Nurses' guide to single-payer reform

MNA and the Medicare for All bill

By Sandy Eaton, RN

The MNA's board recently passed a resolution endorsing the Medicare for All Bill proposed by Rep. John Conyers (D-MI; see shaded box for details) and that was backed by 77 of his Congressional colleagues, including eight out of 10 from Massachusetts.

HR.676 is now endorsed by over two hundred labor organizations across the United States, including 15 state AFL-CIOs (Kentucky, Pennsylvania, Connectiut, Ohio, Delaware, North Dakota, Washington, South Carolina, Wyoming, Vermont, Florida, Wisconsin, West Virginia, South Dakota, North Carolina). Here in Massachusetts, we work fervently on a two-pronged approach: winning a statewide, just healthcare system, and building support for a national health insurance plan.

Ever since MNA's membership overwhelmingly voted to support the commercial, insurance-free approach to real health care reform at the 1994 business meeting, we've been progressively involved in building the Massachusetts Campaign for Single Payer Health Care (MASS-CARE).

We stood firm in supporting Question 5 on the 2000 Massachusetts ballot, particularly its mandate to create a just system of universal health care by July 1, 2002.

We helped launch the campaign to amend the Massachusetts constitution to make access to affordable, comprehensive health insurance the right of all residents. Five of the original ten signers of the initiative petition that kicked off this campaign in 2003 were MNA leaders.

Last January, MNA hosted a summit of labor representatives working to pass the health care amendment.

And we continue to work, in conjunction with Jobs with Justice, to foster Massachusetts Labor for Health Care. We helped organize and build the Congressional hearing in 2005, in Boston's Faneuil Hall, and we helped build a similar hearing held on Oct. 21, at Holyoke Community College.

MNA Region 1 President Patty Healey offered the following testimony on the "quality" panel. We realize that real health care reform needs to tackle access, affordability and quality at the same time, or we simply create new problems.

Patricia Healey's testimony

"Good Afternoon. My name is Patricia Healey, and I'm a registered nurse employed by Brigham and Women's Hospital, which is a Partners facility.

"I live here in the Pioneer Valley, and I've provided nursing care in intensive care units in Massachusetts hospitals for 29 years. I'm a member of the Massachusetts Nurses Association, the largest nurses union in the northeast, and I sit on that organization's Board of Directors. I am also president of the Western Mass Regional Council of the MNA.

"The MNA has been a staunch supporter of significant health care reform and has diligently maintained support of universal single payer efforts over the years. As front line care givers, and as members of a collaborative health care team, we, as patient advocates, have first-hand knowledge of the failures of the American health care system.

"I would like to address the concept of quality healthcare delivery from the perspective of unionized caregivers—a unique perspective to consider because unionized nurses voices are protected from employer abuse. We bargain over wages, hours and working conditions. We have a voice at work and can use that voice in society, too. We need to, because society—especially legislatures—also have a say over our working conditions. Good working conditions for hospital workers directly translate into good patient care.

"Registered nurses in Massachusetts have lobbied for legislative and regulatory reforms that would mandate a minimum nurse-to-patient ratio in Massachusetts hospitals. This campaign has been waged for many years, buoyed by the multitude of peer-reviewed studies that show that poor outcomes, such as pneumonia, urinary tract infections, injuries due to falls, and even hospital deaths are preventable by reducing the workload of nurses.

"The Institute of Medicine and JCAHO, reported that med errors, responsible for 98,000 deaths a year, are directly attributable poor nurse staffing. And surveys of nurses in Massachusetts also show that many RNs would return to hospital work if guaranteed reduction in workload, thus filling the existing vacancies. So the data is clear.

"Quality of care can certainly be measured and there are dozens of reporting tools and mechanisms in place. However, the real issue for Americans is the lack of access to care, and the lack of equitable delivery. Unions have played an aggressive role in advocating against strategies employed by hospitals to reform care delivery.

"The protections unions give to workers allow its members to be whistleblowers and to counter the expensive publicity campaigns hospitals find necessary to invest in to remain competitive in the market. The competitive marketplace has produce outrageous spending of your health care dollars on union busting consultants and anti-union law firms, lobbying efforts to fight legislating a nurse to patient ratio bill which would improve quality of care and reduce inpatient days.

"Massachusetts hospitals, together with their trade organization the Massachusetts Hospital Association, spent an obscene amount of health care dollars to erect billboards, purchase newspaper ads, lobby every newspaper editorial board in the state, lobby every state legislator nearly every day for a year, with over 90 hospital and business lobbyists, bought radio and television ads, mass mailings to patients homes and even pay full day wages for hundreds and hundreds of its employees and administrators, many posing as bedside caregivers, including transportation and restaurant meals, to spend days at the State House opposing the efforts of their own caregivers who were seeking to improve the quality of care. Quality care isn't the priority in this system.

"Hospital non-profits in Massachusetts pay some of the highest salaries in the nation: Baystate Med CEO, $1.25 million; Partners CEO, $1.5 million; and UMass Medical Center CEO just received a 38 percent raise to boost his salary to $1.28 million, while the 800 UMass nurses are facing massive pay cuts, and cuts in their health insurance and pensions, RNs who work under profoundly difficult understaffed conditions. These RNs have been pushed to the brink of a strike. Every nurses' work action in this state has been due to poor staffing and high workload which has been proven to ultimately harm our patients.

"So, thank you for listening to me. Our direct care issues are one reason why organized labor in this country is campaigning for a fair and equitable health care system, with a single payer guaranteeing access for all." ■

The US National Health Insurance Act - HR.676

Expanded, improved Medicare for All

Introduced by: Reps. John Conyers, Dennis Kucinich, Jim McDermott and Donna Christensen

A brief summary of the legislation

- The United States National Health Insurance Act establishes an American-styled national insurance program. The bill would create a publicly financed, privately delivered health care program that uses the already existing Medicare program by expanding and improving it to all US residents, and all residents living in US territories. The goal of the legislation is to ensure that all Americans, guaranteed by law, will have access to the highest quality and cost effective health care services regardless of ones employment, income, or health care status.
- With over 45-75 million uninsured Americans, and another 50 million who are under insured, it is time to change our inefficient and costly fragmented health care system.
- Physicians For A National Health Program reports that under a Medicare For All plan, we could save over $286 billion dollars a year in total health care costs.
- We would move away from our present system where annual family premiums have increased upwards to $9,068 this year.
- Under HR.676, a family of three making $40,000 per year would spend approximately $1600 per year for health care coverage.
- The USNHI would allow the United States to reduce its almost $2 trillion health care expenditure per year while covering all of the uninsured and everybody else for more than they are getting under their current health care plans.
- In 2005, without reform, the average employer who offers coverage will contribute $2,600 to health care per employee (for much skimpier benefits). Under HR.676, the average costs to employers for an employee making $30,000 per year will be reduced to $1,155 per year; less than $100 per month.

Who is eligible: Every person living in the United States and the US Territories would receive a United States National Health Insurance Card and ID number once they enroll at the appropriate location. Social Security numbers may not be used when assigning i.d. cards. No co-pays or deductibles are permissible under this act.

Health care services covered: This program will cover all medically necessary services, including primary care, in-patient care, outpatient care, emergency care, prescription drugs, durable medical equipment, long term care, mental health services, dentistry, eye care, chiropractic, and substance abuse treatment. Patients have their choice of physicians, providers, hospitals, clinics, and practices. Medicare will be improved and everybody will get it.

Conversion to a non-profit health care system: Private health insurers shall be prohibited under this act from selling coverage that duplicates the benefits of the USNHI program.

Cost containment provisions/reimbursement: The National USNHI program will annually set reimbursement rates for physicians, health care providers; and negotiate prescription drug prices. The national office will provide an annual lump sum allotment to each existing Medicare region, which will then administer the program. Payment to health care providers include fee for service, and global budgets. Doctors will be paid based on their current reimbursement rates. The conversion to a not-for-profit health care system will take place over a 15 year period, through the sale of US treasury bonds.

Administration: The United States Congress will establish annual funding outlays for the USNHI Program through an annual entitlement, to be administered by the Medicare program. A National USNHI Advisory Board will be established, comprised primarily of health care professionals and representatives of citizen health advocacy groups.

Congressional co-sponsors from Massachusetts (as of July 2006) include: Reps. Michael E. Capuano, William D. Delahunt, Barney Frank, Stephen F. Lynch, James P. McGovern, Martin T. Meehan, John W. Olver, John F. Tierney.

For more information, including details on proposed funding for USNHI programs, send an e-mail message to info@healthcare-now.org. ■

"You have your choice of a weekly pay check or health insurance."