

Nurses' guide to single-payer reform

Health care amendment killed as 101 legislators defy state constitution and SJC

By Ann Eldridge Malone, RN, MSN

The citizen-led constitutional amendment to make health care a right in Massachusetts was killed on January 2 by the state Legislature. 101 legislators defied the state constitution—as well as defying a recent ruling by the state's Supreme Judicial Court (SJC)—when they refused to grant the proposed health care amendment an up-or-down vote on its merits. Only 50 “yes” votes were needed to advance the amendment on to the 2008 statewide ballot.

Over the past year, special interest forces lobbied with unusual intensity to influence legislative leadership to kill the measure; said leadership responded with a parliamentary maneuver to keep the amendment in a bogus study committee that had never met rather than bringing it forward for an up or down vote on its merits as required by the Constitu-

tion and the SJC.

At the Jan. 2 constitutional convention a motion was made by legislative amendment supporters to bring the amendment out of “study committee” and the final tally was 92-101—just a little short of the two-thirds required to win the motion. This tally clearly indicates that the amendment would have had no trouble getting the 50 “yes” votes to be placed on the 2008 ballot if it had received the required up-or-down vote on its merits.

The refusal to grant the amendment an up or down vote on its merits defied a Supreme Judicial Court ruling that said that legislators had a constitutional duty under Article 48 of the state constitution to vote upon amendments brought to them by citizen petition. Legal actions to fight this unconstitutional abuse of power are being pursued by mul-

multiple entities including the Committee for the Health Care Amendment and other civic groups in the state.

It is a sad day indeed when a citizen-led effort that toiled for four years to establish health system standards as part of a constitutional guarantee for “comprehensive, affordable and equitably financed health insurance” is killed by 101 lawmakers using an unconstitutional tactic at 6 p.m. after the media have gone home. The need to make quality affordable health care a right is more urgent than ever, and this disappointment has only reinforced the commitment of health care advocates getting back to work.

Massachusetts' new health law, Chapter 58, does some important and good things, including extending comprehensive insurance coverage to more of the poor. But this law also has put the state - and its taxpayers - on

a course of exorbitantly expensive, irresponsible, wasteful and unworkable reforms that will continue to leave hundreds of thousands without affordable comprehensive coverage while sucking up state funds that are needed for other vital programs. More details on the flaws of the law are discussed in the useful article “Health Plan Needs Dose of Common Sense” by Marcia Angell, MD, (*below*) and in MassCare's newly created Chapter 58 law slideshow available for viewing on their Web site.

The cause of health justice is underway 365 days a year at the Alliance to Defend Health Care and its many partner organizations, such as the Health Care Amendment Campaign. This work will not cease until Massachusetts adopts a workable plan to provide quality affordable health care to all its residents. ■

Healthcare plan needs dose of common sense

By Dr. Marcia Angell

From the Boston Globe: April 17, 2006

If Governor Romney thinks the state's new plan for universal health coverage will carry him to the White House, he should think again. This Rube Goldberg contraption won't even get him off the ground because it doesn't touch the underlying problem - our reliance on multiple private insurance companies.

Private insurers compete not by offering better healthcare, but by avoiding high-risk individuals, limiting services for those they do cover, and, whenever possible, shifting costs to other payers or to individuals in the form of high deductibles and copayments. It's a chaotic and fragmented system that requires a mountain of paperwork, which is one reason premiums are so high. Those employers who still offer health benefits react by capping their contributions, so that workers pay more out of pocket and bear the full brunt of premium increases. Massachusetts does better than most states, but healthcare in Massachusetts is also the most expensive

in the nation.

If this system is left essentially intact, as it is under the new plan, expanding coverage will inevitably increase costs. That is common sense: Coverage and costs have to move in tandem if the system stays the same. Furthermore, the plan does nothing to keep costs from growing. For years, premiums have been rising much faster than the consumer price index. At current rates, even if the state were able to cover its proposed contributions to the plan at launch, it wouldn't be able to keep up with soaring prices.

But already it's clear that the governor and legislators don't know how to pay for it even at launch. One legislator told Boston Globe columnist Joan Vennochi: “We don't yet know what it's really going to cost us or where we're going to get the money from. To some extent you might call it a Hail Mary pass.” The essence of this faith-based plan is to squeeze employers and individuals, with a relatively small state contribution. But employers who don't offer health insurance

can get away with paying a penalty of only \$295 per employee per year - in a state where health insurance for individuals costs about \$7,200 per year.

Individuals not covered by employers and whose income is at least 300 percent of the federal poverty level (now about \$30,000) will have to buy their insurance or pay income tax penalties. Romney thinks premiums can be held to \$2,400 a year with a cap of \$2,100 on deductibles, but that is wildly implausible. If premiums are higher than that and continue to escalate faster than income, this will amount to fining people because they can't afford health insurance, which, in effect, will punish them twice - an unsavory prospect.

Those individuals whose income is less than 300 percent of poverty level would receive state subsidies. That will require an enormous bureaucracy to determine what insurance is adequate and “affordable” and who can really afford it, and there will be incessant legal and regulatory wrangling. The legislation calls for a new state agency,

the Commonwealth Health Insurance Connector, to oversee insurance plans, and that is just the beginning.

Like the Medicare prescription drug benefit, the Massachusetts healthcare plan is a complicated morass that might limp along for a while, but will never cover all the people it is meant to cover, and will become increasingly unaffordable. Most likely, it will meet the same fate as the much celebrated 1988 legislation to provide universal coverage in Massachusetts, which shriveled and died with scarcely a whimper.

The only answer is to change the system entirely, so that we can expand coverage while controlling costs. Romney said, “The old single-payer canard is gone.” No, it isn't. Sooner or later, that is exactly what we'll need if we're really serious about universal healthcare. There's no other way. ■

Dr. Marcia Angell is a senior lecturer in social medicine at Harvard Medical School and former editor-in-chief of the *New England Journal of Medicine*.

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“Very scary, Jennifer—does anyone else have an H.M.O. horror story?”

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