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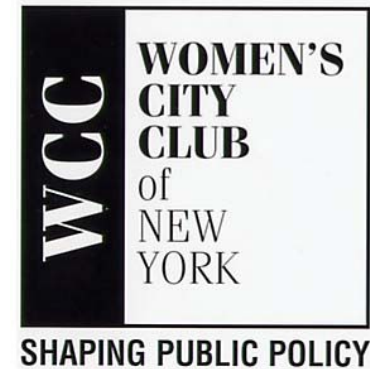
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**STATEMENT OF PRINCIPLES
 FOR
 UNIVERSAL HEALTH CARE
 IN THE UNITED STATES
 2008**

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The Women's City Club of New York (WCC) has a long-standing commitment to the provision of high quality, accessible and affordable health care for all. The growing problems with health care financing and access have led us to conclude that thorough reform based on a publicly administered system is imperative. We have therefore developed the following principles which WCC will use in advocacy for reform of health care financing. We invite you to join us in using these principles to assess proposed policies and plans for changing the current system of financing.

STATEMENT OF PRINCIPLES FOR UNIVERSAL HEALTH CARE

Health care is a basic human right which must be guaranteed in every just society. To accomplish this within the context of American society, the provision of health care requires a system of financing which should function in accordance with the following core principles:

1. UNIVERSAL

All persons residing in the United States should have continuous access to the care they need, when they need it, regardless of age, income, employment status, health status, pre-existing conditions, geographic location, immigration status and ability to pay.

2. COMPREHENSIVE

Every person should receive health care from a primary provider and the full range of services that are effective in preventing illness and improving both physical and mental health. Health promotion, preventive care and early intervention should be fundamental elements of the care provided. These must also include appropriate services for all forms of disability throughout the entire life cycle.

3. AFFORDABLE AND COST EFFICIENT

Financing of care should be equitable and involve participation of all segments of the population. The revenue stream may be generated through taxes, employer and out-of-pocket payments. Administrative procedures should be simple. Administrative costs should be reduced to the lowest levels achieved in existing public or private insurance models.

4. ACCOUNTABLE

Accountability is a public responsibility. Information and data on costs, utilization, and all aspects of the system should be clearly reported and publicly accessible on a timely basis. Policy determination, quality assessment, and system changes should be publicly announced with adequate opportunity for input from individuals, providers and all those served by the system.

5. CONSUMER ORIENTED

The financing system must take into account the rights and responsibilities of consumers and providers, and ensure that they are educated to understand and deal appropriately with the requirements of the system.

COMMENTARY

The need for fundamental reform of the health care financing system in the United States grows more urgent as each year passes. The number of uninsured (47,000,000) and underinsured people continues to rise, the costs of care continue to increase, and the complexities, inefficiencies and inequities of the system are a source of frustration and dissatisfaction for insured as well as uninsured patients and their health care providers.

Although private health insurance purchased by employers has long been the major source of coverage for individuals below 65 years of age, the percentage of the population with employer-funded insurance is falling. Those who remain

are experiencing increased cost-sharing requirements, reduced benefit packages, and elimination of coverage for dependents. The high overhead and administrative costs of private insurance are an important contributor to these financing problems. In fact, there is strong evidence that if private plans were replaced by a universal, publicly financed system, the administrative cost savings would be sufficient to cover all the uninsured.

At this time, about half of the overall cost of health care in the United States is funded through government programs, primarily Medicare, Medicaid, and the State Child Health Insurance Program (SCHIP). Even though it has certain imperfections, Medicare generally operates in conformity with the principles stated above. It covers nearly all individuals in the designated age group with a uniform set of benefits, has very low administrative costs, and affords public accountability. Financing is through payroll taxes; administrative procedures are comparatively simple and nationally uniform.

We believe the principles could best be achieved by the development of a financing plan for all persons in the United States that is publicly administered and that allows beneficiaries to choose their physicians and the practice arrangements they prefer. The system would follow the general approach of Medicare as it operated from 1965 to 2003, prior to revisions in the Medicare Modernization Act of 2003. A carefully planned transition period would minimize disruption of those insurance arrangements that currently function well, but ultimately in a reformed system the role of private insurance would be much reduced. The burdens imposed on employers and health professionals by the present system would lighten, and the health of many segments of our population, especially the uninsured, would improve. It is time to move forward and make health care financing reform a national priority in 2008.