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Massachusetts Healthcare Reform: Is It Working?

by

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Abstract

Prior to 2006, Massachusetts had more than 500,000 residents who lacked health insurance. Governor Mitt Romney enacted a landmark legislation requiring all residents to obtain health insurance. Also, the legislation established a health insurance exchange for the purpose of broadening the choices of insurance plans made available to individuals in the state. The purpose of this research was to assess Massachusetts healthcare reform in terms of access, cost and sustainability. The methodology used was a literature review from 2006 to 2013 and a total of 43 references were used. The health reform resulted in additional overall state spending of \$2.42 billion on Medicaid for Massachusetts. Since the 2006 reform, 401,000 additional residents have obtained insurance. The number of Massachusetts residents who had access to health care increased substantially after healthcare reform was enacted, to 98.1% of residents. Massachusetts healthcare reform has not saved funds for the state and its funding has been covered by Federal funding; however reform has been sustained over time due to the high percentage of state residents who have supported the state mandate to obtain healthcare coverage.

Key Words: Massachusetts, Reform, Cost, access, Sustainability, Risk Pools

Introduction

Background of Massachusetts Healthcare Reform

Prior to 2006, the state of Massachusetts had more than 500,000, or 12.5%, residents who lacked health insurance.¹ Many of these uninsured residents used hospital emergency rooms as their source of primary care, which caused excessive healthcare costs. As a result, governor Mitt Romney enacted a landmark health legislation to control costs and provide affordable health insurance to all state residents. The legislation, *An Act Providing Access to Affordable, Quality, Accountable Health Care*, mandated that all Massachusetts residents acquire health insurance through their employers, private insurance companies, or a government sponsored plan.²

The Act required Massachusetts residents to have credible coverage, defined as a plan that included no more than \$5,000 in out-of-pocket costs, three pre-deductible physician visits, prescription drug coverage, and a deductible of no more than \$2,000 in 2007.³ Initially, state residents who did not follow the mandate were penalized by being denied the ability to claim the personal exemption on their state income tax returns, worth \$219 for individuals and \$437 for families in 2007.⁴ The penalties for individuals not abiding by the individual mandate significantly increased in 2008, with the maximum penalty set at \$912 annually for residents who chose not to purchase health insurance. However, a small percentage of state residents could be exempt from the individual mandate, including those not qualifying for subsidies and deemed unable to afford other coverage options, and illegal immigrants.⁵

Companies with 11 or more full time employees were required to offer an employer-sponsored insurance plan allowing their employees to pay premiums using pre-tax wages.⁶ Businesses that did not follow the mandate were required to pay a Fair Share Contribution of up

to \$295 per employee.⁷ Companies not offering insurance to their employees were required to pay a Free Rider Surcharge determined by the number of medical visits per year by employees and the total cost of the treatment received.⁸ This penalty is equal to 50% of the lowest premium available to the employer for each employee.⁹

With the implementation of the Massachusetts Healthcare Reform, the legislature created risk pools to ensure all state residents would have appropriate healthcare coverage. Risk pools are groups of people who may otherwise be denied coverage due to preexisting conditions or other undesirable states, such as low income. Massachusetts created such risk pools and made insurance available to them, with federal subsidization, via health insurance exchanges. Exchanges are marketplaces created by the legislation to provide several options of insurance from which to select coverage.¹⁰

The legislation established a health insurance exchange, called the Connector, intended to broaden the range of choices available to many individuals.¹⁰ The Connector was mandated to provide subsidized insurance, Commonwealth Care, to individuals whose incomes were below 300% of the Federal Poverty level [FPL] and were not eligible for MassHealth, the Massachusetts Medicaid program.¹¹ The Commonwealth Care, also referred to as CommCare, has provided insurance plans with no premiums, no deductibles and modest copayments to individuals with incomes below 150% of the FPL.¹² CommCare provided plans with premiums based on a sliding scale of subsidies for individuals with incomes between 150% and 300% of the FPL.¹² In 2009, in an attempt to balance the state budget, Massachusetts excluded all legal immigrants that had been in the U.S. for less than five years from the CommCare plans and enrolled them into a special plan called the Commonwealth Care Bridge which was also publicly subsidized but offered fewer benefits than CommCare.¹³ In January 2012, after much debate,

the Commonwealth Care Bridge was found to be unconstitutional and the legal immigrants who were enrolled in the plan were allowed to reenroll in the CommCare plans.¹⁴ Individuals who did not qualify for Commonwealth Care were able to purchase coverage through Commonwealth Choice, an unsubsidized plan that was administered by private insurers licensed by the state.⁴

Research Purpose

The purpose of this research was to assess Massachusetts healthcare reform in terms of access, cost and sustainability.

Methodology

Search Strategies

The key terms used in the search were ‘Massachusetts healthcare Reform’ AND ‘access’ OR cost’ OR ‘sustainability’. Electronic databases searched were: Ebscohost, Proquest, PubMed, and Google Scholar. Reputable websites of the American Medical Association, Blue Cross Blue Shield of Massachusetts, the Massachusetts Health Connector, the Centers for Medicare and Medicaid Services, and the Massachusetts Division of HealthCare Finance and Policy were also mined. A total of 43 references were selected for this research.

Inclusion, Exclusion, and Assessments

Because Massachusetts healthcare reform was enacted in 2006, the search strategy was limited to papers published in English since 2006 to 2013. Letters, editorials original papers, reviews and monographs were included, as well primary and secondary data. Citations and abstracts identified by the search were assessed in order to identify relevant papers.

Results

Forty-three sources were selected for this review. Findings are presented in the categories of cost shifting, access disparities, employers' roles, enrollment, public opinion, and risk pools.

According to Himmelstein, Thorne & Woolhandler¹⁵, several significant factors have impacted the sustainability and ability to contain costs of the Massachusetts Healthcare Reform, including the State's ability to shift costs to the Federal government; access to care, percentage of residents covered, the employer's role as a provider of health coverage, enrollment of newly insured members into Commonwealth Care, Commonwealth Choice programs under the Connector, and the popularity of such a reform among the people it serves.^{15,16}

Cost Shifting of State Programs

Tuerck, Bachman, & Head¹⁷ found that the federal government had spent an additional \$2.42 billion on Medicaid for Massachusetts since health reform was enacted.¹⁷ The state increased healthcare expenditures by \$414 million from 2006 to 2010.¹⁸ Private health insurance costs had also risen, by \$4.31 billion from 2006 to 2010, while Medicare expenditures rose by \$1.43 billion.¹⁷ These costs led to the state shifting the majority of the costs to the federal government. The federal government continued to absorb the cost of the healthcare reform through the enhancement of Medicaid payments, as well as payments to the Medicare program.¹⁹ Healthcare reform increased the rates for Medicare Advantage plans, contributing to an increase in Medicare healthcare expenditures through the prices for medical service delivery.²⁰

Access to Care for Massachusetts' Residents

Since healthcare reform began in April 2006 to 2010, 401,000 additional residents have gained insurance, resulting in Massachusetts having the highest rate of health insurance coverage in the nation.²¹ With this dramatic increase in insurance coverage, 98.1% of Massachusetts residents were insured and 99.8% of children had health coverage. This was accomplished while requiring an additional one percent of spending in the state budget.²¹ Significant increases in the use of physicians, preventive care, dental services, and other health services have been the outcome of increased access to care for all adults under healthcare reform²². The cost of providing this additional coverage, however, was not fully addressed by the Massachusetts healthcare reform, and has led to decreased coverage for many plan members, as well as large debt for the state.²³

Massachusetts Health Reform and Disparities

The Massachusetts healthcare reform has decreased unmet healthcare needs for middle and low-income, minority, and chronically ill population.²² There has been a substantial impact on access to care for minorities, from 84% in 2006, to 91% in 2009, as well as adults with middle and low-incomes, from 80% and 90% in 2006, to 85% and 95% in 2009, respectively.¹⁸ Disparities concerning healthcare access and use of health care have largely disappeared in Massachusetts since the reform enactment. For the percent of population having any annual physician visits, there has been a significant increase for minorities as well as for white non-Hispanic adults, from 71% and 82% in 2006, to 84% and 87% in 2009, respectively.²²

Employers' Role as Providers of Health Coverage

Before this healthcare reform there was no mandate for employers in Massachusetts to provide any form of insurance for its employees. The implementation of healthcare reform has led to employee health insurance coverage maintained by private sector employers.²⁴ When compared to the U.S. average, Massachusetts has a larger share of the state's employers offering health insurance to their employees. The insurance rate in Massachusetts rose from 70% in 2006, to 76% in 2009, which remained higher than the national figure of 69% in 2010, and has continued to rise to 82%, compared to the present US figure of 71%.²⁵

Nonetheless, as premiums have grown employers have decreased their contributions towards the cost of employee health insurance. Most employers in Massachusetts have met the Fair Share requirements of the state, which required employers to contribute a specific percentage toward health care premiums.²⁶ Employers have also taken advantage of federal Section 125 tax provisions which has allowed employees to purchase health insurance on a pre-tax basis.¹⁶ Healthcare reform has required employers having 11 or more employees to offer a Section 125 plan. As a result, more small employers now offer such plans than were offered before this healthcare reform.¹⁸

There has been more choice for small businesses to participate in the Business Express program. Eligible small businesses have saved up to 15% on the cost of their share of premiums for employees through subsidies made available through the Connector.²⁷ To contain costs, the legislature created an initiative that made \$3.5 million available to eligible small businesses participating in the Wellness Track. This program's objective was to increase access to and utilization of preventive services and lead to increased productivity in the workplace, boost job satisfaction and morale, and create a healthier and happier work environment.²⁸

The private group market has been the primary source of health insurance for Massachusetts residents. Employer sponsored insurance was by far the most common type of coverage among Massachusetts residents. It covered about two-thirds of all residents each year.²⁹ Massachusetts public health insurers covered roughly 20% of the total non-elderly insured population during the first quarter of 2011.³⁰ Since healthcare reform was passed in 2006, most private insurers have increased enrollment with the exception of Blue Cross Blue Shield of Massachusetts, which reported membership declined by about 177,000 during the same period.³⁰

Surveys studies by the Harvard School of Public Health and the Blue Cross Blue Shield Foundation of Massachusetts have found that support for the initiative to insure nearly all Massachusetts adults had grown since implementation in 2006.³¹ Another survey has also suggested that healthcare reform has had the support of both the private sector and local employers.³²

Membership Enrollment into Commonwealth Program

Since its inception, the subsidized Commonwealth Care program has grown to cover about 160,000 members in 2010. The program's annual average increased by three percent the rate of persons covered.³³ Enrollment was expected to grow to around 175,000 individuals for the fiscal year 2012.²⁰ This is primarily due to the anticipated transition of unemployed Medical Security Plan members to the Commonwealth Care plan when those members' unemployment benefits expire. Compared with the resources available, the growth in the program has posed an \$80 million challenge to the Commonwealth, which has encouraged innovation and competition among Managed Care Organizations (MCOs).^{34,35} The Connector provided an incentive for the

fiscal year 2012, resulting in four of the five MCOs submitting bids equal to or lower than the previous years' rates. This in turn has allowed the continuation of affordable, comprehensive coverage without enrollment restrictions, benefit cuts, or a drastic increase in copayments.¹⁹ For the Fiscal Year 2012, base enrollee premiums have been also been maintained at the 2008 levels for members who opted for the lowest-cost plans. Approximately half of the members have paid a monthly premium. Through the support of the legislature, the program has been fully funded for the fiscal year 2012 at \$42 million.³⁶ Funding past that year has been expected to slowly decline as the federal government withdraws funding.²³

The enrollment increase of more than 30% from 2010 led to Commonwealth Choice membership hovering close to 40,000.³³ Hager³⁷ has shown that more than 40% of those, newly insured since 2006 who bought insurance on their own, purchased it through the Connector. This was due to the contribution of this unsubsidized program to the overall effort to insure nearly all Massachusetts residents.³⁷ While the Commonwealth Choice program had little leverage for negotiating price with insurance providers, it did effectively negotiate with retail pharmacies to provide members with lower cost access to over-the-counter commercial healthcare products.³⁵

Public Opinion of the Healthcare Reform

Cafarella & Clark²⁵ noted in a survey of employers conducted in 2007, that a majority of Massachusetts firms agreed that all employers bear some responsibility for providing health benefits to their employees.²⁵ The authors also found that employers thought that post healthcare reform implementation, a majority of firms believed the reform law was “a benefit for the state of Massachusetts.”²⁵ From the perspective of the public, two out of three adults supported the Massachusetts Healthcare Reform.¹⁸ Sixty-one percent of the Massachusetts non-elderly

residents approved the law when it passed in 2006. Two years later, 69% of non-elderly adults viewed the law favorably.²⁴

Impact of Risk Pools on Health Reform

Because of adverse selection, health insurance providers have often engaged in practices that make obtaining coverage difficult.³⁸ Adverse selection has occurred when a disproportionate number of high risk individuals are enrolled in an insurance plan. After the individual mandate was enacted, Massachusetts experienced adverse selection involving government subsidized plans. Nearly 60% of the newly insured state residents were enrolled in MassHealth (Medicaid), with 76,000 new enrollees, or Commonwealth Care, with 169,00 new enrollees.³⁹

Preceding healthcare reform, Massachusetts had required that insurers guarantee issue of health insurance to everyone who applied for it.⁴⁰ In addition, the state had also required a modified community rate in the individual health insurance market, specifying that the most expensive premium for an insurance plan could not be more than twice the cost of the least expensive premium for the same plan.⁴⁰ Massachusetts reduced premiums in the individual health insurance market by combining individual and small risk pools.⁴¹ This combination joined sicker individuals who were in the individual market with those who were healthier in the small-group market. A special commission created to analyze the impact of this merger found that individual premium rates decreased by 15% and small group rates increased between 1% and 1.5% to cover the costs of the acutely ill members.³⁷

Discussion

The purpose of this research was to determine whether Massachusetts could maintain healthcare reform while reducing healthcare costs and increasing access to care. However,

healthcare expenditures in Massachusetts have increased following implementation of reform which was paid at the end by the federal government.

The number of Massachusetts residents having access to health care has improved significantly after healthcare reform was enacted. This was owing to the near-universal coverage that this reform has provided. It has had its greatest impact on disadvantaged groups due to higher occurrence of non-insurance before the enactment of healthcare reform. The number of newly insured Massachusetts residents has increased significantly but healthcare spending has experienced an increase of \$707 million from 2006 to 2009.⁴² This has been mainly due to the collaboration of state and federal programs as well as the pricing of medical services. With the federal government's plans to withdraw financial support fully by the year 2014, it has been postulated the reform will cause significant economic difficulties for the state.⁴³

Massachusetts healthcare reform has received broad support among the business community. The number of employers offering health coverage has remained stable despite the concern that state-subsidized plans might prompt businesses to stop offering health insurance to their employees.³²

This study was limited due to the evolving nature of the healthcare reform environment restriction in the search strategy used and the limited number of data bases searched. The study was also limited due to publication and researcher biases. Hence, further research should be conducted to assess the future outcomes of the policies and laws that have been enacted and the long term sustainability of this reform.

Massachusetts' individual mandate has required healthy, low-risk individuals to purchase health insurance. The mandate has allowed high- and low-risk individuals to join together in risk pools, thereby spreading the risks and costs throughout the pools.

Conclusion

Massachusetts healthcare reform has shown mixed results. It has not saved the state funds; however has increased access to health care significantly. The reform sustainability over time is at risk due to the possible end of the federal funding.

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