

AMENDMENT

OFFERED BY MR. KUCINICH OF OHIO

Add at the end of title II of division A the following
new subtitle:

1 **Subtitle D—State Innovation**

2 **SEC. 261. WAIVER OF ERISA LIMITATION; APPLICATION IN-**
3 **STEAD OF STATE SINGLE PAYER SYSTEM.**

4 (a) **IN GENERAL.**—A State may request from the
5 Secretary, and the Secretary must grant except under ex-
6 traordinary circumstances, a waiver of application of sec-
7 tion 514 of the Employee Retirement Income Security Act
8 of 1974 with respect to a state single payer system en-
9 acted into law by such State that would be structured and
10 operate in a manner consistent with this subtitle. The Sec-
11 retary shall provide for the revocation of any waiver grant-
12 ed under this section upon a determination made by the
13 Secretary that the requirements of the preceding sentence
14 are no longer being met.

15 (b) **EFFECT OF WAIVER.**—During any period for
16 which a waiver under subsection (a) is in effect—

17 (1) the provisions of section 514 of the Em-
18 ployee Retirement Income Security Act of 1974 shall

1 not apply with respect to the State single payer sys-
2 tem; and

3 (2) the State single payer system shall operate
4 in the State instead of the public health insurance
5 option or the National Health Exchange.

6 (c) CONSTRUCTION.—Nothing in this subtitle shall be
7 construed to limit or otherwise affect the transfer and allo-
8 cation under this Act of funds to States with single payer
9 systems.

10 **SEC. 262. REQUIREMENTS.**

11 A State single payer system shall—

12 (1)) provide benefits that meet or exceed the
13 standards of coverage and quality of care set forth
14 in this Act; and

15 (2) ensure that the cost to the Federal Govern-
16 ment resulting from the waiver granted under sec-
17 tion 261 is neither substantially greater nor substan-
18 tially less than would have been the case in the ab-
19 sence of such waiver, except that:

20 (A) the State may seek and benefit from
21 planning and start-up funds with respect to the
22 system; and

23 (B) nothing in this paragraph shall be con-
24 strued to preclude allowance for normal vari-
25 ations in population demographics, health sta-

1 tus, and other factors exogenous to the health
2 care system that may affect differences in costs.

3 **SEC. 263. DEFINITIONS.**

4 (a) STATE SINGLE PAYER SYSTEM.—The term
5 “State single payer system” means, in connection with a
6 State, a non-profit program of the State for providing
7 health care—

8 (1) in which a single agency of the State is re-
9 sponsible for financing health care benefits for all
10 residents of the State and for the administration or
11 supervision of the administration of the program;

12 (2) under which private insurance duplicating
13 the benefits provided in the single payer program is
14 prohibited;

15 (3) which provides comprehensive health bene-
16 fits to all residents of the State, and provides meas-
17 ures to assure free choice of providers for covered
18 services, to promote quality, and to help resolve com-
19 plaints and disputes between consumers and pro-
20 viders; and

21 (4) under which participation by health mainte-
22 nance organizations is limited to non-profit health
23 maintenance organizations that own their own deliv-
24 ery facilities and employ physicians on salary, and

1 funding is limited to services that the health mainte-
2 nance organizations actually deliver; and

3 (5) which may be maintained by such State to-
4 gether one or more other States in a geographic re-
5 gion.

6 (b) SECRETARY.—The term “Secretary” means the
7 Secretary of Labor, acting in consultation with the Sec-
8 retary of Health and Human Services.

