Single Payer Health Care Amendment Summary Filed by Senator Jamie Eldridge

Summary: This amendment would put Massachusetts in position to transition to a single-payer model of universal health care starting in 2015, assuming certain cost projection benchmarks are met.

Why This Matters:

Single payer health care is a system that guarantees continuous, high-quality, publicly-financed health coverage for all state residents, regardless of income, assets, health status, or availability of other health coverage. It is guided by the following principles:

- Health care coverage must be universal;
- Health care coverage must be continuous;
- Health care coverage must be affordable;
- Health care costs must be affordable and sustainable for the Commonwealth as a whole; and
- Health care coverage must support patient-centered care, protecting the relationship between patients and their health care practitioners.

Moving to a single-payer system would help control health care costs in the long-term through reduced administrative costs, improved health care planning, and an increase in the use of preventative care, while ensuring that every citizen has a right to quality, affordable health care.

What This Amendment Would Do:

- This amendment will require that the Institute of Health Finance and Policy regularly compare the cost of a single payer system (the "single payer benchmark") and the "health care cost growth benchmark" as set forth in this bill.
- If the Institute determines at the outset of state fiscal year 2015 (or any fiscal year thereafter) that the single payer health care benchmark has outperformed the "health care cost growth benchmark" as set forth in this bill, a process of EOHHS implementing a single payer health care system in Massachusetts will be triggered.
- In other words, if at any point after FY2015 the Institute determines that a single payer system would be more cost-effective for the state than the current system, the process of transitioning to that system will begin.
- The single payer benchmark is defined as the cost in total health care expenditures of providing continuous, high-quality, publicly-financed health coverage for all Massachusetts residents in a manner regardless of income, assets, health status, or availability of other health coverage.