

Proposal for a New Jersey Single-Payer Health Plan

Summary:

The New Jersey Universal Healthcare Coalition supports a state single-payer health care system that:

- Ensures that all New Jersey residents receive quality health care, regardless of income;
- Promotes public health through the prevention of diseases;
- Does not restrict, delay or deny care;
- Reduces costs through increased quality of care, prevention, efficiency, and reduced bureaucracy;
- Allows patients to choose their own providers;
- Ensures an adequate number of qualified health care professionals and facilities to guarantee availability of — and timely access to — quality care throughout the State; and
- Reduces health care disparities by race, age, gender, income, sexual orientation, disability, religion and geographic region

Provisions:

Eligibility:

- All NJ Residents without regard to legal status and without regard to where the care is provided.
- Any non-resident working in New Jersey
- Any person who presents for urgent care

Coverage and Benefits:

- All benefits shall be portable
- No deductions, co-payments, co-insurance
- All medically necessary care including:
 - Primary care and Prevention
 - Inpatient and Outpatient Care
 - Prescription Drugs
 - Palliative Care
 - Long-term Care
 - Emergency Services
 - Emergency Transportation
 - Durable Medical Equipment
 - Prosthetics
 - Mental Health Services
 - Dental Services other than cosmetic
 - Substance Abuse Treatment

Chiropractic Services
Acupuncture
Alternative Therapies*
Ancillary Social Services
Case Management and Care Coordination
Language Translation including Braille, Signing, etc.
Approved Dietary and Nutritional Therapies

Providers:

- All providers licensed in the State of New Jersey
- Providers to include public, private non-profit, or private for-profit
- Must allow consumers to pick any participating medical provider
- Providers will be promptly reimbursed for all covered services
- Reimbursement to providers will be based on Medicare reimbursement policy and rates except as determined by the New Jersey Health Board

Revenue Sources to NJ Health Fund:

- All Federal payments to the State for health care
- NJ Income Tax based on ability to pay
- All subrogation rights to any payment any covered person may have from any other source

Cost Containment:

- Provider reimbursement rate evaluation and negotiation with providers, pharmaceutical companies and medical device suppliers with consideration of provider shortages
- Board to establish electronic claims payment system

Governance and Administration:

- Creates an independent board to manage the New Jersey Health Fund to insure quality, access and affordability
- To include representation from:
 - Healthcare professionals
 - Institutional providers
 - Labor unions
 - Citizen patient advocates
 - Health advocacy organizations

Quality Control:

- Creates an Auditor General for the New Jersey Health Plan to monitor fraud and abuse
- Creates an Independent Ombudsman to represent the interests of New Jersey's healthcare consumers and who must develop a grievance process to handle all patient complaints

Job Displacement and Retraining:

- Gives New Jersey Health Board the responsibility to provide financial assistance in retraining and job placement for workers displaced by the creation of the New Jersey Health Plan.

*Those deemed to be safe and effective by the National Institute of Health National Center for Complimentary and Alternative Medicine

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