

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49

**Title: Single Payer System (See 67-12)**  
**Introduced by: Harvey Halberstadt, MD**  
**Original Author: Harvey Halberstadt, MD**  
**Referred to: Reference Committee B**  
**House Action: Disapproved.**

---

**Whereas, the spiraling costs of the broken health system in the United States are anticipated to exceed the profits of the Fortune 500 companies next year, and**

**Whereas, General Motors states that health care costs are hindering its competitiveness, and**

**Whereas, a study done by the Lewin Group, a health care consulting firm, estimates that administrative costs consume 20 percent of the total health care expenditures nation-wide, and**

**Whereas, private insurers seek to insure the healthy and not the sick, and**

**Whereas, there is an enormous amount of paperwork required of American doctors and hospitals that does not exist in countries like Canada and Britain, and**

**Whereas, the United States spent for health care an average of \$6,702 a person in 2004 while Canada spent \$3,165 a person, France \$3,150, Australia \$3,120, and Britain \$2,205, according to the Organization for Economic Cooperation and Development as cited in The New York Times on December 31, 2006, and**

**Whereas, a single payer system allows patients to choose their own doctors with the government providing the insurance that encouraged competition among providers, and**

**Whereas, with a single payer system the insurer pays doctors, pharmacists, and hospitals at a preset rate allowing patients to elect being out of the system, and**

**Whereas, unlike a single payer system, the American system has unnecessary costs such as duplicate processing of claims, unpaid claims, large number of insurance products, complicated billing systems, and huge marketing costs compounded by profits and excessive pay and generous benefits to executives of the insurance companies, and Whereas, Medicare**

50 spends less than two cents of every dollar on administrative costs, allowing 98  
51 cents to pay for medical care, but private insurance companies spend 80 cents  
52 of each dollar in premium on medical care with much of the remaining 20 cents  
53 spent denying insurance to those who need it (New York Times), and

54

55 Whereas, unlike Medicare, private health insurance companies have employees  
56 cull medical records with the deliberate intent to revoke insurance after  
57 purchase on the pretext that the insurees had failed to notify the companies of  
58 a pre-existing condition that the insurers were not aware of, and

59

60 Whereas, Humana has a staff of physicians to review medical records for  
61 medical necessity with the instruction to deny 10 percent of the reviewed case  
62 and with the understanding that bonuses are earned if the rejection rate is  
63 greater than 10 percent (documentary Sicko); therefore be it

64

65 **RESOLVED:** That MSMS support the adoption of a single payer national  
66 health insurance system in the United States; and be it further

67

68 **RESOLVED:** That MSMS explore opportunities to partner with other  
69 organizations to lobby for a single payer national health insurance system.

70

71

---

72 **WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE**