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Health care remains an important topic for the League. And we are not alone. In a new Reuters/Ipsos poll in June 2018, health care was cited as the most important problem facing the US today. As such, let us discuss where the League stands. The League's Statement of Position on Health Care dates back to its announcement by the National Board in April 1993 and was supplemented by concurrence recently in June 2016. The position is quite lengthy but to sum up the key elements, the League believes that a basic level of quality health care at an affordable cost should be available to all U.S. residents. Every U.S. resident should have access to a basic level of care that includes:

- The prevention of disease
- Health promotion and education
- Primary care (including prenatal and reproductive health)
- Acute care
- Long-term care and
- Mental health care

The League favors a national health insurance plan financed through general taxes in place of individual insurance premiums, commonly known as the "single-payer" approach. The League believes that the ability of a patient to pay for services should not be a consideration in the allocation of health care resources. At the last convention in 2016, a position on behavioral health was adopted by concurrence. The key points are that all people need access to affordable, quality inpatient and outpatient behavioral health care, including needed medications and supportive services and that behavioral health care must be integrated with and achieve parity with physical health care.

In 2010, after two decades of League work to ensure access to affordable, quality health care for all Americans and protect patients' rights, the Affordable Care Act (ACA) was signed into law. The League supports the implementation of the ACA and remains vigilant in light of the current efforts to repeal or diminish the law in Congress and the courts. According to the 2017 Kaiser Women's Health Survey, seven years after the passage of the ACA in 2010, nine in ten women now have health insurance coverage, more than ever before. In addition, the majority of women who use contraception have full coverage without cost sharing under the ACA's preventive services requirement. But we still have a long way to go to achieve universal health care for all US residents. International human rights law recognizes one's fundamental right to health care, yet the US stands alone among developed countries with millions left uninsured. In our complicated and fragmented health care system, large gaps in health equity still persist-by income, education, race, ethnicity, geography, gender identity and physical abilities among other factors. It is time to embrace the fact that health care is not a privilege for the few in America, but a human right for all. It is time to implement a socially just system of care in the form of national improved Medicare for all.

Make no mistake, these are trying times for advocates of universal care. In the past year alone we faced multiple threats. We saw the Individual mandate penalty repealed, which the CBO predicts will cause 13M fewer Americans to be insured by 2027. We've seen states gain the power to impose work requirements on Medicaid enrollees. In Kentucky alone, 95,000 Medicaid enrollees are expected to lose coverage within five years. There are near weekly assaults on our reproductive freedoms in many states. Funding for the Children's Health Insurance Program, on which almost 9M low income children depend, was in serious jeopardy, as were Federally

Qualified Health Centers, those “safety-net” providers of comprehensive primary and preventive health care. In February, 20 states attorneys general led by Texas filed a suit to have the entire ACA declared unconstitutional-including coverage for pre-existing conditions. An Urban Institute June 2018 analysis shows that if the entire ACA were eliminated, the number of uninsured people would increase by 17.1 million in 2019. According to a 2016 Kaiser Family Foundation analysis, 52 million adults under age 65 have a pre-existing health condition that would likely render them uninsurable.

In the face of all these challenges, it has never been more important for advocates of single-payer care to stand up and make ourselves heard. To tell us more about improved Medicare for all and what actions we can take, I am honored to present our invited speaker Dr Claudia Fegan.

Dr. Fegan is chief medical officer for the Cook County Health and Hospital System and John H. Stroger Jr. Hospital of Cook County. She is also president of the Chicago-based Health and Medicine Policy Research Group. She received her undergraduate degree from Fisk University and her medical degree from the University of Illinois College of Medicine. Dr. Fegan is a fellow of the American College of Physicians, certified in health care quality and management, and a diplomate of the American Board of Quality Assurance and Utilization Review Physicians.

Dr. Fegan is national coordinator of Physicians for a National Health Program. In her current and past leadership roles in PNHP she has appeared on national television and radio programs, and has testified before congressional committees on a wide range of health care issues. She has lectured extensively to both medical and community audiences on health care reform in the U.S. and Canada. She is a co-author of the book “Universal Healthcare: What the United States Can Learn from the Canadian Experience” and a contributor to “10 Excellent Reasons for National Health Care.” Welcome Dr Fegan!