



POLITICS

Does Mass. Health Law Cover Fewer People Than Believed?

By DAVID HOGBERG, INVESTOR'S BUSINESS DAILY Posted 01/19/2010 07:14 PM ET





Massachusetts Attorney General Martha Coakley, Democratic candidate for the U.S. Senate, and her Republican rival, State Senator Scott Brown, have... View Enlarged Image

As Massachusetts held a de facto referendum Tuesday on Democrats' national health plans, a new study says the state's own health overhaul law hasn't been as successful as its backers claim.

Republican Scott Brown has vowed to be the 41st vote to block a health care overhaul if elected to the U.S. Senate. But as a state senator, he voted for landmark legislation in 2006 seeking to cover virtually all residents.

In 2006 the Census Bureau reported that 10% of Massachusetts residents were uninsured. In 2008, it had fallen to 3.8%.

But that understates the uninsured by at least 45%, according to Michael Cannon, director of health policy studies at the libertarian Cato Institute.

"The official estimates overstate the health coverage gains in Massachusetts in part because residents are concealing their coverage status," said Cannon, who co-authored a study with Aaron Yelowitz, an economics professor at the University of Kentucky.

The law's supporters accuse Cato of "sloppy research."

"Cato has a far-right libertarian point of view, and they opposed reform even before it passed," said Brian Rosman, research director of Health Care For All, a liberal advocacy group in Massachusetts.

The state requires people to buy insurance or pay a fine. That may affect how people answer Census questions about their insurance status, Cannon argues.

Nondenial Denials?

Some respondents don't answer questions on insurance status. The Census tries to correct for that by comparing them with people with similar characteristics who did answer the question.

"We find evidence that these imputations rose in Massachusetts, not just after the law passed but relative to other New England states," said Cannon. "Using those other states as controls, it shows that nonresponse to the health insurance question is growing in Massachusetts for some reason that is unique to the Bay State."

Cannon and Yelowitz find that the uninsured rate could be closer to 5.1% vs. the official 3.8%.

"And that's only one strategy for concealing your health insurance status from the government pollster," said Cannon. "You can refuse to participate in the survey or you can lie."

Rosman isn't buying any of it.

"When confronted with numbers that don't support their conclusion, Cato makes up a reason why people are lying," he said. "No one goes to jail here for not having insurance. It's no different than other issues on your taxes."

 $\label{lem:heads} \mbox{He adds that reports looking at people} -\mbox{not samples} -\mbox{are "completely consistent with each other."}$

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Data collected by Massachusetts from health insurers show that 406,000 people gained insurance from June 2006 to June 2009.

"The problem with the enrollment figures is that there are no controls for accounting for other factors that might explain that increase," replied Cannon.

The study also challenged the notion that an overhaul has improved health outcomes.

It found that there was improvement among those who reported themselves in "good" health to the Census survey, but declines among those who said they had "very good" or "excellent" health.

Cannon is unsure why this occurred, but said, "It's possible that some people without coverage got insurance and had better access to care, but others who already had coverage now might find it harder to see a doctor because the law increased demand without increasing supply."

"I doubt it's related to the expansion of coverage," said Rosman.

He pointed to data collected by Massachusetts showing that more people are getting preventative screening like colonoscopies since the overhaul took effect.

The law remains popular.

A recent Boston Globe-Harvard School of Public Health survey found 58% of residents support it, though that's down from 68% a year earlier.

Increasing cost pressures could lead the state to sharply cut subsidies or coverage — or even dump the traditional fee-for-service health care model.

Such changes could increase the number of uninsured and anger voters, insurers and health care providers.

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