



IN SUPPORT OF

S.514 – An Act to establish a public health insurance option

S.572/H.1053 – An Act to ensure effective health care cost control

S.515/H.1035 – An Act establishing Medicare for All in Massachusetts

Testimony submitted to the Joint Committee on Health Care Financing
By Judith Deutsch, LWVMA Specialist on Health Care
October 22, 2013

The Leagues of Women Voters of the United States and Massachusetts have long supported efforts to ensure affordable health that provides equal access for all to quality health care. Because the Massachusetts League feels these bills are interrelated, the testimony given today combines our thoughts on all of the bills listed above.

S.514 – An Act to establish a public health insurance option on the Connector would be a small step toward seeing what a publicly-financed health insurance system could achieve. It would give eligible Massachusetts residents the opportunity to purchase a publicly-financed health insurance plan and help to ensure choice, competition, and stability of affordable, high quality coverage throughout Massachusetts. It would seem the least the legislature could do towards achieving the goal of the League of Women Voters of Massachusetts — affordable, quality health care for all Massachusetts residents.

S.572/H.1053 - Legislation to ensure effective cost control presents a possible way to reach an even better plan — single-payer health care in Massachusetts. These bills require that, over a three year period, cost comparisons be made with what is actually spent on health care and what would have been spent if a single-payer system had been in effect. If the comparisons show the actual costs are more than what would have been spent under a single-payer system, the Health Care Commission (established by the Health Care Quality Improvement and Cost Reduction Act of 2012) must submit a single-payer health care implementation plan to the Legislature for consideration and public hearings. The benchmark for single-payer costs is to be provided by the Center for Health Care Information and Analysis. We urge you to mandate that the analysis by which they create their benchmark be made available to the public, as is the University of Massachusetts in Amherst's Professor of Economics Gerald Friedman's analysis of the cost and savings of a single-payer health system, view it [here](#).

Finally, passing and implementing an improved Medicare for All bill (S.515/H.1035) would provide quality health care at a price that all individuals, businesses and the Commonwealth can afford. It would save money by limiting the coverage provided by profit-driven insurers to elective cosmetic surgery and other luxury services. Our current system has individuals and organizations that purchase health insurance paying for advertising, lobbying, highly paid executives' salaries, and other non-care expenditures. Improved Medicare for All will also save money by mandating that pharmaceuticals and medical equipment be purchased in bulk at negotiated prices and by requiring global budgeting for hospitals. Professor Friedman has shown that Massachusetts would save \$14 billion a year if it implements a single-payer plan. It is well-documented that Medicare operates in single-digit percentages for cost to care ratios, while the pharmaceutical and health insurance industries have been the two most highly profitable industries in our nation.

Massachusetts has already taken significant steps to assure that all our citizens have quality health care coverage. We are now beginning to take steps to control the cost of that coverage. Each of these bills can have a positive impact in this area. The League of Women Voters of Massachusetts urges the Joint Committee on Health Care Financing to give them a positive vote and assure their coming to the floor of the House and Senate for public debate and decision.