

Draft Op-Ed for Single Payer Ballot Question, 2010

[Op-eds are typically 750 words: this draft has about 550 words, allowing plenty of space to add comments specific to your district. Please customize this draft and make it your own! Text highlighted red needs to be modified based on your district.]

Vote Yes on **Ballot Question #4** on November 2nd!

Three controversial ballot questions have deservedly attracted statewide attention this year , targeting taxes and housing laws. However, many voters may not know that in **[representative districts]**, which consist of **[cities, towns, and neighborhoods]**, they will also have the opportunity to vote for single payer, “Medicare for All” healthcare reform as **ballot question #4** on November 2nd. The ballot question will ask ***“Shall the representative from this district be instructed to support legislation that would establish health care as a human right regardless of age, state of health or employment status, by creating a single payer health insurance system like Medicare that is comprehensive, cost effective, and publicly provided to all residents of Massachusetts.”*** A YES vote will tell our representative that the people in this district want an improved and expanded Medicare system for all residents. Such a plan guarantees universal access to comprehensive medical care that is affordable for families, businesses, and municipalities and will be sustainable for the state. This ballot question will be on the ballot in 14 districts across the state this year. In 2008 a similar ballot question won overwhelming support in all 10 districts in which it appeared.

Neither the current healthcare law in Massachusetts nor the new national healthcare law will control the spiraling cost of healthcare. Every year the health insurance industry raises premiums two or three times the inflation rate. Businesses are seeing huge increases in the cost of providing insurance coverage for their employees. Out-of-pocket costs from deductibles, co-pays, and co-insurance are crippling family budgets, and the climbing costs of healthcare for municipal employees is forcing towns and cities to cut teachers, police, firemen , and other essential services. About 31% of all health care spending by the health care insurance industry is spent on overhead, advertising, lobbying, high CEO salaries, profits, and paperwork.

A “Medicare for All” system saves money by cutting out most of these unnecessary administrative burdens, while eliminating disparities based on income, health status, age, marital status, or gender. Single payer provides full choice of doctor without networks or restrictions, controls capital expenses that drive up costs, and allows the state to bulk purchase prescription drugs at a fair price. Businesses would no longer need to provide health insurance for their employees, or face steep and unpredictable premium costs.

Medicare-for-all is paid for by a reasonable payroll tax for employers and employees and the self employed, and a small tax on unearned income. The taxes will replace the premiums,

deductibles, co-pays, and other out-of-pocket costs and the vast majority of people will pay less than what they have to pay now for health insurance.

All industrialized nations in the world have some form of single payer that guarantees medical care for all residents, and they pay one-half to one-third what we pay here in the United States for very poor health outcomes. Over forty years ago, we established a single-payer health care system for seniors: Medicare. Medicare lifted millions of seniors out of poverty and, while it needs to be improved, provides better care at lower costs than our employment-based private insurance system. It is time we extended Medicare to all residents, controlling costs and providing health security for all. Vote YES on **ballot question #4** on Nov. 2nd!