



FACT SHEET

Overview of Pennsylvania's Single-Payer Legislation

SB 400 and HB 1660, the “Family and Business Healthcare Security Act of 2009,” sponsored by Senator Ferlo and Representative Manderino

Municipalities and other Government Bodies that have Endorsed Single-Payer Healthcare, SB 400 and HB 1660

- Allegheny County Council
- West Reading City Council
- Pittsburgh City Council;
- Philadelphia City Council
- Wilkes Barre City Council

All eligible Pennsylvanians would be covered under the act, and would be able to choose their own doctor and hospital.

Covered services under SB 400 and HB 1660

- (a) Benefits package.--The board shall establish a single health benefits package within the plan that shall include, but not be limited to, all of the following:
- (1) All medically necessary inpatient and outpatient care and treatment, both primary and secondary.
 - (2) Emergency services.
 - (3) Emergency and other medically necessary transport to covered health services
 - (4) Rehabilitation services, including speech, occupational, physical and massage therapy
 - (5) Inpatient and outpatient mental health services and substance abuse treatment
 - (6) Hospice care
 - (7) Prescription drugs and prescribed medical nutrition
 - (8) Vision care, aids and equipment.
 - (9) Hearing care, hearing aids and equipment.
 - (10) Diagnostic medical tests, including laboratory tests and imaging procedures.
 - (11) Medical supplies and prescribed medical equipment.
 - (12) Immunizations, preventive care, health maintenance care and screening.
 - (13) Dental care.
 - (14) Home health care services.
 - (15) Chiropractic and massage therapy.
 - (16) Complementary and alternative modalities that have been shown by the National Institute of Health's Division of Complementary and Alternative Medicine to be safe and effective for possible inclusion as covered benefits.
 - (17) Long-term care for those unable to care for themselves independently and including assisted and skilled care.
- (b) Exclusions for preexisting conditions.--The plan shall not exclude or limit coverage due to preexisting conditions.



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- (c) Copayments, deductibles, etc.--Beneficiaries of the plan are not subject to copayments, deductibles, point-of-service charges or any other fee or charge for a service within the package and shall not be directly billed nor balance billed by participating providers for covered benefits provided to the beneficiary. Where a beneficiary has directly paid for nonemergency services of a nonparticipating provider, the beneficiary may submit a claim for reimbursement from the plan for the amount the plan would have paid a participating provider for the same service. Where emergency services are rendered by a nonparticipating provider, the beneficiary shall receive reimbursement of the full amount paid to such nonparticipating provider not to exceed 125% of the amount the plan would have paid a participating provider for the same service.

Funding

The funding system includes a 3% personal income tax surcharge with no additional premiums, co-pays, deductibles, or prescription drug costs. This compares with 8% of income that the average Pennsylvanian currently pays for healthcare. There would also be a 10% payroll tax that would be partially offset by tax deductions, lower workers' comp assessments; reduced auto insurance rates; and administrative savings. Most employers who currently provide health benefits are paying more than 20% of payroll plus administrative costs for those benefits. Additional funding would come from the tobacco settlement funds and existing federal funding programs.