LC001012

### 2021 -- S 0230

## STATE OF RHODE ISLAND

#### IN GENERAL ASSEMBLY

#### JANUARY SESSION, A.D. 2021

#### 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 Mendes, Acosta, Calkin, Mack, Bell, Kallman, Cano, Anderson, Quezada, and Valverde Date Introduced: February 10, 2021

<u>Referred To:</u> Senate Health & Human Services

1	WHEREAS, Rising health care costs are a major economic threat to Rhode Islanders,
2	with health care spending in Rhode Island per person, rising faster than income and greatly
3	reducing disposable income; and
4	WHEREAS, It is estimated that by 2025, the cost of health insurance for an average
5	family of four may equal 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 38,000
17	Rhode Islanders remain uninsured, and even fully implemented, the ACA would leave many
18	Rhode Islanders uninsured and many more underinsured - resulting in many excess deaths; and
19	WHEREAS, Efforts at the federal level to repeal or defund the ACA, severely threaten

1 the health and welfare of Rhode Island citizens; and

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

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

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

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

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

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

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

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

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

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

WHEREAS, Rhode Island must act because there are currently no effective state or federal laws that can adequately control rising premiums, co-pays, deductibles and medical costs, or prevent private insurance companies from continuing to limit available providers and 1 coverage; and

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

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

8 WHEREAS, In 2021, similar legislation will be introduced again in the General 9 Assembly and will likely again be "held for further study"; now, therefore be it

10 RESOLVED, That a special legislative commission be and the same is hereby created 11 consisting of eleven (11) members: two (2) of whom shall be members of the Rhode Island 12 Senate, to be appointed by the President of the Senate; three (3) of whom shall be health care 13 providers, two (2) of whom shall be primary care physicians, to be appointed by the President of 14 the Senate; two (2) of whom shall represent employers who provide health insurance to 15 employees, to be appointed by the President of the Senate; two (2) of whom shall be union 16 representatives, to be appointed by the President of the Senate; and two (2) of whom shall be 17 university professors of economics, to be appointed by the President of the Senate.

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

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

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

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

LC001012