

## Nurses' guide to single-payer reform

# As policy makers put universal health care on the front burner, single payer approach is the best road to success

The latest annual figures on the number of people in Massachusetts without insurance are dismal. Between 450,000 and 650,000 residents have no insurance at all. And, although politicians boast that every child in our state is covered by "CHIP" (the Children's Health Insurance Plan, which covers only outpatient care), the fact is at least 50,000 kids in Massachusetts have no insurance at all.

The governor and legislative leaders are responding. This is good. Health care is back on the front burner. Unfortunately, the proposals getting all the attention don't address the problems we're facing.

Gov. Romney would cover more working people by allowing insurers to sell low-cost, "bare bones" policies to employers. He'd cut costs in Medicaid by strictly limiting access to care. I've seen those patients when those limits land them in the hospital. We can do better.

Sen. Richard Moore, along with Health Care for All, has introduced a new version of an old idea, requiring every Massachusetts employer to offer insurance to workers and expanding eligibility for Medicaid. They expect opposition from small business

owners. We all should be opposed. Forcing employers to purchase insurance products which don't guarantee good, affordable care is bad from both a public policy and economic standpoint.

Well, some would say, these ideas are a step in the right direction. They're not.

All these proposals enshrine the system of multiple insurers, each offering a variety of plans, each variation carrying its own eligibility requirements, approved providers, allowable procedures, co-payments and deductibles. That's why there are more clerical people than clinicians in doctors' offices and hospitals.

As long as that useless administrative complexity persists, we will continue to waste 39 cents, if not more, of every health care dollar in Massachusetts on overhead. And we will pay top dollar for prescriptions, unable to negotiate significant discounts that the Commonwealth could achieve if it was the purchasing agent for 6 million residents.

Over the past decade, the actual value of insurance has plummeted; it costs more and more and delivers less and less. Even those with "good" insurance are scared about

gaps in coverage, higher premiums, all the deductibles. Or we fear losing our job and, with it, the health insurance. Labor-management negotiations boil down to workers sacrificing everything else to hold onto health insurance. And even the best insurance in the world isn't much good if you're having chest pains and your local hospital closed down last year. Call an ambulance? Maybe the rescue squad was lost in the last budget debate. OK, so just get to the ER down the highway. Sorry, it's "on divert," no room. Need a nurse? Unfortunately, the money for more of them is fueling the insurance/pharmaceutical monster instead.

We have a choice. Overall annual spending on health care in Massachusetts is about \$50 billion. We can either continue to waste nearly \$20 billion a year on overhead or we can use that money for actual care. We cannot do both. We can either mandate employers to bear the costs of a terribly inefficient, unjust system or we can, all of us together, equitably share the straight-ahead cost of taking good care of everyone. We can either expand Medicaid to a little higher poverty level income or we can actually provide universal access

to compassionate, capable care as needed.

We're long past the stage where expanding insurance to this or that group will work. It's time for common sense, for a universal "single payer" health care system where we all subscribe to one health plan. Blue Cross or anyone else we choose can administer it, if that makes it happen sooner. But it's just one plan, so you're automatically in if you're a resident of Massachusetts. The benefits covered will be those our legislators are currently eligible for in their health plan. Ninety percent of every dollar will go to care. The finances of every hospital and health provider in the Commonwealth will be stable and predictable. And we'll be able to sleep better at night. Oh, did I mention that two independent studies predict the state would also save \$1 billion a year in the process? It's not too good to be true. It's just a different way of organizing and using resources.

Learn more about, and do all you can to support, passage of the Massachusetts Health Care Trust. ■

## Legislative sponsors of Massachusetts Health Care Trust

Lead Sponsors of re-filed Massachusetts Health Care Trust:

Sen. Steven Tolman (D-Brighton)  
Rep. Frank Hynes (D-Marshfield)

Senators who have signed on as cosponsors: (Six as of Jan 1, compared to 16 last session)

Jarrett Barrios (D-Cambridge), Susan Fargo (D-Lincoln), Andrea Nuciforo (D-Pittsfield), Marc Pacheco (D-Taunton), Pamela Resor (D-Acton), Stanley Rosenberg (D-Amherst)

Representatives who have signed on as cosponsors: (22 as of Jan 1, compared to 35 last session)

Ruth B. Balsler (D-Newton), Antonio Cabral (D-New Bedford), Mark Carron (D-Southbridge), Edward Connolly (D-Everett), Michael Festa (D-Melrose), Patricia Jehlen (D-Somerville), Peter V. Kocot (D-Northampton), Stephen Kulik (D-Worthington), Jim Marzilli (D-Arlington), Shirley Owens-Hicks (D-Roxbury), Anne Paulsen (D-Belmont), John W. Scibak (D-South Hadley), Carl Sciortino (D-Somerville), Frank I. Smizik (D-Brookline), Joyce A. Spiliotis (D-Peabody), Ellen Story (D-Amherst), David Sullivan (D-Fall River), Timothy Toomey (D-Cambridge), James Vallee (D-Franklin), Anthony Verga (D-Gloucester), Marty Walz (D-Cambridge), Alice Wolf (D-Cambridge).

If the names of both your senator and representative do not appear above, please contact them, tell them you support this bill and hope they will add their names as cosponsors by contacting the office of Senator Tolman or the office of the Senate clerk. If the names of your senator and representative DO appear above, call and thank them. ■

### MASSCARE refiles Mass. Health Care Trust bill for single payer health care

Below is the preamble to legislation that would establish a single-payer health care system in Massachusetts, providing access to quality health care for all at a lower cost than the current failing system of health care in Massachusetts.

Section 1: Preamble.

Whereas the health of the people of Massachusetts is the foundation for the welfare of the Commonwealth; and

Whereas it is in the public interest to guarantee every resident timely access to health care, to assure high quality of health services, to assure adequate and stable financing for all providers of health care, and to apportion the costs of care in the most equitable manner possible; and

Whereas, at least half a million Massachusetts residents have no health insurance at all and millions more residents have insurance which is inadequate for their needs; and

Whereas Massachusetts spends significantly more per capita on health care than any other state or nation, putting our state and our businesses at a competitive disadvantage to other states and to all the foreign countries where governments provide universal health care; and

Whereas unstable and unaffordable rate increases for health insurance is causing significant economic hardship for Massachusetts residents and their employers; and

Whereas, the annual double digit increases in the cost of private health insurance are leading more Massachusetts employers to shift costs onto workers or drop insurance of employees and retirees altogether; and

Whereas the escalating cost of insuring public employees is increasing taxpayer burden and preventing municipalities, and the Commonwealth itself, from investing in education, public works, human services, environmental protections, and other projects needed for the public good; and

Whereas the skyrocketing cost of prescription drugs is depriving our people of medications which save lives and prevent costly illness; and

Whereas needed community hospitals, nursing homes, and home health agencies of the state have closed due to inadequate reimbursement of costs; and whereas efforts to control health care costs while maintaining the private health insurance market invariably lead to diminished access and quality in health care; and

Whereas up to 40 percent of every Massachusetts health care

dollar goes to inefficient, redundant administrative systems; and

Whereas, independent quantitative analyses have shown that, under a single payer public health insurance system, Massachusetts could afford to cover all residents at no new cost to the state; and

Whereas the same studies have shown that by simplifying administration, achieving bulk purchase discounts on pharmaceuticals and medical supplies, and reducing the use of emergency facilities for primary care, Massachusetts could divert billions of dollars toward providing direct health care and improved quality and access; and

Whereas unacceptable health access disparities exist by region, ethnicity, income, and gender; and

Whereas advances in medical technology are not available to all Massachusetts residents who need them; and

Whereas both health care providers and consumers express significant dissatisfaction with the current health care system; and

Whereas increasing patient volume and a decline in the number of hospitals and emergency departments have made multiple hour waits for emergency care the norm and that ambulance diversion is becoming a common method of dealing with emergency department overcrowding, a problem that poses significant dangers for both insured and uninsured residents of the Commonwealth;

Therefore, the Massachusetts Health Care Trust, a single agency of the Commonwealth, is hereby created with the following purposes:

1. To provide universal and affordable health care coverage for all Massachusetts residents;
2. To provide Massachusetts residents with an extensive benefit package;
3. To control health care costs and the growth of health care spending;
4. To achieve measurable improvement in health care outcomes;
5. To prevent disease and disability and to maintain or improve health and functionality;
6. To increase health care provider, consumer, employee, and employer satisfaction with the health care system;
7. To implement policies to strengthen and improve culturally and linguistically sensitive care; and
8. To develop an integrated population-based health care database to support health care planning. ■