



## U.S. House of Representatives

Washington, DC 20515

COMMITTEE ON THE BUDGET

January 8, 2019

Dr. Keith Hall  
Director  
Congressional Budget Office  
402 Ford House Office Building  
Washington, DC 20515


Dear Dr. Hall:

The Affordable Care Act substantially increased the number of Americans who have health insurance and created important consumer protections, such as caps on out-of-pocket costs and prohibiting discrimination against people with pre-existing conditions. However, millions of Americans remain uninsured, and millions more – even though they have insurance – struggle to afford their health care costs. Many Members of Congress are considering new approaches to achieve the goal of affordable, high-quality coverage available to everyone. There are several possible pathways toward this goal, ranging from incremental improvements to the Affordable Care Act to a more comprehensive overhaul of the nation's health care system. One approach that has garnered considerable interest is a single-payer system. Supporters often point to the experience of other countries that have achieved near-universal coverage through single-payer systems. The single-payer systems in other countries differ in important respects, however, and do not necessarily provide a clear blueprint as to how such a system in this country would be designed. Members of Congress developing proposals to establish a single-payer system will face many important decisions that could have major implications for federal spending, national health care spending, and access to care.

To assist the Congress with that work, I request that the Congressional Budget Office provide a report on the design considerations that policymakers would confront in developing proposals to establish a single-payer system in the United States. The report would cover the following issues: how the system would be administered; who would be eligible for coverage and how they would be enrolled; what services would be covered and what cost-sharing requirements, if any, would be imposed; what role, if any, private insurers would play; whether other public programs (such as Medicaid, the Veterans Health Administration, the Indian Health Service, and the Military Health System) would continue to exist; how provider payment rates would be established; what participation rules would be established for providers; what methods would be used to contain costs; and how the system would be financed. The report would not necessarily provide CBO's

estimate of the effects of any particular proposal for a single-payer system on federal spending or national health care spending but would, to the extent feasible, provide a qualitative assessment of how the choices with respect to major design issues would affect such spending. The staff contact for this request is Erika Appel, who can be reached at 226-7200.

Sincerely,



John A. Yarmuth  
Chairman