

HEALTH CARE FOR MASSACHUSETTS CAMPAIGN

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The Health Care Constitutional Amendment

SECTION 1: The People of the Commonwealth of Massachusetts hereby declare it necessary and expedient to alter the Constitution by the adoption of the following Article of Amendment:

Upon ratification of this amendment and thereafter, it shall be the **obligation and duty**¹ of the Legislature and executive officials, on behalf of the Commonwealth, to enact and implement such laws, **subject to approval of the voters at a state wide election**², as will ensure that **no Massachusetts resident lacks**³ **comprehensive**⁴, **affordable**⁵ and **equitably financed**⁶ health **insurance**⁷ coverage for all **medically necessary**⁸ **preventive, acute and chronic health care and mental health care services, prescription drugs and devices.**⁹

¹ This mirrors the Supreme Judicial Court's interpretation of the Article of the Massachusetts State Constitution that it held created an enforceable right to a public K-12 education for every child in the Commonwealth in *McDuffy v. Secretary of Education* (382 Mass. 545 (1993))

² Added by the 2004 Constitutional Convention to ensure voters would have the opportunity to approve any specific plan developed to meet the requirements of this constitutional mandate before the plan is implemented.

³ Goes to the issue of universality of coverage, which is a prerequisite to improving quality of care, improving the health status of all Massachusetts residents, reducing disparities in health status among Massachusetts residents, containing costs, preventing cost shifting and simplifying administration of our health care system.

⁴ Implies a sufficiently broad benefit package to ensure good value for the health care dollars spent by including routine preventive care and follow-up.

⁵ Applies equally to individuals, taxpayers, employers and other stakeholder and is essential to designing a sustainable health insurance system that provides meaningful access to health care at a price that doesn't create a barrier to getting timely care. Affordability requires cost containment, quality improvement and administrative simplification that are essential to a workable, sustainable system that delivers high quality care to all residents.

⁶ Equitable financing implies that all stakeholders that benefit from a healthier and more productive population contribute to the cost of insurance coverage. It also implies some sort of sliding scale premium mechanism based on ability to pay, an end to cost shifting among stakeholders and reasonable reimbursement rates for providers.

⁷ Insurance, whether public or private, is the standard mechanism used to spread risk and control the costs of unpredictable and/or episodic events. The word itself does not suggest a private or public system as our current patchwork of private and public health insurance programs demonstrates.

⁸ Medically necessary is a legal term of art found in almost all private and public insurance plans to define and limit the scope of benefits.

⁹ Standard private or public plans that provide coverage similar to that of state employees could be used as a model for a benefit package that would meet this standard. It implies that "gap" insurance would be available to the underinsured, including a medigap plan for Medicare beneficiaries.

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Paid for by The Committee for Health Care for Massachusetts
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