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## **Key Indicators of Massachusetts Health Reform Continue to Improve**

### *Findings show gains in access and reductions in Emergency Room usage*

BOSTON — Five years after the enactment of Massachusetts health reform, gains in residents' access to needed health care have been sustained and first-time reductions in emergency room visits suggest improvements in the effectiveness of health care delivery in the state. These are among the findings from the latest Massachusetts Health Reform Survey, which has tracked the impact of reform since fall 2006. The survey, commissioned by the Blue Cross Blue Shield of Massachusetts Foundation, is the basis for Health Reform in Massachusetts as of Fall 2010, a report written by researchers from the Urban Institute and the University of Minnesota. Also released today as a Web First was a related article published by the journal *Health Affairs*, which will also appear in the journal's February issue.

“This comprehensive assessment of health reform shows that the Massachusetts model for expanding access to coverage and needed care has held up well during some of the worst economic conditions in decades,” said Sarah Iselin, the Foundation's president. “It also shows that there's an urgent need for the state's health care community to address rising costs with the same level of commitment, creativity, and unified action.”

Highlights of the report include:

- ⤴ **Gains in health insurance coverage have continued:** Health insurance coverage remained at high levels in Massachusetts, with coverage among non-elderly adults at 94.2 percent in fall 2010. This finding is consistent with the state's health insurance survey, which estimated that only 1.9 percent of the entire population was uninsured in 2010. Insurance coverage for non-elderly adults in the nation as a whole was 78.5 percent in 2010, and has declined since 2006, when it was 80.2 percent.
- ⤴ **Gains in access to and use of health care have continued:** For example, compared to pre-reform levels, non-elderly adults are more likely to have a place they usually go to when they are sick or need advice about their health, more likely to have had a preventive care visit, more likely to have had multiple doctor visits, more likely to have had a specialist visit, and more likely to have had a dental care visit.
- ⤴ **Health status has improved since implementation of reform:** There have also been improvements in self-reported health status, with 65 percent reporting their health as “very good or excellent,” up from 60 percent pre-reform.
- ⤴ **Use of the Emergency Room has declined:** For the first time since fall 2006, there were reductions in emergency room use overall and in the use of the emergency department for non-emergency conditions.
- ⤴ **Employers continue to play a critical role:** A core element of the success of health reform in Massachusetts has been the high level of employer-sponsored coverage. More than two-thirds of

non-elderly adults received coverage through an employer, and there was no evidence of employers or workers dropping coverage because of the availability of public coverage (commonly called “crowd-out”).

- ✧ **Support for reform remains high:** Support for health reform remained strong in 2010 at 66 percent, although those who do not support reform have shifted from mostly neutral to mostly opposed; a change that coincides with the hardening of positions on national reform.
- ✧ **Affordability remains a challenge:** The overall cost of health care, which was not directly addressed by the health reform law, remains an issue for many, as the state, like the nation, continues to struggle with the problem of rising health care costs and the lingering effects of the recession. More than a quarter of adults reported that their health care spending in 2010 had caused financial problems, including the need to cut back on health care services and other spending or to reduce savings.

“The future success of health reform in Massachusetts, and in the rest of the country, will depend on the ability of policymakers and stakeholders to take on the challenge of reining in health care costs,” said study author Sharon Long of the Urban Institute and the University of Minnesota. “Massachusetts has the opportunity to lead the way here, much as the state did in the push toward universal coverage. The pre-2010 status quo of health care costs growing faster than wages year-after-year is not a sustainable option for Massachusetts or the nation.”

#### **About the Massachusetts Health Reform Survey:**

Conducted annually from fall 2006 to fall 2010, the survey has tracked the impact of reform for key measures related to access, use of services and affordability of care. For the first three years, the survey was co-funded by the BCBSMA Foundation, Robert Wood Johnson Foundation, and Commonwealth Fund. For the last two years, the BCBSMA Foundation was the sole funder.

#### **About the Blue Cross Blue Shield of Massachusetts Foundation:**

The mission of the Blue Cross Blue Shield of Massachusetts Foundation is to expand access to health care for uninsured, vulnerable, and low-income individuals and families in the Commonwealth. The Foundation was founded in 2001 with an initial endowment from Blue Cross Blue Shield of Massachusetts. It operates separately from the company and is governed by its own Board of Directors.

#### **About the Urban Institute:**

The Urban Institute is a Washington D.C.-based non-profit, nonpartisan, policy research organization. It gathers data, conducts research, evaluates programs, offers technical assistance overseas, and educates Americans on social and economic issues, to foster sound public policy and effective government.

#### **About the University of Minnesota:**

The University of Minnesota’s State Health Access Data Assistance Center (SHADAC) is funded by The Robert Wood Johnson Foundation to help states monitor rates of health insurance coverage, understand factors associated with access to care, and utilize data for implementation of health reform.

#### **About *Health Affairs*:**

*Health Affairs* is the leading journal at the intersection of health, health care, and policy. Published by Project HOPE, the peer-reviewed journal appears each month in print, with additional Web First papers published periodically and [health policy briefs](#) published twice monthly at [www.healthaffairs.org](http://www.healthaffairs.org). You can also find the journal on [Facebook](#) and [Twitter](#). Read daily perspectives on [Health Affairs Blog](#). Download weekly Narrative Matters podcasts on [iTunes](#).