

**STATE OF RHODE ISLAND**

**IN GENERAL ASSEMBLY**

**JANUARY SESSION, A.D. 2019**

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**SENATE RESOLUTION**

**CREATING A SPECIAL LEGISLATIVE COMMISSION TO STUDY AND ASSESS THE  
IMPLEMENTATION OF MEDICARE-FOR-ALL SINGLE PAYER PROGRAM IN RHODE  
ISLAND**

Introduced By: Senators Bell, Nesselbush, Quezada, Miller, and Seveney

Date Introduced: February 13, 2019

Referred To: Senate Health & Human Services

1           WHEREAS, Rising health care costs are a major economic threat to Rhode Islanders:  
2   Between 1991 and 2014, health care spending in Rhode Island per person rose by over 250% –  
3   rising much faster than income and greatly reducing disposable income; and

4           WHEREAS, It is estimated that by 2025, the cost of health insurance for an average  
5   family of four will equal about 1/2 of their annual income; and

6           WHEREAS, In the U.S., about two-thirds of personal bankruptcies have been medical  
7   cost-related and of these, about three-fourths of those bankrupted had health insurance; and

8           WHEREAS, Rhode Island private businesses bear most of the costs of employee health  
9   insurance coverage and spend significant time and money choosing from a confusing array of  
10   increasingly expensive plans which do not provide comprehensive coverage; and

11          WHEREAS, Rhode Island employees and retirees are losing significant wages and  
12   pensions as they are forced to pay higher amounts of health insurance and health care costs; and

13          WHEREAS, The state and its municipalities face enormous Other Post-Employment  
14   Benefits (OPEB) unfunded liabilities mostly due to health insurance costs; and

15          WHEREAS, Although Rhode Island significantly expanded health care coverage for its  
16   citizens under the federal Affordable Care Act (ACA), it is not enough. Currently, about 47,000  
17   Rhode Islanders remain uninsured, and even fully implemented, the ACA would leave 42,000  
18   Rhode Islanders (4 percent) uninsured and many more underinsured - resulting in many excess  
19   deaths; and

1           WHEREAS, Efforts at the federal level to repeal or defund the ACA, severely threaten  
2 the health and welfare of Rhode Island citizens; and

3           WHEREAS, The U.S. has hundreds of health insurance providers (i.e., multiple  
4 “payers”) who make our health care system unjustifiably expensive and ineffective; and

5           WHEREAS, Every industrialized nation in the world, except the United States, offers  
6 universal health care to its citizens under a "single payer" program and enjoys better health  
7 outcomes for about one-half the cost; and

8           WHEREAS, About one-third of every health care dollar spent in the U.S. goes towards  
9 administrative costs (e.g., paperwork, overhead, CEO salaries, and profits) rather than on actual  
10 health care; and

11           WHEREAS, Health care is rationed under our current multi-payer system, despite the  
12 fact that Rhode Islanders already pay enough money to have comprehensive and universal health  
13 insurance under a single-payer system; and

14           WHEREAS, The solution is for Rhode Island to institute an improved Medicare-for-all  
15 type single payer program; and

16           WHEREAS, Single payer health care would establish a true “free market” system where  
17 doctors compete for patients rather than health insurance companies dictating which patients are  
18 able to see which doctors and setting reimbursement rates; and

19           WHEREAS, The high costs of medical care could be lowered significantly if the state  
20 could negotiate on behalf of all its residents for bulk purchasing, as well as gain access to usage  
21 and price information currently kept confidential by private health insurers as “proprietary  
22 information”; and

23           WHEREAS, In 1962, Canada’s successful single payer program began in the province of  
24 Saskatchewan (with approximately the same population as Rhode Island) and became a national  
25 program within ten years; and

26           WHEREAS, Single payer would provide comprehensive coverage that would include  
27 vision, hearing and dental care, mental health and substance abuse services, as well as  
28 prescription medications, medical equipment, supplies, diagnostics and treatments; and

29           WHEREAS, Health care providers would spend significantly less time with  
30 administrative work caused by multiple health insurance company requirements and barriers to  
31 care delivery and would spend significantly less for overhead costs because of streamlined  
32 billing; and

33           WHEREAS, Rhode Island must act because there are currently no effective state or  
34 federal laws that can adequately control rising premiums, co-pays, deductibles and medical costs,

1 or prevent private insurance companies from continuing to limit available providers and  
2 coverage; and

3 WHEREAS, "Public option," "Medicare buy-in," and "state Medicaid buy-in" proposals  
4 all keep intact our administratively inefficient, expensive, fragmented, dysfunctional health care  
5 financing system while merely adding administratively complex options; and

6 WHEREAS, In 2018, Rhode Island House Bill 7285, based on an analysis by Professor  
7 Gerald Friedman of the University of Massachusetts, Amherst, proposed a single payer program  
8 for the state, including a funding mechanism, and this bill has been "held for further study"; and

9 WHEREAS, In 2019, similar legislation will be introduced again in the General  
10 Assembly and will likely again be "held for further study"; now, therefore be it

11 RESOLVED, That a special legislative commission be and the same is hereby created  
12 consisting of eleven (11) members, all of whom shall be appointed by a majority vote of the  
13 Senate Health and Human Services Committee and shall all be familiar with health insurance  
14 finance issues as follows: two (2) of whom shall be members of the Rhode Island Senate; three  
15 (3) of whom shall be health care providers, including two (2) primary care physicians; two (2) of  
16 whom shall represent employers who provide health insurance to employees; two (2) of whom  
17 shall be union representatives; and two (2) of whom shall be university professors of economics.

18 The appointing authority may appoint a member of the general public to serve in lieu of  
19 a legislator.

20 The purpose of said commission shall be to make a comprehensive study to determine the  
21 pros and cons of implementing a single payer program in Rhode Island.

22 Vacancies in said commission shall be filled in like manner as the original appointment.

23 The membership of said commission shall receive no compensation for their services.

24 All departments and agencies of the state shall furnish such advice and information,  
25 documentary and otherwise, to said commission and its agents as is deemed necessary or  
26 desirable by the commission to facilitate the purposes of this resolution.

27 The Joint Committee on Legislative Services is hereby authorized and directed to provide  
28 suitable quarters for said commission; and be it further

29 RESOLVED, That the commission shall report its findings and recommendations to the  
30 Senate no later than one year from the date of passage, and said commission shall expire two  
31 years from the date of passage.

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EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF  
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IMPLEMENTATION OF MEDICARE-FOR-ALL SINGLE PAYER PROGRAM IN RHODE  
ISLAND

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- 1           This resolution would create an eleven (11) member special legislative commission  
2 whose purpose it would be to study and assess the implementation of Medicare-for-all single  
3 payer program in Rhode Island, and who would report back to the Senate one year from the date  
4 of passage, and whose life would expire two years from the date of passage.

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