

Advocating For Lower Health Costs:

How A Massachusetts Consumer Group Tackled The Problem

Consumer advocacy organizations are just starting to turn their attention to the problem of rising health care costs. This paper outlines how one early leader group evolved from advocating on access issues to including health care cost control in their portfolio.

This effort was led by Health Care For All (HCFA). HCFA, based in Boston, is a long-time leader on Massachusetts health care. Since its founding in the mid-1980s, HCFA has focused on expanding access to health coverage – from the 1988 universal health care law championed by Governor Dukakis to the mid-90s expansion of the state’s Medicaid program. The organization has also worked on private insurance issues, winning fights for community rating and guaranteed issue for the state’s individual insurance market.

In the 2000s, HCFA took the lead in organizing a broad coalition to support a dramatic expansion of health coverage. The effort led to the 2006 reform law (“RomneyCare”) that resulted in a 97% coverage rate and became the model for the Affordable Care Act (ACA).

A Shift In Focus

Soon after the 2006 law was passed, HCFA began to turn its attention to cost issues. Massachusetts health care costs were the highest in the nation, and it became clear that the access gains HCFA had fought to achieve would not be sustainable without effective cost control. Moreover, it became clear that other forces, mostly business and insurers, were preparing a cost control agenda. The debate was bound to occur. Consumers needed to be at the table as well.

This represented a dramatic change in focus. It required staff to develop new expertise and to build relationships with new allies. It culminated in the passage in 2012 of a comprehensive cost control law. The final law contains numerous provisions championed by HCFA.

Here's a chronological outline of major highlights of that work:

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| <p>2007</p> | <p><i>We help start the conversation:</i> In 2007, HCFA consults with several experts and develops a menu of cost control ideas, including many payment reform proposals. We widely distribute a guide and summary for a bill, titled <u><i>A Consumer-Driven Health Care Cost Control Agenda for Massachusetts: 17 Legislative Proposals</i></u>. We have no illusions that our bill will move as is, but the various proposals spark discussion among key administration and legislative staffers.</p> |
| <p>2008</p> | <p><i>Early success:</i> The legislature passes cost control legislation that includes several of our ideas, including restrictions on prescription drug marketing, a Medicaid medical home pilot, and an annual cost trends hearing. The legislature is unwilling to advance more sweeping proposals, but the law establishes a <u><i>Special Commission on Payment Reform</i></u> to make recommendations for future steps.</p> |
| <p>2009</p> | <p><i>An outline emerges:</i> The Special Commission analyzes dozens of possible ideas for reducing health care cost growth. HCFA hosts several stakeholder listening sessions for the commission, where our proposals are discussed. We also hold sessions for legislators on topics like patient confidence and preventable events. In 2009, the <u><i>commission recommends moving towards risk-adjusted global payments through ACOs</i></u> as the preferred method of health care financing in Massachusetts.</p> |
| <p>2009</p> | <p><i>HCFA creates a new coalition:</i> In 2009, HCFA launches the <u><i>Campaign For Better Care (CBC)</i></u> to be the consumer voice in the upcoming payment reform debate. The coalition's early members include AARP, American Cancer Society and American Heart Association, the Greater Boston Interfaith Organization, and mental health and disability rights organizations. After internal debate and education, the coalition endorses <u><i>10 Consumer Principles for Payment Reform</i></u> to guide advocacy.</p> |
| <p>2011</p> | <p><i>Governor introduces bill, and coalition responds:</i> Governor Deval Patrick introduces a detailed delivery system and payment reform bill in early 2011. The CBC analyzes the bill based on our 10 principles. We publish op-eds, <u><i>testify at hearings</i></u>, and speak before community groups, generally in support but with specific concerns. Our full response is conveyed to key legislative leaders in a <i>detailed policy memo, along with a <u><i>clear summary</i></u></i> of concrete legislative recommendations.</p> |
| <p>2011</p> | <p><i>HCFA begins organizing:</i> HCFA hires two community organizers who conduct extensive outreach through meetings with other groups and <u><i>our own sponsored events</i></u>. To make our message clearer to the general public, we develop simpler messages, including a call for a <u><i>freeze on health insurance premium increases</i></u> (<u><i>photos</i></u>). Although we understand the freeze campaign as simplistic, it plays a role in encouraging a stricter rate review process which dramatically reduces rate increases.</p> |
| <p>2012</p> | <p><i>CBC engages in legislative process:</i> As the legislature begins developing its own bills in 2012, CBC steps up its advocacy, <u><i>meeting with legislators</i></u> on the 10 consumer principles. We discover that a key legislative chairman attends a church where an organizational partner has been organizing. <i>We invite the chairman to an organized advocacy action</i></p> |

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| | <p>at his church, where his priest and 400 church members voice demands for consumer provisions in the bill he is drafting. Both the House and Senate release strong bills that reflect many of our priorities. As bills go to the House and Senate floors, CBC holds a large State House rally and sponsors dozens of floor amendments to strengthen the bills. About half of our amendments pass.</p> |
| 2012 | <p><i>Governor signs bill, and the hard work of implementation begins:</i> In August 2012, Governor Deval Patrick signs Chapter 224, a 349-page comprehensive cost control law. The law includes many of our priorities, including patient-centered medical homes, payment reforms, cost growth limits, behavioral health integration and a major investment in community-based public health prevention programs. A CBC leader is appointed to the consumer seat on the new Health Policy Commission, which is charged with implementing much of the law.</p> |

Between the 2008 and 2012 Massachusetts laws, and the ACA, **roughly 2/3 of our original 17 ideas have been implemented in Massachusetts to some extent.** Now we are in the implementation phase, which is much more complex than the legislative process, and much harder to organize around. Meanwhile, in 2013 HCFA and the CBC develop new legislation to eliminate copays for cost-effective services and regulate tiered network health plans, and begin organizing and advocacy on these issues.

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