans to  
24 continue to receive their specialized care through the Veterans Administration if they choose  
25

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.

  
for 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 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](mailto: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

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

Certified Copy

Resolution

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

  
\_\_\_\_\_  
Angela Calvillo  
Clerk of the Board  


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

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

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

21 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed  
22 medical care, 30% fail to fill a prescription or take less than the recommended dose, and a  
23 third said that in the past year they had to choose between paying for food, heating, housing,  
24 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-  
2 fourth of all claims for care and restrict patient choice through narrow networks for doctors and  
3 hospitals, limited drug formularies, and other limits in coverage; and

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

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

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

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

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

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

23          WHEREAS, The Medicare for All Act would Protect the ability of service veterans to  
24 continue to receive their specialized care through the Veterans Administration if they choose  
25

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.

  
for 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 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](mailto: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

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

Certified Copy

Resolution

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

  
\_\_\_\_\_  
Angela Calvillo  
Clerk of the Board  


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

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

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

21 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed  
22 medical care, 30% fail to fill a prescription or take less than the recommended dose, and a  
23 third said that in the past year they had to choose between paying for food, heating, housing,  
24 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  
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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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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  
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3 hospitals, limited drug formularies, and other limits in coverage; and

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18 doctor, hospital, clinic, or other provider a patient chooses without the restrictions imposed by  
19 private insurers; and

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

23          WHEREAS, The Medicare for All Act would Protect the ability of service veterans to  
24 continue to receive their specialized care through the Veterans Administration if they choose  
25

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.

  
for 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 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](mailto: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

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

Certified Copy

Resolution

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


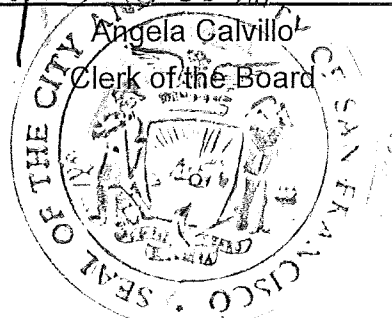
CLERK'S CERTIFICATE

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

  
\_\_\_\_\_  
Angela Calvillo  
Clerk of the Board  


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

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

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

21 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed  
22 medical care, 30% fail to fill a prescription or take less than the recommended dose, and a  
23 third said that in the past year they had to choose between paying for food, heating, housing,  
24 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-  
2 fourth of all claims for care and restrict patient choice through narrow networks for doctors and  
3 hospitals, limited drug formularies, and other limits in coverage; and

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

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

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

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

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

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

23          WHEREAS, The Medicare for All Act would Protect the ability of service veterans to  
24 continue to receive their specialized care through the Veterans Administration if they choose  
25

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

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for 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  
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Rebecca Peacock, Mayor's Office



City and County of San Francisco

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

Certified Copy

Resolution

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


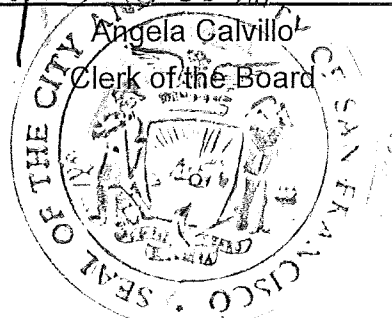
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April 01, 2019

Date

  
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Angela Calvillo  
Clerk of the Board  


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8 as all other comparable countries and yet ranks only 35<sup>th</sup> 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 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily  
12 through the expansion of Medicaid in states that have agreed to do so, and limits on some  
13 insurance industry abuses, that reform still left tens of millions with a continuing crisis in  
14 access, cost, and quality of care; and

15 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to  
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17 women, young adults, and lower-income people; and

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24 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

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5 contribute to growing wealth inequality; and

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23           WHEREAS, Many other countries around the world use taxes to pay for a national  
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24 continue to receive their specialized care through the Veterans Administration if they choose  
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1 and Native Americans to receive their medical benefits through the Indian Health Service if  
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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  
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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  
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  
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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  
25 human right that should be guaranteed to all U.S. residents; and, be it

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7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of  
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City and County of San Francisco  
Tails  
Resolution

City Hall  
1 Dr. Carlton B. Goodlett Place  
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Angela Calvillo  
Clerk of the Board

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Unsigned

London N. Breed  
Mayor

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for Angela Calvillo  
Clerk of the Board

\_\_\_\_\_  
3/29/19  
Date

BOARD of SUPERVISORS



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San Francisco 94102-4689  
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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:

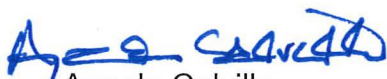
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Sincerely,

  
Angela Calvillo  
Clerk of the Board

- c. Members of the Board of Supervisors  
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors  
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City and County of San Francisco

City Hall  
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Resolution

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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Angela Calvillo  
Clerk of the Board  


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9 standards, including on such critical barometers as average life expectancy, infant mortality,  
10 maternal mortality, and death from preventable diseases; and

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

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

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

21 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed  
22 medical care, 30% fail to fill a prescription or take less than the recommended dose, and a  
23 third said that in the past year they had to choose between paying for food, heating, housing,  
24 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-  
2 fourth of all claims for care and restrict patient choice through narrow networks for doctors and  
3 hospitals, limited drug formularies, and other limits in coverage; and

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

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

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

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

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

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

23          WHEREAS, The Medicare for All Act would Protect the ability of service veterans to  
24 continue to receive their specialized care through the Veterans Administration if they choose  
25

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

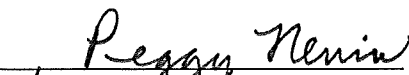
Unsigned

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.

  
for 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](mailto: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

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

Certified Copy

Resolution

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

  
\_\_\_\_\_  
Angela Calvillo  
Clerk of the Board  


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

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

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

21 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed  
22 medical care, 30% fail to fill a prescription or take less than the recommended dose, and a  
23 third said that in the past year they had to choose between paying for food, heating, housing,  
24 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-  
2 fourth of all claims for care and restrict patient choice through narrow networks for doctors and  
3 hospitals, limited drug formularies, and other limits in coverage; and

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

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

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

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

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

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

23          WHEREAS, The Medicare for All Act would Protect the ability of service veterans to  
24 continue to receive their specialized care through the Veterans Administration if they choose  
25

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

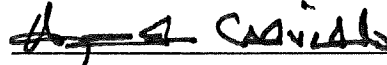
Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

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.

  
for 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:

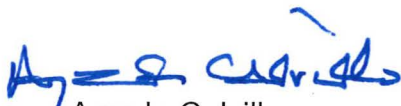
On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

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](mailto: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

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

Certified Copy

Resolution

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

  
\_\_\_\_\_  
Angela Calvillo  
Clerk of the Board  


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

2  
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4 **States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the**  
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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 35<sup>th</sup> 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 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily  
12 through the expansion of Medicaid in states that have agreed to do so, and limits on some  
13 insurance industry abuses, that reform still left tens of millions with a continuing crisis in  
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15 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to  
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19 the still largely unregulated high cost of medical care that has led to one-third of all  
20 GoFundMe accounts being established to pay for exorbitant medical bills; and

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22 medical care, 30% fail to fill a prescription or take less than the recommended dose, and a  
23 third said that in the past year they had to choose between paying for food, heating, housing,  
24 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

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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-  
2 fourth of all claims for care and restrict patient choice through narrow networks for doctors and  
3 hospitals, limited drug formularies, and other limits in coverage; and

4           WHEREAS, The U.S. ranks first in cost, but only 35<sup>th</sup> among countries of the world in  
5 health system outcomes and quality according to the *Lancet* and worse for infant mortality and  
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8           WHEREAS, The Medicare for All Act would establish guaranteed, universal health care  
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16 millions of people; and

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18 doctor, hospital, clinic, or other provider a patient chooses without the restrictions imposed by  
19 private insurers; and

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

23          WHEREAS, The Medicare for All Act would Protect the ability of service veterans to  
24 continue to receive their specialized care through the Veterans Administration if they choose  
25

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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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.

  
for 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](mailto: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

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

Certified Copy

Resolution

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


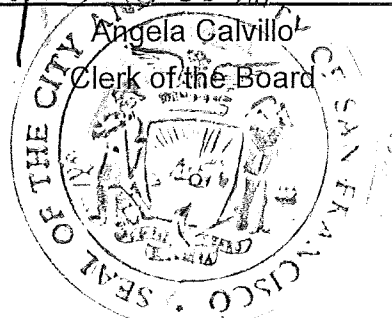
CLERK'S CERTIFICATE

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

  
\_\_\_\_\_  
Angela Calvillo  
Clerk of the Board  


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

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

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

21 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed  
22 medical care, 30% fail to fill a prescription or take less than the recommended dose, and a  
23 third said that in the past year they had to choose between paying for food, heating, housing,  
24 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-  
2 fourth of all claims for care and restrict patient choice through narrow networks for doctors and  
3 hospitals, limited drug formularies, and other limits in coverage; and

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

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

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

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

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

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

23          WHEREAS, The Medicare for All Act would Protect the ability of service veterans to  
24 continue to receive their specialized care through the Veterans Administration if they choose  
25

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

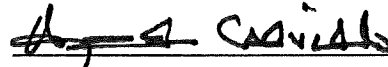
Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

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

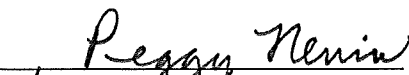
\_\_\_\_\_  
Unsigned

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.

  
for 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 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](mailto: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

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

Certified Copy

Resolution

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


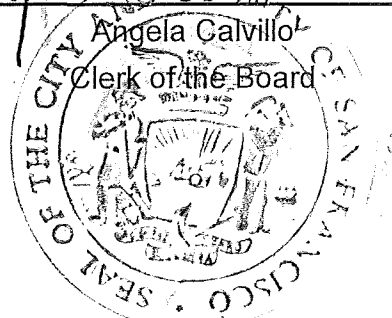
CLERK'S CERTIFICATE

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

  
\_\_\_\_\_  
Angela Calvillo  
Clerk of the Board  


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

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

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

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

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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

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  
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

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-  
2 fourth of all claims for care and restrict patient choice through narrow networks for doctors and  
3 hospitals, limited drug formularies, and other limits in coverage; and

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6 life expectancy, with no relationship between what healthcare costs in the U.S. and the quality  
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8           WHEREAS, The Medicare for All Act would establish guaranteed, universal health care  
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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  
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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

1 FURTHER RESOLVED, That the City and County of San Francisco endorses H.R.  
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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

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.

  
for 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 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](mailto: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

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

Certified Copy

Resolution

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


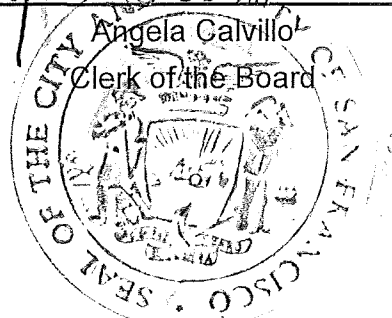
CLERK'S CERTIFICATE

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

  
\_\_\_\_\_  
Angela Calvillo  
Clerk of the Board  


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

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

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

21 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed  
22 medical care, 30% fail to fill a prescription or take less than the recommended dose, and a  
23 third said that in the past year they had to choose between paying for food, heating, housing,  
24 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-  
2 fourth of all claims for care and restrict patient choice through narrow networks for doctors and  
3 hospitals, limited drug formularies, and other limits in coverage; and

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

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

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

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

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

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

23           WHEREAS, The Medicare for All Act would Protect the ability of service veterans to  
24 continue to receive their specialized care through the Veterans Administration if they choose  
25

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

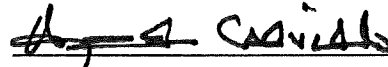
Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

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

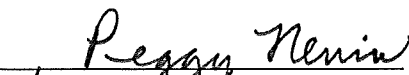
Unsigned

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.

  
for 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:

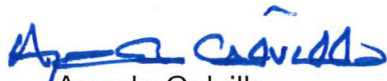
On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

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](mailto: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

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

Certified Copy

Resolution

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


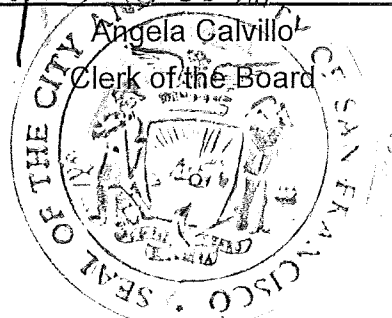
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City and County of San Francisco  
Tails  
Resolution

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  
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.

  
for 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 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:

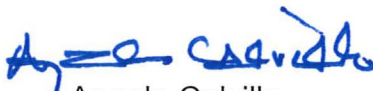
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Sincerely,

  
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

City Hall  
1 Dr. Carlton B. Goodlett Place  
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Certified Copy

Resolution

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3/29/2019 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA  
CITY AND COUNTY OF SAN FRANCISCO

CLERK'S CERTIFICATE

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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-  
2 fourth of all claims for care and restrict patient choice through narrow networks for doctors and  
3 hospitals, limited drug formularies, and other limits in coverage; and

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

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

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

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

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

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

23          WHEREAS, The Medicare for All Act would Protect the ability of service veterans to  
24 continue to receive their specialized care through the Veterans Administration if they choose  
25

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

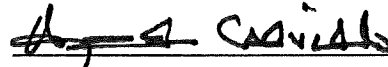
Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

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

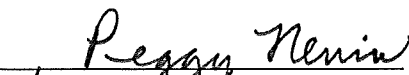
Unsigned

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.

  
for 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:

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](mailto: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

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

Certified Copy

Resolution

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


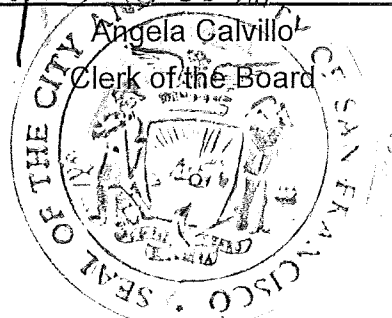
CLERK'S CERTIFICATE

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

  
\_\_\_\_\_  
Angela Calvillo  
Clerk of the Board  


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

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

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

21 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed  
22 medical care, 30% fail to fill a prescription or take less than the recommended dose, and a  
23 third said that in the past year they had to choose between paying for food, heating, housing,  
24 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-  
2 fourth of all claims for care and restrict patient choice through narrow networks for doctors and  
3 hospitals, limited drug formularies, and other limits in coverage; and

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

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

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

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15 deductibles, co-pays, and other out-of-pocket costs that have caused such a crisis for tens of  
16 millions of people; and

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

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

23          WHEREAS, The Medicare for All Act would Protect the ability of service veterans to  
24 continue to receive their specialized care through the Veterans Administration if they choose  
25

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

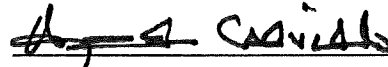
Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

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

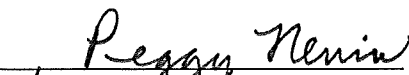
Unsigned

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.

  
for 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:

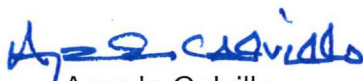
On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

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](mailto: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

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

Certified Copy

Resolution

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


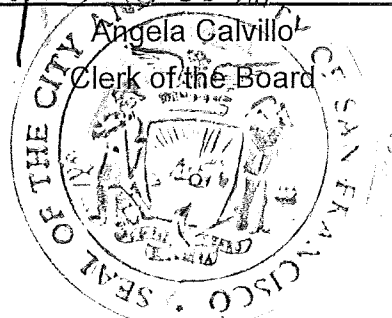
CLERK'S CERTIFICATE

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

  
\_\_\_\_\_  
Angela Calvillo  
Clerk of the Board  


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4 less, under a Medicare for All program, such as H.R. 1384, than they do today for health  
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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

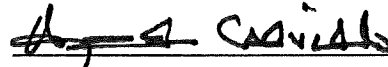
Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

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

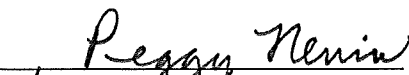
Unsigned

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.

  
for 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 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](mailto: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

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

Certified Copy

Resolution

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


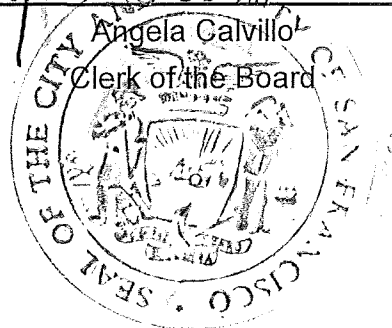
CLERK'S CERTIFICATE

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

  
\_\_\_\_\_  
Angela Calvillo  
Clerk of the Board  


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

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

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

21 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed  
22 medical care, 30% fail to fill a prescription or take less than the recommended dose, and a  
23 third said that in the past year they had to choose between paying for food, heating, housing,  
24 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-  
2 fourth of all claims for care and restrict patient choice through narrow networks for doctors and  
3 hospitals, limited drug formularies, and other limits in coverage; and

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

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

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

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

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

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

23          WHEREAS, The Medicare for All Act would Protect the ability of service veterans to  
24 continue to receive their specialized care through the Veterans Administration if they choose  
25

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

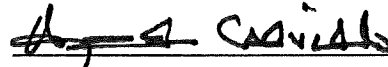
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March 19, 2019 Board of Supervisors - ADOPTED

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

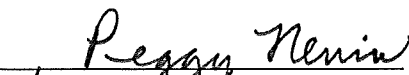
\_\_\_\_\_  
Unsigned

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.

  
for 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 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](mailto: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

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

Certified Copy

Resolution

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


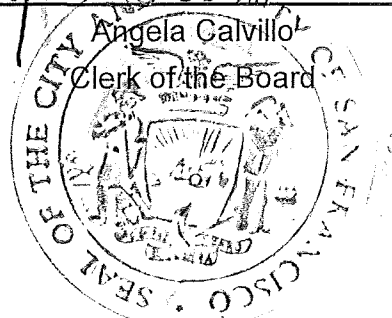
CLERK'S CERTIFICATE

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

  
\_\_\_\_\_  
Angela Calvillo  
Clerk of the Board  


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

2  
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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.**

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

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

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

21 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed  
22 medical care, 30% fail to fill a prescription or take less than the recommended dose, and a  
23 third said that in the past year they had to choose between paying for food, heating, housing,  
24 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  
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7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic  
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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  
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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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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  
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2 fourth of all claims for care and restrict patient choice through narrow networks for doctors and  
3 hospitals, limited drug formularies, and other limits in coverage; and

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25

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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  
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9 lower prescription drug prices, and improved efficiency through a uniform payment system  
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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  
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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  
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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

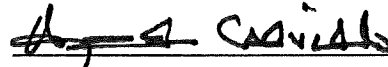
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March 19, 2019 Board of Supervisors - ADOPTED

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  
Clerk of the Board

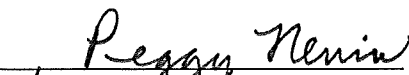
\_\_\_\_\_  
Unsigned

London N. Breed  
Mayor

\_\_\_\_\_  
3/29/2019

Date Approved

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for 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 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:

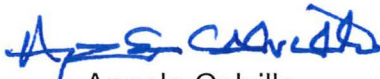
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- One certified copy of Resolution No. 149-19 (File No. 190295)

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](mailto: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

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

Certified Copy

Resolution

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


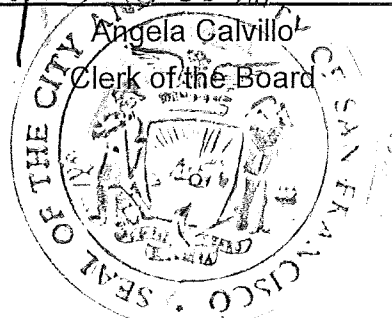
CLERK'S CERTIFICATE

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

  
\_\_\_\_\_  
Angela Calvillo  
Clerk of the Board  


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

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

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

21 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed  
22 medical care, 30% fail to fill a prescription or take less than the recommended dose, and a  
23 third said that in the past year they had to choose between paying for food, heating, housing,  
24 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-  
2 fourth of all claims for care and restrict patient choice through narrow networks for doctors and  
3 hospitals, limited drug formularies, and other limits in coverage; and

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

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

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

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

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

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

23          WHEREAS, The Medicare for All Act would Protect the ability of service veterans to  
24 continue to receive their specialized care through the Veterans Administration if they choose  
25

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.

  
for 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 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](mailto: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

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

Certified Copy

Resolution

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

  
\_\_\_\_\_  
Angela Calvillo  
Clerk of the Board  


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

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

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

21 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed  
22 medical care, 30% fail to fill a prescription or take less than the recommended dose, and a  
23 third said that in the past year they had to choose between paying for food, heating, housing,  
24 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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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-  
2 fourth of all claims for care and restrict patient choice through narrow networks for doctors and  
3 hospitals, limited drug formularies, and other limits in coverage; and

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

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

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

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

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

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

23           WHEREAS, The Medicare for All Act would Protect the ability of service veterans to  
24 continue to receive their specialized care through the Veterans Administration if they choose  
25

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.

for 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 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:

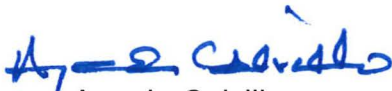
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The Board of Supervisors directs the Clerk of the Board to forward the following document to your attention:

- 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](mailto: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  
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Rebecca Peacock, Mayor's Office



City and County of San Francisco

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

Certified Copy

Resolution

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

  
\_\_\_\_\_  
Angela Calvillo  
Clerk of the Board  


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

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

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

21 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed  
22 medical care, 30% fail to fill a prescription or take less than the recommended dose, and a  
23 third said that in the past year they had to choose between paying for food, heating, housing,  
24 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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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-  
2 fourth of all claims for care and restrict patient choice through narrow networks for doctors and  
3 hospitals, limited drug formularies, and other limits in coverage; and

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

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

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

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

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

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

23          WHEREAS, The Medicare for All Act would Protect the ability of service veterans to  
24 continue to receive their specialized care through the Veterans Administration if they choose  
25

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.

  
for 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 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:

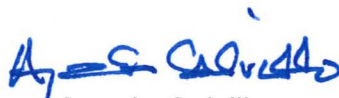
On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

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](mailto: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

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

Certified Copy

Resolution

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

  
\_\_\_\_\_  
Angela Calvillo  
Clerk of the Board  


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

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

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

21 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed  
22 medical care, 30% fail to fill a prescription or take less than the recommended dose, and a  
23 third said that in the past year they had to choose between paying for food, heating, housing,  
24 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-  
2 fourth of all claims for care and restrict patient choice through narrow networks for doctors and  
3 hospitals, limited drug formularies, and other limits in coverage; and

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

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

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

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

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

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

23          WHEREAS, The Medicare for All Act would Protect the ability of service veterans to  
24 continue to receive their specialized care through the Veterans Administration if they choose  
25

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.

  
for 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:

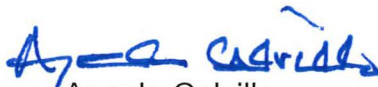
On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

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](mailto: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

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

Certified Copy

Resolution

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

  
\_\_\_\_\_  
Angela Calvillo  
Clerk of the Board  


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

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

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

21 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed  
22 medical care, 30% fail to fill a prescription or take less than the recommended dose, and a  
23 third said that in the past year they had to choose between paying for food, heating, housing,  
24 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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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-  
2 fourth of all claims for care and restrict patient choice through narrow networks for doctors and  
3 hospitals, limited drug formularies, and other limits in coverage; and

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

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

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11 including all primary care, hospital and outpatient services, dental, vision, audiology, maternity  
12 and newborn care, women's reproductive services, mental health, prescription drugs, and  
13 long-term care services; and

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

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

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

23          WHEREAS, The Medicare for All Act would Protect the ability of service veterans to  
24 continue to receive their specialized care through the Veterans Administration if they choose  
25

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

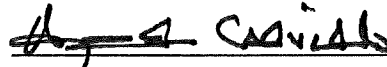
Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

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

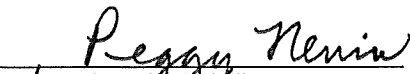
\_\_\_\_\_  
Unsigned

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.

  
for 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 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](mailto: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

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

Certified Copy

Resolution

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

  
\_\_\_\_\_  
Angela Calvillo  
Clerk of the Board  


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

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

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

21 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed  
22 medical care, 30% fail to fill a prescription or take less than the recommended dose, and a  
23 third said that in the past year they had to choose between paying for food, heating, housing,  
24 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-  
2 fourth of all claims for care and restrict patient choice through narrow networks for doctors and  
3 hospitals, limited drug formularies, and other limits in coverage; and

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

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

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

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

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

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

23          WHEREAS, The Medicare for All Act would Protect the ability of service veterans to  
24 continue to receive their specialized care through the Veterans Administration if they choose  
25

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.

  
for 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  
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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:


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,

  
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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Rebecca Peacock, Mayor's Office



City and County of San Francisco

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

Certified Copy

Resolution

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


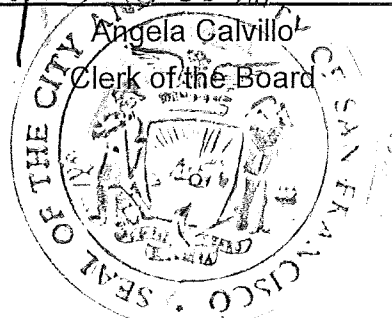
CLERK'S CERTIFICATE

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

  
\_\_\_\_\_  
Angela Calvillo  
Clerk of the Board  


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

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

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

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

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-  
2 fourth of all claims for care and restrict patient choice through narrow networks for doctors and  
3 hospitals, limited drug formularies, and other limits in coverage; and

4           WHEREAS, The U.S. ranks first in cost, but only 35<sup>th</sup> among countries of the world in  
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6 life expectancy, with no relationship between what healthcare costs in the U.S. and the quality  
7 of care or access to care; and

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

10           WHEREAS, The Medicare for All Act would provide comprehensive health care,  
11 including all primary care, hospital and outpatient services, dental, vision, audiology, maternity  
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13 long-term care services; and

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18 doctor, hospital, clinic, or other provider a patient chooses without the restrictions imposed by  
19 private insurers; and

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

23           WHEREAS, The Medicare for All Act would Protect the ability of service veterans to  
24 continue to receive their specialized care through the Veterans Administration if they choose  
25

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

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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

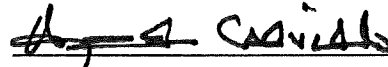
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March 19, 2019 Board of Supervisors - ADOPTED

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

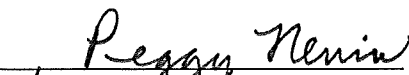
Unsigned

London N. Breed  
Mayor

3/29/2019

Date Approved

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for 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 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:

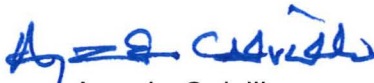
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Sincerely,

  
Angela Calvillo  
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- c. Members of the Board of Supervisors  
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City and County of San Francisco

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

Certified Copy

Resolution

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


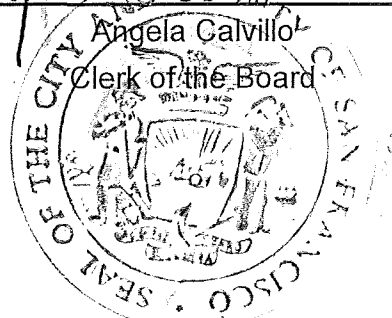
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IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

April 01, 2019

Date

  
Angela Calvillo  
Clerk of the Board  


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10 maternal mortality, and death from preventable diseases; and

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

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

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

21 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed  
22 medical care, 30% fail to fill a prescription or take less than the recommended dose, and a  
23 third said that in the past year they had to choose between paying for food, heating, housing,  
24 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-  
2 fourth of all claims for care and restrict patient choice through narrow networks for doctors and  
3 hospitals, limited drug formularies, and other limits in coverage; and

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

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

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

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

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

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

23          WHEREAS, The Medicare for All Act would Protect the ability of service veterans to  
24 continue to receive their specialized care through the Veterans Administration if they choose  
25

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

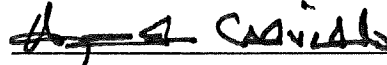
Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

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.

  
for 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 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:

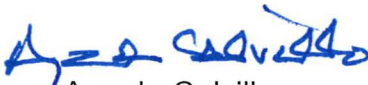
On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

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](mailto: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

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

Certified Copy

Resolution

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


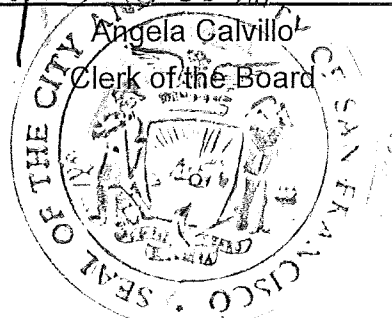
CLERK'S CERTIFICATE

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

  
\_\_\_\_\_  
Angela Calvillo  
Clerk of the Board  


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

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

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

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

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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

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  
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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

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-  
2 fourth of all claims for care and restrict patient choice through narrow networks for doctors and  
3 hospitals, limited drug formularies, and other limits in coverage; and

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

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

10          WHEREAS, The Medicare for All Act would provide comprehensive health care,  
11 including all primary care, hospital and outpatient services, dental, vision, audiology, maternity  
12 and newborn care, women's reproductive services, mental health, prescription drugs, and  
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21 drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world  
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23          WHEREAS, The Medicare for All Act would Protect the ability of service veterans to  
24 continue to receive their specialized care through the Veterans Administration if they choose  
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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

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.

  
for 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 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:

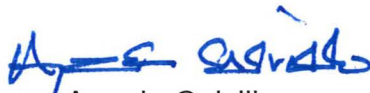
On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

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](mailto: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

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

Certified Copy

Resolution

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


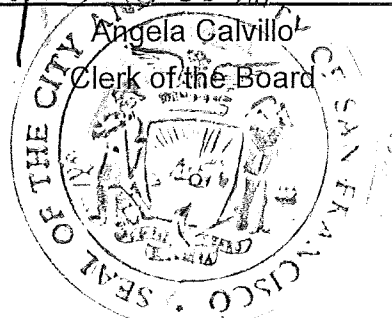
CLERK'S CERTIFICATE

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

  
\_\_\_\_\_  
Angela Calvillo  
Clerk of the Board  


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 35<sup>th</sup> 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 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily  
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17 income families pay the high cost of insurance plans has exacerbated the crisis experienced  
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19           WHEREAS, Employer-provided health benefits are declining and employees' costs are  
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21 drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world  
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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

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

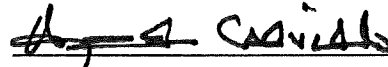
Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

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

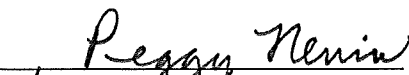
\_\_\_\_\_  
Unsigned

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.

  
for 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 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:

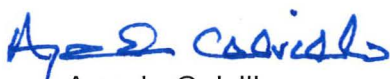
On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

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](mailto: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

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

Certified Copy

Resolution

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


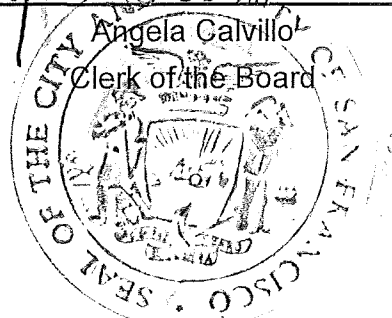
CLERK'S CERTIFICATE

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

  
\_\_\_\_\_  
Angela Calvillo  
Clerk of the Board  


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

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

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

21 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed  
22 medical care, 30% fail to fill a prescription or take less than the recommended dose, and a  
23 third said that in the past year they had to choose between paying for food, heating, housing,  
24 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-  
2 fourth of all claims for care and restrict patient choice through narrow networks for doctors and  
3 hospitals, limited drug formularies, and other limits in coverage; and

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

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

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

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

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

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

23           WHEREAS, The Medicare for All Act would Protect the ability of service veterans to  
24 continue to receive their specialized care through the Veterans Administration if they choose  
25

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.  
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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.

  
for 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:


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](mailto: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

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

Certified Copy

Resolution

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


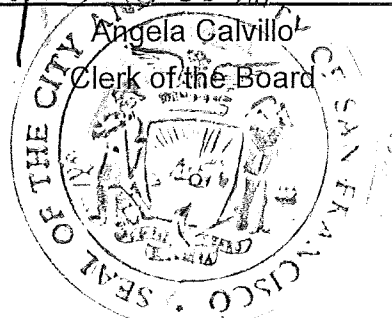
CLERK'S CERTIFICATE

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

  
\_\_\_\_\_  
Angela Calvillo  
Clerk of the Board  


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

2  
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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 35<sup>th</sup> 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 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily  
12 through the expansion of Medicaid in states that have agreed to do so, and limits on some  
13 insurance industry abuses, that reform still left tens of millions with a continuing crisis in  
14 access, cost, and quality of care; and

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

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

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

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7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic  
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17 income families pay the high cost of insurance plans has exacerbated the crisis experienced  
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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



1           WHEREAS, Due to their profit incentive, private insurance companies deny up to one-  
2 fourth of all claims for care and restrict patient choice through narrow networks for doctors and  
3 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  
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1 and Native Americans to receive their medical benefits through the Indian Health Service if  
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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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15 All/single payer healthcare system and for the government to guarantee health care for all  
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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

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.  
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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.

  
for 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 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:

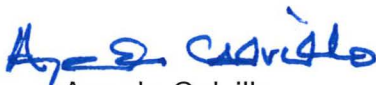
On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

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](mailto: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

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

Certified Copy

Resolution

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

  
\_\_\_\_\_  
Angela Calvillo  
Clerk of the Board  


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

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

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

21 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed  
22 medical care, 30% fail to fill a prescription or take less than the recommended dose, and a  
23 third said that in the past year they had to choose between paying for food, heating, housing,  
24 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-  
2 fourth of all claims for care and restrict patient choice through narrow networks for doctors and  
3 hospitals, limited drug formularies, and other limits in coverage; and

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

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

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

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

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

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

23          WHEREAS, The Medicare for All Act would Protect the ability of service veterans to  
24 continue to receive their specialized care through the Veterans Administration if they choose  
25

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.

  
for 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 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:

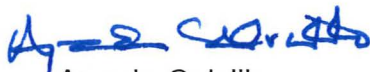
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Sincerely,

  
Angela Calvillo  
Clerk of the Board

- c. Members of the Board of Supervisors  
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors  
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City and County of San Francisco

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1 Dr. Carlton B. Goodlett Place  
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Certified Copy

Resolution

190295

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**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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Angela Calvillo  
Clerk of the Board  


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

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

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19 the still largely unregulated high cost of medical care that has led to one-third of all  
20 GoFundMe accounts being established to pay for exorbitant medical bills; and

21 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed  
22 medical care, 30% fail to fill a prescription or take less than the recommended dose, and a  
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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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13 experience health risks due to exposure to toxins and air pollution at school; and

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17 income families pay the high cost of insurance plans has exacerbated the crisis experienced  
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19           WHEREAS, Employer-provided health benefits are declining and employees' costs are  
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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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3 hospitals, limited drug formularies, and other limits in coverage; and

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5 health system outcomes and quality according to the *Lancet* and worse for infant mortality and  
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8           WHEREAS, The Medicare for All Act would establish guaranteed, universal health care  
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10          WHEREAS, The Medicare for All Act would provide comprehensive health care,  
11 including all primary care, hospital and outpatient services, dental, vision, audiology, maternity  
12 and newborn care, women's reproductive services, mental health, prescription drugs, and  
13 long-term care services; and

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15 deductibles, co-pays, and other out-of-pocket costs that have caused such a crisis for tens of  
16 millions of people; and

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19 private insurers; and

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

23          WHEREAS, The Medicare for All Act would Protect the ability of service veterans to  
24 continue to receive their specialized care through the Veterans Administration if they choose  
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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  
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12 retains the private provider system with real patient choice and greater transparency on how  
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  
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  
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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

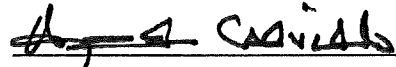
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March 19, 2019 Board of Supervisors - ADOPTED

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

File No. 190295

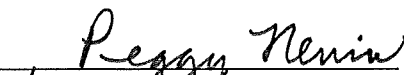
I hereby certify that the foregoing Resolution was ADOPTED on 3/19/2019 by the Board of Supervisors of the City and County of San Francisco.

  
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.

  
for 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 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:

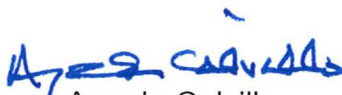
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Sincerely,

  
Angela Calvillo  
Clerk of the Board

- c. Members of the Board of Supervisors  
Kanishka Karunaratne Cheng, Mayor's Liaison to the Board of Supervisors  
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City and County of San Francisco

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

Certified Copy

Resolution

190295

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**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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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-  
2 fourth of all claims for care and restrict patient choice through narrow networks for doctors and  
3 hospitals, limited drug formularies, and other limits in coverage; and

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

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

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

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

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

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

23          WHEREAS, The Medicare for All Act would Protect the ability of service veterans to  
24 continue to receive their specialized care through the Veterans Administration if they choose  
25

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.

  
for 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 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:

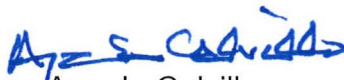
On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

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](mailto: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

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

Certified Copy

Resolution

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

  
\_\_\_\_\_  
Angela Calvillo  
Clerk of the Board  


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

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

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

21 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed  
22 medical care, 30% fail to fill a prescription or take less than the recommended dose, and a  
23 third said that in the past year they had to choose between paying for food, heating, housing,  
24 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-  
2 fourth of all claims for care and restrict patient choice through narrow networks for doctors and  
3 hospitals, limited drug formularies, and other limits in coverage; and

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

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

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

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

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

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

23          WHEREAS, The Medicare for All Act would Protect the ability of service veterans to  
24 continue to receive their specialized care through the Veterans Administration if they choose  
25

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

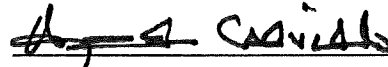
Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

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

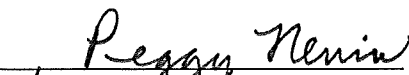
Unsigned

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.

  
for 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 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:

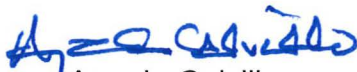
On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

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](mailto: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

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

Certified Copy

Resolution

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


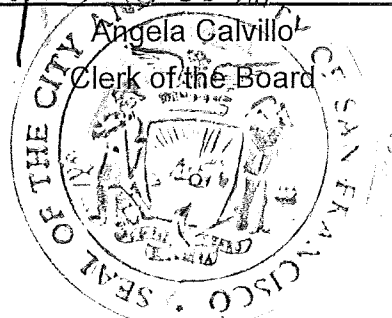
CLERK'S CERTIFICATE

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

  
\_\_\_\_\_  
Angela Calvillo  
Clerk of the Board  


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7 WHEREAS, The United States spends nearly twice as much per capita on health care  
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10 maternal mortality, and death from preventable diseases; and

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2 fourth of all claims for care and restrict patient choice through narrow networks for doctors 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

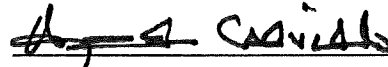
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March 19, 2019 Board of Supervisors - ADOPTED

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

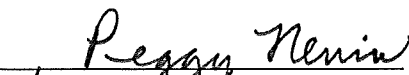
Unsigned

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.

  
for 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 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](mailto: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

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

Certified Copy

Resolution

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

  
\_\_\_\_\_  
Angela Calvillo  
Clerk of the Board  


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

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

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

21 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed  
22 medical care, 30% fail to fill a prescription or take less than the recommended dose, and a  
23 third said that in the past year they had to choose between paying for food, heating, housing,  
24 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-  
2 fourth of all claims for care and restrict patient choice through narrow networks for doctors and  
3 hospitals, limited drug formularies, and other limits in coverage; and

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

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

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

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

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

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

23          WHEREAS, The Medicare for All Act would Protect the ability of service veterans to  
24 continue to receive their specialized care through the Veterans Administration if they choose  
25

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  
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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  
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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.

  
for 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 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:

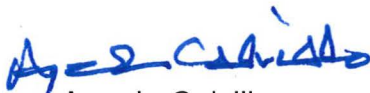
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- One certified copy of Resolution No. 149-19 (File No. 190295)

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](mailto: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

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

Certified Copy

Resolution

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

  
\_\_\_\_\_  
Angela Calvillo  
Clerk of the Board  


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

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

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

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

21 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed  
22 medical care, 30% fail to fill a prescription or take less than the recommended dose, and a  
23 third said that in the past year they had to choose between paying for food, heating, housing,  
24 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  
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23           WHEREAS, Many other countries around the world use taxes to pay for a national  
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25 at a competitive disadvantage; and



1           WHEREAS, Due to their profit incentive, private insurance companies deny up to one-  
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3 hospitals, limited drug formularies, and other limits in coverage; and

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5 health system outcomes and quality according to the *Lancet* and worse for infant mortality and  
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8           WHEREAS, The Medicare for All Act would establish guaranteed, universal health care  
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24 continue to receive their specialized care through the Veterans Administration if they choose  
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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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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

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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,  
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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

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

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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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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.

  
for 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:

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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](mailto: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  
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Rebecca Peacock, Mayor's Office



City and County of San Francisco

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

Certified Copy

Resolution

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

  
\_\_\_\_\_  
Angela Calvillo  
Clerk of the Board  


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

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

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

21 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed  
22 medical care, 30% fail to fill a prescription or take less than the recommended dose, and a  
23 third said that in the past year they had to choose between paying for food, heating, housing,  
24 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-  
2 fourth of all claims for care and restrict patient choice through narrow networks for doctors and  
3 hospitals, limited drug formularies, and other limits in coverage; and

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

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

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

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

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

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

23          WHEREAS, The Medicare for All Act would Protect the ability of service veterans to  
24 continue to receive their specialized care through the Veterans Administration if they choose  
25

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

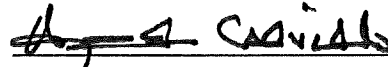
Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

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

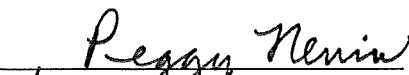
Unsigned

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.

  
for 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 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:

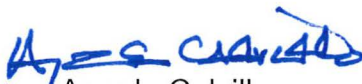
On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

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](mailto: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

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

Certified Copy

Resolution

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

  
\_\_\_\_\_  
Angela Calvillo  
Clerk of the Board  


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3 WHEREAS, Nearly all U.S. residents and businesses would spend less, and usually far  
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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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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  
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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

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  
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4 FURTHER RESOLVED, That the City and County of San Francisco will notify all  
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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

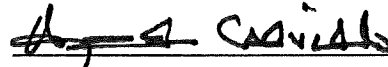
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March 19, 2019 Board of Supervisors - ADOPTED

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

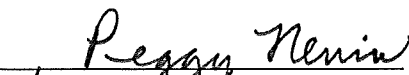
\_\_\_\_\_  
Unsigned

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.

  
for 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 Jimmy Panetta  
United States House of Representatives  
212 Cannon House Office Building  
Washington, D.C. 20515

**Re: Board of Supervisors Resolution No. 149-19**

Dear Congressman Panetta:

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](mailto: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

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

Certified Copy

Resolution

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


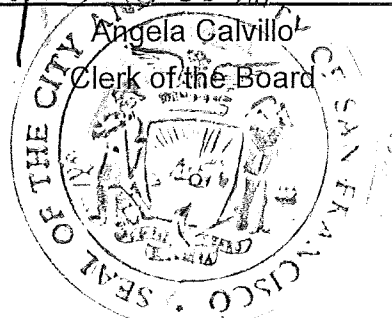
CLERK'S CERTIFICATE

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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9 for all U.S. residents; and

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

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

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

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

23          WHEREAS, The Medicare for All Act would Protect the ability of service veterans to  
24 continue to receive their specialized care through the Veterans Administration if they choose  
25

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

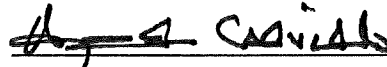
Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

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

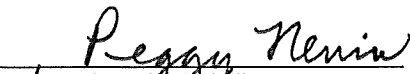
Unsigned

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.

  
for 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 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](mailto: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

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

Certified Copy

Resolution

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

  
\_\_\_\_\_  
Angela Calvillo  
Clerk of the Board  


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

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

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

21 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed  
22 medical care, 30% fail to fill a prescription or take less than the recommended dose, and a  
23 third said that in the past year they had to choose between paying for food, heating, housing,  
24 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-  
2 fourth of all claims for care and restrict patient choice through narrow networks for doctors and  
3 hospitals, limited drug formularies, and other limits in coverage; and

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

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

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

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15 deductibles, co-pays, and other out-of-pocket costs that have caused such a crisis for tens of  
16 millions of people; and

17          WHEREAS, The Medicare for All Act would ensure genuine patient choice of any  
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19 private insurers; and

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

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

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

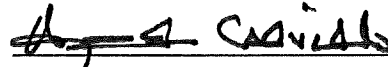
Resolution supporting United States House Resolution No. 1384, authored by United States Representative Pramila Jayapal, The Medicare For All Act, and reaffirming the Board of Supervisors' support for a single-payer universal health care system.

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

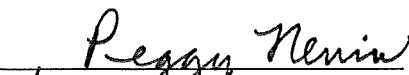
\_\_\_\_\_  
Unsigned

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.

  
for 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:

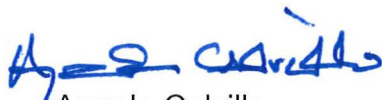
On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

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](mailto: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

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

Certified Copy

Resolution

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

  
\_\_\_\_\_  
Angela Calvillo  
Clerk of the Board  


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

2  
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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 35<sup>th</sup> 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 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily  
12 through the expansion of Medicaid in states that have agreed to do so, and limits on some  
13 insurance industry abuses, that reform still left tens of millions with a continuing crisis in  
14 access, cost, and quality of care; and

15 WHEREAS, The uninsured rate for U.S. adults has risen for four straight years up to  
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17 women, young adults, and lower-income people; and

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

21 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed  
22 medical care, 30% fail to fill a prescription or take less than the recommended dose, and a  
23 third said that in the past year they had to choose between paying for food, heating, housing,  
24 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  
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7 sexual orientation, age, socioeconomic status, and where one lives is particularly systematic  
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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  
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2 fourth of all claims for care and restrict patient choice through narrow networks for doctors and  
3 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  
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5 coverage and medical, dental, vision, and other care; and

6 WHEREAS, Various studies, both conservative and progressive, have estimated that  
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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

24 RESOLVED, That the City and County of San Francisco affirms that health care is a  
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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

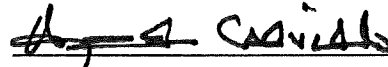
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March 19, 2019 Board of Supervisors - ADOPTED

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

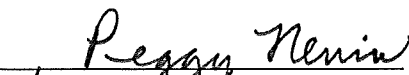
Unsigned

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.

  
for 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](mailto: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

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

Certified Copy

Resolution

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

  
\_\_\_\_\_  
Angela Calvillo  
Clerk of the Board  


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

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

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

21 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed  
22 medical care, 30% fail to fill a prescription or take less than the recommended dose, and a  
23 third said that in the past year they had to choose between paying for food, heating, housing,  
24 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-  
2 fourth of all claims for care and restrict patient choice through narrow networks for doctors and  
3 hospitals, limited drug formularies, and other limits in coverage; and

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

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

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

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

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

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

23          WHEREAS, The Medicare for All Act would Protect the ability of service veterans to  
24 continue to receive their specialized care through the Veterans Administration if they choose  
25

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

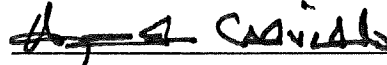
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March 19, 2019 Board of Supervisors - ADOPTED

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.

  
for 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](mailto: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

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

Certified Copy

Resolution

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


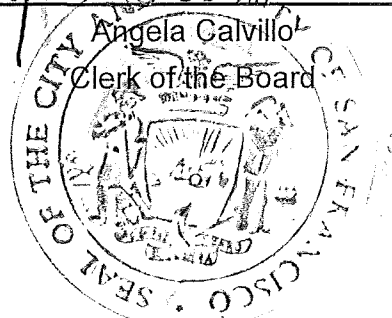
CLERK'S CERTIFICATE

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

  
\_\_\_\_\_  
Angela Calvillo  
Clerk of the Board  


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

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

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

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

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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

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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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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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-  
2 fourth of all claims for care and restrict patient choice through narrow networks for doctors and  
3 hospitals, limited drug formularies, and other limits in coverage; and

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

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

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11 including all primary care, hospital and outpatient services, dental, vision, audiology, maternity  
12 and newborn care, women's reproductive services, mental health, prescription drugs, and  
13 long-term care services; and

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16 millions of people; and

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25

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.

  
for 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 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](mailto: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

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

Certified Copy

Resolution

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


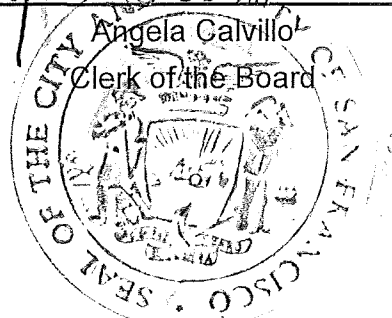
CLERK'S CERTIFICATE

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

  
\_\_\_\_\_  
Angela Calvillo  
Clerk of the Board  


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

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

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

21 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed  
22 medical care, 30% fail to fill a prescription or take less than the recommended dose, and a  
23 third said that in the past year they had to choose between paying for food, heating, housing,  
24 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-  
2 fourth of all claims for care and restrict patient choice through narrow networks for doctors and  
3 hospitals, limited drug formularies, and other limits in coverage; and

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

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

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

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

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

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

23          WHEREAS, The Medicare for All Act would Protect the ability of service veterans to  
24 continue to receive their specialized care through the Veterans Administration if they choose  
25

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.

  
for 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:

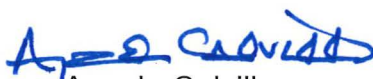
On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

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](mailto: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

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

Certified Copy

Resolution

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


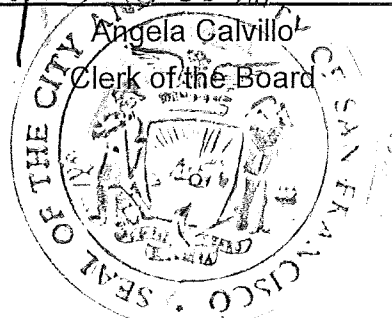
CLERK'S CERTIFICATE

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

  
\_\_\_\_\_  
Angela Calvillo  
Clerk of the Board  


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

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

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

21 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed  
22 medical care, 30% fail to fill a prescription or take less than the recommended dose, and a  
23 third said that in the past year they had to choose between paying for food, heating, housing,  
24 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-  
2 fourth of all claims for care and restrict patient choice through narrow networks for doctors and  
3 hospitals, limited drug formularies, and other limits in coverage; and

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

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

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

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

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18 doctor, hospital, clinic, or other provider a patient chooses without the restrictions imposed by  
19 private insurers; and

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

23          WHEREAS, The Medicare for All Act would Protect the ability of service veterans to  
24 continue to receive their specialized care through the Veterans Administration if they choose  
25

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.

  
for 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:

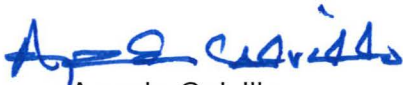
On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

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](mailto: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

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

Certified Copy

Resolution

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


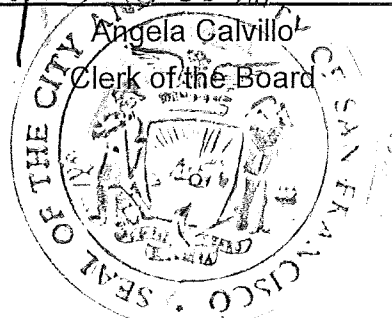
CLERK'S CERTIFICATE

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

  
\_\_\_\_\_  
Angela Calvillo  
Clerk of the Board  


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 35<sup>th</sup> 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 WHEREAS, The Affordable Care Act (ACA) enacted important improvements, primarily  
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17 income families pay the high cost of insurance plans has exacerbated the crisis experienced  
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11 including all primary care, hospital and outpatient services, dental, vision, audiology, maternity  
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18 doctor, hospital, clinic, or other provider a patient chooses without the restrictions imposed by  
19 private insurers; and

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21 drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world  
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23           WHEREAS, The Medicare for All Act would Protect the ability of service veterans to  
24 continue to receive their specialized care through the Veterans Administration if they choose  
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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

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.

  
for 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 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.

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](mailto: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

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

Certified Copy

Resolution

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


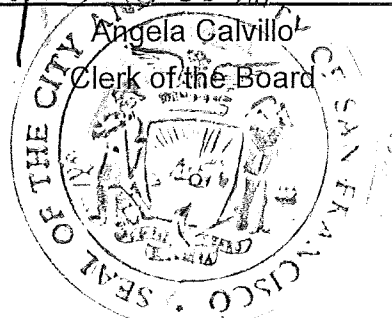
CLERK'S CERTIFICATE

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

  
\_\_\_\_\_  
Angela Calvillo  
Clerk of the Board  


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

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

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

21 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed  
22 medical care, 30% fail to fill a prescription or take less than the recommended dose, and a  
23 third said that in the past year they had to choose between paying for food, heating, housing,  
24 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-  
2 fourth of all claims for care and restrict patient choice through narrow networks for doctors and  
3 hospitals, limited drug formularies, and other limits in coverage; and

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

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

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

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

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

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

23          WHEREAS, The Medicare for All Act would Protect the ability of service veterans to  
24 continue to receive their specialized care through the Veterans Administration if they choose  
25

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.

  
for 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 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](mailto: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

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

Certified Copy

Resolution

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

  
\_\_\_\_\_  
Angela Calvillo  
Clerk of the Board  


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

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

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

21 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed  
22 medical care, 30% fail to fill a prescription or take less than the recommended dose, and a  
23 third said that in the past year they had to choose between paying for food, heating, housing,  
24 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-  
2 fourth of all claims for care and restrict patient choice through narrow networks for doctors and  
3 hospitals, limited drug formularies, and other limits in coverage; and

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

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

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

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

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

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

23          WHEREAS, The Medicare for All Act would Protect the ability of service veterans to  
24 continue to receive their specialized care through the Veterans Administration if they choose  
25

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.

  
for 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 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](mailto: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

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

Certified Copy

Resolution

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

  
\_\_\_\_\_  
Angela Calvillo  
Clerk of the Board  


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

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

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

21 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed  
22 medical care, 30% fail to fill a prescription or take less than the recommended dose, and a  
23 third said that in the past year they had to choose between paying for food, heating, housing,  
24 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-  
2 fourth of all claims for care and restrict patient choice through narrow networks for doctors and  
3 hospitals, limited drug formularies, and other limits in coverage; and

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

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

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

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

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

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

23          WHEREAS, The Medicare for All Act would Protect the ability of service veterans to  
24 continue to receive their specialized care through the Veterans Administration if they choose  
25

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.

  
for 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 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](mailto: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

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

Certified Copy

Resolution

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  
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9 standards, including on such critical barometers as average life expectancy, infant mortality,  
10 maternal mortality, and death from preventable diseases; and

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

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

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

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

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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12 women to die in childbirth; and African-American and Latino students are more likely to  
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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  
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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  
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  
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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  
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7 FURTHER RESOLVED, That the City and County of San Francisco encourages all of  
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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.

  
for 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 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](mailto: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

City Hall  
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San Francisco, CA 94102-4689

Certified Copy

Resolution

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


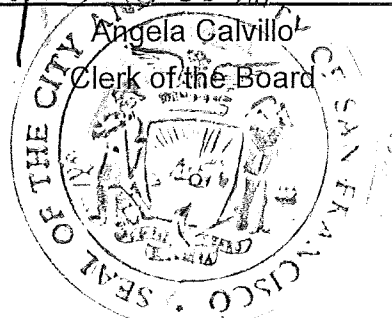
CLERK'S CERTIFICATE

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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

  
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Angela Calvillo  
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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

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.

  
for 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.

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](mailto:board.of.supervisors@sfgov.org).

Sincerely,

A handwritten signature in blue ink that reads "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

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

Certified Copy

Resolution

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

  
\_\_\_\_\_  
Angela Calvillo  
Clerk of the Board  


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

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

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

21 WHEREAS, More than 40% of all U.S. adults under the age of 65 forego needed  
22 medical care, 30% fail to fill a prescription or take less than the recommended dose, and a  
23 third said that in the past year they had to choose between paying for food, heating, housing,  
24 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-  
2 fourth of all claims for care and restrict patient choice through narrow networks for doctors and  
3 hospitals, limited drug formularies, and other limits in coverage; and

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

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

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

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

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

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

23          WHEREAS, The Medicare for All Act would Protect the ability of service veterans to  
24 continue to receive their specialized care through the Veterans Administration if they choose  
25

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.

  
for 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 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:

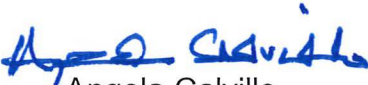
On March 19, 2019, the Board of Supervisors of the City and County of San Francisco adopted Resolution No. 149-19 (Supporting United States House Resolution No. 1384 (Jayapal) - The Medicare For All Act), which was enacted on March 29, 2019.

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](mailto: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

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

Certified Copy

Resolution

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

  
\_\_\_\_\_  
Angela Calvillo  
Clerk of the Board  


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.**

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

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

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

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

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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

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  
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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  
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20 increasing through cost-shifting to workers, including increased cost of premiums for workers  
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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-  
2 fourth of all claims for care and restrict patient choice through narrow networks for doctors and  
3 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  
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20          WHEREAS, The Medicare for All Act would sharply reduce the cost of prescription  
21 drugs by authorizing Medicare to negotiate lower drug prices as most of the rest of the world  
22 does; and

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24 continue to receive their specialized care through the Veterans Administration if they choose  
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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  
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12 retains the private provider system with real patient choice and greater transparency on how  
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

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

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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.

  
for Angela Calvillo  
Clerk of the Board

\_\_\_\_\_  
3/29/19  
Date