

*It is not hard to understand families' struggle to pay for health care, with premiums rising faster than wages and inflation, and with employers shifting ever-greater out-of-pocket costs to plan members.<sup>1</sup>*

**T**he number of uninsured Americans has grown significantly in recent years, escalating from 40 million in 2001 to 47 million in 2006.<sup>2</sup> Almost 9 million children under the age of 18—or 11.9 percent—had no health insurance in 2006, an increase from 10.9 percent the year before.<sup>3</sup>

Of those lacking health care, many are near or below the poverty line, with a disproportionate share of racial and ethnic minorities more likely to experience health problems due to a lack of access to quality health care they can afford.<sup>4</sup>

NEA believes that affordable, comprehensive health care, including prescription drug coverage, is the right of every resident. We know that quality health care is essential for the well-being of our nation's children and families. Children's access to quality health care can affect their ability to learn and succeed in school.

We support a national health care policy that will mandate universal coverage with the highest quality care at the lowest possible cost. While NEA believes that such goals can best be achieved through a single-payer health care system, it remains strongly supportive of reforms that move us closer to quality, affordable, comprehensive, and secure health benefits for all.

### NEA supports:

- Affordable, comprehensive, quality health care, including prescription drug coverage, as the right of every resident.
- The adoption of a single-payer health care plan for all residents of the United States, its territories, and the Commonwealth of Puerto Rico.
- Health care reform measures that move the United States closer to the goal of a single-payer health care plan, and that achieve universal and comprehensive health care coverage; control costs while assuring quality; emphasize prevention of health care problems; and are financed by means that assure greater equity in the funding of that health care.
- Expansion of the State Children's Health Insurance Program to help reduce the number of uninsured or underinsured children.

### NEA opposes:

- Shifting health care costs to the insured.
- Any means test for Medicare.
- Any shift of the cost of health care under Medicare/Medicaid to the beneficiary and/or his or her family.
- Diminishing any health benefits received by active or retired members that have been achieved through state legislation or collective bargaining.

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- 1 Kaiser Family Foundation and Health Research and Educational Trust. *Employer Health Benefits: 2007 Annual Survey*, September 2007, pp. 1, 108, and 109. [www.kff.org/insurance/7672/index.cfm](http://www.kff.org/insurance/7672/index.cfm).
  - 2 U.S. Census Bureau, "Income, Poverty, and Health Insurance Coverage in the United States: 2006," August 2007, p. 19. [www.census.gov/prod/2007pubs/p60-233.pdf](http://www.census.gov/prod/2007pubs/p60-233.pdf).
  - 3 U.S. Census Bureau, "Income, Poverty, and Health Insurance Coverage in the United States: 2006," August 2007, p. 19. [www.census.gov/prod/2007pubs/p60-233.pdf](http://www.census.gov/prod/2007pubs/p60-233.pdf).
  - 4 Kaiser Family Foundation. *Key Facts: Race, Ethnicity, and Medical Care*. January 2007. [www.kff.org/minorityhealth/upload/6069-02.pdf](http://www.kff.org/minorityhealth/upload/6069-02.pdf).