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 [redacted].

Sincerely,

[Signature]

John A. Yarmuth
Chairman