

Legislature examines several universal health coverage plans

Massachusetts, Vermont laws put focus on state's uninsured
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BY [Kris B. Mamula](#)

Pennsylvania is eyeing universal health care coverage, with bills guaranteeing benefits for all residents pending in the House and Senate and another bill anticipated next year.

It is one of at least nine states considering creating a system that provides universal health insurance. Two -- Massachusetts and Vermont -- already have passed such legislation this year, according to the Washington, D.C.-based [National Conference of State Legislatures](#), an advocacy and educational group.

"Does everybody want universal access? You bet," said Sam Marshall, president of Philadelphia-based Insurance Federation of Pennsylvania. "That's an easy platitude. But what everybody doesn't know is how do you get there."

Efforts to extend health care benefits to the uninsured nationwide generally fall into two groups: a single-payer approach with a government agency, such as the Centers for Medicare and Medicaid Services, picking up the tab for health insurance; and a patchwork of other versions that essentially expand existing programs to fill gaps in coverage for the uninsured.

State lawmakers are considering both kinds of plans.

Pennsylvania's single-payer plan, which was authored by state Sen. Jim Ferlo, a Democrat from Highland Park, is funded by a 10 percent gross payroll tax and 3 percent tax on investment and other passive income; employers that offer health care benefits would receive a discount on the payroll tax. But even supporters of Ferlo's bill say it's unlikely it will move out of committee this session.

In the House, the insurance committee will accept testimony on the issue of universal health care this month in anticipation of legislation that will be introduced next term, according to state Rep. Tony DeLuca, a Democrat from Penn Hills, who represents the 32nd District.

"We can't correct this system piecemeal anymore," said DeLuca, who co-chairs the House insurance committee. "It's time to take a bold step, like Massachusetts."

But a clone of the Massachusetts system, which combines an individual mandate for coverage for people who can afford it with an assessment on employers that don't provide it, may not work in Pennsylvania, DeLuca said, and a single-payer system would lack bipartisan support.

Instead, lawmakers will have to craft a bill that best suits the specific needs of the estimated 1 million Pennsylvanians who don't have health care coverage, he said.

What's needed is a way to expand health care benefits to the uninsured while preserving competition in the marketplace, according to Dr. Bruce MacLeod, chairman of the department of emergency medicine at Mercy Hospital, which provides among the highest percentages of uncompensated care in the region. At the same time, the impact on business should be minimized, he said.

"You don't want to be anti-business," MacLeod said. "There's a way to do it without unduly burdening employers."

"Your best service, your best deals come from a variety of providers in the marketplace," he said.