Testimony in favor of the Mass. Medicare for All bill

Sandy Eaton presented the following testimony before the Joint Committee on Health Care Financing at the State House on Dec. 15.

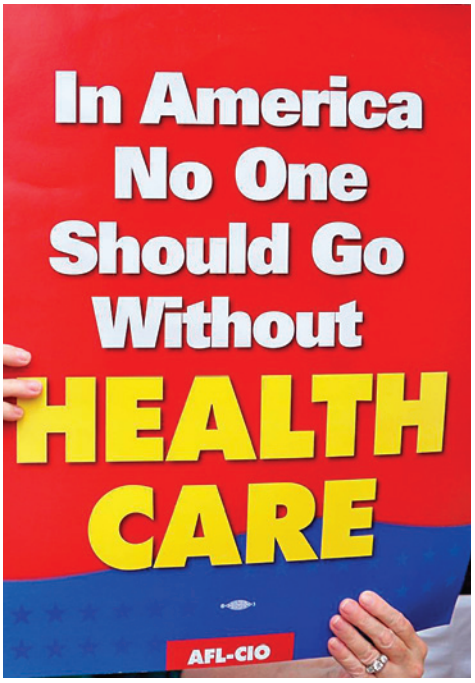
My name is Sandy Eaton. I am a registered nurse currently employed by Quincy Medical Center. I am also a member of the Massachusetts Nurses Association and I chair the Legislative Council of the National Nurses United, a national union of 175,000 nurses laboring in the vineyards of health care from Maine to California. The MNA is its local incarnation. I offer testimony here today on behalf of the NNU.

There are two compelling reasons to move to a health care system based on the social insurance model: affordability and humanity. Therefore, we support the many state single-payer bills filed around the country, including the Massachusetts Medicare for All bill that we are considering today. However, in order to maximize the benefits of such state-based approaches, the enactment of federal legislation is required.

The AFL-CIO has endorsed and the NNU vigorously supports the American Health Security Act of 2011, filed in the U.S. Senate on May 10, 2011 by Sen. Bernie Sanders of Vermont (S.915) and in the U.S. House on the same day by Rep. Jim McDermott of Washington (H.R.1200). We feel that this bill most effectively provides for the full implementation of the state-based approach. Therefore, we feel our introduction of it here today complements our discussion of the creation of a single-payer system of universal health care in the commonwealth.

While it may seem naive to be building support for progressive national legislation at this moment in history, we are hopeful that we will bring about a change in the balance of forces in the U.S. Congress in the current election cycle, or certainly in the one thereafter. As a nation, we cannot afford not to move to a system where health care is acknowledged as a human right.

There are specific features of the American Health Security Act that we find particularly helpful. States would be required to set up state-based health security programs, which we expect could be developed out of the exchanges required by the Patient Protection and Affordable Care Act of 2010. The state of Vermont is showing the way. Standards will be set that would require a single high standard of care nationally. Special attention is given to rebuilding our public health infrastructure and expansion of resources in underserved rural and urban areas, largely through full funding for community health centers. Workforce



weaknesses will be addressed, particularly the crying need for more primary care clinicians, nurses, physicians, and dentists. Waivers for ERISA and other impediments will be issued. Funding will not only come from the usual payroll and income taxes, but from a tax on financial transactions.

The National Nurses United launched a Main Street Contract campaign early in June. A key plank in this campaign is strengthened and improved Medicare for all. The funding for this contract is a 0.5 percent tax on financial transactions. We estimate that this would generate up to $350 billion per year. We've carried this campaign from Wall Street to Capitol Hill to the G20 summit in Cannes.

On July 22, 2009, President Barack Obama, in answering a question at a town hall meeting, declared, "I want to cover everybody. Now, the truth is that, unless you have a single-payer system—in which everybody is automatically covered—then you're probably not going to reach every single individual." The public health demands that every individual has access to health care.

We have learned a lot from the Vermont approach, specifically their using the process of setting up the Health Exchange to lay the foundation for single-payer. Sanders/McDermott enables states to utilize the reforms and structures the states put in place now under PPACA to be the basis for single-payer when that becomes fully feasible in 2017. In that sense, this is the federal legislation that most easily transitions from state reforms now to true universal health care, with enhanced and actually effective cost control mechanisms. ■

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