

Nurses' guide to single-payer reform

Advocates for single-payer health care swarm Statehouse at Oct. 8 hearing

More than 700 health care reform advocates attended a hearing by the Joint Committee on Health Care in the Statehouse's Gardner Auditorium on Oct. 8 to show support for a comprehensive proposal to provide more secure health insurance coverage to all residents of Massachusetts. The hearing was on S.686, the Massachusetts Health Care Trust, which would create a single state insurance fund to replace the current patchwork of public and private insurance plans.

"Our current system is failing us on all three measures of an effective health care system—assuring access, quality and control of costs," said Peggy O'Malley a leader with the Massachusetts Nurses Association who chairs MASS-CARE. "In just four years, annual health care expenditures in Massachusetts have risen from \$36 billion to \$48 billion, an increase of over 8 percent a year."

"The legislature needs to act before this crisis leads to a medical meltdown," said state Sen. Steven Tolman (D-Brighton), a lead sponsor for the Health Care Trust legislation. "The number of uninsured is rising, hospitals are closing, emergency rooms are overflowing. Massachusetts can lead the way with a sensible plan that provides secure, quality care for everybody and one that will prevent us all from going broke."

"A recent state report showed that 39 percent of every health care dollar goes to administrative costs," testified Phil Mamber, president of the Massachusetts Senior Action Council. "Low income seniors are losing their insurance coverage when they need it the most. And Medicare now only pays half of a senior's health care costs. Everyone needs to carry extra insurance and the cost of that is rising by double digits each year."

"It is often said that a single-payer system is a good idea, but politically unrealistic,"

said Dr. Marcia Angell, senior lecturer in social medicine at Harvard Medical School. "That is a self-fulfilling prophecy, often propagated by those with a vested interest in the current system. The notion that we can somehow both increase access and contain



costs by incremental reforms is what is truly unrealistic. A single-payer system is not just the best alternative for providing universal care while containing costs. It's the only one." Dr. Angell is the former editor-in-chief of the *New England Journal of Medicine*.

Dr. Patricia Downs, a member of the Massachusetts Medical Society's task force on single payer health care, testified that "Consultants we hired found that universal health care (even with no patient cost sharing) financed by a single payer health plan would cost less than the present multi-payer system which doesn't provide universal comprehensive care."

"Much of the increased spending for care would go to expand the level of services provided to those who are currently considered 'insured' but face substantial gaps in their coverage," Dr. Downs added. "Global budgeting under single payer also allows for planning and cost containment that is not possible under the current system."

"It's an ironic tragedy that one out of every eight health care workers lacks insurance for the health care services they provide," said Celia Wcislo, president of SEIU Local 2020, the new statewide health care workers union. "And workers who are covered already pay more than they can afford for their health care. Now almost all employers—faced with skyrocketing costs—are trying to raise workers' premiums even higher. But shifting costs to employees doesn't solve the key problem that plagues our current system: the lack of meaningful cost controls."

"The current patchwork insurance system prevents me from providing the quality care my patients deserve," said Michael Kaplan, a family physician in practice in Lee, and a member of the Massachusetts Academy of Family Physicians, who submitted testimony. "I look forward to the day when a single monthly charge—instead of thousands

of charges to hundreds of insurance companies—takes care of the payments. Also with a single payer insurance, decisions about the health needs of my patients will be made in the consult room where they belong."

While at the Statehouse, hundreds of citizens visited their elected officials, urging them to become sponsors of the bill.

Joining Tolman in support of the legislation were Reps. Alice Wolf, Paul Demakis, Frank Hynes and John Scibak and Sen. Stanley Rosenberg. Other speakers included Boston City Councilor Michael Ross; Dr. Jennifer Child-Roshak, Mass. Academy of Family Physicians; Dr. Alan Sager, Boston University School of Public Health; Dr. John Goodson, Ad-Hoc Committee to Defend Health Care; Peter Knowlton, United Electrical Workers; and Carol Knox, United Auto Workers.

Written testimony was submitted by U.S. Rep. James McGovern; Katie Murphy, RN and Framingham selectwoman; Timothy Murray, mayor of Worcester; John O'Neill, Somerville-Cambridge Elder Services; Dr. Sarah Kemble Community Health Center of Franklin County; social worker Richard Sherman; and Jill Wiley, associate director, Massachusetts Council of Churches.

To give the legislature additional encouragement, the Boston City Council passed a resolution in support of S.686 on Oct. 1. Similarly, the Massachusetts AFL-CIO unanimously passed a resolution at its convention on Oct. 2 that called for the federal government to pass legislation guaranteeing access to health care for every person in the United States.

The Massachusetts Campaign for Single Payer Health Care (MASS-CARE) is a coalition of over 80 organizations working for a universal, single payer health care plan in Massachusetts. ■

Testimony of Margaret O'Malley, MASS-CARE chair, in favor of S.686

By Margaret O'Malley, RN
Chairperson, MASS-CARE

Sen. Moore, Rep. Koutoujian and members of the Joint Committee on Health Care, my name is Margaret O'Malley. I'm a registered nurse and the chairperson of MASS-CARE, the Massachusetts Campaign for Single Payer Health Care. You have heard compelling testimony. Allow me to summarize the "take away" message, if you will.

In just four years, annual health care expenditures in Massachusetts have increased by almost \$12 billion, from \$36 billion to \$48 billion—an increase of over 8 percent per year. That's the minimum cost of maintaining the status quo. Without fundamental change, our health system will bankrupt us.

But it's not just the cost issue. On all three measures of an effective health care system—assuring access, quality and control of costs—our current system is failing us.

The good news is there is a solution. Creation of the Massachusetts Health Care Trust, as the single source of payment for all health expenditures in Massachusetts, represents the only way to control health costs while providing universal access and restoring high quality. How?

1. According to the GAO, a single-payer system would save 80 percent of cur-

rent administrative costs.

2. Billions of dollars in savings on pharmaceuticals and other supplies would be negotiated by the state as a bulk purchaser.
3. Primary and preventive care saves money as well as lives.
4. The cost of medical coverage in workers' compensation and auto insurance would be eliminated.
5. Comprehensive health planning allows the wisest use of resources.
6. Clinical savings are achieved through use of "best practices."
7. Universal coverage and efficiency provide savings and stability to employers.
8. To come out ahead in insurance, you always want the largest, healthiest risk pool so that total income exceeds amounts paid out for care. In our model, the risk pool is the largest possible in the state, all 6 million residents, the vast majority of whom are in good health.

Of course, there will be one-time costs to transition from what we have to what we envision. Experts estimate those costs to total 8 percent of what we now spend on health care annually. Those would be one-time costs, spread over three to five years of transition.

Keep in mind that is 8 percent, one-time only, compared to that amount year after year, with no improvement in quality and access if we do not reform.

Funds for transition can be raised in a variety of ways, including the issuing of bonds. If bonds finance the building of hospitals, roads and schools, we could use bonds to help finance the infrastructure for every resident to have access to the best and most

cost-effective health care.

We simply cannot afford partial solutions. The need for comprehensive reform is urgent. It will take time for this bill to wend its way through Ways and Means where experts can create reasonable projections of costs and revenue. Please help us advance this process and bring this debate before the full Legislature by giving S.686 a favorable report as soon as possible. ■

Help us influence the health care committee to report on S.686

If you are represented by any of the following legislators, please contact them, introduce yourself as a constituent and ask them to give a favorable report to S.686, the Massachusetts Health Care Trust.

Senators

- Richard Moore, Uxbridge (chair)
- Jarrett Barrios, Cambridge, (vice-chair)
- Harriette Chandler, Worcester
- Susan Fargo, Lincoln
- Bruce Tarr, Gloucester

Representatives

- Peter Koutoujian, Newton (chair)

- Christine Canavan, Brockton, (vice-chair)
- William Galvin, Canton
- Colleen Garry, Dracut
- Thomas Golden, Lowell
- Rachel Kaprielian, Watertown
- Kathleen Teahan, Whitman
- Patricia Haddad, Somerset
- Bob Coughlin, Dedham
- Shirley Gomes, Harwich
- Susan Gifford, Wareham

To find out your senator and/or representative is, call the MNA's department of legislation at 1-800-882-2056. ■