Nurses' guide to single-payer reform

As JAMA report makes headlines, MNA continues advocacy for single-payer health care

As the issue of single-payer health care made headlines in mid-August following a special report in the *Journal of the American Medical Association* (JAMA), the MNA again expressed its support for the creation of a government-financed health insurance system.

"Our 22,000 members have long been advocating for a single-payer health care system in the state of Massachusetts," said Karen Higgins, RN and MNA president. "As front-line nurses, we are the first to see and care for patients who are uninsured. And because our current health care system is failing we see far too many of these patients on a daily basis—patients who wait too long to be treated, patients who go without prescriptions and patients who can't take advantage of proper education and follow-up programs. Our present system of health care coverage is failing and the MNA applauds the more than 7,500 U.S. doctors who brought this issue directly to JAMA."

The report to JAMA, which was spearheaded by Marcia Angell, former editor of *the New England Journal of Medicine*, and former Surgeons General Julius Richmond and David Satcher, comes at a time when numerous local and national health care and advocacy organizations have been rallying around the single-payer movement—including the 22,000 members of the MNA.

In January 2002, in response to the Report of the Governor's Health Task Force, the MNA issued a special report calling on the state legislature to adopt a publicly funded, single-payer health care system as proposed under the Massachusetts Health Care Trust Bill, legislation that is supported by MASSCARE—a coalition of more than 70 health care, labor and citizen advocacy groups.

"Unfortunately, we are now part of a health system that has replaced humanitarian values with the heartless tenets of the market," said Higgins, "and that needs to change. For a health system to meet the needs of those entrusted to our care as nurses, three essential issues must be addressed simultaneously and consistently: access, quality and affordability. The implementation of a single-payer system will do all three of things for the citizens of Massachusetts."

To gain access to this JAMA article, visit *http://jama.ama-assn.org/content/vol290/issue6/index.dtl.* ■

Executive summary: proposal of the physicians' working group for single-payer national health insurance

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The United States spends more than twice as much on health care as the average of other developed nations, all of which boast universal coverage. Yet over 39 million Americans have no health insurance whatsoever, and most others are underinsured, in the sense that they lack adequate coverage for all contingencies (e.g., long-term care and prescription drug costs).

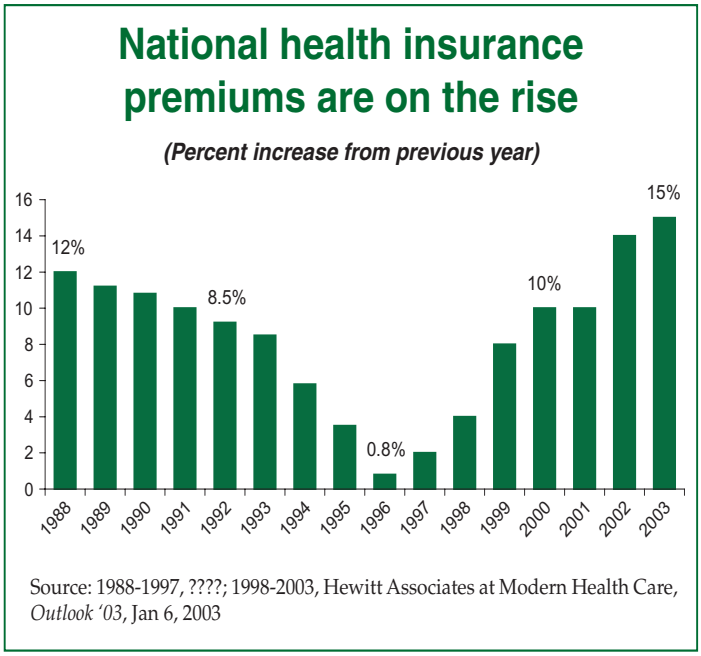
Why is the U. S. so different? The short answer is that we alone treat health care as a commodity distributed according to the ability to pay, rather than as a social service to be distributed according to medical need. In our market-driven system, investor-owned firms compete not so much by increasing quality or lowering costs, but by avoiding unprofitable patients and shifting costs back to patients or to other payers. This creates the paradox of a health care system based on avoiding the sick. It generates huge administrative costs, which, along with profits, divert resources from clinical care to the demands of business. In addition, burgeoning satellite businesses, such as consulting firms and marketing companies, consume an increasing fraction of the health care dollar.

We endorse a fundamental change in America's health care - the creation of a comprehensive national health insurance program. Such a program - which in essence would be an expanded and improved version of Medicare - would cover every American for all necessary medical care. Most hospitals and clinics would remain privately owned and operated, receiving a budget from the national health insurance program to cover all operating costs. Investor-owned facilities would be converted to not-for-profit status, and their former owners compensated for past investments. Physicians could continue to practice on a fee-for-service basis, or receive salaries from group practices, hospitals or clinics.

A national health insurance program would save at least $150 billion annually by eliminating the high overhead and profits of the private, investor-owned insurance industry and reducing spending for marketing and other satellite services. Doctors and hospitals would be freed from the concomitant burdens and expenses of paperwork created by having to deal with multiple insurers with different rules - often rules designed to avoid payment. During the transition to a national program, the savings on administration and profits would fully offset the costs of expanded and improved coverage. National health insurance program would make it possible to set and enforce overall spending limits for the health care system, slowing cost growth over the long run.

A national health insurance program is the only affordable option for universal, comprehensive coverage. Under the current system, expanding access to health care inevitably means increasing costs, and reducing costs inevitably means limiting access. But a national program could both expand access and reduce costs. It would squeeze out bureaucratic waste and eliminate the perverse incentives that threaten the quality of care and the ethical foundations of medicine.

The text of the entire proposal is available at *www.physicianspproposal.org.* ■



Source: 1988-1997, ????; 1998-2003, Hewitt Associates at Modern Health Care, *Outlook '03*, Jan 6, 2003

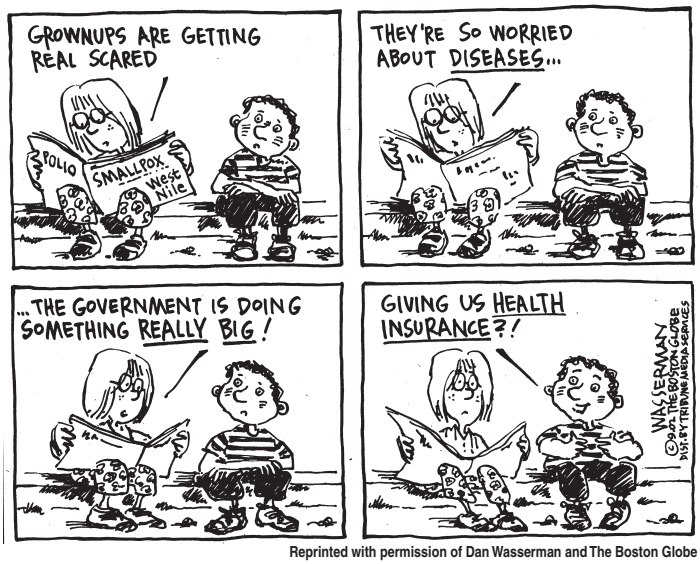
S.686 needs favorable report from committee

Many experts agree that the surest way to achieve a national system of universal, single-payer health care is by a number of states demonstrating its effectiveness and efficiency. S.686, The Massachusetts Health Care Trust, would make our state one of the first to do just that. The next step after the October 8 hearing, is for the Health Care Committee to give S. 686 a favorable report. Please contact the following members of the Health Care Committee and urge them to do so:

Health Care Committee members

Sen. Richard Moore, Uxbridge, Senate chair; Sen. Jarrett Barrios, Cambridge, Senate vice chair and co-sponsor, S.686; Sen. Harriet Chandler, Worcester; Sen. Susan Fargo, Lincoln, co-sponsor, S.686; Sen. Susan Tucker, Andover; Sen. Bruce Tarr, Gloucester.

Rep. Peter Koutoujian, Newton: House chair; Rep. Christine Canavan, Brockton, House vice chair; Rep. William Galvin, Canton; Rep. Colleen Garry, Dracut; Rep. Thomas A. Golden Jr., Lowell; Rep. Rachel Kaprielian, Watertown, co-sponsor, S.686; Rep. Kathleen Teahan, Whitman, co-sponsor, S.686; Rep. Patricia Haddad, Somerset, co-sponsor, S.686; Rep. Robert Coughlin, Dedham; Rep. Shirley Gomes, Harwich; Rep. Susan Gifford, Wareham.



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