

Nurses' guide to single-payer reform

MNA testifies before legislative committee in support of single-payer reform

MNA Vice President Donna Kelly-Williams testified last month before the Legislature's Joint Committee on Health Care Financing.

My name is Donna Kelly-Williams and I am a nurse at the Cambridge Hospital and vice president of the Massachusetts Nurses Association. I am here to testify in support of H. 1137, an Act to Establish the Massachusetts Health Care Trust.

We all know there is a crisis in health care here in the United States. Over 40 million are uninsured even though our nation spends more on health care than other countries who provide universal coverage. In Massachusetts, our elected officials took bold steps

last year to insure those without coverage. These actions were a good first step towards ensuring all citizens of the commonwealth have access to quality patient care. But we need to continue to build on those actions to eliminate waste in the system and ensure everyone receives proper care.

Rather than run through statistics I would like to tell you what I, and my colleagues, see at the bedside. Every day patients come in far more acutely ill because they lack insurance than they would have had they appropriate coverage.

This problem is not limited to those who lack insurance altogether. High co-pays,

deductibles and inadequate prescription coverage can have the same effect as no insurance at all. Those who are underinsured will also forego necessary care and end up in the hospital far more ill than they otherwise would have been. As a night nurse, certified in pediatrics, I can attest that I often see children admitted to the hospital because their parents could not afford to buy the medication for the nebulizer machine, or the preventative medicines that have been prescribed. They arrive gasping for air, and require much more aggressive and invasive treatment to stabilize their ability to take in a breath.

By instituting H.1137 and providing quality,

comprehensive health care to all, many more would seek out and receive proper preventive care and would be able to afford to manage chronic conditions more effectively and diligently. Many of these costs would be offset because by ensuring universal health care in this manner, we would be able to save money that currently goes to provider and insurance industry advertising costs and unnecessary administrative expenses of multiple insurance plans. Therefore, to ensure both a more sane distribution of health care funds and to help ensure a higher quality of patient care, I urge you to pass H.1137, An Act to Establish the Massachusetts Health Care Trust. ■

Smoking cessation services available to Medicaid subscribers as a two-year pilot program

As part of the landmark health care reform bill passed last year, smoking cessation services were made available to Medicaid subscribers as a two-year pilot initiative. On July 1, 2006, MassHealth began covering counseling and all FDA-approved pharmacotherapy. Additionally, some cessation services are provided to Medicare subscribers in Massachusetts.

Tobacco use is the leading cause of preventable death in Massachusetts, accounting for nearly 9,300 deaths annually. Currently, 19 percent of the state's adult residents smoke and approximately 70 percent of smokers want to quit. But the Medicaid population smokes at about twice the rate of those who are privately insured—nearly 40 percent. Historically, access to affordable cessation products and counseling services was a barrier to low-income smokers who wanted to quit. The cessation pilot program is a dramatic first step in knocking down that barrier.

According to the Centers for Disease Control, tobacco cessation is more cost-effective than other common and covered disease prevention interventions, such as the treatment

of hypertension and high blood cholesterol. And research shows that the most effective approach to cessation is utilization of a combination of counseling and pharmacotherapy.

What does this mean for providers with low-income patients? First, it means physicians, nurses, and other health professionals can provide brief or intensive face to face individual and group counseling, billable to MassHealth for reimbursement. It also means access to low-cost FDA-approved pharmacotherapy; for a small co-pay—typically \$1 to \$2—with a prescription from a provider, MassHealth enrollees can purchase nicotine-replacement therapy products like the patch, Zyban or Chantix. The reimbursement provision, along with prescription coverage, comes as welcome news to the many providers who have long offered cessation services to their patients without expecting compensation.

If you're wondering about the pilot program's success, there is encouraging news. During the program's first eight months, nearly 16,000 MassHealth subscribers took advantage of the pharmacotherapy benefit



"Kids, your mother and I have spent so much money on health insurance this year that instead of vacation we're all going to go in for elective surgery."

Smoking cessation resources

- **MassHealth/Medicaid help line:**
1-800-841-2900
- **Medicare help line:**
1-800-MEDICARE
- **QuitLine.** Provides free telephone cessation counseling for all Massachusetts residents, regardless of income or insurance status:
1-800-TRY TO STOP
- **UMass Medical School.** For information about tobacco cessation training and certification programs:
508-856-2935
- **Tobacco Free Mass:**
508-270-4652

to help them stop smoking. Close to ten percent of MassHealth adult smokers utilized the benefit in the first nine months of coverage provision.

And pharmacotherapy's use is on the rise. Since the program's inception in July 2006, the number of subscribers utilizing the benefit per month has risen 250 percent (July 2006 to January 2007). Month over month, we have

seen an increase in the number of smokers receiving treatment, increasing by an average of 118 percent each month.

By any measure, this is a highly successful program. For more information on this two-year program, or for details on the health care reform bill in general, contact Riley Ohlson in the MNA's legislative department at 781-830-5740. ■



Nurses from Massachusetts, New York and Canada were in the California State Capitol in Sacramento on June 12 attending events around the preview showing of Michael Moore's movie *SICKO*. From left, MNA members Merrie Eaton and Karen Higgins; Harriet Cooper, New York State Nurses Association staff member and Verlia Brown, president of NYSNA; and two Canadian nurses, Bev Dick, first vice president of the United Nurses of Alberta and Pauline Worsfold, secretary-treasurer of the Canadian Federation of Nurses Unions.