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Subject:	Congressional District Campaign to implement US Universal Health Care
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Campaign for US Universal Health Care

In Your Congressional District

System Mission: optimize primary care systemwide in every state in the US:

- 40,000 Federally Qualified Health Clinics (FQHC) in the US;

- 75 Communities of up to 10,000 people with a Clinic in each Congressional District;

- FQHC Clinics emphasize primary care, interpersonal behavioral health and social services;

- Clinic Teams: 1 MD, at least 1 RN, and several “Community Health Agents”;

- Clinic $25 million annual budget governed by elected 7-member Community Health Council

(total US cost of all 40,000 clinics: $1.25 trillion of current $4 trillion spent);

- Daily accountability to federal standards through the Office of Epidemiological Accountability;

- City is federally-mandated to coordinate, plan and develop health resources including medical specialties, hospitals, medical schools, and long term services and support;

- Ongoing daily program evaluation of Clinic services in relation to community needs:

<u>Implementation July 1, 2021: Begin US Universal Health Coverage</u>

- Conversion at the Patient/Taxpayer level from insurance to new payment structure

- Conversion for the individual provider; provision for qualified provider groups up to Kaiser to retain their identity

- Conversion for the hospitals: all hospitals come under the jurisdiction and control of the community clinics grouped with federal legal Memoranda of Understanding (MOU)

- Conversion for the Health Insurance industry: employees aged 60 and older receive a generous retirement package; retraining for all other insurance employees into epidemiological accountability, or transitioning into another line of work

- Establish Health & Human Services (H&HS) 7 member Office of Epidemiological Accountability “Health Information Systems Operations Team”, two physical health, two behavioral health, two social service, one servant-leader, team information guidance and control at each station level: community/clinic, city, Health Service Area, state and national

- Daily accountability of the entire system.

Meeting Purpose: In the Congressional District, organize by geographic and community areas: catalogue all health resources, and build an information network of health providers; identify unmet health needs, for individuals and identified sub-populations; identify potential boundaries for community clinic service areas of up to 10,000 people, design optimal health care delivery system for each of the preliminarily-identified communities of the Congressional District.