

<http://medicare4allresolutions.org/>

1. S.1655 — 118th Congress (2023-2024) Medicare for All Act Sponsor: Sanders, Bernard [Sen.-I-VT] (Introduced 05/17/2023) Cosponsors: (14)

2. H.R.3421 — 118th Congress (2023-2024) Medicare for All Act Sponsor: Jayapal, Pramila [Rep.-D-WA-7] (Introduced 05/17/2023) Cosponsors: (112)

## RESOLUTION NO. 3215

### RESOLUTION TO ENDORSE THE MEDICARE FOR ALL ACT

**WHEREAS**, every person in the City of Alexandria, the Washington Metropolitan Area, the Commonwealth of Virginia, and the entire United States deserves high quality health care; and

**WHEREAS**, although the Commonwealth of Virginia has made great strides in increasing our health care coverage through Medicaid expansion, we struggle to ensure quality health care for all, with over 13k people, or roughly 8% of residents (including 11% of Black residents and 24% of Hispanic Alexandrians), in the City of Alexandria uninsured<sup>(1)</sup>, and many more underinsured; and

**WHEREAS**, health care expenditures including the Health Department and other health related services comprise more than \$10,00,000 of the City of Alexandria's budget in FY24<sup>(2)</sup>; and

**WHEREAS**, the City of Alexandria suffers from racial disparities in quality of health care and patient outcomes, clearly demonstrated in multiple categories such as: unequal rates of morbidity and mortality of Black residents during the COVID-19 pandemic<sup>(3)</sup>, disparities in life expectancy between white residents (85.4 years) and Black residents (78.5 years)<sup>(4)</sup>, hypertension hospitalization rates among Black residents are 12 times the rate of hospitalization among white residents, and while Black and white residents have similar rates of cancer diagnosis Black residents are more likely to die from cancer compared with white residents<sup>(5)</sup>; and

**WHEREAS**, the City of Alexandria's culture and tourism depends heavily on its restaurant industry, an industry with only 31% health insurance coverage nationally before the pandemic<sup>(6)</sup> and which now faces significant loss of income, while many restaurant industry workers frequently oscillate between Medicaid and other insurance or no insurance due to unstable wages, leading to interruptions of care for chronic disease management, which worsens outcomes<sup>(7)</sup>; and

**WHEREAS**, many people delay seeking needed health care due to an inability to pay<sup>(8)</sup>, leading to a sicker and poorer population which is significantly more likely to develop

serious illness if exposed to COVID-19 or other infectious disease, and will subsequently face higher mortality rates from infectious diseases; and

**WHEREAS**, unhoused populations and those groups experiencing racial disparities in the quality of health care use emergency departments at higher rates, and are more likely to have repeat visits than their housed counterparts, which has been linked to a poor understanding of the *Patient Protection and Affordable Care Act* and Medicaid enrollment criteria, and leads to increases hospital emergency room costs and to preventable deaths among the homeless population<sup>(13)</sup>; and

**WHEREAS**, medical bills are a leading cause of bankruptcy in this country<sup>(14)</sup> and more than 25% of residents of Virginia report past-due medical debt which is above the national average<sup>(15)</sup>; and

**WHEREAS**, the COVID-19 pandemic has led to record levels of unemployment, loss of employer-sponsored health insurance, a severely strained health care system, widespread illness, and taken a profound toll on our community's mental health, all of which is placing significant demands on our health care system; and

**WHEREAS**, the ever-increasing costs of health care, which are further elevated due to the pandemic, may challenge our already strapped state and municipal budgets<sup>(17)</sup>, and COVID-19 related treatment is likely to cost uninsured patients tens of thousands of dollars<sup>(18)</sup>; and

**WHEREAS**, in order to equitably and effectively address the health care needs in the City of Alexandria, including the additional burden of the COVID-19 crisis, we must urge the United States Congress to expand health insurance coverage to provide every resident of the United States comprehensive health care without any cost-sharing; and

**WHEREAS**, only comprehensive universal health coverage can assure people that, no matter what health condition is ultimately responsible for their symptoms, or whatever treatment becomes necessary, all residents of the U.S. will be financially protected; and

**WHEREAS**, the *Medicare for All Act* would guarantee full coverage for medically necessary health care without copays, deductibles, or other out-of-pocket costs,<sup>(19)(20)</sup> provide full and comprehensive mental health services, and provide long-term support services for people in the disability community and those with pre-existing conditions<sup>(21)</sup>; and

**WHEREAS**, legislators in several states including California, New York, Maryland, and Washington have introduced bills in their legislatures that could potentially create state-based single-payer universal health care systems for their residents; and

**WHEREAS**, the *State-Based Universal Health Care Act* would amend the *Patient Protection and Affordable Care Act* to authorize the establishment of, and provide support

for, state-based universal health care systems that provide comprehensive health care to their residents<sup>(2)</sup>;

**NOW, THEREFORE, BE IT RESOLVED BY THE ALEXANDRIA CITY COUNCIL THAT:**

1. The City of Alexandria, Virginia, supports the enactment of federal legislation to provide universal and comprehensive health care for all residents of the United States including the residents of the City of Alexandria. Specifically the *Medicare for All Act* (H.R. 1976 & S. 4204) and *State-Based Universal Health Care Act* (H.R. 3775).
2. The City of Alexandria, Virginia, calls upon the United States Congress to adopt the proposed federal legislation to provide universal, comprehensive health coverage with zero cost-sharing to all people in the United States.
3. The City Council of the City of Alexandria, Virginia thanks the members of the U.S. Congress who have cosponsored the *Medicare for All Act*, especially Virginia's own Representatives Don Beyer and Robert C. Scott, for their continued support for a comprehensive single-payer universal health care system.
4. The City Council of the City of Alexandria, Virginia will share copies of this resolution with our representative delegation in the United States House and Senate and request that during the next Congressional update to Council this topic is addressed.

Adopted: March 12, 2024



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**JUSTIN M. WILSON MAYOR**

ATTEST:



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Gloria A. Sitton, CMC City Clerk

<sup>[1]</sup> U.S. Census Bureau American Community Survey, <https://data.census.gov/cedsci/table?q=Alexandria%20city%20Health&t=Health%20Insurance&tid=ACSST1Y2019.S2701&hidePreview=true&moe=false>

<sup>[2]</sup> Ibid.

<sup>[3]</sup> Summary Tables, City of Alexandria FY 2023 Approved Budget ,

[https://www.alexandriava.gov/sites/default/files/2022-06/Section%2006%20-%20Summary%20Tables\\_0.pdf#page=3](https://www.alexandriava.gov/sites/default/files/2022-06/Section%2006%20-%20Summary%20Tables_0.pdf#page=3) <sup>[4]</sup> City of Alexandria, June 2021,

<https://www.alexandriava.gov/performance/info/dashboard.aspx?id=115279> <sup>[5]</sup> Health Matters in Alexandria, measurement period: 2020, last updated: February 2022,

<http://www.healthmattersalexandria.org/indicators/index/view?indicatorId=325&localeId=2967>

<sup>[6]</sup> Health Matters in Alexandria, measurement period: 2018-2020, last updated: June 2022,

<http://www.healthmattersalexandria.org/indicators/index/view?indicatorId=8195&localeId=2967>

<sup>[7]</sup> City of Alexandria's Community Health Assessment, 2019,

[https://www.alexandriava.gov/uploadedFiles/health/info/CHA%20FINAL\\_small%20file.pdf#page=21](https://www.alexandriava.gov/uploadedFiles/health/info/CHA%20FINAL_small%20file.pdf#page=21)

<sup>[8]</sup> Ibid.

<sup>[9]</sup> Commonwealth Institute for Fiscal Analysis

<https://www.thecommonwealthinstitute.org/wp-content/uploads/2021/01/For-Today-and-Tomorrow-Increasing-Health-Coverage-for-Undocumented-Virginians.pdf>

<sup>[10]</sup> Toast Restaurant Industry Report 2019,

<https://d2w1ef2ao9g8r9.cloudfront.net/resource-downloads/2019-Restaurant-Success-Report.pdf#page=13> <sup>[11]</sup>

Annals of Internal Medicine 2017;167:424, <https://www.acpjournals.org/doi/full/10.7326/M17-1403>: An estimated 37-45 thousand Americans die per year for lack of health care coverage.

<sup>[12]</sup> JPMorgan Chase Institute, January 2018,

<https://www.jpmorganchase.com/content/dam/jpmc/jpmorgan-chase-and-co/institute/pdf/institute-tax-refunds-healthcare-report.pdf#page=17>

<sup>[13]</sup> Homelessness and Emergency Medicine: A Review of the Literature, Society for Academic Emergency Medicine, January 11, 2018, <https://onlinelibrary.wiley.com/doi/full/10.1111/acem.13358>

<sup>[14]</sup> American Journal of Public Health, March 2019,

<http://www.pnhp.org/docs/AJPHBankruptcy2019.pdf> <sup>[15]</sup> Urban Institute, March 2016,

<https://apps.urban.org/features/medical-debt-in-america/>

<sup>[16]</sup> Kaiser Family Foundation, December 2020,

<https://www.kff.org/coronavirus-covid-19/issue-brief/analysis-of-recent-national-trends-in-medicare-and-chip-enrollment/> <sup>[17]</sup> Council on Foreign Relations, January 12, 2021,

<https://www.cfr.org/backgrounder/how-covid-19-harming-state-and-city-budgets>

<sup>[18]</sup> Kaiser Family Foundation, April 2020,

<https://www.kff.org/coronavirus-covid-19/issue-brief/estimated-cost-of-treating-the-uninsured-hospitalized-with-covid-19/> <sup>[19]</sup> H.R.1976 - Medicare for All Act of 2021, <https://www.congress.gov/bill/117th-congress/house-bill/1976> <sup>[20]</sup> S. 4204 - Medicare for All Act of 2022, <https://www.congress.gov/bill/117th-congress/senate-bill/4204> <sup>[21]</sup> Modern Healthcare, March 2019,

<https://www.modernhealthcare.com/politics-policy/sanders-medicare-all-expands-long-term-care-benefits> <sup>[22]</sup> H.R.5010 - State-Based Universal Health Care Act of 2021,

<https://www.congress.gov/bill/117th-congress/house-bill/3775>

<https://www.congress.gov/bill/117th-congress/house-bill/3775>

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