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From: League of Women Voters of Massachusetts

Re: Pending Health Care bills - SB 501/HB 338 and SB 500/HB 1228

Date: 6/18/12

To: Local League President/ Contact

LWVMA continues to work with health care advocacy groups and the Massachusetts legislature to establish programs that will ensure our residents have affordable and effective health care available to all. The following bills have been given an extension for review and discussion by the Joint Committee on Health Care Financing until June 29. In May an amendment to the Senate's cost containment bill proposing a Vermont-style single-payer health care system demonstrated significant favorable comments, while losing by a 15 to 22 vote.

Please forward this to your membership and ask them to contact your legislator(s) on this Committee (click here to see members of the Committee and click here to find you legislators). Urge them to give these bills a positive vote and support their moving to the floor for debate and vote. SB 501/HB 338 is the current version of the League endorsed single-payer plan. SB 500/HB 1228 is an alternative, public option, bill.

Talking points on these bills:

SB 501/HB 338, An Act Establish Medicare for all in Massachusetts, will:

- quarantee every Massachusetts resident first-class health care coverage;
- reduce costs to the state, employers and individuals;
- save \$9.7 million by eliminating for-profit middle men and administrative waste caused by private insurance companies who provide no health care and often deny it;
- include cost containment measures;
- be funded by small taxes on employers, employees, the self-employed, and unearned income (excluding Social Security and pensions) and by federal funds already supplied to Massachusetts for health care through Medicaid and Medicare; and
- train people who lose jobs in the health insurance industry to take jobs that will be needed in the health care sector.

SB 500/HB 1228, An Act to Establish a Public Option, will:

- create a public health insurance plan that will compete with private insurance plans to give consumers greater choice, increase competition, and encourage insurance companies to reduce costs and share information;
- charge the Connector Authority (under Massachusetts' present health insurance system) with establishing a public health insurance plan to be made available through the Connector. (A modest surcharge on insurance reserves would cover the start-up costs of the plan, and this surcharge would be paid back over time with revenues generated by the plan's premiums.); and
- provide a more economical choice for consumers and also encourage private insurers to provide comprehensive coverage at an affordable rate by avoiding some of the overhead that does not pay for health care.