

Nurses' Guide to Single Payer Reform

Why are we cutting Medicaid and wasting \$16 billion of 'health care' dollars

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Chair, MASS-CARE, the Massachusetts Campaign for Single Payer Health Care

Massachusetts can afford to guarantee health care to everyone in our state without spending more than we do today. The coverage would include prescriptions, choice of doctor and better care. How is that possible?

A recent report commissioned by the Massachusetts Legislature found that nearly 40 cents of every dollar we spend for "health care" goes to administrative overhead! That is appalling given how many of us have inadequate health care or are paying more than we can afford for what we do get.

We can stop blaming the poor, the elderly, the disabled, or the kids. The costs of insurance bureaucracies and the unbridled profits of pharmaceutical companies are the real "budget busters" for taxpayers, for employers, and for our own households.

Total spending on health care in Massachusetts in 2002 was \$41.5 billion. That means that about \$16 billion is available for a far better social value: covering everyone and stabilizing the finances of essential institutions like our community hospitals.

How? Through a "single payer" system of insurance, a system like Medicare in which the government is the single payer of all bills. Of course Medicare must be updated to cover prescriptions. But it isn't only seniors who need prescription coverage; we all do.

It's important to remember how efficient

Medicare really is. Medicare guarantees care to over 40 million elders and disabled and keeps its administrative costs less than 5% of overall expenses. Even though it covers a population more likely to get sick, Medicare's annual increase in expenditures grows at a rate less than the private insurance market, which vigorously excludes anyone likely to need care.

Massachusetts legislators can create a state-based single payer system that provides health care to all 6 million residents through the passage of the Massachusetts Health Care Trust, Senate Bill 686.

Elimination of private insurer costs would account for only part of the savings. As the single statewide buyer of all drugs and medical supplies, the state could negotiate fair prices, allowing for reasonable profit for manufacturers. That's what's done in Canada, where U.S.-manufactured drugs cost 40-50 percent less than they do here. The government buys in bulk and passes the lower costs along to pharmacies and hospitals.

Early preventive care and attention to public health issues, like indoor air quality, save billions more. Finally, anticipating and planning for future health needs targets resources wisely and prevents the wild fluctuations of an unregulated market which not only wastes money but endangers lives. The sudden onset of the industry-created nurse "shortage" being just one case in point.

People are scared off of single payer by predictions of "rationing," denial of expensive

care and long waiting lists. These problems exist in many systems, including our own. But you never hear complaints of Medicare care being rationed.

The single payer movement is growing rapidly. In January, unions at General Electric called a nation-wide strike to protest higher health care costs for workers. In Lynn, the local union held a rally, not only for its members but for the community as a whole, to learn how all kinds of people are suffering from our health care "system." The outcome of the event was a pledge from one and all to insist on passage of a single payer system, first in this state, and then for the nation.

The Legislative report cited above made two conclusions about health care in Massachusetts: 1) action by state government is necessary because our current system is

simply unsustainable; 2) only a single payer system can achieve universal coverage.

The time to do this is now. It won't be easy with the influence of big money in politics but it is possible if we act together and insist that government fulfills its fundamental role: to protect our health and safety.

The next time an elected official, or your employer, or a health care CEO, or your newspaper blames high health care costs, or "lavish" benefits, as the reason for more cuts in care, ask them to justify why we all must bear a \$16 billion burden of subsidizing a few insurance and pharmaceutical giants while the rest of us must do without. And then ask them to help us pass S.686 to use that money for a more sensible health care system for us all.

This article originally appeared in the Gloucester Daily Times. ■



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Donate to MASS-CARE

MASS-CARE is in a position to seize the opportunity of the current fiscal crisis to persuade our legislators that the time has come to fundamentally reform our state's health system in order to provide universal coverage and save money in the process. We cannot afford to lose our one staff person who has helped MASS-CARE build the momentum we now experience. That, however, is our fate within just a month if we cannot raise money. MNA, as an organization, has donated generously in the past. Now the appeal is to all of us as individuals. Please send in the most generous donation you can afford to:

MASS-CARE
43 Winter St., 7th floor
Boston, MA 02108

To make your donation tax-deductible, make the contribution to "Universal Health Care Education Fund," the tax-exempt affiliate of MASS-CARE.

Quotes of the month

"What is clear to me, based on the experiences of the last several decades, is that when the windows of opportunity for change present themselves, success will go to those ready and able to seize the opportunity to implement changes that they have been working toward and thinking about for a long time. It (universal health insurance in US) is going to happen someday, but it will be difficult for anyone to predict precisely when. So advocates had better be prepared."

— Bruce Vladek, PhD, *American Journal of Public Health*, January 2003, editorial

"Good news. There is now a way to exit the nightmare of a collapsing health system. We no longer have to put up with the outrageous costs that keep millions of Americans from receiving medical care and needed medications. Nor will tens of thousands of families have to declare bankruptcy over medical bills. Universal national health insurance (single payer) takes the resources we have in place and deals with them in an intelligent manner, excluding the tragic hemorrhage of resources into non-health entities."

— Quentin Young, M.D., on the filing in Congress of "The United States National Health Insurance Act"

For more info, www.pnhp.org/nhibill/nhi_execsumm.html.

Massachusetts Health Care Trust updated sponsor list

Are your legislators listed? If so, thank them. If not, ask them to support S.686, which will have a hearing on Oct. 8.

Legislative lead sponsors: Senate: Steve Tolman, (D-Brighton). House: Frank Hynes, (D-Marshfield).

Senate: Jarrett Barrios, (D-Cambridge)); Cynthia Creem, (D-Newton); Susan Fargo, (D-Lincoln); Robert Havern, (D-Arlington); Brian Joyce, (D-Milton); David Magnani, (D-Framingham); Thomas McGee, (D-Lynn); Joan Menard, (D-Somerset); Andrea Nuciforo, (D-Pittsfield); Robert O'Leary, (D-Cummaquid); Marc Pacheco, (D-Taunton); Pamela Resor, (D-Acton); Stan Rosenberg, (D-Northampton); Charles Shannon, (D-Winchester); Dianne Wilkerson, (D-Boston). (16 of 40)

House: Ruth Balsler, (D-Newton); Deborah Blumer, (D-Framingham); Mark Carron, (D-Southbridge); Edward Connolly, (D-Everett); Robert Correia, (D-Fall River); Michael Costello, (D-Newburyport); Paul Demakis, (D-Back Bay); Paul Donato, (D-Medford); Christopher Donelan, (D-Orange); Carol Donovan, (D-Woburn); James Eldridge,

(D-Acton); Christopher Fallon, (D-Malden); Mark Falzone, (D-Saugus); Michael Festa, (D-Melrose); Gloria Fox, (D-Roxbury); Patricia Haddad, (D-Somerset); Patricia Jehlen, (D-Somerville); Louis Kafka, (D-Sharon); Rachel Kaprielian, (D-Watertown); Jay Kaufman, (D-Lexington); Kay Khan (D-Newton); Peter Kocot, (D-Northampton); Stephen Kulik, (D-Turners Falls); Elizabeth Malia, (D-Jamaica Plain); Jim Marzilli, (D-Arlington); James Miceli (D0, Wilmington); Shirley Owens-Hicks, (D-Roxbury); Matthew Patrick, (D-Falmouth); Anne Paulsen, (D-Belmont); Douglas Petersen, (D-Marblehead); Cheryl Rivera, (D-Springfield); Byron Rushing, (D-South End); Frank Smizik, (D-Brookline); Joyce A. Spiliotis, (D-Peabody); Karen Spilka, (D-Ashland); Ellen Stroy, (D-Amherst); David B. Sullivan, (D-Fall River); Benjamin Swan, (D-Springfield); Kathleen M. Teahan, (D-Whitman); Timothy J. Toomey, Jr., (D-Cambridge); Anthony J. Verga, (D-Gloucester); Martin Walsh (D-Dorchester); Steven Walsh (D-Lynn); Alice K. Wolf, (D-Cambridge). ■