



Before the House Insurance Committee
House Bill 174- Establishing the Ohio Health Care Plan
(Single-Payer Universal Health Care for All Ohioans)
Sponsor testimony provided by Representative Michael J. Skindell
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Chairman Lampton, Vice Chair Barhorst, Ranking Member Miranda and members of the House Insurance Committee, it is a pleasure to provide sponsor testimony, alongside my joint sponsor Representative Grim, on HB 174. This legislation seeks to create the Ohio Health Care Plan, which will provide single-payer universal access to quality health care, dental care, and vision services for all Ohioans.

Containing health-care costs and getting people insured--- particularly, lower-wage workers--- are still challenges. It is a burden on individuals and employers alike. Even with the Affordable Care Act, we have not attained universal coverage in our country. For many, health care and health insurance are major economic burdens. This bill seeks to solve this problem at the state level. Health insurance coverage and containing health care costs are critical issues discussed right now, both in Washington, D.C. and here in this state.

By definition, a single-payer health-care system is one in which the medical costs of the citizens are financed by one source, usually a publicly funded source. The underlying philosophy of a single-payer structure is that every citizen should have equal access to health care. Eliminating the profit-motive through public financing of health care makes this possible. A single-payer health care system would achieve two benefits: minimized bureaucracy and universal coverage.

Single payer is not “socialized medicine.” Under socialized medicine (such as in the United Kingdom), the government controls all aspects of the system, from financing to delivery. Government operates the clinics and employs the medical professionals. On the other hand, single payer simply refers to a system where the government collects and distributes the money used by individuals for health care. For those who believe single payer is a novel approach to providing medical care, it is not. Medicare, which has provided comprehensive access to medical care for U.S. seniors and the disabled for nearly four decades, is such a plan.

The major provisions of HB 174 would do the following:

- Provide for universal health care coverage to all Ohioans. Every Ohioan would have a free choice of providers and be fully covered for necessary services such as routine out-patient services, prescription drugs, medical supplies, and medical transportation. Services are provided without co-payments or deductibles. Coverage will be provided regardless of income or employment status. There will be no exclusions for pre-existing

conditions. Payment to health care providers for all covered benefits will be made from a single-public fund, called the Ohio Health Care Fund.

- The Plan will be administered by the Ohio Health Care Agency, which will operate under the direction of the Ohio Health Care Board. The Board will establish standards to demonstrate proof of residency. The Board will also seek all necessary waivers, exemptions, agreements, or legislation to allow various federal and state health care payments to be made to the Ohio Health Care Agency, which would then assume responsibility for all benefits and services previously paid for by those funds. In the absence of waivers for Medicare and Medicaid, both of which will be considered primary insurers, the Ohio Health Plan will be the secondary insurer. Until such time as waivers are obtained, the Plan will not pay for services for persons otherwise eligible for the same benefits under Medicare or Medicaid.
- The Plan calls for the establishment of a Technical and Medical Advisory Board, made up of health care providers and representatives of consumers, to help establish policy on medical issues. The Act will create a Division of Consumer Affairs to represent consumer interests.
- Under the Plan, workers who lose employment as a result of the plan's implementation will be eligible for training and help in securing alternative employment. The Ohio Health Care Agency will determine in each case the appropriate amount of payment based on information from the Ohio Department of Job and Family Services.
- Funding for the Plan shall be obtained from a mix of revenue sources including payroll, gross receipts and income taxes. These funds are in addition to existing state and federal dollars already used in Ohio for services rendered under Medicaid and Medicare. Under this legislation 91% of Ohio residents will experience no tax increase whatsoever.

Chairman Lampton, Vice Chair Barhorst, Ranking Member Miranda and members of the House Insurance Committee, thank you for your consideration of HB 174. I now turn it over to my Joint Sponsor, Representative Grim.