

Massachusetts “Universal Coverage” Legislation Mimics Government Bureaucracy and Bureaucratic Controls of “HillaryCare”

“It’s a conservative idea,’ says Romney, ‘insisting that individuals have responsibility for their own health care. I think it appeals to people on both sides of the aisle: insurance for everyone with a tax increase’” (USA Today, July 5, 2005)

Purpose: “To expand access to health care for Massachusetts residents, increase the affordability of health insurance products, and enhance accountability of our state’s health system.”

Declaration: “It is hereby declared to be an *emergency law*, necessary for the immediate preservation of the public health and convenience.”

IMPACT	WHAT THE MASSACHUSETTS BILL SAYS...
Duty to Implement Reform	The executive office of health and human services shall develop, in coordination with other appropriate state agencies, an implementation plan and corresponding timeline detailing monthly action steps toward implement the health care reform legislation and progress projected and made toward reducing the uninsured in the commonwealth.
BUREAUCRACY BUILDING	
New Bureaucracies	<ul style="list-style-type: none"> ▪ Health Care Quality and Cost Council (13 members) ▪ Advisory Committee (20+ members) ▪ MassHealth Payment Policy Advisory Board (18 members) ▪ Special Commission regarding employer contributions to Uncomp.Care T. F. (9 members) ▪ Health Disparities Council (34 members) ▪ Public Health Council (17 members) ▪ Health Care Access Bureau (4+ employees appointed by the Insurance Commissioner) ▪ Health Safety Net Office – in the Office of Medicaid ▪ Statewide Advisory Council to Department of Public Health (15 members) ▪ Special Commission to study impact of merging non-group insurance (9 members)
New Government Trust Funds	<ul style="list-style-type: none"> ▪ Commonwealth Care Trust Fund – expended to increase health coverage ▪ Essential Community Provider Trust Fund – for the purpose of payments to acute hospitals and community health centers ▪ Medical Assistance Trust Fund – used for medical assistance payments to authorized entities ▪ Department of Mental Retardation Trust Fund – for appropriate payment adjustments for

	<p>operating the intermediate care facilities for the mentally retarded and the community residences serving individuals with mental retardation.</p> <ul style="list-style-type: none"> ▪ Health Safety Net Trust Fund – reimbursing hospitals and community health centers for a portion of the cost of reimbursable health services provided to low-income, uninsured or underinsured residents of the commonwealth ▪ Commonwealth Health Insurance Connector Authority (11 members)
New Programs	<ul style="list-style-type: none"> ▪ Commonwealth Care Health Insurance Program ▪ Commonwealth Health Insurance Connector ▪ Pediatric Palliative Care
HEALTH CARE BY GOVERNMENT DESIGN	
Insurance Mandate	<p>As of July 1, 2007, the following individuals age 18 and over shall obtain and maintain creditable coverage so long as it is deemed affordable under the schedule set by the board of the connector...</p> <p>The division shall promulgate a form labeled “Health Insurance Responsibility Disclosure” to be completed and signed, under oath, by every employer and employee doing business in the commonwealth.</p> <p>The division shall, upon verification of the provision of services and costs to a state-funded employee, assess a free rider surcharge on the non-providing employer under regulations promulgated by the division...The free rider surcharge shall only be triggered upon incurring \$50,000 or more, in any hospital fiscal year, in free care services for any employer’s employees, or dependents of such person, in aggregate, regardless of how many state-funded employees are employed by that employer.</p>
Government-Directed Purchasing of Insurance	<p>There shall be a body politic and corporate and a public instrumentality to be known as the commonwealth health insurance connector authority, which shall be an independent public entity not subject to the supervision and control of any other executive office, department, commission, board, bureau, agency or political subdivision of the commonwealth except as specifically provided in any general or special law. The exercise by the authority of the powers conferred by this chapter shall be considered to be the performance of an essential public function. The purpose of the authority is to implement the commonwealth health insurance connector, the purpose of which is to facilitate the availability, choice and adoption of private health insurance plans to eligible individuals and groups...Any action of the connector may take effect immediately and need not be published or posted unless otherwise provided by law.</p>

	<p>The purpose of the board of the connector shall be to implement the commonwealth health insurance connector. The goal of the board is to facilitate the purchase of health care insurance products through the connector at an affordable price by eligible individuals; groups and commonwealth care health insurance plan enrollees.</p> <p>Plans receiving the connector seal of approval shall meet all requirements of health benefit plans as defined in section 1 of chapter 176J...</p>
Cost and Care Controls	
Care Control Bureaucracy	There shall be a health care quality and cost council within, but not subject to control of, the executive office of health and human services.
Goals to Limit Care According to State Criteria	The goals [of the Council] shall be designed to promote high-quality, safe, effective, timely, efficient, equitable and patient-centered care...The council shall develop and coordinate the implementation of health care quality improvement goals that are intended to lower or contain the growth in health care cost while improving the quality of care, including reductions in racial and ethnic health disparities.
Bureaucracy-Defined "Performance"	The council shall develop performance measurement benchmarks for its goals and publish such benchmarks annually...Such benchmarks shall be developed in a way that advances a common national framework for quality measurement and reporting...The council may recommend legislation or regulatory changes, including recommendations for the commonwealth's health care payment methodologies to promote the health care quality and cost containment goals set by the council, and the council may promulgate regulations under this section.
Pressuring Physicians to Comply	Performance benchmarks shall be clinically important and include both process and outcome data, shall be standardized, timely, and allow and encourage physicians, hospitals and other health care professionals to improve their quality of care...The council shall establish and maintain a consumer health information website. The website shall contain information comparing the cost and quality of health care services...To the extent possible, the internet site shall include: (i) comparative quality information by facility, clinician or physician group practice for each service or category of service for which comparative cost information is provided...and (iii) comparative quality information by facility, clinician or physician practice that is not service-specific including information related to patient safety and satisfaction.
"Perform for Payment"	Hospital rate increases shall be made contingent upon hospital adherence to quality standards and achievement of performance benchmarks, including the reduction of racial and ethnic disparities in the provision of health care.
Price Controls	The board of the connector is authorized and empowered...to create for publication, by September 30 of each year, the commonwealth care health insurance program consumer price schedule...to create for

	publication by December 1 of each year, a premium schedule...to establish criteria, accept application, and approve or reject licenses for certain subconnectors which shall be authorized to offer health benefit plans offered by the connector.
INTRUSIVE MONITORING	
Tracking individual insurance status	The health care access bureau shall maintain a database of members of health benefit plans. Carriers...and the office of Medicaid shall report on the first day of each month to the bureau the names, and any other identifying information as determined by the division of insurance, of each resident of the commonwealth for whom creditable coverage...was provided.
Cross Checking Incomes	The connector shall enter into interagency agreements with the department of revenue to verify income data for participants in the commonwealth care health insurance program. Relevant information including, but not limited to, name, social security number...and other data required to assure positive identification.
Monitoring Lifestyles	“The executive office of health and human services shall implement, in cooperation with the department of public health, a wellness program for MassHealth enrollees...The executive office shall report annually on the number of enrollees who meet at least 1 wellness goal.
Penalties for failure to provide data	Insurers and health care providers shall submit data to the [health care quality and cost] council or to the independent organization on behalf of the council...If any insurer or health care provider fails to submit required data to the council on a timely basis, the council shall provide written notice...If the insurer or health care provider fails, without just cause, to provide the required information within 2 weeks following receipt of said written notice, the insurer or provider may be required to pay a penalty of \$1,000 for each week of delay; provided, however, that the maximum penalty...shall be \$50,000.
Insurer payment shielded	The internet site shall, at a minimum, include comparative cost information by facility and, as applicable, by clinician or physician group practice of obstetrical services, physician office visits, high-volume elective surgical procedures, high-volume diagnostic tests and high-volume therapeutic procedures. Cost information shall include, at a minimum, the average payment for each service or category or service received by each facility, clinician or physician practice on behalf of insured patients. Cost information shall be aggregated for all insurers and <i>the council shall not publicly release the payment rates of any individual insurer which shall not be deemed to be public record.</i>
FEES & TAXES	
New tax on health care	Acute hospitals and ambulatory surgical centers shall assess a surcharge on all payments subject to

	surcharge as defined in section 1. The surcharge shall be distinct from any other amount paid by a surcharge payor for the services of an acute hospital or ambulatory surgical center...Each surcharge payor shall pay the surcharge amount to the office for deposit in the Health Safety Net Trust Fund on behalf of said acute hospital or ambulatory surgical center
New Commission Fee	When an eligible individual or group is enrolled in the connector by a producer licensed in the commonwealth, the health plan chosen by each eligible individual or group shall pay the producer a commission that shall be determined by the board.
EMPLOYER MANDATES	
Penalty on Employers for failure to provide data	If a non-providing employer fails to file any data, statistics or schedules or other information required under this chapter or by any regulation promulgated by the division, the division shall provide written notice of the required information. If the employer fails to provide information within 2 weeks of receipt of said notice, or if it falsifies the same, it shall be subject to a civil penalty of not more than \$5,000 for each week on which such violation occurs or continues.
Employer Mandate	For the purpose of more equitably distributing the costs of health care provided to uninsured residents of the commonwealth, each employer that (i) employs 11 or more full-time equivalent employees in the commonwealth and (ii) is not a contributing employer shall pay a per-employee contribution at the time and in a manner prescribed by the director of the department of labor, in this section called the fair share employer contribution...The director shall, in consultation with the division of health care finance and policy, annually determine the fair share employer contribution rate...Notwithstanding this section, the total annual fair share employer contribution shall not exceed \$295 per employee
HMO Mandate	A health maintenance organization may only enter into a group health maintenance contract with an employer if the group health maintenance contract is offered by that employer to all full-time employees who live in the commonwealth. The Executive Director of the Commonwealth Care Exchange shall collaborate with the Secretary of Health and Human Services and the Commissioner of the Division of Insurance to ensure that only Medicaid managed care organizations, so-called, that have contracted with the commonwealth as of July 1, 2006 to deliver such managed care services, receive premium assistance payments from the Commonwealth Care Program.
ADDITIONAL ACTIONS	
Increased Enrollment in Subsidized Health Programs	The executive office of health and human services shall seek federal approval:

	<ul style="list-style-type: none"> ▪ To enroll an additional 1,600 people in the CommonHealth program ▪ To enroll an additional 250 people in the Family Assistance HIV positive program ▪ To enroll an additional 16,000 people in the MassHealth Essential program <p>The secretary of health and human services shall seek to obtain federal SCHIP reimbursement...for all persons eligible...[and] shall seek an amendment to the MassHealth demonstration waiver.</p>
Studies Required	<p>The executive office of health and human services shall:</p> <ul style="list-style-type: none"> ▪ create a 2-year pilot program for smoking and tobacco use cessation treatment and information ▪ investigate and study the creation of selective provider networks ▪ conduct a study to determine the costs of allowing primary care givers to obtain MassHealth benefits if they care for, on a fulltime basis, elderly parents or immediate family members who are disabled <p>The Department of public health shall:</p> <p>make an investigation and study relative to (a) using and funding of community health workers by public and private entities in the commonwealth, (b) increasing access to health care, particularly Medicaid-funded health and public health services, and (c) eliminating health disparities among vulnerable populations...</p>