

Universal Access to Health Care - 1991

Issue

Health care has become a national agenda item and issue in the United States; costs are soaring and significant segments of our nation's population receive inadequate or no health care.

Background

In the United States, according to 1991 estimates, 32 million people have no health insurance. Two-thirds of these people live in families in which there is at least one full-time worker, and 60% are children and women of child-bearing age. Furthermore, the number of people who are underinsured has been estimated as high as 60-70 million and is growing annually. These people face out-of-pocket expenses which threaten their economic survival.

At the same time, the cost of health care for those who can pay or are covered by Medicare or Medicaid reached \$647 billion (12% of GNP) in 1990. Several proposals to reform health care delivery in the United States, making health care accessible to most of its citizens, are at various stages of congressional review.

The 1975 National Federation of Temple Sisterhoods' resolution, "Civil Rights," stated its commitment to a "comprehensive single benefit health insurance to cover all aspects of prevention, treatment and rehabilitation in all fields of medical practice" which is to "be made available on a cost-sharing basis, according to ability to pay."

Resolution

The National Federation of Temple Sisterhoods reaffirms its commitment to universal access to health care as a national priority and calls upon its United States affiliates to support legislation which:

1. Provides universal access to health care, including all aspects of reproductive health care, regardless of age, gender, economic status, health history or current medical condition, with funding made available either through a federal government health care program or in combination with strategies for employers to provide health insurance for their employees.
2. Provides health care financed by the broadest possible resource base.
3. Provides quality service and payment processes based on efficiency and equity.
4. Reduces the rapid inflation in costs of providing medical service by effective cost-containment provisions.

Further, we encourage the study and evaluation of existing national health care systems.