

Our Opinion: Eye-opening numbers are out on cost of Question 1

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The numbers are in, and they're eye-opening. The Massachusetts Health Policy Commission, whose job it is to conduct studies on topics that affect health care costs in the Bay State, produced its first-ever analysis of the potential cost of a ballot question — Question 1, which, if passed this November, would mandate patient-to-nurse ratios in state hospitals. The independent commission's conservative estimate of the question's potential financial cost, revealed on Wednesday, is somewhere between \$646 million and \$949 million per year, which breaks down to about \$99 to \$139 for every man, woman and child living in the commonwealth.

It is now more understandable that proponents of the measure, including the Massachusetts Nurses Association, would take the trouble to mount a preemptive attack on the accuracy of the commission's figures before they were even released. The commission was faulted for consulting, among others, the Massachusetts Health & Hospital Association — which opposes the question — although it would be hard to fathom how meaningful statistics could have been assembled without that group's input.

The hospital association, understandably, has estimated annual a cost of approximately \$1.3 billion to comply with the mandates of the question, while the MNA, also understandably, places the figure at roughly \$47 million. This vast discrepancy, surely fueled by a desire on both sides to sway the public, gives credence to the commission's findings. Having retained an expert consultant from California (the only other state with such a mandate, and one whose implementing details were not voted on directly by the people, as they will be in Massachusetts) the HPC arrived at figures that have landed in between the two opposing claims.

The estimated total cost, according to the commission's report, would be borne by hospitals that may be forced to curtail services or demand higher reimbursements from insurers. These would eventually be passed along to consumers in the form of higher premiums. Other interesting findings include that the competition to hire more nurses engendered by successful passage of the ballot question would result in a 4- to 6-percent hike in nurses' salaries, figures that the MNA contests. More important to users of health care services in the Berkshires, however, is the commission's conclusion that the costs will hit smaller regional and rural hospitals hardest. These, like Berkshire Medical Center, depend upon Medicare and Medicaid for a greater proportion of their revenue.

Confused voters have been hit with a barrage of unsubstantiated advertising and propaganda from both sides in this campaign, and currently the state is evenly split between those who intend to vote for against the measure, according to The Boston Globe. The cost estimates from a source that is generally accepted to be unbiased — notwithstanding the assault on its credibility by Question 1's proponents — are the first reliable statistics to appear that will help Bay Staters cast an knowledgeable vote on an esoteric topic about which they have had little concrete information.

If the MNA and its allies disagree with the Health Policy Commission's findings, the burden is now on them to come up with credible evidence supporting their own claim. If they are correct that implementation of Question 1's mandate will cost as little as they say, a well-documented and sustainable argument may help voters decide whether the benefits to patients (which are also no more than unsubstantiated claims at this point) are worth the cost to local hospitals and health care insurance premium payers. It is in everyone's best interests that they do so.