

## **SB 300 (2026) SINGLE PAYER HEALTH INSURANCE AMENDMENTS (Blouin, Nate)**

### **Anticipated Fiscal Impact: savings dependent on participation**

This bill would create a new state government entity, the Utah Health Services Commission, that would pay for the health care of any citizen who wished to enroll and was not covered by Medicare or Medicaid. The Commission would have the authority to define covered services and negotiate provider rates of no less than 110% of Medicare. Hospitals would not bill for their services and patients would not pay anything out-of-pocket. Instead, hospitals would receive budget-based funding from the Commission. For other medical and pharmacy services and products, benefits would be paid and member cost sharing would apply based on the state's current employee plan offering. Our annual per person estimate of the cost of this program would be about \$7,583.94 taking the following into account:

- Hospitals paid at current rates without any patient cost sharing with a 15% upward adjustment to reflect additional utilization generally seen when cost sharing does not apply.
- All other medical and pharmacy services and products at current rates, utilization, and member cost sharing as reflected in the state employee Traditional Plan.
- A reduction in the per person cost of administering this benefit to about \$63.00 a year for an estimated population of approximately 2 million members.

If the Commission reduced provider rates to the lowest allowed under this bill, the estimated annual per person cost of the program would be about \$4,569.89 for a per member per year savings of \$3,014.05/member/year. The state would save an additional 4.8% given the comparatively older demographic make up of the state employees for an estimated savings to the state of \$3,158.72/member/year.

If all state employees and dependents transitioned to the Commission plan, we would expect those members to save an average of \$1,202/year/person, which includes \$544 in saved premium and \$658 saved in out-of-pocket costs related to hospital utilization.