

The undersigned registered voters of the town of Putney hereby PETITION the Selectboard to add the following advisory resolution to the warning for a vote by all Putney town voters:

Whereas, every person in Putney, VT deserves high quality health care, and everyone's health is at risk when our neighbors cannot receive care; and

Whereas, rationing healthcare in the United States, according to ability to pay, has diminished the overall health of our citizens, to the point that the U.S. ranks 35th in the world in health outcomes, and even worse for infant mortality and life expectancy, yet ranks first in healthcare costs; and

Whereas, before the COVID-19 pandemic, the number of Americans without health insurance was nearly 30 million with about 50 million Americans underinsured, the pandemic has greatly increased these numbers--up to 45 million additional people have lost job-related health insurance, with the impacts most severe among people of color; and

Whereas, without new strategies, the never-ending rising costs of healthcare further challenge our already strapped municipal budget and our small businesses that keep our communities thriving; and

Whereas, the Medicare-for-All Acts of 2019 (H.R.1384 and S.1129) would provide national health insurance for every person in the United States for all necessary medical care, including all primary care, hospital and outpatient services, dental, vision, hearing, maternity and newborn care, women's reproductive services, mental health, prescription drugs and long term care; and

Whereas, the Medicare-for-All Acts of 2019 would provide coverage without copays, deductibles or other out-of-pocket costs, and would slash bureaucracy, protect the doctor-patient relationship and ensure patients a free choice of clinicians, without the restrictions imposed by private insurers; and

Whereas, in 2021, the town of Putney will spend \$197,000 on healthcare insurance premiums and other medical costs for its ten employees, but under Improved Medicare-for-All, the proposed budget for healthcare would be an 8% employer-side payroll tax on employees' salaries, which would amount to a town expenditure of \$42,000/yr--a savings of around \$150,000/yr; and

Whereas, the 2020 healthcare costs covering employees of the Putney Central School were \$475,000, much of which is paid for by property taxes, and under Medicare-for-All, the only expense for healthcare coverage would be an 8% employer-side tax on employees' salaries, amounting to \$140,000, yielding significantly lower property taxes for residents of Putney; and

Whereas, the Healthcare Emergency Guarantee Act of 2020 (H.R.6906 and S.3790), if passed, would cover the costs of COVID-19 related treatment for uninsured Americans as well as all

out-of-pocket costs for those with private or public insurance, until a COVID-19 vaccine is widely available to the public, and perhaps beyond that; and

Whereas, the quality of life for the residents of Putney/Windham County would vastly improve because everyone would be able to get preventative and ongoing care, in order to keep themselves and their neighbors healthy and avoid further burdening local resources; and

Whereas, the ever-increasing costs of healthcare, which are further elevated due to the pandemic, may challenge our already strapped state and municipal budgets, therefore

BE IT RESOLVED

that the town of Putney hereby endorses federal legislation which will provide universal, comprehensive healthcare coverage, with zero cost sharing, for all of our community residents during this crisis, such as the Health Care Emergency Guarantee Acts, and beyond, such as the Medicare-for-All Acts of 2019; and

BE IT FURTHER RESOLVED

that the town of Putney calls on Senator Sanders and Leahy and Representative Welch to work vigorously toward the immediate enactment of this, or similar legislation, thus ensuring healthcare coverage as a basic human right for all Americans.

PETITION TO ADD THIS RESOLUTION TO THE WARNING FOR PUTNEY TOWN VOTE

Name (Required) _____

Address (Required) _____

Signature (Required) _____

Name(Required) _____

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