Massachusetts' brand of healthcare reform is no model for national single payer

By Sandy Eaton, RN

Massachusetts has the most expensive health care in the world, with an ongoing crisis of access, affordability and quality. Yet there are many people right now who are trying to make it the national model to achieve universal health care. At the same time, the campaign to achieve Medicare for All, rooted in sections of the labor movement, continues to grow. This year's presidential election raises the stakes for all of us.

Chapter 58 of the Acts of 2006, hailed as a bipartisan victory of shared responsibility by government, business and the individual, was signed into law in Boston's historic Faneuil Hall on April 12 of that year to loud applause. While Chapter 58 has indeed made some positive progress, its status as an example of real reform in health care is in grave jeopardy.

Access has expanded significantly for some, with an increase in Medicaid enrollment for some of the poorest in the community. This is the area where Chapter 58 has clearly been the most successful. However, serious gaps remain. Of particular concern is access for undocumented workers and their families, who have depended on the free-care pool through community health centers and safety-net hospitals. With the requirement that everyone get coverage, some worry that eventually there will be pressure to deny free care to those who would be deemed eligible for low-income subsidized programs if their papers were in order. Furthermore, about 60,000 people have been granted waivers because they are unable to afford even publicly subsidized plans. While these people won't be penalized for their lack of insurance, the fundamental problem remains—they lack access to insurance due to high costs. Furthermore, there is no doubt that Chapter 58 requires an incredibly complex bureaucracy, which makes individuals extremely vulnerable to falling through the cracks.

On the question of affordability and quality improvement, the situation is even more troubling. The premise of Chapter 58 was that more money would be pumped into the system and, in exchange, real progress would be made on quality improvement and cost control. The Massachusetts Health Care Quality and Cost Council, the agency charged with implementing changes to improve quality and control cost, has made little progress thus far on either measure. And in late October the situation got even worse. The governor was forced by the financial crisis facing the state to almost completely cut the agency's budget. Virtually the entire staff was laid off, leaving any progress on quality or cost control extraordinarily unlikely. That means that fully half of the promise of Chapter 58 is, for the foreseeable future, dead in the water. As a result, health care will continue to bankrupt individuals and strain the budgets of most employers, forcing more and more costs onto the workers lucky enough to have decent health insurance in the first place.

If Massachusetts provides a model, it's becoming an increasingly troubled one.

A single payer system remains a superior alternative. The most promising campaign afoot right now is that associated with "Healthcare Now!" and Rep. John Conyers in support of H.R.676, the bill to strengthen and improve Medicare and extend it to everyone. At last count, H.R.676, with 90 co-sponsors in Congress, has been endorsed by 438 union organizations in 48 states.

> H.R.676, the "new expanded Medicare" bill now in subcommittee in the House of Representatives creates a new and far more functional "single payer" method of paying for medical services while leaving the medical system itself completely alone and intact.

In July came the announcement that Sen. Ted Kennedy would be leading a bipartisan initiative to achieve "universal health care" quickly, in the first days of a new administration. And then came "Health Care for America Now!" a new 80-member coalition that includes the AFL-CIO, SEIU and AFSCME. These may be promising developments, but it is important to remember that universal health care is impossible so long as the albatross of commercial health insurance weighs us down.

During the Great Depression FDR was elected with a mandate for change, but the specifics were quite vague and the direction of the new administration was nebulous. Like today, an upsurge of grassroots action was needed to set a progressive agenda. This may well prove to be just as fluid a moment in history, with the continued surge in support for HR676 that will set the healthcare agenda for the next administration. ■

Abridged version of article published in August 2008 issue of Labor Notes. *Reprinted with permission.*

the Massachusetts nurse

ISSN 0163-0784: USPS 326-050

Mission Statement: The Massachusetts Nurse will inform, educate and meet member needs by providing timely information on nursing and health care issues facing the nurse in the commonwealth of Massachusetts. Through the editorial voice of the newsletter, MNA seeks to recognize the diversity of its membership and celebrate the contributions that members make to the nursing profession on the state, local and national levels.

Published 10 times annually, in January, February, March, April, May, June, July/August, September, October and November/December by the Massachusetts Nurses Association, 340 Turnpike Street, Canton, MA 02021.

Subscription price: $20 per year
Foreign: $25 per year
Single copy: $3.00

Periodical postage paid at Canton, MA and additional mailing offices.

Deadline: Copy submitted for publication consideration must be received at MNA headquarters by the first day of the month prior to the month of publication. All submissions are subject to editing and none will be returned.

Postmaster: Send address corrections to Massachusetts Nurse, Massachusetts Nurses Association, 340 Turnpike Street, Canton, MA 02021.

www.massnurses.org

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Massachusetts Nurses Association

Union Printers Saltus Press Worcester, MA 01604 Since 1906