

SENATE BILL NO. 498  
INTRODUCED BY C. KAUFMANN

A BILL FOR AN ACT ENTITLED: "AN ACT ESTABLISHING A GROUP TO DESIGN A UNIVERSAL HEALTH CARE SYSTEM FOR ALL MONTANANS AND TO DEVELOP LEGISLATION FOR PUTTING THE SYSTEM IN PLACE; AND PROVIDING AN EFFECTIVE DATE."

WHEREAS, all people deserve quality health care, yet an increasing number of Montana families are unable to pay for health care or adequate health insurance coverage; and

WHEREAS, Montanans knowledgeable about health care and health insurance costs in Montana were interviewed in 2003 for the first Montana State Planning Grant on the Uninsured and agreed that cost was the single most important reason people do not have health insurance, that the existing system is broken and cannot be fixed, and that a universal, single-payer approach is the long-term solution to the health insurance issues facing Montanans; and

WHEREAS, a well-designed universal health care system would free small employers from wasting resources shopping for an affordable plan for their workers and would free employees to seek employment best utilizing their talents instead of seeking jobs based on the employer's health benefits; and

WHEREAS, a well-designed universal health care system would free medical providers to focus on providing quality care without needing to worry about whether the treatment or referrals they provide will be approved by the insurer and without wasting unnecessary resources on billing; and

WHEREAS, many workers do not earn enough to pay for health care and, as a result, do not receive preventive care and put off necessary treatment for themselves and their families until the medical condition becomes acute, requiring more costly treatment; and

WHEREAS, many people are forced to change their personal doctors, clinics, and hospitals because they have changed jobs or their employer has changed health plans and thus have new providers who do not know their medical history, creating a lack of continuity of care, potentially putting their health at risk, and wasting the time and resources of both doctors and patients; and

WHEREAS, the lack of universal health care has particularly serious consequences for the uninsured but also creates extra hardship and risks for many people with health insurance coverage and creates more expenses for the public; and

WHEREAS, the lack of affordable care creates a burden on the Montana economy through lost worker

productivity, higher education costs, the spread of preventable infectious diseases, and skyrocketing long-term care expenses that could have been prevented with affordable in-home care alternatives and also increases taxpayer-funded expenses for education, housing, health care, and crime prevention, including law enforcement, prosecution, and corrections, because of untreated chemical dependency and mental illness; and

WHEREAS, hospitals often must provide expensive emergency care for illnesses and diseases that could have been prevented with routine preventive care; and

WHEREAS, the bureaucratic paperwork for medical providers, insurers, patients, and government agencies that is used to determine eligibility and financial responsibility has been estimated to consume nearly one-third of all health care dollars nationally, while cost-shifting between third-party payers results in expensive gatekeepers aimed at reducing financial responsibility and in higher billing costs; and

WHEREAS, a universal health care system would reduce these expenses in Montana that do nothing to promote health; and

WHEREAS, providing a universal health care system would improve the quality of life for all Montanans and would reduce overall costs to the public through prevention and efficiency.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

**NEW SECTION. Section 1. Universal health care system.** (1) The department of public health and human services shall establish a working group to design a universal health care system for Montana. The department shall prepare proposed legislation for submission to the legislature by September 15, 2008, to establish a universal health care system to take effect in January 2011. The proposed legislation must meet all of the requirements specified in [section 2].

(2) The working group must include medical providers, consumers of medical services, representatives of employers and employees, representatives of the state auditor's office and the department of public health and human services, and uninsured persons.

(3) The working group shall operate under procedures established by the department and expires in January 2011.

**NEW SECTION. Section 2. Requirements for universal health care system.** The department's proposal to the legislature under [section 1] must be designed in a manner that:

(1) ensures that all Montanans receive high-quality health care regardless of their income;

- (2) allows patients the ability to choose their own providers;
- (3) does not restrict or deny care or reduce the quality of care to hold down costs, but instead reduces costs through prevention, efficiency, and reduced administration;
- (4) provides comprehensive benefits, including all coverage currently required by law, complete mental health services, chemical dependency treatment, prescription drugs, medical equipment and supplies, dental care, long-term care, and home services care;
- (5) is funded through premiums and other payments based on the person's ability to pay in order to ensure full access to all Montanans;
- (6) focuses on preventive care and early intervention to improve the health of all Montanans and reduce later costs from untreated illnesses and diseases;
- (7) ensures an adequate number of qualified health care professionals and facilities to guarantee timely access to quality care throughout the state; and
- (8) provides adequate and timely payments to providers.

**NEW SECTION. Section 3. Work group compensation -- reimbursement.** Legislative members of the working group are entitled to receive compensation and expenses as provided in 5-2-301 for each day spent on working group business. Other members are entitled to reimbursement for mileage and expenses as provided in 2-18-501 through 2-18-503.

**NEW SECTION. Section 4. Codification instruction.** [Sections 1 through 3] are intended to be codified as an integral part of Title 50, chapter 4, part 1, and the provisions of Title 50 apply to [sections 1 through 3].

**NEW SECTION. Section 5. Effective date.** [This act] is effective July 1, 2007.

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