

Nurses' guide to single-payer reform

Further evidence that employer-based health insurance has failed

On Feb. 1, the Division of Health Care Finance and Policy, an agency of the Massachusetts Department of Public Health, issued a report, "Employers Who Have 50 or More Employees Using Public Health Assistance." The agency reviewed records of patients receiving health care paid for by the state's Uncompensated Care Pool (UCP) or MassHealth between October 2002 and June 2004.

The results were staggering. Over \$52 million of state money paid for health services to employees of some of the most high-profile and profitable corporations in the state, including a number of large retailers, food service providers, hospitals and healthcare organizations. Furthermore, the vast majority of employers on this list actually offers health insurance to their employees and contributes an average of 70 percent towards the premium.

Among a list of 140 employers/companies included in the report failing to provide coverage to workers are a number of hospitals or healthcare organizations. Most of the uncovered workers are low wage workers but others are part time, or not yet eligible for insurance for various reasons. On the list are workers at:

- Boston Medical Center
- MGH
- Brigham & Women's
- Beth Israel Deaconess
- Baystate Medical Center
- Baystate Medical Center
- St. Elizabeth's
- Genesis Healthcare
- UMass Memorial Healthcare
- Children's Hospital
- New England Medical Center (Tufts-NEMC)
- Carney Hospital
- Brockton Hospital
- Salem Hospital
- Commonwealth of Massachusetts

Why are employees whose employers offer a health insurance plan using the uncompensated care pool and MassHealth instead?

There are many reasons, including:

- not being eligible for the employer's insurance plan due to part-time, "casual" or "per diem" status, which is the trend in all industries today
- inability to afford high co-payments or deductibles
- worker's spouse or dependents not covered
- limits on health services covered
- enforced waiting periods before eligibility for employer's health plan "kicks in"
- wages so low that premiums and other out-of-pocket expenses are not affordable

The report cites a number of limitations in its analysis including the fact that information on patients' employers are self-reported, employer information is often not collected for people whose care is covered by the Uncompensated Care Pool, there are inconsistencies in the ways in which various hospitals report such data, and, lastly, difficulty identifying unique employers among chain franchises.

The top 20 employers with 50 or more employees using public health assistance

Employer Name	Employer Location	Total Public Health Ben.	Total Cost	Employer % Contribution
Dunkin Donuts	Multiple Locations	3454	\$3,146,221	75%
Stop & Shop	Multiple Locations	2640	\$3,074,284	100%
Wal-Mart	Multiple Locations	2914	\$2,904,543	52%
McDonalds	Multiple Locations	2124	\$2,014,938	70%
Unicco Service Corp	Multiple Locations	1356	\$1,368,814	78%
City of Boston	Boston	1110	\$1,020,573	90%
CVS Pharmacy	Multiple Locations	1254	\$1,403,802	70%
Burger King	Multiple Locations	985	\$957,805	76%
Shaws Supermarket	Multiple Locations	1099	\$1,391,288	63%
Boston Medical Center	Boston	666	\$487,683	81%
Filenes	Multiple Locations	924	\$973,377	53%
Wendys	Multiple Locations	914	\$718,905	75%
Demoulas Market Basket	Tewksbury	997	\$1,049,999	85%
Friendlys	Multiple Locations	986	\$767,418	50%
Home Depot	Multiple Locations	912	\$830,211	50%
YMCA	Multiple Locations	791	\$803,664	70% - 75%
Walgreens	Multiple Locations	678	\$632,707	75%
Target	Multiple Locations	756	\$742,484	68%

Therefore, the report says "the numbers of employers that meet the criteria for inclusion in this report are assumed to be greater than the numbers reported here."

Furthermore, employers with fewer than 50 employees are excluded from this report.

The report concludes:

"Although the policies and programs currently in place in Massachusetts provide a very important safety net for many low-income people, it should also be recognized that such programs provide incentives, for both employers and employees, to shift health care costs to the public sector."

There is now before the Legislature a bill titled "Health Access and Affordability Act," sponsored by Health Care for All and Sen. Richard Moore. It would require every employer in Massachusetts to provide health insurance to their workers or pay a hefty tax to the commonwealth which would then provide insurance to those employees. This is often referred to as "pay or play."

MNA believes trends in the state's economy, employment, and health industry, along with the impressive creativity shown by employers in shifting costs to workers and to public programs, demonstrate that employer-based health insurance does not, and can not, guarantee secure, affordable,

high quality health coverage to everyone.

It's time, instead, to enact the Massachusetts Health Care Trust bill through which the commonwealth would implement a single payer health care system to assure comprehensive care that is not linked to a job, cannot be taken away, will stabilize the finances of health providers, and save us all

at least a billion dollars annually in health care expenditures.

For more information on this bill and to get involved in the movement for single payer health care in Massachusetts, contact MASS-CARE. Email: masscare@aol.com; Web site: www.masscare.org; Phone: 617-723-7001. ■

Protect Yourself/Tips

Traumatic effects of violence on patients

According to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision*, Post traumatic stress disorder (309.81) is identified as a person who has "1. experienced, witnessed, or were confronted with an event or events that involve actual or threatened death or serious injury or a threat to the physical integrity of self or others and 2. the person's response involved intense fear, helplessness, or horror."¹

These events are known to precipitate a multitude of persistent and debilitating responses. "The traumatic event is re-experienced in one or more of the following ways, recurring and intrusive distressing recollections (and dreams) of the event, intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event or physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event."¹

MNA Task Force members believe that patients suffer secondary trauma in the same manner and from the same causes as nurses and other healthcare workers who experience or witness workplace violence or abuse. ■

¹*Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision, 2000, American Psychiatric Association*

