

## TRENDS

## Massachusetts Health Reform: A Public Perspective From Debate Through Implementation

Public support for the Massachusetts reforms remains strong in the second year of implementation.

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**ABSTRACT:** This study examines public opinion about the new health reform law in Massachusetts at four stages, from the beginning of the debate in September 2003 through June 2008, two years into implementation. We find that the favorable political environment in Massachusetts likely encouraged leaders to act and also contributed to the shape of the legislation as a “shared responsibility” compromise plan. Despite perceptions by some that the law is not helping the uninsured, support for it remains high—even for the individual mandate, the law’s most controversial feature. There is little interest in repealing this legislation. [*Health Affairs* 27, no. 6 (2008): w556–w565 (published online 28 October 2008; 10.1377/hlthaff.27.6.w556)]

ON 12 APRIL 2006 Massachusetts became the first state to enact near-universal health coverage legislation.<sup>1</sup> The Massachusetts health reform law provided an innovative approach to solving the problem of the uninsured that has plagued the United States for the past century. Gov. Mitt Romney, Senate President Robert Travaglini, and House Speaker Salvatore DiMasi, in addition to other members of the legislature and key stakeholders, led in crafting legislation that accommodated public opinion as well as the divergent views of various groups. A number of papers have been published about the passage of the Massachusetts plan and the progress of implemen-

tation thus far, but none has examined reform from the public opinion perspective.<sup>2</sup>

In this paper we examine public opinion on health reform in Massachusetts at four stages. These data will help us understand the role that public opinion played in shaping the legislation, trends in support for the law, and implications for its future. The four stages are (1) September 2003, at the beginning of the debate but before any reform proposal had been put forward; (2) September 2006, when the legislation had been passed, before any substantive changes had been implemented, but after concerns had been reported in the local media; (3) June 2007, one year after implementation, at the initiation of the individual mandate and at

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a time when several groups were worried that many of the plans were unaffordable for some in the commonwealth; and (4) June 2008, a year following the mandate, after the penalties for uninsurance had been executed through state income tax returns, and at a time when the statehouse was addressing a \$150 million budget shortfall.<sup>3</sup> Also at this time, information was being released on the reform's impact on state coverage rates, as well as on the number of people subject to the penalties for not having coverage.<sup>4</sup>

### Study Data And Methods

The data presented in this paper were drawn from five surveys of Massachusetts residents. Four were conducted by the Harvard School of Public Health and the Blue Cross Blue Shield of Massachusetts Foundation.<sup>5</sup> The survey done in July 2007 also included the Kaiser Family Foundation as a partner. Each survey was approximately fifteen to eighteen minutes in length and was conducted over the telephone in English and in Spanish by ICR/International Communications Research of Media, Pennsylvania. Sample sizes ranged from 1,000 to 1,031 randomly selected respondents over age eighteen. The data were weighted to reflect the demographics of the state's adult population according to the U.S. census. When interpreting these findings, one should recognize that all surveys are subject to sampling error. Results may differ from what would be obtained if the whole Massachusetts adult population had been surveyed. The size of this error varies with the number of people surveyed and the magnitude of differences in response to each question. The sampling error for each survey is approximately  $\pm 4$  percentage points. The fifth survey was conducted by Suffolk University by telephone on 4–7 June 2007 and included 400 respondents across Massachusetts (sampling error:  $\pm 4.90$  percentage points).<sup>6</sup>

### Background On Public Opinion In Massachusetts

The political climate in Massachusetts predisposed it to sweeping health care legislation

for two reasons. First, the core political values of the majority of commonwealth residents resonate with universal coverage. Ninety-two percent of residents think that health care is a right.<sup>7</sup> Massachusetts has many more Democrats and Independents than Republicans, especially as compared to the rest of the country. At the national level in 2004, 32 percent of registered voters considered themselves Republican, 35 percent as Democrat, and 25 percent as Independent.<sup>8</sup> In Massachusetts, 16 percent self-identified as Republican, 34 percent as Democrat, and 47 percent as Independent. In fact, Massachusetts has one of the highest percentages of Independents in the country.<sup>9</sup> Polls show that these differences matter to health reform because Republicans, Democrats, and Independents have divergent views on what action should be taken. Democrats and Independents are much more supportive of universal coverage proposals than Republicans. In a February 2008 nationwide survey of registered voters, 65 percent of Democrats said that they wanted a new health plan that would make a major effort to provide health insurance for all uninsured people. Forty-seven percent of Independents shared this view, but only 26 percent of Republicans did. At the same time, 28 percent of Republicans—compared to 6 percent of Democrats and 12 percent of Independents—thought that things should be kept as they were.<sup>10</sup>

Second, Massachusetts has a unique history when it comes to health reform. The population has repeatedly been exposed to debate about universal coverage from its leadership. Sen. Edward Kennedy, a champion of universal health coverage in Congress, has represented Massachusetts for more than forty years and ran for president in 1980, campaigning in part on a promise of universal coverage.<sup>11</sup> In April 1988, in the midst of his campaign for president, then Gov. Michael Dukakis signed the Health Security Act to provide universal health coverage in Massachusetts.<sup>12</sup> The universal coverage provisions were never implemented, however, and were ultimately repealed.<sup>13</sup>

## Role Of Public Opinion

Public opinion played a critical role in pressuring Massachusetts leaders to enact health reform legislation. In May 2005, advocates for health reform launched an initiative to put universal health coverage on the November 2006 ballot and collected 112,000 signatures.<sup>14</sup> Efforts to push the campaign forward continued throughout the debate over the legislation. The initiative was taken seriously by political leadership. Two Massachusetts polls, one in 2003 and one in 2005, using slightly different question wordings, showed that a majority of residents were supportive of the ballot initiative.<sup>15</sup> In the 2003 poll, the condensed version of the ballot initiative received 53 percent support; in the 2005 poll, it received 66 percent support. In addition, in the survey done by Robert Blendon and colleagues in 2003, 47 percent of Massachusetts residents said that government should make a major effort to provide health insurance for most uninsured residents, even if a tax increase was likely.<sup>16</sup> This suggested that an even greater percentage of residents would support a major effort without a tax increase, similar to what was included in the 2006 ballot question. Looking back to 1986, 59 percent of Massachusetts voters supported a statewide ballot question urging Congress to enact a national health care program.<sup>17</sup> Reflecting on the 2006 health reform debate, Massachusetts House Speaker DiMasi said, "I used the threat of the ballot measure to pressure the business community. ...I told them you'd better do something or you're going to lose the ballot question."<sup>18</sup>

The public opinion environment was conducive to crafting this legislation as a hybrid approach that pieced together several ways of expanding coverage.<sup>19</sup> Although legislators understood there to be overall support for universal coverage, analysis of public opinion showed the support to be complex. The 2003 poll in Massachusetts showed that there was no consensus as to how reform should be achieved. When asked about alternatives for expanding coverage in Massachusetts, respondents did not show a decisive inclination toward any one

approach, giving majority support to each of the unrelated proposals. Furthermore, support for each, other than expanding state programs, fell below a majority when an argument against it was suggested (Exhibit 1).<sup>20</sup>

Survey results also showed disagreement about who should pay to cover the uninsured. Although 57 percent thought that government should be responsible, there was no consensus on which level of government: 35 percent said the federal government; 18 percent, the state; and 1 percent, local governments. Fifteen percent said that the uninsured themselves held responsibility, and 20 percent gave the responsibility to businesses (16 percent) and charities (4 percent).<sup>21</sup>

Just as public opinion suggested the need for a compromise reform plan, it also has the potential to derail it during implementation. The threat of a referendum was used to push the law forward, and it could also be used to pressure for repeal or cutbacks, as has been seen in other states.<sup>22</sup> From the early days of the law, observers—as noted by the then president of the Blue Cross Blue Shield of Massachusetts Foundation, Nancy Turnbull, and Alice Dembner, of the *Boston Globe*—highlighted the importance of paying attention to public support for the law over time, and many implementation decisions were made with an eye toward bolstering that support.<sup>23</sup>

## Trends In Support For The Health Reform Law

■ **Overall.** Since the health reform law was enacted in Massachusetts, a majority of the public that was aware of the law has been supportive of it. Sixty-nine percent of Massachusetts residents support the law now, a significant increase over 61 percent in September 2006. Exhibit 2 shows changes in support over time across all respondents as well as among specific demographic groups. Women, the elderly, those with some college education and with a degree, as well as Democrats and Independents each became more supportive of the law from the initial enactment until June 2008, two years into implementation. In each period, Republicans became less supportive. In June

**EXHIBIT 1****Massachusetts Residents' Support For Proposals To Cover The Uninsured, 2003**

|   | <b>Percent<br/>in favor</b> |
|---|-----------------------------|
| Expanding existing state programs   | 82                          |
| What if you heard that expanding these programs would require raising taxes to pay for the cost?  | <u>55</u>                   |
| Employer mandate  | 76                          |
| What if you heard that it would be so expensive that employers would be forced to lay off workers?  | <u>35</u>                   |
| Tax credits and deductions for the uninsured  | 70                          |
| What if you heard that the amount of tax relief would not be enough to cover the cost of a private plan?                                    | <u>36</u>                   |
| Legally requiring all residents to have health insurance  | 56                          |
| What if you heard that even with the government's help, people won't be able to afford insurance and the law will cause financial hardship? | <u>22</u>                   |
| Single-payer government plan  | 50                          |
| What if you heard that you would have to wait longer for some hospital and specialty care?  | <u>30</u>                   |

**SOURCE:** Harvard School of Public Health/Blue Cross Blue Shield of Massachusetts Foundation, September 2003.

2008, only 44 percent of Republicans supported the law, compared to 76 percent of Democrats and 70 percent of Independents.<sup>24</sup>

In June 2007, respondents were asked about their reasons for supporting or opposing the reform law (Exhibit 3). An overwhelming majority of reform supporters did so based on principle: 90 percent of Massachusetts residents who favored the reform said that it was “the right thing to do.” Another popular reason for support was the fact that everyone’s premiums stay lower when all get preventive care. The two most popular reasons to oppose the reform related to the individual mandate: large proportions of opponents didn’t think that people should be forced to buy coverage “if they can’t afford it” or “if they don’t want it or don’t think they need it.”

■ **The mandate.** As suggested above, from the beginning of the reform’s implementation, one of the most politically controversial elements was the individual mandate.<sup>25</sup> Polls suggest, however, that in the aggregate, the mandate has been supported by a slight majority of Massachusetts residents since September

2006. As shown in Exhibit 2, 52 percent of residents supported the mandate in 2006, 57 percent in 2007, and 58 percent in 2008. Women, respondents over age fifty, people in families earning \$75,000 or more, those with some college, and college graduates each became more supportive of the mandate over time. Democrats have also become increasingly supportive of the mandate over time, while Republicans remain evenly divided. In 2008, we also see some differences across socioeconomic groups, as respondents with the least education were significantly less supportive than the most highly educated group, and the poorest respondents were also less positive about the mandate than the wealthiest.

The June 2007 survey asked about the fairness of mandating the purchase of particular plans. The results revealed some reservations among the public about the details of the mandate. About half of the previously uninsured population in Massachusetts qualifies for subsidized plans. The remainder of the population is required to purchase insurance without assistance, unless they are eligible for Medic-

**EXHIBIT 2****Massachusetts Residents' Support Of The Health Reform Law And Support For The Individual Mandate, 2006–2008**

|                                | Support for the law (%) |                   |                   | Support for the mandate (%) |                   |                   |
|--------------------------------|-------------------------|-------------------|-------------------|-----------------------------|-------------------|-------------------|
|                                | 2006 (1)                | 2007 (2)          | 2008 (3)          | 2006 (1)                    | 2007 (2)          | 2008 (3)          |
| Overall                        | 61 <sup>2,3</sup>       | 67                | 69                | 52 <sup>2,3</sup>           | 57                | 58                |
| Sex                            |                         |                   |                   |                             |                   |                   |
| Male (a)                       | 60                      | 66                | 66                | 53                          | 59                | 52                |
| Female (b)                     | 62 <sup>3</sup>         | 68                | 72                | 51 <sup>3</sup>             | 55 <sup>3</sup>   | 62 <sup>a</sup>   |
| Age (years)                    |                         |                   |                   |                             |                   |                   |
| 18–29 (a)                      | 51                      | 59                | 66                | 44                          | 57                | 48                |
| 30–49 (b)                      | 65                      | 67                | 67                | 53                          | 56                | 56                |
| 50–64 (c)                      | 64                      | 71                | 70                | 56 <sup>3</sup>             | 62                | 65 <sup>a,b</sup> |
| 65+ (d)                        | 58 <sup>2,3</sup>       | 69                | 77 <sup>a</sup>   | 51 <sup>3</sup>             | 54                | 62                |
| Income                         |                         |                   |                   |                             |                   |                   |
| <\$25,000 (a)                  | 56 <sup>3</sup>         | 61                | 75                | 43                          | 50                | 53                |
| \$25,000–\$49,999 (b)          | 55 <sup>2</sup>         | 67                | 64                | 47                          | 55                | 49                |
| \$50,000–\$74,999 (c)          | 64                      | 70                | 72                | 58                          | 61                | 57                |
| \$75,000+ (d)                  | 65                      | 69                | 70                | 60 <sup>3,a,b</sup>         | 63 <sup>a</sup>   | 69 <sup>a,b</sup> |
| Education                      |                         |                   |                   |                             |                   |                   |
| High school degree or less (a) | 62                      | 61                | 65                | 50                          | 48                | 45                |
| Some college (b)               | 57 <sup>2,3</sup>       | 70                | 69                | 44 <sup>2,3</sup>           | 61                | 58 <sup>a</sup>   |
| College graduate (c)           | 62 <sup>2,3</sup>       | 71 <sup>a</sup>   | 73                | 60 <sup>3,a,b</sup>         | 64                | 69 <sup>a,b</sup> |
| Party identification           |                         |                   |                   |                             |                   |                   |
| Democrat (a)                   | 68 <sup>2,3</sup>       | 76                | 76                | 56 <sup>2,3</sup>           | 66                | 65                |
| Independent (b)                | 60 <sup>3</sup>         | 64                | 70                | 53                          | 53 <sup>a</sup>   | 58                |
| Republican (c)                 | 56 <sup>a</sup>         | 57 <sup>a,b</sup> | 44 <sup>a,b</sup> | 51                          | 52 <sup>a,b</sup> | 48 <sup>a</sup>   |

**SOURCES:** Harvard School of Public Health/Blue Cross Blue Shield of Massachusetts Foundation, September 2006; Kaiser Family Foundation/Harvard School of Public Health/Blue Cross Blue Shield of Massachusetts Foundation, May–June 2007; and Harvard School of Public Health/Blue Cross Blue Shield of Massachusetts Foundation, June 2008.

**NOTES:** The item about support for the law was asked of those who were aware of the health reform law: 80 percent in 2006, 86 percent in 2007, 93 percent in 2008. Everyone was asked about support for the mandate. Superscript numbers after the percentages indicate a statistically significant difference ( $p < 0.05$ ) from the year with that corresponding number, as indicated in the column labels. Superscript letters after the percentages indicate a statistically significant difference ( $p < 0.05$ ) from the group in that demographic category with that corresponding letter, as indicated in the row labels.

aid.<sup>26</sup> Upon hearing descriptions and costs of subsidized and unsubsidized plans for an average uninsured person, 62 percent thought that it was unfair to require an uninsured person to sign up and pay for an unsubsidized plan like this. Forty-four percent thought that it was unfair to require an uninsured person to sign up and pay for a subsidized plan.<sup>27</sup> When people were asked generally about their support for subsidized plans, support was high: 77 percent said that they support providing subsidized insurance to people earning less than 300 percent of the federal poverty level.<sup>28</sup>

■ **Employer responsibility.** Under the Massachusetts law, firms that employ more

than ten people are required either to provide health insurance to their employees (“play”) or to pay a penalty of up to \$295 per employee per year (“pay”). When asked about this requirement, the public has been consistently supportive. In September 2006, 70 percent supported this employer responsibility, and 75 percent do so in 2008.

■ **Trends in perceptions of who is helped and hurt by the law.** Earlier work has shown that public perceptions of who is being helped and hurt by reform can help explain patterns in overall support.<sup>29</sup> In the 2006 and 2007 surveys, respondents were asked to predict the impact of the law on various groups.

**EXHIBIT 3****Massachusetts Residents' Reasons For Supporting And Opposing The Health Reform Law, 2007**

| <b>Reason for supporting/opposing reform law</b>  | <b>Percent citing as major reason</b> |
|---|---------------------------------------|
| Reasons for supporting (among those who support the law; n = 629)   |                                       |
| Making sure everyone has health insurance is the right thing to do  | 90                                    |
| People with health insurance get preventive and more continuous health care, which can keep everyone's future health care premiums down | 79                                    |
| People won't face higher health care costs to cover the unpaid medical bills of those who don't have insurance                          | 59                                    |
| I like that business will have to contribute to the costs of their employees' health insurance  | 54                                    |
| As a result of the new law, my health care costs won't rise as much   | 45                                    |
| Reasons for opposing (among those who oppose the law; n = 135)  |                                       |
| People shouldn't be required to buy insurance if they can't afford it   | 72                                    |
| People shouldn't be required to buy insurance if they don't want it or don't think they need it   | 61                                    |
| The new law will hurt me or my family, by increasing my taxes or health care costs  | 58                                    |
| The new law will lead to government-run health care   | 47                                    |
| The new law will hurt small businesses  | 46                                    |
| The new law is the wrong approach; we need a single government health program for everyone  | 44                                    |

**SOURCE:** Kaiser Family Foundation/Harvard School of Public Health/Blue Cross Blue Shield of Massachusetts Foundation, May–June 2007.

In June 2008, they were asked their perceptions about the law's actual impact. In the two earlier periods, the majority expected the law to help the uninsured, the poor, and young adults, but in the more recent period, respondents are more divided, with the majority thinking that the law is either hurting these groups or having no impact. One possible reason for this change may be increased public awareness that this legislation involves extending coverage in a different fashion than previous expansions, such as Medicaid and the State Children's Health Insurance Program (SCHIP), where most people were not asked to make substantial contributions to their own coverage. The 2008 poll asked about the impact on other groups as well. A majority of the public feels that the law is either helping or having no impact on the middle class, large corporations, and the insured.

Across all survey periods, most people thought that the law has had (or would have) no impact on them personally. Also, the public

initially predicted that the law would hurt small businesses, and they continue to perceive that it is hurting this group (Exhibit 4).

### **Perceptions Of The Law Among Those Directly Affected**

By 2008, a number of Massachusetts residents have been affected by the law. The 2008 survey looked at two of these groups. The results show that those who were uninsured at some point during the prior twelve months or who had gotten or changed their insurance as a result of the law have different opinions than other Massachusetts residents. This group is significantly less likely to support the law and the mandate (Exhibit 5). Half of this group thinks it is hurting them personally, as compared to 11 percent of other Massachusetts residents. This group is also significantly more likely than others to say that the law has caused their health care costs to increase.



#### EXHIBIT 4

##### Massachusetts Residents' Perceptions Of Who The Law Is Helping And Hurting, 2006–2008

|                          | Helping (%) |    |    | Hurting (%) |    |    | Not affected (%) |    |    | Don't know (%) |    |    |
|--------------------------|-------------|----|----|-------------|----|----|------------------|----|----|----------------|----|----|
|                          | 06          | 07 | 08 | 06          | 07 | 08 | 06               | 07 | 08 | 06             | 07 | 08 |
| People who are uninsured | 67          | 72 | 45 | 15          | 17 | 33 | 13               | 6  | 14 | 4              | 4  | 7  |
| Poor people              | 66          | 66 | 44 | 17          | 21 | 31 | 12               | 10 | 14 | 5              | 3  | 9  |
| Young adults             | 50          | 60 | 32 | 19          | 18 | 29 | 24               | 16 | 28 | 7              | 5  | 11 |
| Middle class             | 27          | 40 | 27 | 28          | 22 | 26 | 39               | 34 | 40 | 6              | 4  | 7  |
| Large corporations       | 15          | 30 | 19 | 18          | 15 | 11 | 64               | 49 | 56 | 4              | 6  | 14 |
| People who are insured   | 17          | 27 | 26 | 19          | 12 | 18 | 58               | 57 | 48 | 6              | 4  | 7  |
| Small businesses         | 14          | 25 | 13 | 63          | 52 | 56 | 19               | 15 | 19 | 4              | 8  | 12 |
| You personally           | 20          | 24 | 14 | 18          | 12 | 18 | 60               | 62 | 67 | 2              | 2  | 1  |

**SOURCES:** Harvard School of Public Health/Blue Cross Blue Shield of Massachusetts Foundation, September 2006; Kaiser Family Foundation/Harvard School of Public Health/Blue Cross Blue Shield of Massachusetts Foundation, May–June 2007; and Harvard School of Public Health/Blue Cross Blue Shield of Massachusetts Foundation, June 2008.

**NOTES:** In the June 2008 survey, half of the sample was asked about the uninsured, small business, young adults, and the middle class, and the other half of the sample was asked about the insured, large corporations, and the poor. The entire sample was asked about how the law was affecting them personally.

#### EXHIBIT 5

##### Massachusetts Residents' Perceptions Of The Health Reform Law Among Those Directly Affected, 2008

|                                 | Total (%) | Directly affected (%) | Other MA residents (%) |
|---------------------------------|-----------|-----------------------|------------------------|
| Overall support for the law     | 61        | 52**                  | 72                     |
| Support for the mandate         | 52        | 37**                  | 62                     |
| Impact of law on uninsured      |           |                       |                        |
| Helping                         | 45        | 35                    | 47                     |
| Hurting                         | 33        | 44                    | 31                     |
| Not much impact                 | 14        | 18                    | 13                     |
| Impact of law on you personally |           |                       |                        |
| Helping                         | 14        | 22**                  | 13                     |
| Hurting                         | 18        | 50**                  | 11                     |
| Not much impact                 | 67        | 26**                  | 75                     |
| Impact on health care costs     |           |                       |                        |
| Go up                           | 33        | 51**                  | 30                     |
| Go down                         | 6         | 14**                  | 4                      |
| Not much impact                 | 54        | 30**                  | 59                     |

**SOURCE:** Harvard School of Public Health/Blue Cross Blue Shield of Massachusetts Foundation, June 2008.

**NOTES:** Directly affected respondents are those who were uninsured at some point during the prior twelve months or those who had gotten insurance or changed their insurance as a result of the law (n = 117). Statistical significance denotes difference between directly affected and other Massachusetts residents.

\*\*p < 0.05

## Public Views On Reform

■ **Costs.** Rising health care costs are a problem being faced by individuals and families as well as by government and employers. Health care costs in Massachusetts are among the highest in the nation.<sup>30</sup> For example, personal health care spending per capita in Massachusetts in 2004 (\$6,683) was almost 27 percent higher than the national average.<sup>31</sup>

Although a sizable minority of Massachusetts residents appear concerned about the health care costs and economic impact of the new law, this concern is not enough to affect overall support. However, if the perception changes, so that more people report increasing costs, this could cause a backlash. One-third of respondents already think that the law has made their costs go up (Exhibit 5). Looking at the state as a whole, 39 percent of respondents believe that the law is affecting the cost of health care in Massachusetts. In addition, when asked about the impact of the law on the commonwealth budget and economy, 39 percent of respondents say that the law is hurting the budget, and 35 percent say it is hurting the economy (data not shown).

■ **Future of reform.** Although there is public concern about some aspects of the leg-

islation, two years into the reform we found little support for repealing it. Only 12 percent of respondents think that it should be repealed. Seventy percent think that it should be continued with some changes, but it is unclear from the survey what those changes would be. Seventy-one percent think that the new law has been successful at reducing the number of uninsured people in the commonwealth.

Since the law went into effect, more people than anticipated have signed up for subsidized insurance. That, in addition to the rising costs of health care, has meant that the health reform plan has exceeded its budget by approximately \$150 million. When asked about a series of options that might be used to deal with the fact that the health reform was over budget in 2008, several alternatives are favored by a majority of respondents (Exhibit 6). The most popular are increasing the cigarette tax and penalizing businesses with many part-time employees receiving subsidized insurance. Requiring insurers to contribute is also a popular option. The least popular alternatives are limiting the number of people receiving subsidized insurance and creating a waiting list, and increasing the sales tax.

### EXHIBIT 6

#### Massachusetts Residents' Support For Sources Of Revenue To Cover Health Care Reform Budget Shortfall, 2008

| Source of revenue   | Strongly favor (%) | Somewhat favor (%) | Somewhat oppose (%) | Strongly oppose (%) |
|---|--------------------|--------------------|---------------------|---------------------|
| Increase cigarette tax  | 57                 | 13                 | 8                   | 21                  |
| Penalize businesses with many part-time employees receiving subsidized insurance    | 47                 | 27                 | 11                  | 11                  |
| Require insurers to contribute to fund for the uninsured                            | 36                 | 25                 | 11                  | 24                  |
| Increase business penalty   | 30                 | 23                 | 18                  | 27                  |
| Reduce payments to doctors and hospitals for patients receiving subsidized care     | 22                 | 29                 | 20                  | 23                  |
| Increase premiums, copays, and deductibles for those receiving subsidized insurance | 16                 | 24                 | 22                  | 33                  |
| Cut other government programs   | 14                 | 19                 | 23                  | 33                  |
| Limit number of people receiving subsidized insurance and create a waiting list     | 10                 | 17                 | 21                  | 45                  |
| Increase state sales tax  | 7                  | 16                 | 16                  | 59                  |

**SOURCE:** Harvard School of Public Health/Blue Cross Blue Shield of Massachusetts Foundation, June 2008.



## Discussion

Many previous efforts to achieve universal coverage in the United States have failed, partially because public support has been lacking. This has not been the case in Massachusetts. The favorable political environment in the Bay State encouraged leaders to act and also meant that they took seriously the threat of a ballot referendum. From the public opinion perspective, there are two important lessons to be learned. The first is that a hybrid plan increases public support because nearly everyone gets some element of their preferred approach. For example, reflecting the lack of public consensus on a particular solution, policymakers pieced together multiple approaches to covering the uninsured in the legislation. They also included government, employers, and individuals as part of a “shared responsibility” approach that mirrored the lack of agreement among the public as to who should pay for the coverage and care for the uninsured. The second is that the plan was designed in a way that a majority of people do not feel threatened by the law—a fear that has hurt past universal coverage efforts. In addition, our study suggests that a subset of those who are directly affected by the law are more negative about it than others. It is possible that this can be better understood by looking at differences in income or in eligibility for subsidized insurance. Because of the small sample sizes of these groups in our study, we could not analyze these particular populations, but this is an important area for further research.

Looking to the future, the individual mandate remains the most controversial feature of the health reform law, but after two years, it too has majority support. The legislation also includes other very popular features such as employer responsibility and subsidized insurance. There are some potential threats on the horizon: rising costs, an economic downturn that could affect employers’ willingness to support the law, or loss of federal support. Unless these reach a critical stage, however, it is likely that the law has passed a danger zone of repeal and will continue into the future.

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## NOTES

1. The law promised that 95 percent of the population would be covered. This is higher than in Hawaii, which passed an employer mandate in 1974 but excluded the unemployed. See J. Holahan and L. Blumberg, “Massachusetts Health Care Reform: A Look at the Issues,” *Health Affairs* 25 (2006): w432–w443 (published online 14 September 2006; 10.1377/hlthaff.25.w432).
2. See, for example, *ibid.*; J.E. McDonough et al., “The Third Wave of Massachusetts Health Care Access Reform,” *Health Affairs* 25 (2006): w420–w431 (published online 14 September 2006; 10.1377/hlthaff.25.w420); E.A. McGlynn and J. Wasserman, “Massachusetts Health Reform: Beauty Is in the Eye of the Beholder,” *Health Affairs* 25 (2006): w447–w449 (published online 14 September 2006; 10.1377/hlthaff.25.w447); T. Miller, “Massachusetts: More Mirage than Miracle,” *Health Affairs* 25 (2006): w450–w452 (published online 14 September 2006; 10.1377/hlthaff.25.w450); N.C. Turnbull, “The Massachusetts Model: An Artful Balance,” *Health Affairs* 25 (2006): w453–w456 (published online 14 September 2006; 10.1377/hlthaff.25.w453); R. Steinbrook, “Health Care Reform in Massachusetts: Expanding Coverage, Escalating Costs,” *New England Journal of Medicine* 358, no. 26 (2008): 2757–2760; and S.K. Long, “On the Road to Universal Coverage: Impacts of Reform in Massachusetts at One Year,” *Health Affairs* 27, no. 4 (2008): w270–w284 (published online 3 June 2008; 10.1377/hlthaff.27.4.w270).
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