



## 2017 USW Constitutional Convention RESOLUTION

### Resolution No. 19

## Affordable Healthcare – A Basic Human Right

**WHEREAS**, access to affordable, quality healthcare is a basic human right. We are united as a union across our common border in seeking to ensure that our members, their families, our retirees and our citizens are not denied this basic right. However, in both Canada and the United States, our very different healthcare systems continue to be threatened by the same forces that seek to reap profit for the few at the expense of the many; and

**WHEREAS**, in the United States, the healthcare system is the most expensive (16.9% of GDP – 2015) and least efficient in the industrialized world. An individual's ability to access healthcare and medicines is all too often related to how much money she or he has unless she or he is among the Americans who have employer-sponsored benefits. As a result, USW members, and others covered by their employers, have been forced to trade wage increases for compromised employer-sponsored healthcare benefits; and

**WHEREAS**, about one in four people taking a prescription drug in the United States report having difficulty paying for their medications and many forego taking their prescriptions due to cost. The cost of prescription drugs is the fastest growing component of healthcare costs making vital medications unaffordable for USW families; and

**WHEREAS**, since 2011 the average worker contribution to health insurance premiums has risen by 78% and the average deductible for employer-sponsored insurance has nearly doubled; and

**WHEREAS**, the USW and its members have fought for decades to reform the broken healthcare system in the United States. After a hard-won battle in the U.S. Congress, President Obama signed into law the Patient Protection and Affordable Care Act of 2010 (ACA), which provided USW members with improved benefits in the form of reduced or eliminated annual dollar limits, eliminated lifetime maximums, preventive services without out-of-pocket costs, prohibitions on denying coverage for pre-existing conditions, and options for parents to insure their children up to age 26; and

**WHEREAS**, older Americans also benefitted from key provisions of the ACA, including payment reforms that resulted in lower premiums, deductibles, and co-payments, free preventive services and screenings, and the gradual closing of the Medicare Part D doughnut hole by 2020. The protections against fraud, abuse and waste and the cost control measures under Medicare and Medicaid included in the ACA have already guaranteed an 11-year extension of the Medicare Trust Fund for future beneficiaries; and

**WHEREAS**, the USW has been and remains a strong opponent of the excise tax provisions of the Affordable Care Act of 2010 (ACA). We will continue the fight in opposition to any tax in any proposed healthcare legislation that unfairly burdens workers or their healthcare plans; and

**WHEREAS**, in 2017, the U.S. Congress and President Trump have endeavored to repeal all or part of the Affordable Care Act, leaving instability in the health insurance market, jeopardizing the insurance coverage gains for 32 million Americans who purchased insurance through the health insurance Marketplace or enrolled in expanded Medicaid programs, and threatening nearly 3 million jobs in the health care industry; and

**WHEREAS**, in the name of modernization in the United States, long-standing benefits and social programs that help the elderly, the needy and disabled are being targeted to pay down the deficit instead of raising taxes on the wealthy; and

**WHEREAS**, the USW continues to expend a great amount of time and resources at the bargaining table every day negotiating healthcare benefits for active and retired members and provides valuable resources to our staff and local unions to bargain effectively over the impact of the ACA on traditional employer-sponsored plans. It is important to note that the ongoing battles with employers about the continuation of healthcare benefits and/or further cost shifting to our members and retirees have not been resolved by the ACA. The USW will continue to face certain challenges at the bargaining table; and

**WHEREAS**, the USW has established a number of multiemployer healthcare funds, including the Steelworkers Health and Welfare Fund in the U.S. and the Steelworkers Benefit Plan in Canada, to allow members more control over their benefits, including providing fair and equitable handling of benefit claims; and

**WHEREAS**, the public healthcare system in Canada is under attack, just as it is in the United States, by those who advocate increased for-profit privatization. This attack, enabled by legislation implemented by right-wing governments, loopholes in current legislation, and court challenges to the Canadian Medicare system, results in more private clinics and privatized services appearing in some Canadian provinces, putting at risk the most important social program achieved by Canadians; and

**WHEREAS**, in Canada today, governments are looking at ways to transfer more public funds to private companies, a move which threatens both access and sustainability; and

**WHEREAS**, health expenditures in Canada as a percentage of GDP have been fairly stable since 1990 and only account for 11.0% (2016) of GDP. Although right-wing governments and their allies in private industry complain that healthcare spending constitutes a larger portion of government spending every year, public healthcare costs are not in fact increasing disproportionately. The data actually demonstrates that private healthcare spending is increasing disproportionately while public healthcare spending remains relatively stable; and

**WHEREAS**, Canadians' spending for prescription drugs increased by 178% between 2005 and 2014. Adjusted for inflation, the amount that Canadians spend on drugs is now increasing by between seven and eight percent each year. The level of expenditures in drugs has increased from \$16.5 billion in 2005 to \$29.4 billion in 2014, and drugs now rank second after hospitals in terms of their share of total healthcare spending, having overtaken spending on physicians in 1997. Pharmaceutical companies do not enjoy the same freedom of advertising in Canada as they have in the United States but they violate the minimal restrictions that do exist by aggressively advertising or bribing doctors, academics and the media in order to drive up consumption of new and more expensive medications. Drug companies spend more on marketing than on research with an estimated \$30,000 per year for every doctor in Canada on drug samples, sales rep contacts, conferences, trips and giveaways; and

**WHEREAS**, union members in Canada have negotiated insurance coverage for healthcare benefits not paid by the public system. Work-based plans cover 84% of unionized workers and their families and 49% of non-unionized workers. Medications for chronic illnesses and out-of-hospital drugs are a substantial part of the cost of private coverage and the increasing price of drugs is making work-based plans more and more expensive. This cost pressure is causing employers to seek increases in co-payments and deductibles, making it more difficult to reach settlements at the bargaining table. Further, Canadian governments are exploring the possibility of taxing these benefits.

**THEREFORE, BE IT RESOLVED that:**

- (1) The United Steelworkers will work to ensure that the right to healthcare is considered a human right in every country where it represents workers.
- (2) We will continue to fight to ensure affordable access to health care and prescription drugs for USW members, retirees and their families.
- (3) We are committed to leading the fight for the protection and expansion of the public healthcare system in Canada. We will continue to advance five principles for federal and provincial legislation: universality, portability,

comprehensiveness, public administration and accessibility to all, and we will fight to keep publicly financed, publicly delivered healthcare in every Canadian jurisdiction.

**(4)** We are committed to support a national pharmacare program in Canada as the necessary and unfinished business of the Canadian national health care system.

**(5)** We will fight any proposal in Canada to tax private negotiated health care benefits.

**(6)** In the U.S., while we fight to protect our existing benefits, we will also strive for our ultimate goal: publicly funded universal coverage, cost controls and comprehensive benefits.

**(7)** We should continue to demand adequate, affordable, and fair healthcare coverage from our employers and, whenever beneficial for our members, negotiate that medical and related benefit programs be provided through participation in the Steelworkers Health and Welfare Fund in the U.S. and through the Steelworkers Benefit Plan or a similar plan in Canada.

**(8)** We will continue to fight to retain the benefits and protections won by the Affordable Care Act in the U.S.

**(9)** We will work to prevent the repeal or capping of the tax exclusion for employer provided healthcare, and in opposition to additional taxes on our members' health benefits.

**(10)** In the U.S., our Union will continue to fight to preserve and expand Medicare and Medicaid as we know it and will fight against privatization.

**(11)** We will continue to participate in discussions with Federal and State agencies as healthcare policy progresses and provide resources to our staff and members via various mediums.