

Nurses' guide to single-payer reform

Sen. Tolman: an outstanding leader on single payer health care

By Peg O'Malley, RN
Chair of MASS-CARE

We didn't get our single payer bill, S.686, the Massachusetts Health Care Trust, passed this year, but we got farther than ever before. And we couldn't have accomplished this much without the leadership of Sen. Steven Tolman, the lead Senate sponsor of S.686.

By St. Patrick's Day this year, despite all our efforts, it became clear that S.686 would not receive a "favorable report" from the Health Care Committee and, therefore, could not be acted upon by the Senate or House. Instead of a "thumbs up" for S.686, the Health Care Committee reported out a kind of substitute bill, calling for a study of the costs and savings of implementing a single payer system in Massachusetts.

Many of us know that other studies have already been done which document that a single payer system in Massachusetts can provide far more comprehensive care to everyone and save money in the process. Only one study, done in 2002 by consultants LECG, found prohibitive costs associated with single payer. The methodology of the LECG analysis, in which costs were inflated and savings omitted altogether, has been resoundingly discredited by MASS-CARE, the MNA, the Mass Senior Action Council, and others.

Faced with the prospect of this study bill and the potential of another LECG-type distortion, MASS-CARE met to determine its strategy. We figured that single payer can withstand any *fair* cost/benefit analysis and such a study could only help us in the long run. The bill would also give us the opportunity to continue meeting with legislators, as well as provide a focus for ongoing political organizing and public education around the state. MASS-CARE decided to support the "study bill."

Passage of even this very limited bill was far from a sure thing. It took the personal

investment in the issue by Tolman. With Rep. Frank Hynes—the lead House sponsor of S.686—and hundreds of phone calls to legislators from constituents around the state, Sen. Tolman managed to turn our little study bill into a big issue.

First, Senate Ways and Means gave it the go-ahead and the bill passed the Senate, 39 to 0, on a roll-call vote. Every Senator wanted to be recorded in favor.

The bill moved to the House, and then stalled. The House Ways and Means Committee had to review it and they were preoccupied with the budget. In mid-July, after lots of negotiation, the House overwhelmingly approved an amended version of the bill, offered by Rep. John Rogers (D-Norwood), Chair of House Ways and Means Committee, and Rep. Peter Koutoujian (D-Waltham, Newton), Co-Chair of the Committee on Health Care. In its amended form, the bill retained its original intent. With time running out on the legislative calendar, Sen. Tolman brought the amended version back to the Senate where it was promptly taken up, passed and sent on to the governor.

On Aug. 6, Governor Romney vetoed the bill, saying it was duplicative of a study done two years ago. What the governor failed to point out is that the study two years ago was fundamentally flawed and inadequate.

We're disappointed in the governor's veto. However, our primary focus has always been the single payer legislation itself. We now return to our fundamental work of public education and political organizing to build



a veto-proof majority in both Senate and House in favor of the Massachusetts Health Care Trust, but to do this we'll need more legislators like Sen. Tolman.

Sen. Tolman has helped the campaign for single payer health care advance further than ever before. He is a skilled politician in the best sense of that word. When he sees a problem affecting his constituents and the commonwealth, he seeks expert opinion and analysis. To expand his understanding of an issue further, he talks about it with a wide range of people including, most importantly, his constituents. Finally, he subjects all of this input to his own intelligence and experience. Once convinced of the wisdom of a proposal, he is a tireless and creative advocate. His staff is first-rate. Sen. Tolman is also extraordinarily generous with his time, meeting often with the volunteers of MASS-CARE, sharing insights and working out strategy to achieve our common ultimate goal—passage of the Massachusetts Health Care Trust.

If we do achieve enactment of the study bill, it may seem to some a minor victory. Personally, I believe what we've accomplished this year is enormous even while we rage at the delays in addressing health care properly, each of us knowing the staggering human costs. That's what motivates us. But things are changing and our work is playing a significant role in that change.

I would wager that every single Massachusetts legislator now knows something about what single payer health care is. They know that a lot of their voters support it, and they know the current "health care mess"—as legislators describe it in their own words—can't go on. More legislators than ever before are acknowledging that fundamental reform is needed.

MASS-CARE is respected as a clear and credible voice, consistently presenting a reasonable alternative. Our tools are our growing list of member organizations, our

activism, and the steady stream of unbiased reports we continue to share with legislators and their staffs. The reports document, again and again, what we are telling the legislators: Of all the alternatives, the single payer approach is the only one that simultaneously fulfills all three requirements of a functional health care system: universal access, high quality and cost control.

We look forward to reintroducing our bill this December with both Tolman and Hynes as our lead sponsors in the Senate and House respectively.

Getting single payer enacted will make all this effort worthwhile, and we'll all benefit.

For more information on single payer health care or to learn how to become involved with MASS-CARE, visit www.masscare.org. ■

Report echoes MNA positions and concerns

National Coalition on Health Care urges universal health care

The National Coalition on Health Care, a nonpartisan alliance of employers, unions, insurers, consumers, political leaders and health care providers, recently issued a report highly critical of the U.S. health care system and calling for "a sweeping overhaul" of the system.

The report calls into question the often used claims by policymakers and health care executives that our health care system is the envy of the world and/or a "medical mecca." In addition, the report's characterization of the health system mirrors the position and impressions provided by the MNA and its membership for years.

The report, entitled "Building a Better Health Care System," states that, "America is already a nation of health care haves and have-nots. Reform should aim to ensure that all Americans receive excellent health care and are able to enjoy the quality of life . . . for which such care is essential."

According to the report, "The American health care system is bedeviled by three huge and interlocking problems, any one of which would be reason enough for alarm: rapidly escalating costs; a huge and growing number of Americans without any health coverage; and an epidemic of substandard care."

It reserves some of its strongest criticism for the quality of care provided to patients.

"The dominant finding of our review is that for most care that has been studied, there are large gaps between the care that people should receive and the care they do receive. This is true for all three types of care (preventive, acute, and chronic). It is true whether one looks at overuse or under use. It is true in different types of care facilities and for different types of health insurance. It is true for all age groups, from children to the elderly."

The report also cites a study that found that Americans on average receive only

Extending health care without jeopardizing quality

By Sandy Eaton, RN

On July 14, the Massachusetts Legislature, meeting in Constitutional Convention, voted to move the proposal to amend the constitution to make access to affordable health care a right of all who reside in the commonwealth.

This was the second of three major steps on the way to the 2006 general election ballot. The first step was the collection of over 71,000 valid signatures of registered voters across the state last fall. The second step was, and the third step will be, getting the approval of at least 25 percent of the legislators meeting in Constitutional Convention in each of two successive biennial sessions. More than enough votes were assured before the question came up for a vote, but heavy lobbying by industrial and retail interests nearly prevented the measure from being considered at all. Joint Health Care co-chair Sen. Richard Moore proposed the substitution of the word "basic" for "comprehensive" in the amendment's reference to "comprehensive health care."

This gambit was rejected by the Committee for Health Care for Massachusetts,

the campaign committee for this question. Sen. Moore's second proposal, that whatever vehicle the legislature finally comes up with to satisfy the constitutional requirement must go before the voters for final approval, was accepted. The final vote on the adopted amendment carried with three times as many votes as needed to move the question on to the next session.

When the campaign's co-chair, Barbara Roop, the architect of the Massachusetts Health Care Trust bill and MASS-CARE's representative to the advisory committee on the state-funded study on "consolidated health care financing and streamlined delivery," first raised this concept last year, the Massachusetts Ad Hoc Committee to Defend Health Care, with which MNA has worked closely since its creation in 1997, was the first group to embrace this campaign. MNA quickly became the second. MNA has long held that health care is a basic human right, and this revision of the Massachusetts Constitution would make it a recognized and enforceable right.

The specific mechanism to achieve uni-

versal access to affordable health care is not spelled out, but those of us who advocate a single-payer, state-sponsored, universal health insurance system know that no other approach would achieve the cost savings to extend health care without jeopardizing quality. Some advocate an individual mandate, like mandatory auto insurance, but it is unclear how such a system can work. Others feel that an employer mandate to provide for employees' insurance or pay into a state pool to cover the uninsured ("play or pay") is the best way to go. There even may be an attempt to create some hybrid of these two, which would maintain the parasitic role of private insurance companies, as well as the peculiar U.S. institution of employment-based health insurance.

The passage of this constitutional amendment pushes the envelope and challenges both the single-payer advocacy community and the employer mandate advocates to get their ducks in a row in order to be ready to pass muster with the legislators and with the public in 2006 or 2008. ■

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