

SENATE BILL NO. 499
INTRODUCED BY C. KAUFMANN

A BILL FOR AN ACT ENTITLED: "AN ACT STATING THE LEGISLATURE'S GOAL OF HAVING A SINGLE-PAYER, UNIVERSAL HEALTH CARE SYSTEM IN MONTANA BY 2020; 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 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 a universal health care system would reduce these expenses in Montana, which 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 -- legislative intent and purpose. (1) It is the goal of the state of Montana to establish a single-payer, universal health care system by 2020.

(2) (a) State agencies, including the department of public health and human services and the state auditor's office, shall collaborate and work with other interested parties to develop proposed legislation and policies that will move the state toward a single-payer, universal health care system.

(b) The agencies will report to the legislature each biennium, as provided in 5-11-210, on progress made toward the goal of establishing a universal health care system.

NEW SECTION. Section 2. Effective date. [This act] is effective July 1, 2007.

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

- END -