

Nurses' guide to single-payer reform

New 'universal' health care bill will disappoint, hurt low-income families, say advocates and policy experts

Statement by the Massachusetts Campaign for Single Payer Health Care, April 2006

If the new and much-touted bill is kinder to insurance companies than to the low-income uninsured, we should not be surprised. We were told on April 5 by Scott Helman of the *Boston Globe* that lobbyists for insurance companies, pharmaceutical companies and big hospitals had increased their spending by a third while the bill was being debated.

Many uninsured are required by the bill to purchase some form of insurance through the private market or face stiff penalties on their tax forms. Even a stripped-down, poor quality plan is likely to cost more than they can afford—and the bill does not raise enough costs to subsidize even a fraction of these new costs. It raises only \$170 million a year which, according to Alan Sager, is “a drop in the bucket of Massachusetts health care where spending this year will be \$59 billion.”

Uninsured individuals who are at three times the poverty line, and to whom the bill promises no financial assistance, will be forced to pay over 20 percent of their income to cover health care insurance, according to the best estimates available. While real incomes for the poor have been falling, and may continue to fall, the insurance costs they will now have to pay are likely to continue to rise.

Furthermore, “the bill will worsen the complex and costly administrative system that wastes funds needed to pay for actual health services,” says Alice Rothschild, MD and board president of the Alliance to Defend Health Care.

The bill is also likely to encourage employers currently providing health care for their workforce to push employees into the individual mandate, as the fees imposed on employers not covering their workers are far lower than the costs of the poorest quality workforce health plans in the state.

“This bill is going to exacerbate the crisis in Massachusetts health care,” said Sandy Eaton, RN and chair of MASS-CARE, an association of ninety state organizations that all believe a single-payer program is the least expensive and most effective way to solve the commonwealth's enormous problems in paying for first-class health care.

“It will move more people into individual health plans, the costliest and most wasteful insurance plans on the planet, without taking any steps to contain the costs that neither the state and its employers nor its residents can afford,” added Eaton. “Only a plan that consolidates health care finance and streamlines delivery can provide quality sustainable health care for all. Such a plan is the single-payer model adopted successfully in much of the rest of the world, whose costs are less than ours while their citizens are generally healthier.” ■

The Massachusetts Health Care Trust vs. Massachusetts Government Bill comparison using

The Institute of Medicine's Five Principles to Guide Expansion of Coverage

1) Health coverage should be universal.

Single Payer Trust Bill:

- Will cover all Massachusetts residents.

Massachusetts Government Bill:

- Will not cover everyone.

2) Health care should be continuous.

Single Payer Trust Bill:

- Is continuous. The coverage travels with the person.

Massachusetts Government Bill:

- Mostly job dependent and thus not continuous.

3) Health care coverage should be affordable to individuals and families.

Single Payer Trust Bill:

- Is affordable for all.
- Paid by income tax, federal and state moneys, and employers' contributions. All necessary medical and health care paid for from the Trust.

Massachusetts Government Bill:

- Will not be affordable to many people. It is possible that people who currently are covered may lose employers' subsidies.
- People still have to pay private insurance premiums, co-pays and deductibles, even though the state pays some of the expenses.

4) The health insurance strategy should be affordable and sustainable for society.

Single Payer Trust Bill:

- Is sustainable and costs less than our present system.
- Eliminates huge administrative waste, controls costs with a budget, and uses bulk purchasing power for prescription drugs.
- Plans for efficient use of health resources and initiates preventive public health programs.

Massachusetts Government Bill:

- Is not sustainable.
- Will add more cost to our system and will not cover everyone.
- Has large administrative costs including billing, means testing, other eligibility requirements, and advertising.
- Has no significant cost control capability; in fact, it will be more costly than the current system.
- Does not encourage preventive public health care and may discourage people from using needed services.

5) Health insurance should enhance health and well-being by promoting access to high quality care that is effective, efficient, safe, timely, patient-centered, and equitable.

Single Payer Trust Bill:

- Will provide unlimited choice of provider, simplified efficient administration, and direct input for patients to make the system user-friendly.
- Is the fairest plan because every resident in Massachusetts will have the same comprehensive policy. Services will be based on need for care rather than ability to pay.
- A Quality Council will improve medical safety in Massachusetts.

Massachusetts Government Bill:

- Choice of provider will remain limited by the insurance plan offered by employer or by the patient's income category.
- The plan is complex with a large administrative burden, not patient-centered or equitable because the plan is based on ability to pay and not on medical need.
- Does not address medical safety.



MASS-CARE participates in progressive coalitions such as Jobs with Justice. Attendees at the April JwJ Health Care Action Committee meeting in Boston, where everyone was supporting the Constitutional amendment to make access to affordable health insurance the right of all Massachusetts residents, included, (from left): Charlie Rasmussen, MNA; Dawn Martinez, BLHG; Peter Knowlton, UE; Ben Day, MASS-CARE; Paul Cannon, IBT; Sandy Eaton, MASS-CARE; Rand Wilson, IUE-CWA; Ann Eldridge-Malone and Maurice Malone, ADHC; John Horgan, IBEW; Ariana Flores, JwJ; Shawn Leblanc, CWA; and Timothy Bergeron, CWA. Missing was Marc Blum, who's taking the picture.

Letters to the Editor

Health care is a right

With all the uncertainty about the details of the new health care bill, the Health Care Constitutional Amendment becomes all the more essential. Only the amendment will provide reliable assurance that every Massachusetts resident will have access to affordable, comprehensive, quality health care.

Given the past history with health care initiatives in the state, we need more than a handshake; we need a constitutional guarantee.

*The Franklin/Hampshire Health
Care Coalition*