




NCSL Health Summit
Lessons Learned from the Massachusetts Experiment



Senator Richard T. Moore
Senate Chairman, Joint Committee on Health Care Financing



The Massachusetts “Exchange”
Sunday, July 25, 2010
Louisville, Kentucky




The Massachusetts “Exchange”

Senator Richard T. Moore | July 25, 2010

Massachusetts Has a Long History of Health Reform

- **1868** – Nation’s First Department of Public Health
- **1905** – *Jacobsen v. Massachusetts* 197 U.S. 11
- **1986** – Universal Health Reform (Gov. Dukakis)
 - Included ban to prevent insurers from denying coverage based on pre-existing conditions or from capping benefits
- **1996** – Children’s and Seniors Medical Assistance
 - Expanded coverage for low-income children and prescription drug coverage for seniors

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Massachusetts – A Caring Commonwealth


June 9, 2003

“Massachusetts – A Caring Commonwealth,” – the comprehensive state health plan is the first of its kind in any state legislature in the country, presenting a broad vision and “road map” to guide the state to better health care for its citizens, according to Richard Merritt, Director of the Health Chairs project of the National Conference of State Legislatures (NCSL).

Merritt’s remarks followed a presentation of the plan at the spring meeting of legislative health chairs over the June 6-8, 2003 weekend in Washington, D.C.

This plan was unveiled in Massachusetts on June 2, 2003.




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S 2145 – An Act Establishing a Caring Commonwealth

Filed: February 14, 2004

Legislation is based on a 43-page document that recommends progress in health care in Massachusetts through achieving ten basic goals with more than 150 objectives that are either “**Immediate**” – in the next year; “**Short Term**” – between 2005-2010; or “**Long Term**” – between 2011-2015. The policy document was called: “Caring Commonwealth”

The strategic goal of the health care system is to reduce the burden of physical and mental illness, injury, and disability, and to improve the overall health status and function of all Massachusetts residents including an emphasis on closing the gaps in health status by addressing the unique needs of vulnerable populations.


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S 2145 – An Act Establishing a Caring Commonwealth

Dr. Donald Berwick, one of the true national leaders in health care reform, wrote to the Health Care Committee that:

“The proposed health care policy is superb, and it is path-finding, I think, since I have seen nothing of this level of ambition and clarity in any other state yet.” It could catapult Massachusetts into the lead in realizing a good part of the vision of care articulated by the Institute of Medicine’s report, “Crossing the Quality Chasm.”

Note: Dr. Berwick is now Director of the Centers for Medicare and Medicaid Services (CMS)




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“My plan for Massachusetts Health Insurance Reform”

By Mitt Romney, November 21, 2004

Over the past two years, Massachusetts state government has made enormous progress. **Together with the Legislature**, we’ve tamed out-of-control budgets, revamped housing policy, accelerated the building of new schools, opened higher education scholarships to working families, and streamlined excessive bureaucracies – all without raising taxes.

Now, in the same **bipartisan fashion, let’s tackle the issue of healthcare**. Next year, **I am committed to working with the Legislature to pass a comprehensive, market-based reform program for healthcare**. It will not be a government-mandated universal coverage “pay or play” scheme nor a single payer system. It will not require new taxes. What it will do is restrain the growth in healthcare costs and change how we provide healthcare for those who receive it at taxpayer expense. And, it can lead to every citizen in Massachusetts having health coverage. I call it **Commonwealth Care**.

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Conservative Rebuttal to Conservative Opposition

"The basic insight behind a state health-insurance exchange is that markets sometimes work more efficiently and effectively with a single administrative structure to facilitate diverse economic activity...Romney's health-insurance exchange would be a clearinghouse but never a product regulator..."

"In short, the exchange is designed to work around the limitations of current federal law to achieve, in a single state, the basic objectives of conservative health reform – consumer choice of plans, true coverage portability, and the functional equivalent of individual health-insurance tax credits to help pay for coverage."

- Edmund F. Haislmaier, Heritage Foundation, January 27, 2006


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Senate Files Comprehensive Effort to Cut Health Care Costs

Bill Offers Market Reforms, Targeted Investments, and Long-Range Savings

The Senate Proposal was co-sponsored by Senate Ways & Means Chair, Senator Therese Murray, Health Care Financing Chair, Senator Richard T. Moore and Community Development and Small Business Chair, Senator Harriette L. Chandler. It adopts the following three pronged-approach in fixing the Commonwealth's existing health care system so that it continues to take care of the sick, the poor and the uninsured without new taxes or employer mandates.

- www.senatormoore.com, April 7, 2005




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Senate Files Comprehensive Effort to Cut Health Care Costs

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"This plan places Massachusetts in the forefront of health care reform by making health insurance more affordable, quality health care more accessible, and the health system more accountable than ever before. We look forward to further dialogue with all the stakeholders as we fine tune this exciting legislation."

- Senator Richard T. Moore




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Health Reform - Governance Structure Options

- **State Agency**
 - Medicaid Office
 - Insurance Commissioner
 - State Employee Health Insurance Program
 - Health & Human Services Executive Office
- **Independent Agency**
 - Quasi-Public Authority



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Conference Committee Report: Health Reform

- Established a Connector as an independent, quasi-public entity
- Created Authority Board chaired by Secretary of Administration & Finance...
 - Secretary of Administration & Finance
 - Director of Medicaid
 - Commissioner of Insurance
 - Executive Director, Group Insurance Commission
 - 3 members appointed by Governor
 - 1 member, American Academy of Actuaries
 - 1 member, health economist
 - 1 member, interests of small businesses
 - 3 members appointed by Attorney General
 - 1 member, employee health benefits plan specialist
 - 1 member, health consumer organization
 - 1 member, representative of organized labor

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Questions?

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