

The Massachusetts Health Care Initiative *Overview (and A Few Thoughts)*

Blue Ribbon Commission on Health Care Costs and Access

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Context

- ❑ Experiences of the 1990s
 - Failed state system reform efforts
 - Successful public program expansions
- ❑ The Malaise of the early 2000s - Rising costs, uninsured rates
- ❑ (Re)New(ed) state initiatives
- ❑ Massachusetts' federal Medicaid waiver
- ❑ Massachusetts politics

Sources of Insurance Coverage, 0-64 years, 1993-2000

	1993	1997	1998	2000
Employment-Based	70.9	68.8	68.0	70.7
Public	8.9	12.5	13.3	13.7
Individual	7.1	7.2	8.4	6.4
Uninsured	13.1	11.5	10.3	9.2

Source: 1993, 1997 RWJF Washington Family Health Insurance Survey; 1998, 2000 Washington State Population Survey. Data refer to the population under 65.

Overview (1)

- ❑ Expands subsidized coverage
 - Medicaid expansion to 300% FPL for children
 - \$3M for outreach
 - Restores MassHealth benefits (eyes, teeth)
 - Pre-tax premiums for individuals
 - Sliding premium subsidies for workers <300% FPL
- ❑ Increases Medicaid payments to providers
 - Tied to quality, efficiency, and outcomes

Overview (2)

- ❑ Reforms insurance markets
 - Merges individual + small group markets
 - “Connector” certifies, allows for portability
- ❑ Mandates insurance by individuals
 - When “affordable”
 - Sanctioned through state income tax
- ❑ Mandates business payment
 - >~\$295/FTE/year
 - Free Rider Surcharge

The Good

- ❑ Expands publicly subsidized coverage
- ❑ Recognizes people need healthy eyes and teeth
- ❑ Merges insurance risk pools
- ❑ Creates a public authority to define “affordable,” “good quality,” “high value” in insurance
- ❑ (Re)Sets a goal of universal coverage – individual responsibility and right

The Bad

- ❑ Worsens unfair financing system
 - Disincentives for employers to provide coverage
 - Forces families to make unwise financial choices
- ❑ Does not control costs
- ❑ Is not financially or politically sustainable