SENATE DOCKET, NO. 2172 FILED ON: 1/18/2019

SENATE . . . . . No. 674

The Commonwealth of Massachusetts

PRESENTED BY:

Julian Cyr

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act to ensure effective health care as a right.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
Julian Cyr	*Cape and Islands*	
Paul R. Feeney	*Bristol and Norfolk*	*1/31/2019*
Thomas M. Stanley	*9th Middlesex*	*1/31/2019*
Eric P. Lesser	*First Hampden and Hampshire*	*2/1/2019*
Sarah K. Peake	*4th Barnstable*	*2/1/2019*

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SENATE . . . . . No. 674

By Mr. Cyr, a petition (accompanied by bill, Senate, No. 674) of Julian Cyr, Paul R. Feeney, Thomas M. Stanley, Eric P. Lesser and others for legislation to ensure effective health care cost control. Health Care Financing.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE SENATE, NO. *610* OF 2017-2018.]

The Commonwealth of Massachusetts

In the One Hundred and Ninety-First General Court
(2019-2020)

An Act to ensure effective health care as a right.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. (a) Notwithstanding any general or special law to the contrary, the following terms shall have the following meanings unless the context clearly requires otherwise:-

"Single payer benchmark", the estimated total costs of providing health care to all residents of the commonwealth under a single payer health care system in a given year.

"Single payer health care", a system that provides publicly financed, universal access to health care for the population through a unified public health care plan.

(b) The center for health information and analysis shall recommend a methodology to develop a single payer benchmark. The single payer health care system considered under the single payer benchmark shall offer continuous, comprehensive and affordable coverage for all

residents of the commonwealth regardless of income, assets, health status or availability of other health coverage. The benchmark may consider the costs of a single-payer health care system at different actuarial values, levels of cost-sharing and levels of provider reimbursement; provided however that the benchmark shall include all actuarial values, levels of cost-sharing and levels of provider reimbursement considered by the center. In developing the methodology, the center shall monitor, review and evaluate reports related to single payer health care and the performance of single payer health care systems in other states and countries.

(c) The center for health information and analysis, in conjunction with the health policy commission and the division of insurance, shall provide an annual report detailing a comparison of the actual health care expenditures in the commonwealth for 2018, 2019 and 2020 with the single payer benchmark for 2018, 2019 and 2020, respectively, indicating whether the commonwealth would have saved money while expanding access to care under a single payer health care system. The first report shall be filed by not later than July 1, 2020 to the clerks of the senate and house of representatives, the joint committee on health care financing and the senate and house committees on ways and means.

(d) If a report under subsection (c) determines that the single payer benchmark outperformed the actual total health care expenditures in the commonwealth in 2018, 2019 or 2020 the health policy commission shall submit a proposed single payer health care implementation plan to the clerks of the senate and house of representatives, the joint committee on health care financing and the senate and house committees on ways and means within 1 year of the date that the report is filed. The plan may include proposed legislation to implement a single payer health care system that offers continuous, comprehensive and affordable coverage for all residents regardless of income, assets, health status or availability of other health

coverage. When developing the implementation plan, the commission shall hold not less than 3 public hearings and seek stakeholder input from across the commonwealth.”.