

# Medicare for All Massachusetts Bill

**Section 1. Preamble** - outlines the reasons for establishing Medicare for All.

**Section 2. Definitions**

**Section 3. Establishment of Massachusetts HealthCare Trust** – creates Trust and sets out ground rules for Trustees.

**Section 4. Powers of the Trust** – ability to enact regulations, enter contracts, etc.

**Section 5. Purposes of the Trust** – lists the goals of the Trust, such as universal, high quality care, cost control, etc.

**Section 6. Board of Trustees** – lists composition of the Board (23 members: 8 elected, 12 appointed), which will establish policy, evaluate proposals, and set standards.

**Section 7. Executive Director** – hired by Board of Trustees; decisions subject to approval of Board; primary responsibility for negotiating or establishing terms for provision of high quality health care services.

**Section 8. Regional Division** – establishes regional offices responsible for outreach and responding to complaints.

**Section 9. Administrative Division** – day-to-day operations; develops management systems and operational budgets, assists the planning division in developing capital budgets.

**Section 10. Planning Division** – responsible for annual of adequacy of health care resources and review of capital health care needs.

**Section 11. Information Technology Division** – develops confidential medical records and prescription systems to simplify the billing process and reduce medical errors and bureaucracy.

**Section 12. Quality Assurance Division** – sets standards of care, conducts an annual review of the quality of health care services and outcomes, and submits recommendations to the Board of Trustees.

**Section 13. Eligible Participants** – establishes eligibility of all Massachusetts residents and certain categories of non-residents, such as some who work in Massachusetts, or require emergency care in-state.

**Section 14. Eligible Health Care Providers and Facilities** - establishes requirements for participating providers and health care facilities: such as no discrimination, no co-payments.

# Medicare for All Massachusetts Bill

**Section 15. Budgeting and Payments to Eligible Health Care Providers and Facilities** - Trust sets prospective budgets and retrospective reimbursement rates, capital budgets, etc.

**Section 16. Covered Benefits** - includes all medically necessary health services; preventative care, physical health, mental health and substance abuse services, laboratory and imaging diagnostic testing; dental, vision, hearing services; acupuncture, physical therapy, chiropractic, and podiatric services; home care, long term care, hospice care; durable and non-durable medical equipment, supplies, and appliances; no co-pays or other cost sharing imposed for covered benefits.

**Section 17. Wrap Around Coverage for Federal Health Programs** – prior to receiving waivers for Medicare, Medicaid, and other federally matched programs, Trust will provide wraparound coverage for enrollees of such programs to eliminate premiums, co-pays, and deductibles.

**Section 18. Establishment of the Health Care Trust Fund** – the Fund will be administered by the executive director, will consist of all the revenue sources defined in section 20, and will pay for all claims for health services.

**Section 19. Purpose of the Trust Fund** – amounts credited to the Trust Fund pays eligible providers and health care facilities for covered services rendered; for education and outreach, training of the health care workforce, and medical research; for retraining workers displaced by the transition to Medicare for All for three years following full implementation; and sets up a rainy day fund. The Fund will pay for administrative costs of the trust not to exceed 5% of income.

**Section 20. Funding Sources** – Trust is funded from existing public spending on health care, an employer payroll tax of 7.5% (exempting first \$30k of payroll with an additional 0.44% surcharge for large businesses), an employee payroll tax of 2.5% (which employers can choose to cover), a 10% payroll tax on self-employed (exempting first \$30k), and a 12.5% tax on unearned income. Trust will also recover collateral sources of revenue, and apply for federal waivers for federally-matched funds.

**Section 21. Insurance Reforms** – insurers are prohibited from charging premiums to eligible participants for coverage of services already covered by the Trust.

**Section 22. Health Trust Regulatory Authority** – enables the adoption of regulations to implement the provisions of the Trust.

**Section 23. Implementation of the Health Care Trust** – provides a time frame.