

## Nurses' Guide to Single-Payer Reform

### Single payer agenda advances in New England

By Cissy White

New England residents worried about health costs and coverage have state legislatures reviewing single-payer system options. Outlined below is a state-by-state breakdown.

#### Maine

The consultants who performed the "Feasibility Study of a Single-Payer Health Plan Model for the State of Maine" concluded that the model could provide all Maine residents with coverage and reduce health care spending by 2008.

"It's a very positive finding," said Maine State Nurses Association's (MSNA) Executive Director Pat Philbrook, RN. "My initial reaction was, 'That's doable.' My second reaction was, 'Why didn't they find us savings until 2008?'"

Philbrook believes savings will be larger than what the consultants projected because they did not factor in savings incurred over several years when residents have access to preventative medicine. Hypothetically, she explains, someone can have bronchitis and not seek treatment because they don't have insurance. "They end up in the ER with pneumonia, which is more costly," she said. "When you start to put money into prevention—that's where long-lasting savings are."

According to the consultants, Mathematica Policy Research, Inc., a single-payer system will increase jobs, appeal to small businesses that can't afford to provide health care coverage, and protect residents who are uninsured or underinsured and are going broke trying to pay for health care.

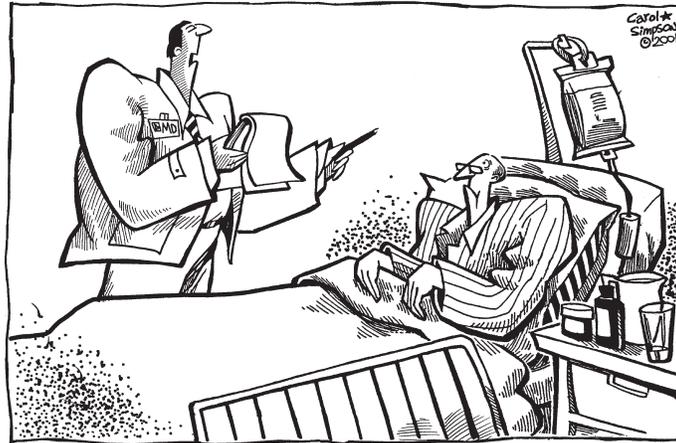
Philbrook serves on the Health Security Board, established by the legislature to study the feasibility of a single-payer plan. The board will make a report to the legislature this month and introduce a bill to keep the committee together until 2004 so it can work on a transition plan. "My guess is that we'll have all details worked out by 2004, implemented by 2005 and, by 2006, a plan that will cover everyone," Philbrook said.

"We're the only industrialized nation in the world that doesn't cover everyone," she said. "Ethically, nurses are patients' advocates. We're not doing our job if people are not getting care."

#### Massachusetts

The Massachusetts Legislature appropriated \$250,000 to study "Feasibility of Consolidated Health Care Financing and Streamlined Health Care Delivery in Massachusetts." The report, recently released by LECG consultants, has some advocates of universal health care questioning the report's value.

"It was very clear that they were to provide the legislature with a roadmap for universal health care and consolidated financing," said Peggy O'Malley, RN, chairperson for MASS-CARE, the Massachusetts Campaign for Single-Payer Health Care, a coalition of 80 organizations, including the Massachusetts Nurses Association (MNA). "They spent too much of their time and our money creating three models. Two don't meet the mandate and one isn't really single-payer. Naturally, we're very disappointed."



"You're insurance company is in Chapter 11... we're going to need that liver back."

"It's a total capitulation to insurance agencies," said RN Judith Shindul-Rothschild, Ph.D., who represented MNA on the legislative advisory committee. "The final report pushed for incremental reform, which would maintain administrative structures. They set it up to keep insurance companies, which led to ridiculously low administrative savings."

O'Malley says LECG researchers failed to capture those savings because of insurance companies' overhead. The report states that, in Massachusetts, almost 40 cents of every dollar spent on health care goes to administrative costs. "In every other industrialized nation of the world, 90 to 95 percent of every health care dollar goes to health care," said O'Malley. "In Massachusetts, it's 40 percent overhead and 60 percent going to health care."

While the report notes that health care costs are becoming "prohibitive," it fails to detail the human and financial costs exacted on residents if the health care system is not reformed.

"The single-payer coalition calls on the legislature to look at the shocking administrative cost and growing numbers of uninsured, then authorize the [health advisory] board to reconvene and do work [LECG] should have done" says O'Malley. "MASS-CARE will share several other reports with the state legislature showing how a true single-payer plan works and pushing for legislation."

"No system will ever be perfect," she says. "But I know that is so far superior to any other system. The baby boomers are about to hit with a huge demand for care. From moral, fiscal and professional perspective, this is something we absolutely have to do."

#### Rhode Island

"Overall, I think what comes out is affected by what goes in. You don't see a lot of savings if you don't look for them," says Debra Socolar, M.P.H., who directs the Health Reform Program with Alan Sager, Ph.D., at the Boston University School of Public Health.

Socolar and Sager, known nationally for their work on health care access and afford-

ability just finished work on an economic feasibility study of universal health care in Rhode Island commissioned by the General Assembly. The report determined that health care coverage could be provided to all residents and the state could save 3.6 percent on health spending. Two universal health care plans were presented. In each, private insurance and out-of-pocket payments were eliminated. And each was able to provide coverage to the underinsured and the uninsured.

The findings suggested that reform is not only necessary, feasible and cost-effective, but

that a lack of it is dangerous and costly to residents and the Legislature, which will face a health care crisis that will only get worse if the system is unchanged. The report said, "All people concerned about health care in Rhode Island will increasingly have to choose among three things—greater human suffering, soaring spending, and reform."

"As for Massachusetts and Maine," Socolar says, "one of the positive things coming out of the studies is the recognition of how huge the waste is in the current administration of health care."

Copies of the full reports may be viewed at:  
Maine: [www.state.me.us/legis/opla/hsboard.htm](http://www.state.me.us/legis/opla/hsboard.htm)  
Mass: [www.state.ma.us/healthcareaccess](http://www.state.ma.us/healthcareaccess)  
Rhode Island: [www.healthreformprogram.org](http://www.healthreformprogram.org)  
Under C: Health Care for all section

**OCTOBER**

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**Mark your calendar**

Public hearing on single payer bill,  
S.686: Mass. Health Care Trust Fund  
**Wednesday, Oct. 8**  
Mass. Statehouse

### Top 10 reasons why Massachusetts should pass single payer legislation

1. All piecemeal attempts to improve the health care system, while keeping it market-based, ultimately fail.
2. Repeated studies have shown that only a single payer system can ever assure truly universal coverage.
3. Single payer reform at the state level is the most likely path to universal coverage.
4. Single payer is politically feasible. 80 percent of doctors, nurses, employers, hospital managers, health plan managers, and the general public believe either that fundamental change is necessary or we need to completely rebuild the system.
5. Single payer provides a level playing field for all businesses and employers, and between businesses of the U.S. and other nations. It also allows workers to leave a job without losing their health insurance.
6. We'd pay for health care only once, in the simplest fashion possible. Currently, we pay for health care many times over: from our paychecks, premiums, price of goods and services, taxes, auto insurance, workers' compensation, and out-of-pocket expenses.
7. It's good for society. Universal health care has a positive impact on individuals' ability to learn and work.
8. The quality of health care will be improved through provision of primary care to everyone, attention to public health, comprehensive planning, return of decision-making to health professionals and patients, and public participation in health policy-making, including the protection of essential community hospitals.
9. We can afford it. When 95-99 percent of current health care spending goes to care, we can cover everyone, provide a wider range of benefits than most people now receive, reduce drug prices, greatly expand access to home care and long-term care, and eliminate deductibles, co-payments and most out-of-pocket expenditures.
10. It's the right thing to do. It is intolerable that thousands go without care while we waste billions on unproductive private insurance and paper pushing. Single payer provides a world class health care system that affirms the worth and dignity of every human life.

Created by MASS-CARE, the Massachusetts Campaign for Single Payer Health Care ■