Nurses' guide to single-payer reform

Health care plan assigned to Constitutional Convention committee

By Michael P. Norton & Jim O'Sullivan
As printed by State House News Service

The Legislature on July 12 dealt a huge blow to thousands of citizen activists pushing a plan to make health insurance access a constitutional right, rerouting the petition to a committee where most on Beacon Hill believe it will die.

Members of the House and Senate voted 118-76 to send the proposal to a special committee of the Constitutional Convention. The convention recessed until Nov. 9, two days after the statewide election where sponsors of the constitutional amendment had hoped to secure a historic vote.

In July 2004, the Legislature advanced the amendment to the current convention on a 153-41 vote.

Ann Eldridge Malone, a registered nurse from Boston and one of the 10 original signers of the amendment, which had attracted tens of thousands of signatures of support, said after the vote that "words can't describe the depth of disappointment."

Citizen volunteers were shocked, Eldridge Malone said, and felt they would have prevailed had lawmakers voted on the amendment itself. "It felt like a slap in the face to democracy," she said. "It was a slap in the face to citizens who have given their all for three years."

Legislative negotiators of this year's historic health care access law said the constitutional amendment deserves more scrutiny while the new law is given a chance to work.

Supporters of the constitutional amendment, during debate on the amendment, said it might be the only option available to force the new law to be implemented and to prevent an erosion of its ambitious goals.

The constitutional amendment, approved during the 2003-2004 session, needed only 50 votes to merit a statewide vote on this November's ballot. Technically, the amendment is still alive as long as the convention remains open, but its chances appear severely diminished by today's vote. Legislative leaders acknowledged a chance that the proposal could be approved and placed on the November 2008 ballot.

The amendment would obligate the Legislature to "ensure that no Massachusetts resident lacks comprehensive, affordable, and equitably financed health insurance coverage for all medically necessary preventive, acute and chronic health care and mental health care services, prescription drugs and devices," and subject legislation needed to meet that constitutional mandate to statewide voter approval.

Amendment sponsors consoled each other in the halls of the capitol afterwards.

Barbara Roop, co-chair of the Health Care for Massachusetts Campaign, said after the vote that the campaign would do everything it could to get on the ballot, even in 2008.

"Clearly, we're extremely disappointed that an amendment that had the overwhelming support of members, based on the testimony, was put into a study with no direction, no date certain, and unclear to be honest what they're studying, when in fact the amendment itself is the platform and lock-in for what they've done," said Roop.

Lawmakers acknowledged the vote had seriously wounded the measure's prospects.

"We didn't give it an injection of adrenaline by what we did," said Sen. Steven Tolman (D-Brighton), who spoke in favor of the amendment and wondered why his colleagues would not support a measure that was philosophically in sync with the law they just approved.

During debate on the floor, Sen. Richard Moore (D-Uxbridge), who co-chairs the Joint Committee on Health Care Financing and helped negotiate the landmark reform, said implementation of the Chapter 58 changes deserve "a chance to work." His committee co-chair, Rep. Patricia Walrath (D-Stow), another top negotiator, concurred and will sit with Moore atop the House-dominated committee handling the measure.

Both Senate President Robert Travaglini (D-East Boston) and House Speaker Salvatore DiMasi (D-North End) voted to reassign the petition to committee. Several senators changed their vote during the roll call from opposition to support of the motion.

Rep. Frank Hynes (D-Marshfield) asked Travaglini how to ensure the committee would report. Travaglini, the presiding officer, drew laughter with the remark, "The speaker and I have talents that manifest themselves occasionally" in influencing committee chairs.

Eldridge Malone said she feared the health care access law, like others before it, would disintegrate without a constitutional mandate. "Everyone knows if you look closely at Chapter 58, it has some good sections, but it's like Swiss cheese—it's full of holes," she said.

"History does have a tendency to repeat itself. We've passed other far-reaching reform laws with good elements that were never fully implemented because there was opposition that spent a lot of money on sophisticated lobbying and spreading misinformation perhaps and then the laws were never implemented and that could very well happen again." ■

Massachusetts health care reform falls short

By Rand Wilson and John Horgan
As printed in Labor Notes

Frustrated by the lack of action on health care reform at the national level, activists are working for state-level reforms that could be models for a future, more sympathetic federal government.

Massachusetts recently gained national prominence when a reform bill was signed into law. Unfortunately, the "breakthrough" solution that has been trumpeted as reaching near universal coverage is a false promise.

Ann Eldridge Malone, RN and John Horgan, working on the healthcare amendment at the labor summit at MNA on Jan. 25.

Like most states, Massachusetts has a serious health care crisis. The number of uninsured is rising (state estimates are as high as 750,000 people), costs are the highest in the country and bargaining for contracts is often stalemated over employers' cost-shifting demands.

Last year a number of large unions and the state AFL-CIO were drawn into a coalition that sought to expand coverage for the uninsured. Although coalition allies (the ACT! coalition, led by Health Care For All) believed in winning reforms that would improve the system, the coalition also included elite leaders from the private insurance industry, doctors groups and hospitals.

This strange alliance meant that from the outset the coalition was committed to crafting a plan that would not upset the special interests most responsible for the current mess. And for a little extra insurance, these special interest groups spent $7.5 million on lobbyists to make sure that the outcome of any reforms wouldn't jeopardize their profits and power.

Backroom dealings

Behind closed doors with top legislative leaders, the reform coalition's leaders crafted a plan. It did make some modest gains by undoing cuts in state Medicaid programs that benefit the poorest people. And the largest pool of uninsured people—low-wage, often part-timer or temporaries—will be eligible for subsidized insurance plans.

However, the combination of an individual and employer mandate to achieve these gains has dangerous consequences. Under the legislation, employers with more than 10 workers who do not make a "fair and reasonable" contribution toward employee health insurance will only be required to contribute a fee of up to $295 per year.

The Massachusetts legislation has the potential to seriously erode employer-based coverage. In effect, it tells employers to pay $295 a year and let the taxpayers subsidize care for your workers.

But wait, it gets worse. If a company's employee uses the state's "free care pool" more than three times or its employees as a group use the pool more than five times a year, there is an additional "free rider" surcharge.

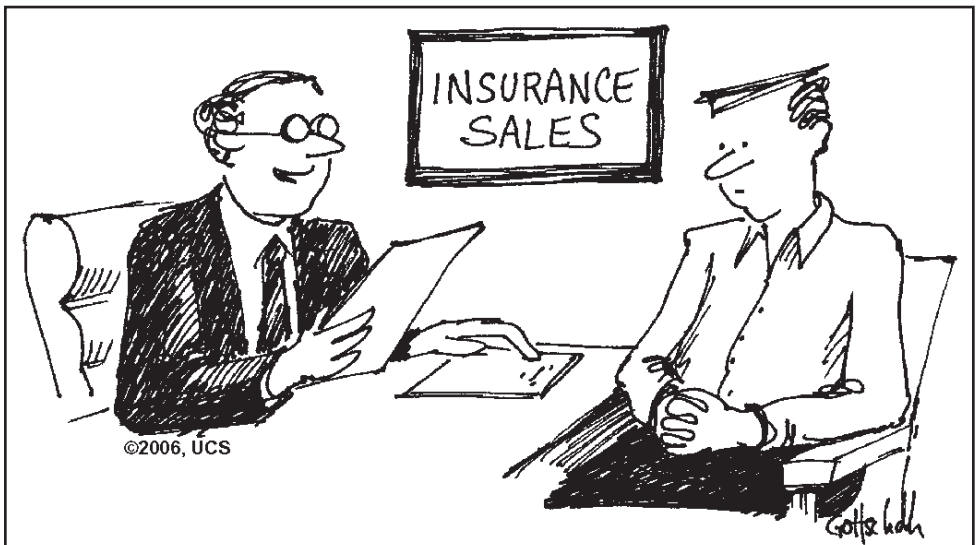
This creates an incentive for employers to fire employees who use the free care pool and to hire only younger, healthier workers. It encourages employers to avoid hiring workers with health problems. It will discourage uninsured workers from seeking care and lead uninsured workers to pay out of pocket for care rather than risk applying for coverage from the free care pool.

Another downside of the bill is the "individual mandate" that essentially transfers the entire burden of paying for the uninsured to taxpayers and the uninsured themselves. It will require many working families to pay for coverage they simply cannot afford.

Finally, it pits families making over $60,000—who are not eligible for subsidies, but are required to purchase insurance—against families that make less and are eligible for state subsidies.

By establishing a new public consensus that individuals are primarily responsible for health coverage, these proposals will make dropping coverage more acceptable. The public will be asked to fund subsidies for private insurance companies to offer low-cost insurance for low- and moderate-income adults. These plans will inevitably wind up being "catastrophic" health plans, leading to more personal bankruptcies.

To learn more about Jobs with Justice campaign, go to www.healthcareformass.org. Rand Wilson is a union organizer. John Horgan is a union steward at Verizon. ■



"Our plans don't cover surgery over $1,500, but they do provide economy air fares to countries where medical care is free."