



IT TAKES VISION

# Key Questions to Consider for Evaluating Proposals on Single Payer

*Assembly Select Committee on Health Delivery  
Systems and Universal Coverage*

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## Key Questions When Considering a State-Based, Single-Payer System in California

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Available at:

<http://www.chcf.org/publications/2017/11/key-questions-statebased-singlepayer>

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# Terminology

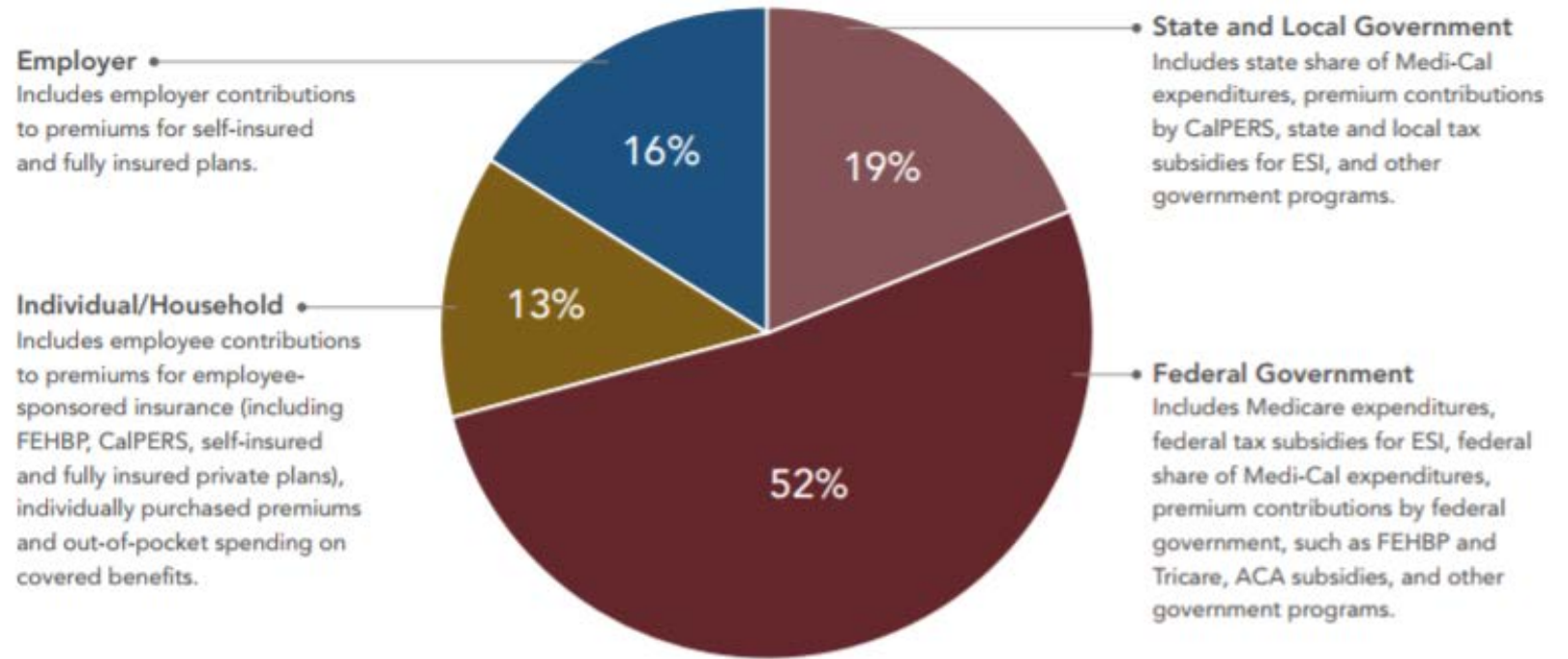
“Fundamentally, ‘single payer’ refers to a **single**, centralized, publicly organized means to collect, pool, and distributed money to pay for the delivery of consistent health care services for all members of a community.”

“The concept of single payer is sometimes conflated with universal coverage, but the ideas are distinct. Universality can be achieved through a variety of policy options that range from extending current coverage programs and rules, to establishing a single-payer system.”

# First order questions

- Who is in?
- What benefits will be covered?
- How will it be paid for?

Main Healthcare Funding Sources, California, 2016



Notes: Categories do not include other sources of funding for health care such as philanthropy, investments, or individual/household spending for non-covered health care services. Payroll taxes are not explicitly categorized by this chart.

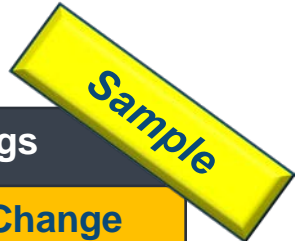
Source: Adapted from *Public Funds Accounts for Over 70 Percent of Health Care Spending in California*, August 2016, UCLA Center for Health Policy Research.

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# Second Order Design Questions

- Purchasing arrangements: use of intermediaries (such as health plans) versus direct purchase of health care
- Payment adequacy and methodology
- Provider participation
- Consumer participation: eligibility and enrollment
- Covered benefits and services
- Governance and administration

# Evaluation Framework: Assess Policy Options Against the Status Quo and Against Each Other



Criteria	Description	Findings
<b>Coverage</b>	How many individuals would gain access to health insurance?	No Change
		Increase
		Decrease
<b>Disruption Index</b>	How many individuals would lose current coverage or have to change their current plans?	Some
		None
		Many
<b>Systemwide Costs</b>	What is the projected impacts on total health care expenditures including administrative costs?	No Change
		Decreases
		Increases
<b>Payments for Health Care services</b>	What is the projected changes for services, drugs, and supplies compared to status quo?	No Change
		Decreases X%
		Increases Y%
<b>Availability of Services / Access</b>	What is the projected impact on access to care and availability of providers?	No Change
		Improves
		Worsens

Criteria	Description	Findings
<b>Quality</b>	What is the projected impact on safety and quality of care? Is primary care encouraged?	No Change
		Improves
		Worsens
<b>Financial Barriers / Affordability</b>	What are the financial barriers for accessing care, especially for low-income Californians?	No Change
		Improves
		Worsens
<b>Workforce</b>	What are the potential downstream effects on the health care workforce?	No Change
		Improves
		Worsens
<b>Investments in Social Determinants</b>	Does the proposal encourage focus on social determinants of health?	No Change
		Improves
		Worsens
<b>Feasibility</b>	What is the implementation feasibility from a federal perspective and from a state perspective?	Some Barriers
		Feasible
		Many Barriers

# Evaluation Framework: Assess Policy Options Against the Status Quo and Against Each Other

Criteria	Option #1	Option #2
Coverage	Large Increase	Small Increase
Disruption Index	Many Face Disruption	Few Face Disruption
Systemwide Costs	Slight Increase	Slight Decrease
Payments for Health Care Services	Decrease by 10%	Decrease by 3%
Availability of Services / Access	Worsens	No Measureable Change
Quality	Potential Improvements	No Relevant Provisions
Financial Barriers / Affordability	Improves	Slightly Improves
Workforce	Slight Decrease	No Change
Investments in Social Determinants	Improves	No Relevant Provisions
Feasibility	Many Barriers to Feasibility	Feasible

**Sample**

*For an example, see “Oregon’s Options to Overhaul Health Care Financing Research Brief” which summarizes “A Comprehensive Assessment of Four Options for Financing Health Care Delivery in Oregon,” by Chapin White, Christine Eibner, Jodi L. Liu, Carter C. Price, Nora Leibowitz, Gretchen Morley, Jeanene Smith, Tina Edlund, and Jack Meyer, RR-1662-OHA, 2017.*