The latest annual figures on the number of people in Massachusetts without insurance are dismal. Between 450,000 and 650,000 residents have no insurance at all. And, although political talk of a "health care crisis" in our state is covered by "CHIP" (the Children’s Health Insurance Plan, which covers only outpatient care), the fact is at least 50,000 kids in Massachusetts have no insurance at all.

The governor and legislative leaders are responding. This is good. Health care is back on the front burner. Unfortunately, the proposals getting all the attention don’t address the problems we’re facing.

Gov. Romney would cover more working people by allowing insurers to sell low-cost, “bare bones” policies to employers. He’d cut costs in Medicaid by strictly limiting access to services and would have seen 20,000 of these patients when those limits land them in the hospital. We can do better.

Sen. Richard Moore, along with Health Care for All, has introduced a new version of an old idea, requiring every Massachusetts Care for All, has introduced a new version to care. I’ve seen those patients when those costs in Medicaid by strictly limiting access people by allowing insurers to sell low-cost, “barron” policies to employers. He’d cut costs in Medicaid by strictly limiting access to services and would have seen 20,000 of those patients when those limits land them in the hospital. We can do better.

As long as that useless administrative complexity persists, we will continue to waste 39 cents, if not more, of every health care dollar in Massachusetts on overhead. And we will in effect reduce the straight-ahead cost of taking good care of everyone. We can either expand Medical to a little higher poverty level income

The governor and legislative leaders are responding. This is good. Health care is back on the front burner. Unfortunately, the proposals getting all the attention don’t address the problems we’re facing.

Politicians boast that every child in our state care), the fact is at least 50,000 kids in Mas-achusetts have no insurance at all.

Whereas Massachusetts spends significantly more per capita on health care than any other state or nation, putting our state and our businesses at a competitive disadvantage to other states and to all the foreign countries where governments provide universal health care; and

Whereas the annual double digit increase in the cost of private health insurance are leading more Massachusetts employers to shift costs onto workers or drop insurance of employees and retirees altogether; and

Whereas the escalating cost of insuring public employees is inadequate for their needs; and

Whereas needed community hospitals, nursing homes, and home health agencies of the state have closed due to inadequate reimbursement of costs; and whereas efforts to control health care costs while maintaining the private health insurance market invariably lead to diminished access and quality in health care; and

Whereas up to 40 percent of every Massachusetts health care

dollar goes to inefficient, redundant administrative systems; and

Whereas, independent quantitative analyses have shown that, under a single payer public health insurance system, Massachusetts could afford to cover all residents at no new cost to the state; and

Whereas the same studies have shown that by simplifying administra-tion, achieving bulk purchase discounts on pharmaceuticals and medical supplies, and reducing the use of emergency facilities for primary care, Massachusetts could divert billions of dollars toward providing direct health care and improved quality and access; and

Whereas unacceptable health access disparities exist by region, ethnicity, income, and gender; and

Whereas advances in medical technology are not available to all Massachusetts residents who need them; and

Whereas both health care providers and consumers express sig-nificant dissatisfaction with the current health care system; and

Whereas increasing patient volume and a decline in the number of hospitals and emergency departments have made multiple hour waits for emergency care the norm and that ambulance diversion is becoming a common method of dealing with emergency department overcrowding, a problem that poses significant dangers for both insured and uninsured residents of the Commonwealth; Therefore, the Massachusetts Health Care Trust, a single agency of the Commonwealth, is hereby created with the following pur-poses:

1. To provide universal and affordable health care coverage for all Massachusetts residents;

2. To provide Massachusetts residents with an extensive benefit package;

3. To control health care costs and the growth of health care spending;

4. To achieve measurable improvement in health care outcomes;

5. To prevent disease and disability and to maintain or improve health and functionality;

6. To increase health care provider, consumer, employee, and employer satisfaction with the health care system;

7. To implement policies to strengthen and improve culturally and linguistically sensitive care; and

8. To develop an integrated population-based health care database to support health care planning.

If the names of both your senator and representative do not appear above, please contact them, tell them you support this bill and hope they will add their names as co-sponsors by contacting the office of Senator Tolman or the office of the Senate clerk. If the names of your senator and representative DO appear above, call and thank them.

Legislative sponsors of Massachusetts Health Care Trust

Lead Sponsors of re-filed Massachusetts Health Care Trust:

Sen. Steven Tolman (D-Brighton)
Rep. Frank Hynes (D-Marshfield)

Senators who have signed on as cospons-ors: (Six as of Jan 1, compared to 16 last session)

Jarrett Barrios (D-Cambridge), Susan Fargo (D-Lincoln), Andrea Nuciforo (D-Pittsfield), Marc Pacheco (D-Taunton), Pamela Resor (D-Acton), Stanley Rosenberg (D-Amherst)

Representatives who have signed on as cosponsors: (22 as of Jan 1, compared to 35 last session)

Ruth B. Balser (D-Newton), Antonio Cabral (D-New Bedford), Mark Crennan (D-Southbridge), Edward Connolly (D-Everett), Michael Festa (D-Melrose), Patricia Jehlen (D-Somerville), Peter V. Kocot (D-Northampton), Stephen Kulik (D-Worthington), Jim Marzilli (D-Arlington), Shirley Owens-Hicks (D-Roxbury), Anne Paulsen (D-Belmont), John W. Scibak (D-South Hadley), Carl Sciortino (D-Somerville), Frank I. Smizik (D-Brookline), Joyce A. Spiliotis (D-Peabody), Ellen Story (D-Amherst), David Sullivan (D-Fall River), Timothy Toomey (D-Cambridge), James Valee (D-Franklin), Anthony Verga (D-Gloucester), Marty Walz (D-Cambridge), Alice Wolf (D-Cambridge).