

A Focus on Health Care:

Five Key Priorities for the Next Administration

EXECUTIVE SUMMARY

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INTRODUCTION

Massachusetts' historical achievements in bold and innovative health care policy, including its state-based near universal health insurance coverage and health care cost containment laws, have positioned the state as a national leader in transforming health care coverage, access, affordability, and quality.¹ Yet, there remains work to do to ensure equitable and affordable access to high-quality and coordinated health care for all residents of the Commonwealth.

In early 2022, anticipating the election of a new governor and slate of legislative leaders, the Blue Cross Blue Shield of Massachusetts Foundation solicited broad and diverse health care stakeholder perspectives on the most pressing health care issues in the Commonwealth. Stakeholders reflected on a complex health care environment in which there is no shortage of challenges facing incoming state leaders, including racial, ethnic, and other health inequities; declining consumer affordability; a severe and growing mental health crisis among children and youth; persistent long-term services and supports (LTSS), including long-term care (LTC), financing and access issues; and acute health care workforce shortages. Based on stakeholder reflections, this report identifies health care reform priorities for new state leaders in the executive and legislative branches, including potential actions state leaders can take to advance these priorities.

With the new administration and legislative leaders poised to enter office, there is a stark need and a unique opportunity for decisive leadership to address remaining reforms to ensure equitable access to quality health care for all Massachusetts residents. Indeed, new leadership brings fresh potential for focus, collaboration, and give-and-take solution development across stakeholders with diverse and, often, divergent interests. These new leaders will be charged with sustaining the Commonwealth's health care reform achievements while advancing a bold vision for additional reforms that further improve the health and well-being of the residents of the Commonwealth in a turbulent and uncertain time. This "sustain and build" balance will rely on the new state leaders' ability to set clear goals, lead with a united vision, establish points of accountability, and coalesce and bridge public and private sector interests, to address the Commonwealth's remaining, most challenging issues in health care.

Five priorities emerged as common themes in stakeholder interviews, requiring immediate and focused action by the new administration and legislative leaders:

1. Addressing Systemic Racism and Inequities in Health
2. Ensuring Consumer Health Care Affordability
3. Confronting the Mental Health Crisis for Children and Youth
4. Improving Access to Long-Term Services and Supports, Including Long-Term Care
5. Mitigating Critical Health Care Workforce Shortages

HEALTH CARE PRIORITIES FOR A NEW ADMINISTRATION AND LEGISLATIVE LEADERS

1. ADDRESSING SYSTEMIC RACISM AND INEQUITIES IN HEALTH

Systemic racism in Massachusetts' social and economic systems including health care, and resulting health inequities, require a sense of urgency, leadership, and action from the next administration and legislature. Recent data shows that compared to White people, Black and Hispanic people in Massachusetts, for example:

¹ "Chapter 58: An Act Providing Access to Affordable, Quality, Accountable Health Care," Blue Cross Blue Shield of Massachusetts. Available at: <https://www.bluecrossmafoundation.org/chapter-58>. See also: Gosline, A., & Rodman, E. "Summary of Chapter 224 of the Acts of 2012," Blue Cross Blue Shield of Massachusetts Foundation. Sep. 2012. Available at: https://www.bluecrossmafoundation.org/sites/g/files/cspkws2101/files/2020-09/Ch224_summary_FINAL.pdf.

- Are more than twice as likely to be uninsured;
- Are less likely to report being in “excellent or very good” health;
- Report higher rates of “fair or poor” mental health;
- Are more likely to be diagnosed with and die from HIV; and
- Experience disproportionate rates of pregnancy- and post-partum-related deaths.²

“We cannot chew on this forever. There is a level of importance and immediacy. ... We are many years—decades—behind. There is a need to be action-oriented.”
 — Member of the Health Equity Task Force

Stakeholders highlight the need for the incoming governor to have a “long-term view” to addressing systemic racism (which has become entrenched over 300 years), while also acting decisively to drive near-term change. To achieve that balance, stakeholders urge the next administration to:

Establish and codify in the General Laws of the Commonwealth a leadership structure that is accountable for a “whole of government” and community-informed approach to enacting the administration’s health equity vision and goals. The urgent charge of advancing health equity will require a “whole of government” structure and leadership across government agencies and departments with influence over health, education, and transportation, among other areas. Actions that a new administration should consider taking to create an executive branch structure to achieve these ends include:

- Designate a new, permanent cabinet-level Executive Office of Equity led by a new secretary of Equity.
- Establish “Equity Offices” within each of the existing nine executive offices.
- Create and convene a central, statewide Equity Advisory Board comprised of community members and community leaders.
- Designate and regularly convene a governor’s “Health Equity Council” that would include the governor’s office, state health care leadership, local government, health sector and business leaders, and leaders from communities most impacted by health inequities and disparities.

Establish a bold vision and plan with specific and measurable goals for reducing inequities in health care coverage, access, quality, consumer experience, and outcomes during the administration’s first term by directing the secretary of the Executive Office of Health and Human Services (EOHHS), in conjunction with the new EOHHS Equity Office described above, to implement a community-informed process to develop a four-year vision and plan for reducing racial and ethnic health inequities by the end of the administration’s first term.

Empower and fund communities to lead health equity advancement at the community level. Stakeholders pointed to successful, community-led COVID-19 testing and vaccination efforts in Massachusetts as an important model to build on: funding was prioritized for communities that were being most harmed by the pandemic and interventions were devised and implemented by people who live in the community. Stakeholders urged the next administration to apply this community-driven approach to tackling health inequities. Specific actions a new administration could take include:

- Create a Health Equity Trust Fund to sustain community-based outreach and engagement infrastructure developed during the pandemic.
- Allocate health equity funding and delegate policy decision-making to communities that are suffering the most harm from systemic racism and the resulting health disparities.

2. ENSURING CONSUMER HEALTH CARE AFFORDABILITY

Stakeholders assert that Massachusetts leaders need to do more to ensure that Commonwealth residents have access to affordable health insurance coverage and health care. Despite high rates of insurance coverage in Massachusetts in 2021, 41 percent of residents reported that they or their families had health care affordability issues in the past 12 months, and

² Anthony, S., Boozang, P., Elam, L., et al. “Racism and Racial Inequities in Health: A Data-Informed Primer on Health Disparities in Massachusetts,” Blue Cross Blue Shield of Massachusetts Foundation, Manatt Health. Dec. 21, 2021. Available at: <https://www.bluecrossmafoundation.org/publication/racism-and-racial-inequities-health-data-informed-primer-health-disparities>.

one-third of middle-class families in Massachusetts with employer-sponsored insurance devote more than a quarter of their income to health care. Actions stakeholders urge the next administration to take are:

Expand affordable health insurance offerings through the Health Connector and strengthen the Connector’s role in enrolling and retaining people in individual market coverage, including by:

- Expanding ConnectorCare to consumers with incomes above 300 percent of the federal poverty level who are otherwise eligible for coverage through the Health Connector (e.g., residents who are citizens and eligible immigrants).
- Creating and funding an affordable coverage program for low-income immigrants who do not currently have access to government funded MassHealth coverage or Affordable Care Act coverage through the Health Connector.

“We fail to control health care costs, which leads to direct impacts in terms of ... ability to afford care. And the lack of being able to afford care leads to patients that do not get the care that they need. ... [T]hose patients are disproportionately lower income, disproportionately [people of color], and disproportionately employees of small businesses. [T]hat failure perpetuates the health inequities that have been persistent in our health care system.”

— State Health Leader

Expand the authority and charge of the Health Policy Commission (HPC) to more directly address consumer affordability by taking action to:

- Create a consumer cost growth benchmark that would limit annual cost growth of consumer out-of-pocket costs for health insurance, including premiums, deductibles, and co-pays.
- Incorporate provider price caps into the cost growth benchmark as several other states, including Montana, Oregon, and Washington, have already done to more directly address health care costs and improve consumer affordability.
- Give the HPC more authority to enforce compliance with the benchmarks, including stronger financial penalties as part of a more aggressive stance on accountability enforcement.
- Revise the composition of the HPC Board to appoint racially, ethnically, and culturally diverse members and appoint a Consumer Advisory Board as part of an effort to meaningfully and consistently engage with community leaders and community members with lived experience who are making hard health care affordability choices.

3. CONFRONTING THE MENTAL HEALTH CRISIS FOR CHILDREN AND YOUTH

Stakeholders raise the alarm that new state leaders will inherit a burgeoning mental health crisis for children and youth when they come into office. Between 2016 and 2020, the percentage of children ages 3–17 in Massachusetts who had anxiety or depression jumped from 12.2 percent to 18.4 percent, a 50 percent increase, which is nearly double the national increase of 25.5 percent over the same time period.

Stakeholders urge the next administration to establish a “whole-person-centered approach” to identifying and addressing children’s mental health needs and ensuring their overall health and well-being, including through action to:

Establish a Children and Youth Cabinet of leaders charged with cross-sector planning and collaboration to improve the mental health of Massachusetts children and youth. This cabinet should be tasked with creating a

cross-system structure that centralizes accountability, monitoring, and coordination of programs, services, and training initiatives that affect the healthy development of children and youth in the Commonwealth. Stakeholders suggest that the charge of the Children and Youth Cabinet for the first term of the new administration include:

- Conducting a comprehensive assessment of the mental health care continuum for children and youth and developing initiatives to address gaps, taking a whole-person and long-term view.
- Crafting a 10-Year Children and Youth Strategy that provides a vision, framework, and set of unifying goals for the health, education, social, and other sectors serving Massachusetts’ children and youth. This should include near-term recommendations for investment in initiatives to improve children’s and youths’ behavioral health based on the care continuum assessment discussed above.

“We cannot allow ourselves to say ‘kids are resilient’ anymore. That was an excuse for inaction.”

— Health Plan Leader

- Establishing a Children’s Health and Welfare Fund, which could pool money from MassHealth, the Department of Children and Families, and schools for coordinated and aligned investment in implementing the 10-Year Children and Youth Strategy.

4. IMPROVING ACCESS TO LONG-TERM SERVICES AND SUPPORTS, INCLUDING LONG-TERM CARE

According to stakeholders, Massachusetts is a leader in LTSS system reforms in myriad ways, but significant challenges remain, all of which were exposed and made worse by the pandemic. Despite ranking near the top on AARP’s LTSS State Scorecard, Massachusetts ranked near the bottom of the pack (43rd) for affordability of nursing home care. The Commonwealth also ranked poorly (46th) on the percentage of home health patients who have a hospital admission—indicating that the health and complex conditions of people in Massachusetts who use LTSS are not being well managed.

The pandemic renewed a call to action to ensure that all Massachusetts residents who need LTSS can find and access that care quickly, safely, holistically, and affordably, as part of a social right to overall health and well-being. Stakeholders specifically urged action to:

Task a senior executive branch leader (e.g., at the cabinet level or in the governor’s office) to solve long-standing challenges around LTSS planning, affordability, and financing by reviewing and assessing work done to date in this area, particularly *Securing the Future*.³ This comprehensive report issued in 2010 in the Commonwealth focused on improving public and private LTSS financing options and developing a comprehensive set of proposals for implementation. Strategies that should be prioritized for immediate consideration include:

- Implementing a comprehensive, multi-phase, statewide LTSS financing awareness and education campaign.
- Promoting the purchase of private LTC insurance through a federal Long-Term Care Partnership Program.
- Standardizing state oversight of beneficiary protections and rate stabilization around LTC insurance.
- Developing a state-sponsored or employer-based individual contribution program that helps Massachusetts residents finance their LTSS needs.

Advance a state discussion about MassHealth LTSS coordination and integration with other covered services. The next governor should task the secretary of EOHHS, in partnership with the MassHealth director and secretary of Elder Affairs, with reinvigorating a public discussion on and pursuing MassHealth LTSS purchasing and care delivery strategies that result in a less fragmented and more connected continuum of care for MassHealth members who use LTSS, including dually eligible individuals.

“Consumers are experiencing a sense of disconnect from or inability to connect with a really complicated, multi-layered health care system, particularly [immigrants/people with cultural or linguistic barriers] who may be unfamiliar with our health care system generally.”
 — Consumer Advocacy Leader

5. MITIGATING CRITICAL HEALTH CARE WORKFORCE SHORTAGES

Stakeholders nearly unanimously identified workforce shortages, particularly among paraprofessional LTSS and behavioral health workers.⁴ All frontline health care workers faced high rates of burnout and disproportionately experienced COVID-19 exposures, cases, and deaths, and many smaller providers closed due to severe workforce shortages. Massachusetts has implemented several broad and targeted health care workforce development programs and initiatives both prior to and as a result of the pandemic. Yet, stakeholders raise concerns that letting “1,000 flowers bloom” without an organizing framework, oversight, and accountability could dilute their collective impact. As such, stakeholders urge state leaders to:

³ “Securing the Future: Report of the Massachusetts Long-Term Care Financing Advisory Committee,” UMass Medical School’s Center for Health Law and Economics and Office of Long-Term Support Studies. Nov. 2010. Available at: <https://archives.lib.state.ma.us/bitstream/handle/2452/626026/ocn974922494.pdf?sequence=1&isAllowed=y>.

⁴ Paraprofessional workers include, but are not limited to, long-term services and supports (LTSS) direct care workers—such as certified nursing assistants (CNAs), home health aides (HHAs), and personal care attendants (PCAs). They also include behavioral health care workers—such as peer support specialists, community health workers (CHWs), and recovery coaches.

Develop and implement a 10-year health care workforce plan that prioritizes the LTSS and behavioral health workforce where demand for services is significantly outpacing supply within the first six to nine months of 2023.

The plan should include, at a minimum:

- A 10-year vision for the health care workforce in Massachusetts;
- Goals for strengthening Massachusetts' health care workforce;
- An organizing framework for categorizing, aligning, and advancing existing and newly developed policies and strategies;
- A set of near-term, actionable, and measurable strategies to address the LTSS direct care and behavioral health paraprofessional workforce shortages; and
- A sequenced approach, milestones, funding sources, and accountable parties for addressing other health care workforce shortages over a 10-year period, which could coordinate with efforts to establish a behavioral health Workforce Center.

“Whether you’re a recipient of institutional or community-based care, you are impacted by one of the worst workforce crises we’ve ever had, and for some providers, this workforce shortage is existential.”

— Community-Based Care Provider

Immediately implement existing or newly proposed initiatives to support paraprofessional LTSS and behavioral health workers, with an explicit goal of incrementally increasing wages to a living wage. As the state develops its 10-year health care workforce plan, it must simultaneously bring to fruition existing efforts to direct resources to increasing LTSS and behavioral health worker wages.

CONCLUSION

Key leaders across Massachusetts' government and health care sector, including consumers, providers, health plans, business, and labor, have identified five pressing issues facing the state's health care system that the new governor and state legislative leaders must prioritize as they come into office in 2023. As described in this report, these include addressing systemic racism and inequities in health; ensuring consumer affordability of health care; confronting the mental health crisis for children and youth; improving the affordability of and access to LTSS; and solving severe health care workforce shortages, particularly in the paraprofessional LTSS and behavioral health workforce. Stakeholders also identified potential, impactful actions for addressing each of these challenges, prioritizing those for immediate attention. Many of the proposed priority actions build on existing initiatives and proposals, so state leaders would not need to start anew in analyzing or problem-solving these issues. State leaders do, however, have to break new ground in creating a government culture and approach to health care policy development that engages a diversity of people with lived experience—community members and community leaders—who can help state leaders understand the root causes and impacts of these challenges and participate in co-designing solutions.

State leaders in Massachusetts have demonstrated that they can tackle complex, seemingly intractable health care issues, such as covering the uninsured and working to contain health care cost growth, as well as advancing a core mission of promoting the health and well-being of Massachusetts' residents. Massachusetts' new generation of health care leaders must pick up the mantle of bold leadership and ingenuity to solve what many stakeholders have called “last mile” issues plaguing Massachusetts health coverage and care delivery systems, and carry on Massachusetts' legacy of health care leadership.



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