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Health Alert | How Much Do We Really Know About the Massachusetts Health Plan?

Jan 22, 2010 by Linda Gorman

Massachusetts has health care and so the rest of the country would like to have that too. So we don't (think) a state that already has health care should determine whether the rest of the country should.

- House Speaker Nancy Pelosi

Note to Speaker Pelosi: People in the rest of the country do have health care.

People in the rest of the country see real doctors, get real medications, and go to real state-of-the art hospitals even in California, the state that your district is in. What people don't want, both inside and outside of Massachusetts, is the kind of health care that the Massachusetts-style reforms produce.

In general, the ObamaCare reforms passed by the House mimic the Massachusetts model. As its opponents predicted, the Massachusetts reforms have created long waits for care, the highest health insurance premiums in the country, and out-of-control state spending.

People in Massachusetts have been fined because they have failed to buy government specified health insurance policies whether they need them or not. Even people with good corporate policies may run afoul of the law because their policies aren't "generous enough."

<u>Insurance policy design</u> has been politicized, and the insiders in control of the definition of acceptable health insurance have seen fit to outlaw plans that are the biggest sellers in the rest of the country. Worse, the government replacement plans are good only in Massachusetts.

For more on the malign effects of Massachusetts-style reforms see Aaron Yelowitz and Michael F. Cannon of the Cato Institute in *The Massachusetts Health Plan: Much Pain*, *Little Gain* which is <u>summarized on this blog</u>. Greg Scandlen reports on the size of <u>Massachusetts premiums</u>. Another post explains how <u>people game the bureaucratic</u> <u>Massachusetts system</u>. A fuller explanation was provided by the <u>Council for Affordable</u> <u>Health Insurance</u>. Other posts at this blog cover the <u>wait for care under Massachusetts</u> health care reform, the effect it is having on <u>emergency room visits</u> (they are up), and what is known of its <u>ultimate effects on patients</u>.

For an overview of the original intent of the Massachusetts reform, its working parts, and its results to date see <u>Massachusetts Miracle or Massachusetts Miserable</u> by Michael Tanner. <u>Destroying Insurance Markets</u> by the late Conrad Meier provides a splendid round-up of how required coverage for pre-existing conditions and one price community rating destroyed the insurance markets that the Massachusetts reform was designed to replace.



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