

Mass. healthcare reform is failing us

By Susanne L. King | March 2, 2009

MASSACHUSETTS HAS been lauded for its healthcare reform, but the program is a failure. Created solely to achieve universal insurance coverage, the plan does not even begin to address the other essential components of a successful health-care system.

What would such a system provide? The prestigious Institute of Medicine, part of the National Academy of Sciences, has defined five criteria for healthcare reform. Coverage should be: universal, not tied to a job, affordable for individuals and families, affordable for society, and it should provide access to high-quality care for everyone.

The state's plan flunks on all counts.

First, it has not achieved universal healthcare, although the reform has been a boon to the private insurance industry. The state has more than 200,000 without coverage, and the count can only go up with rising unemployment.

Second, the reform does not address the problem of insurance being connected to jobs. For individuals, this means their insurance is not continuous if they change or lose jobs. For employers, especially small businesses, health insurance is an expense they can ill afford.

Third, the program is not affordable for many individuals and families. For middle-income people not qualifying for state-subsidized health insurance, costs are too high for even skimpy coverage. For an individual earning \$31,213, the cheapest plan can cost \$9,872 in premiums and out-of-pocket payments. Low-income residents, previously eligible for free care, have insurance policies requiring unaffordable copayments for office visits and medications.

Fourth, the costs of the reform for the state have been formidable. Spending for the Commonwealth Care subsidized program has doubled, from \$630 million in 2007 to an estimated \$1.3 billion for 2009, which is not sustainable.

Fifth, reform does not assure access to care. High-deductible plans that have additional out-of-pocket expenses can result in many people not using their insurance when they are sick. In my practice of child and adolescent psychiatry, a parent told me last week that she had a decrease in her job hours, could not afford the \$30 copayment for treatment sessions for her adolescent, and decided to meet much less frequently.

In another case, a divorced mother stopped treatment for her son because the father had changed insurance, leaving them with an unaffordable deductible. And at Cambridge Health Alliance, doctors and nurses have cared for patients who, unable to afford the new copayments, were forced to interrupt care for HIV and even cancers that could be treated with chemotherapy.

Access to care is also affected by the uneven distribution of healthcare dollars between primary and specialty care, and between community hospitals and tertiary care hospitals. Partners HealthCare, which includes two major tertiary care hospitals in Boston, was able to negotiate a secret agreement with Blue Cross Blue Shield of Massachusetts to be paid 30 percent more for their services than other providers in the state, contributing to an increase in healthcare costs for Massachusetts, which are already the highest per person in the world. Agreements that tilt spending toward tertiary care threaten the viability of community hospitals and health centers that provide a safety net for the uninsured and underinsured.

There is, though, one US model of healthcare that meets the Institute of Medicine criteria: Medicare. Insuring everyone over 65, Medicare achieves universal coverage and access to care, is not tied to a job, and is affordable for individuals and the country. Medicare simplifies the administration of healthcare dollars, thereby saving money. We need to improve Medicare, and expand this program to include everyone.

A bill before Congress, the United States National Health Insurance Act, would provide more comprehensive coverage for all. The bill includes doctor, hospital, long-term, mental health, dental, and vision care, prescription drugs, and medical supplies, with no premiums, copayments, or deductibles.

People would be free to choose doctors and hospitals, and insurance would not be tied to a job. Costs would be controlled because health planning in a national health program can reestablish needed balance between primary/preventive care and high-tech tertiary care. A modest, progressive tax would replace what people currently pay out of pocket. This program would pay for itself by eliminating the wasteful administrative costs and profits of private insurance companies, and save \$8 billion to \$10 billion in Massachusetts alone.

We must let Congress know we want improved access to affordable healthcare for all, not more expensive private health insurance we can't afford to use when we are sick. Massachusetts healthcare reform fails on all five Institute of Medicine criteria. Congress should not make it a model for the nation.

Susanne L. King, M.D., practices in Berkshire County.