

Nurses' guide to single-payer reform

MASS-CARE's single-payer bill is the only one meeting IOM criteria

By Sandy Eaton, RN

The healthcare debate has heated up again on the national and state levels. As patient advocates, MNA members have been supporting passage of legislation to create a Massachusetts Health Care Trust—the means to establishing single-payer universal health financing in Massachusetts in order to lay the basis for a just healthcare system.

In the current legislative session the single-payer bill is S.755, with lead sponsors Sen. Steve Tolman and Rep. Frank Hynes. Three other proposals have now joined in, seeking to expand health insurance coverage in the commonwealth. Last year the Institute of Medicine, a private, nonprofit group set up under the National Institutes of Health to advise Congress and

the public on key healthcare questions, published five criteria for expanding coverage. MASS-CARE, the Massachusetts Campaign for Single-Payer Health Care, has produced a chart comparing and contrasting these four proposals using the five IOM criteria, which is reprinted here. Only S.755 meets these criteria. Information about this bill may be obtained by calling MASS-CARE

at 800-383-1973 or by sending an email to info@masscare.org.

Congressman John Conyers of Michigan has introduced legislation to create a national health insurance program, and will be conducting a hearing on the health care crisis in Boston's Faneuil Hall on Sept. 1. Please save the date, and watch for more details. ■

Senator Tolman/Representative Hynes (Single payer S.755)	S.738	S. 2042/S.2043	Governor Romney
1. Health coverage should be universal.			
Will cover all Massachusetts residents.	Will not cover everyone. Has employer mandate to provide health insurance to employees.	Will not cover everyone. Hopes to cover half of the uninsured in two years. No employer mandate. Will fund a study on the feasibility of a mandate for all individuals to buy health insurance.	Will not cover everyone. No employer mandate.
2. Health care should be continuous.			
Yes, it is continuous.	Not continuous. Insurance policies from commercial insurance companies are mostly job dependent and thus any loss or change in job may cause loss or change in health coverage.	Not continuous. Insurance policies from commercial insurance companies are mostly job dependent and thus any loss or change in job may cause loss or change in health coverage.	Not continuous. Insurance policies from commercial insurance companies are mostly job dependent and thus any loss or change in job may cause loss or change in health coverage. Gov. Romney's plan does allow for subsidies for low-cost insurance policies for six months while the unemployed look for jobs and during the waiting period before insurance at a new job kicks in.
3. Health care coverage should be affordable to individuals and families.			
Yes, health care coverage is affordable because it is paid by: <ul style="list-style-type: none"> a. income premiums (taxes) that would be less expensive for most people than the out-of-pocket medical expenses that would no longer exist, b. federal and state monies from existing programs such as Medicare and Medicaid, c. employers' contributions. There are no co-pays, deductibles, health insurance premiums, or significant out-of-pocket expenses that would be barriers to health care access. There are no means tests and all residents of Massachusetts are eligible.	No, health care coverage may not be affordable because Senator Moore's plan relies on the commercial insurance industry and people will still have to pay insurance premiums, copays and deductibles that make policies unaffordable. Even though under Senator Moore's plan the state will subsidize part of the cost of the health premiums for low wage earners, health insurance will still be too costly for many families to afford and the costs are likely to rise faster than the health premium subsidies. This plan also expands Medicaid.	No, health care coverage may not be affordable because Senator Travaglini's plan relies on the commercial insurance companies to provide "affordable" health insurance policies. People will still have to pay insurance premiums, co-pays and deductibles that often make policies unaffordable. Senator Travaglini's plan will offer a tax deduction for health savings accounts but this won't help the low-income, working poor. He also will expand Medicaid to cover all the people who are currently eligible and will require insurance companies to cover young adults up to age 25.	No, health care coverage may not be affordable because Gov. Romney's plan relies on the commercial insurance companies to provide "affordable" health insurance. The insurance industry will not be able to make a profit on low cost insurance unless the benefits are limited and the deductibles and co-pays are high (bare bones policies). High deductibles and co-pays often are barriers to low income people seeking preventative and maintenance care. Gov. Romney plans to expand Medicaid to cover all the people who are currently eligible.
4. The health insurance strategy should be affordable and sustainable for society.			
Single payer SAVES money—costs less than our present system. It is sustainable for the long term because it eliminates huge administrative waste inherent in the commercial insurance industry, controls costs with a budget, uses bulk purchasing power for prescription drugs, plans for efficient use of health resource needs, and initiates public health programs to promote a healthy Massachusetts. Most importantly it is accountable to the citizens of Massachusetts and will be flexible enough to change as the health care needs of the commonwealth change over time.	This plan will add more costs to our system and will not cover everyone. The plan calls for more money for expanding MassHealth, paying for health insurance subsidies for low income workers, a reinsurance program, increased payments for providers, and increasing the Insurance Partnership program. Moreover, the plan has large administrative costs due to means testing, eligibility requirements and the complex system. The plan relies on the commercial insurance industry to provide health insurance coverage. High administrative costs and market-driven costs make the commercial insurance system much more expensive than a single-payer system, (30% vs. 10%). The plan has no significant cost control capabilities other than using public health programs to keep Massachusetts citizens healthy.	This plan will add more costs to the system and will not cover everyone. Some of the costs include: reform the Insurance Partnership, a tax deduction for Health Savings Accounts, boost of Medicaid rates for hospitals, doctors, and health centers, and expansion of Medicaid enrollment. Moreover, the plan has large administrative costs due to means testing, eligibility requirements, and the complex system. The plan relies on the commercial insurance industry to provide "affordable" health insurance coverage. High administrative costs and market-driven costs make the commercial insurance system much more expensive than a single-payer system (30% vs. 10%). The plan controls costs by promoting public health programs and reform of long term care.	Gov. Romney states that no new money will be needed to fund his system, but his plans include items that require more money. He plans to enroll 106,000 eligible people into Medicaid. He plans to use the free-care pool to pay for care for the chronically unemployed and the working poor in a network of clinics and community health centers. His plan facilitates the pre-tax payment of health premiums with his Commonwealth Exchange. The plan relies on the commercial insurance industry to provide bare bones health insurance policies. High administrative costs and market-driven costs make the commercial insurance system much more expensive than a single-payer system (30% vs. 10%). The plan controls costs by regulating expenditures for the poor more tightly.
5. Health insurance should enhance health and well-being by promoting access to high quality care that is effective, efficient, safe, timely, patient-centered and equitable.			
Single Payer will provide unlimited choice of provider, simplified efficient administration, a Quality Council to improve safety, and direct input from patients into making the system user-friendly. What really sets single-payer apart is that it is the fairest and most equitable plan because every resident of Massachusetts will have the same comprehensive policy which is not based on ability to pay, but on need of care.	Choice of provider will remain limited by the insurance plan offered by employer or by the patient's income category. The plan is complex and difficult for patients to understand, not patient-centered or equitable because the plan is based on ability to pay and not on medical need. The Massachusetts Health Quality and Cost Council will oversee safety issues.	Choice of provider will remain limited by the insurance plan offered by the employer or by the patient's income category. The plan is complex and difficult for patients to understand, not patient-centered or equitable because the plan is based on ability to pay and not on medical need. A consumer Health Care Quality and Costs Information Board will be established which will provide quality information about hospitals and doctors for patients through an internet Web site.	Choice of provider will remain limited by the insurance plan offered by employer or by the patient's income category. The Safety Net Care plan will restrict patients' choice to designated health care centers or clinics potentially causing patients to lose their usual health care providers. The plan is complex and difficult for patients to understand, not patient-centered or equitable because the plan is based on ability to pay and not on medical need. Quality control limited to certifying the "bare bones" policies put out by the insurance companies.