

“An Act Establishing Medicare for All in Massachusetts” – FAQs

HD 2974, SD 2062

Q: What does the Medicare for All bill do?

A: It creates a ‘single payer’ health care system for everyone in Massachusetts, young and old alike. It would be a universal, public insurance plan covering all medically necessary care, preventive health care, dental care and other benefits – but without premiums, deductibles, co-pays and co-insurance. Single payer systems like this plan would reduce inequalities in health care, improve access to care and lower costs for families, businesses, municipalities and states.

Q: Why is Medicare for All in Massachusetts needed?

A: Mass. needs to extend high quality, affordable health care to all residents and control sky-rocketing costs. More than 200,000 Mass. residents are uninsured, and many more cannot access health care due to high out-of-pocket costs. Rising costs are straining state, municipal, business and household budgets. Attempts to control costs within the present private insurance system have largely failed.

Q: How does the bill incorporate federally funded programs like Medicare?

A: The proposed legislation instructs the administrators of the plan to negotiate with the federal government to allow existing federal payments for health services, including Medicare and MassHealth, to be paid directly to the state’s Health Care Trust. With these agreements in place, all claims would be paid on an equal basis, with no out-of-pocket costs or the need to buy supplemental insurance to cover gaps in coverage. Networks and tiering would no longer constrain the choice of providers.

Q: How would Medicare for All in Massachusetts be financed?

A: Current employer and employee premium payments to private insurers would be replaced with an employer and employee payroll tax. The current bill proposes a 10% tax on payroll, with 7.5% for employers and 2.5% for employees. For all employers, the self-employed and small business owners, the first \$30,000 of salaries and wages would not be taxed. To make the health tax fairer, 10% would be assessed on dividends and interest, excluding the first \$30,000. Finally, there would be no health tax on Social Security, pensions, unemployment benefits, etc. State spending on health care would be consolidated providing a clearer picture of health care costs, and, as noted above, federal monies would be directed to the fund.

Q: How would providers be paid under the Medicare for All bill?

A: All funding would be placed into a Health Care Trust which would become the single payer. Prompt payments would be sent to providers and facilities for covered services and agreed-upon capital needs. The bill also proposes that institutional providers develop and use global budgeting, with retrospective adjustments to compensate for faulty projections.

Q: Who would administer the Health Care Trust?

A: The Trust would be governed by a Board of Trustees with 23 members. The bill stipulates who would appoint these Trustees, a nomination process and election of eight trustees. The Board would make policy and regulatory decisions regarding the single payer system and would hire an Executive Director to administer the Trust. The terms of service are spelled out in the legislation.

Q: Does the Medicare for All plan save money?

A: Yes. A study by UMass Amherst economist Gerald Friedman estimates this bill would lower health care spending in the state by almost 11% or about \$11 billion, even after accounting for the cost of expanding coverage to everyone. It does so by eliminating administrative waste and profit-taking of the commercial health insurance market. Savings also come from the negotiating power of a single payer to lower prices of prescription drugs, medical devices, and hospitalizations.

Q: What would be covered?

A: All medically necessary care for prevention and treatment of illness and injury provided by eligible providers and facilities would be covered. The promotion and maintenance of health through screenings, counseling and education would be included. The list of benefits covers – but is not limited to – doctor visits, hospital care, mental health services, nursing home care, rehab, home care, eye care, dental care, medical devices, prescriptions etc.

Q: What would happen to the hundreds of billing clerks around the state and other insurance workers who would lose jobs when single payer is instituted?

A: Up to 2% of Trust fund monies (in any given year) would be allocated for training and retraining programs for workers displaced as a result of the administrative efficiency of a single payer system. It is anticipated that there will be need for more primary and allied health care workers as people get the needed preventive and medical care they need.

Q: Won't this be just another bureaucracy?

A: The current system of multiple private insurers and publicly funded agencies is the most complicated, fragmented and dis-organized approach to health care. As a result, 31% of every dollar goes to paperwork, CEO salaries, profits etc.; compare that to Medicare which covers 55 million residents and operates with just 3% overhead.

Q: What can I do to support Medicare for All in Massachusetts?

A: Join with others to build a movement for health care as a human right and a Single Payer / Medicare for All system in our state!

For more information or to get involved, contact Western Mass. Medicare for All:

Email – info@wmMedicareforall.org

Website – www.wmMedicareforall.org

On Facebook – Western Mass. Medicare for All (or WMM4A)