



Testimony submitted to the Joint Committee on Health Care Financing  
in support of

S610/H596 – An Act to ensure effective health care cost control, and

S619– An Act establishing Medicare for all in Massachusetts, and

H2987—An Act establishing improved Medicare for all in Massachusetts

By Janice Goodell, LWVMA Specialist on health care and Katie Murphy, LWVMA health care committee

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The Leagues of Women Voters of the United States and of Massachusetts have long supported efforts to ensure affordable and equal access to quality health care for all. Massachusetts has already taken significant steps toward assuring our citizens have quality health care insurance coverage and is now beginning to take steps to control the cost of that coverage. Because the Massachusetts League knows the above-noted bills are interrelated, this testimony combines our positions on both.

**S610/H596– An Act to ensure effective health care cost control** presents a method to determine what would be the more cost-effective health care coverage across the state. Cost comparisons of the actual health care spending under our current system and, utilizing a single-payer benchmark, what would have been spent if a single-payer system had been in effect will provide the data necessary to determine which system is the most cost effective. If single-payer is demonstrated to be more cost effective, this bill will trigger the process to implement a single-payer system.

We urge that the analysis by which the benchmark for single-payer costs, which is to be developed by the Center for Health Care Information and Analysis, be made available to the public, as well as the analysis of the costs and savings of a single-payer health care system by University of Massachusetts Amherst Professor of Economics Gerald Friedman.

**S619– An Act establishing Medicare for all in Massachusetts and H2987 An Act establishing improved Medicare for all in Massachusetts** will provide quality health care at a price that all individuals, businesses and the Commonwealth itself can afford. Our current system has individuals and organizations that purchase health insurance paying for advertising, lobbying, excessive executive salaries and other non-health-care expenditures. Medicare for All will also save money by mandating pharmaceuticals and medical equipment be purchased in bulk and at negotiated prices, requiring global budgeting for hospitals and limiting coverage for elective cosmetic surgery and other luxury services.

It is well-documented that Medicare operates in single-digit percentages for cost-to-care ratios, while the health insurance industry has been and continues to be second only to the pharmaceutical companies as the most highly profitable industry in our nation.

The League of Women Voters of Massachusetts urges the Joint Committee on Health Care Financing to give these bills a positive vote and to bring them to the floor of the House and Senate for public debate and decision. Thank you for your consideration.