

Building a Consensus for Health Care Reform in Massachusetts: Policymakers and the “Hero Opportunity” in the Bay State

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Judith C. Meredith, a longtime lobbyist and Executive Director of the Public Policy Institute has identified what she calls “a hero opportunity,” when “a compelling problem or crisis that provides elected or appointed public policymakers with public occasions to propose and champion a solution that makes a measurable difference in the lives of a critical mass of constituents.”¹

For leaders in the Commonwealth of Massachusetts, just such an opportunity presented itself in the first decade of the 21st Century with a convergence of several factors surrounding the state’s health care system. Like every state, Massachusetts has seen their health care costs sky-rocket in the last decade. According to a report commissioned by the Blue Cross Blue Shield of Massachusetts Foundation and conducted by The Urban Institute, providing care for the state’s uninsured population cost the federal, state and local governments more than a billion dollars (\$1.1 billion) annually. This equated to a cost of more than \$2,000 for each uninsured non-elderly adult in the state. Further, the number of uninsured and the cost to provide care for them was rising rapidly.²

Almost a third (\$385 million) of that was paid by the federal government in direct payments to two funds established by the state’s two largest hospital systems to cover the cost of providing care for some of the states uninsured. In 2004, The Department of Health and Human Services indicated that the waiver to allow these payments would not be renewed unless the state significantly reformed how the money was spent. According to a deal worked out by Governor Mitt Romney, Senator Ted Kennedy and Department of Human Services Secretary Tommy Thompson, the waiver (and the accompanying \$385 million) would be suspended on July 1, 2006 unless the state changed the way it assisted the uninsured population. If the state did not develop a more acceptable method of serving the uninsured, it would lose more than three-quarters of a billion dollars over the two-year biennium.³

According to the study cited above, about 500,000 children and adults in Massachusetts, many of them working poor, were not covered by private or public insurance in 2004. The costs of providing medical care (usually in emergency rooms or urgent care centers) for this half a million Bay Staters was covered by the state through its “uncompensated

¹ *Real Clout: A How To Manual for Community Activists*, Judith C. Meredith and Catherine M. Dunham, (1999) Public Policy Institute (Boston, Ma).

² *An Analysis of the Cost of Medical Care for the Uninsured in Massachusetts*. (2004) The Urban Institute.

³ Interview with John McDonough, Executive Director, Health Care for All, February 8, 2007.

care pool,” with money collected from businesses, hospitals, state and federal governments, and insurance companies.

Advocates for the poor as well as leaders of the state’s business community believed there was a more efficient and effective way to provide this care, and organized to encourage government to pass and implement reform. In 2005, several advocacy groups, working together, proposed a ballot initiative that, if passed, would create a system to provide health care for the poor in the state by assessing a tax on employers, increasing Medicaid eligibility, assessing a sixty cent per pack tax on cigarettes and increasing the rate at which Medicaid providers were reimbursed. In a matter of just under two months in the fall of that year, they gathered well above the 112,000 signatures necessary to get the initiative on the fall, 2006 ballot. Polls indicated strong public support for the ballot initiative.

At the same time, business groups were expressing their displeasure with the status quo in which businesses that provided insurance for their employees had to contribute to the uninsured pool to pay for those who did not. They viewed the rising cost of health care and the drain of providing inefficient care for the uninsured as a significant challenge to doing business in Massachusetts.

This context created the “hero opportunity” for policymakers in the Bay State. The Urban Institute report and a series of highly visible meetings coordinated by the Blue Cross Blue Shield Foundation of Massachusetts brought significant public attention to the problem. While such reforms often fall victim to a belief by each of the stakeholders that the status quo (the known) is better than a compromise solution (the unknown), the potential loss of federal money (\$385 million annually) and the likelihood that ballot initiative would receive the votes necessary to pass suggested that failure to act would not result in the status quo, but in a policy that was significantly more costly to the business community, providers and the public. While their interests and proposals were significantly different, the fact that advocates for the poor as well as advocates for the business community and the medical community were organized and expressing interest in reform provided a base of support for our potential heroes.

Identifying the Potential Heroes: Understanding the Motivations of Executive and Legislative Leaders

While the pieces were clearly in place to encourage heroic action on health care in Massachusetts in the first decade of the 21st century, the identity of that hero, or even if he or she would really ride in on a white horse, was not nearly so evident. Because this was an issue that had to be addressed by state government, three policy makers seemed poised to mount the white steed: Governor Mitt Romney, Senate President Robert J. Travaglini and House Speaker Salvatore DiMasi. Each of these men was the most influential policymaker in his respective branch of government and indeed, in Massachusetts, the dominant player in each. However, there was reason to be skeptical regarding the willingness or ability of each to successfully make the heroic effort.

The Honorable Mitt Romney, Governor. To many, Mitt Romney, a Republican and a Mormon, was an unlikely person to govern the state that to many is the stereotypical liberal state represented in the United States Senate by Ted Kennedy, in the House by Barney Frank and large Democratic majorities in both chambers of its state legislature. His 2002 election over State Treasurer Shannon O'Brien was attributed more to a national Republican wave and an ineffective campaign by O'Brien than to the political fit or skills of Romney. Further, to many he was an unlikely hero in the fight to bring cost effective health care to the poor in the state. In his first State of the State address (2003), his references to health care focused on cutting cost, agency reorganization, cutting waste and requiring recipients of state health care aid to contribute to their own care. However, some (probably including Governor Romney) viewed this as an opportunity for the aspiring presidential candidate to take a bold stance on an issue that was likely to be in the forefront of the voters' minds in the election of 2008.

The Honorable Robert J. Travaglini, President of the Senate. Taking over the post of Senate President at the same time (2003) that Romney took over the reins of the Executive branch, Robert J. Travaglini was in beginning his sixth two-year term in the Senate. Little in Travaglini's legislative career (as a rank-and-file member or Majority Whip) suggested that he would tackle such a sweeping policy reform as health care reform. Indeed, upon signing the legislation, Travaglini acknowledged as much, "never in my wildest dreams did I envision being at a bill signing for such a historic agreement."⁴ Prior to the introduction of his reform bill, Travaglini had neither chaired nor served on any health-related committees and his legislative record indicated few significant policy initiatives. His first two years as President were not marked by significant policy accomplishments. Many felt that Senator Travaglini was more concerned with managing the Senate and taking care of his constituents than with tackling significant public policy problems and his track record gave little reason to doubt that assessment.⁵

The Honorable Salvatore DiMasi, Speaker of the House of Representatives. While Governor Romney and President Travaglini were established in their posts when the health care challenges came to the forefront, Salvatore DiMasi was not the speaker, but rather Majority Leader. During his almost thirty years of service, DiMasi held several leadership posts, but did not become Speaker until late 2004, after Travaglini and Romney had staked out positions on the issue. While they were busy promoting their proposals, he was busy learning the ropes as the new kid on the block. DiMasi had not been a significant player in previous efforts to reform health care, although he was a member of the House during both (1988 and 1996). Early in his first term, there was even some speculation in the media that he was going to be a caretaker Speaker, managing the House, but neglecting to take on significant policy.⁶

⁴ "Joys, Worries on Healthcare," *Boston Globe*, Page A1, April 13, 2006.

⁵ "In Health Care, They're The Two and Only," *Boston Globe*, April 12, 2006.

⁶ "In Health Care, They're The Two and Only," *Boston Globe*, April 12, 2006.

Looking for a Hero to Protect Their Interests: The Stakeholders

One quality of heroes is that they have to have someone or something to protect. Every knight needs his damsel in distress. Every Clara Barton needs her sick soldier. And in this case, there were several groups looking for a hero to protect their interests and see that their status and position was represented and, hopefully, protected.

Advocacy Groups. As with any cause involving health and human services issues, **the poor and underserved**, in this case the more than 500,000 people with no health insurance, have a stake in the debate. While this group is often poorly represented in the political arena, such was not the case this time. Advocates for the underserved were well organized and active during the debate in the embodiment of two groups. MassACT (Massachusetts Affordable Care Today!), a coalition of more than 150 labor unions, health care organizations and social service providers, and the Greater Boston Interfaith Organization (GBIO), comprised of more than seventy organizations representing membership of more than 50,000 individuals.

According to John McDonough, one of the leading activists in MassACT, and a former legislator with a long history in the politics of health care reform, the advocacy groups were primarily focused on expanding access to affordable quality care for those not currently served by Medicaid or other current programs. Their interest was in creating a health care system where either the government or the business community were primarily liable for the cost of quality care to those who could not afford it.⁷ MassACT put forth legislation that would fund such a system with an expansion of Medicaid coverage, a surcharge on businesses that did not provide insurance to their employees and a sixty cents per package increase in cigarette taxes.

Health Care Providers and Hospitals. Clearly one group with the much to gain or lose in health care reform was the hospitals and care providers. This included some of the key providers in the state such as Partners HealthCare, Massachusetts League of Community Health Centers, Boston Medical Center and Tufts-New England Medical Center. The health care industry, and the more than 450,000 people it employs in Massachusetts is considered one of the states most promising economic engines. Two entities in particular, Boston Medical Center and the Cambridge Health Alliance, whose managed care programs were the recipient of the \$385 million that was in jeopardy, had a great deal at stake. Although not a medical provider, Blue Cross Blue Shield of Massachusetts early on formed an alliance with key stakeholders in the provider community that aligned their interests.

According to a letter to President Travaglini on June 8, 2005, this group encouraged health care reform based on three principles: increased access and coverage, effective cost management and fair reimbursement to providers. They proposed expanding coverage by providing affordable insurance, expanding Medicaid enrollment and

⁷ Interview with John McDonough, Executive Director, Health Care for All, February 8, 2007.

encouraging cost management. They would encourage cost management by increasing the use of technology, encouraging pay for performance contracting, reforming Medicaid and promoting transparency so consumers could make educated choices. Finally, they would support reform that included higher reimbursement for providers by raising the Medicaid reimbursement rate and restoring the profit margin of providers to a higher level.⁸

Business Community. Leaders of the business community have historically been reticent to support health care reform, assuming, often correctly, that the primary burden for financing that reform will fall on their shoulders. However, as health care costs have risen and businesses have seen coverage for their employees take an ever increasing portion of their profits, the corporate community has begun to seek such reforms. In Massachusetts, this charge was led by the Greater Boston Chamber of Commerce, The Massachusetts Taxpayers Foundation, the National Foundation of Independent Business, and the Massachusetts High Technology Council.

Business leaders were looking for a hero that would not put the primary burden for providing coverage on employers through a significant tax, fee or surcharge. They were supportive of reform because the current system not only charged companies that were providing coverage (they had to contribute to the fund to cover the “uninsured pool”), but did not charge those companies who offered no coverage. They were also supportive of efforts to contain health care costs and offer low cost insurance coverage options, both of which would reduce their costs.

Labor Unions. Massachusetts in general, and Boston in particular, have a high proportion of union workers and a number of very active unions. The largest such group is the Massachusetts AFL-CIO, which has more than 750 affiliated organizations with more than 400,000 members across the state and is very active in legislative lobbying and legislative campaigns. While there was some disagreement among labor unions on how far reform should go, they all agreed that the ideal plan would focus on the provision of quality health care and coverage at little or no cost to the individuals. Instead, they preferred a plan that would tax employers, particularly those that do not provide health care coverage for their employees, or would require employers to provide quality care for their workers. They would also support a government funded single-payer system of providing care.⁹

Insurance Industry. Interestingly, while any change in health care would have a dramatic impact on current providers of insurance, they were less involved in the public discourse and development regarding the reform movement than the other players. Apart from the states largest provider, Blue Cross Blue Shield of Massachusetts, most providers played an active, but secondary role in reform, reacting to the actions of others rather than initiating reforms of their own.

⁸ Letter available at <http://www.massachusettshealthreform.org/content/letter%20from%20leaders.pdf>.

⁹ Interview with Rich Marlin, Legislative Director, Massachusetts AFL-CIO, February 7, 2007.

Among the interests of the insurers was a desire to increase the reimbursement rate for hospitals (who were passing the cost along to the insurance providers), a concern about the cost effectiveness of the any minimum plans they might be required to provide and the consequence of a proposal to merge those people who purchase individual insurance policies with those who join together to purchase policies as a group. They also were concerned that amidst all the changes, the state's "uncompensated care pool" would remain adequately funded so their premiums would be paid fully and that the government would limit the number of procedures and care they were provided to cover in their plans.¹⁰

Trying on the Costume: Potential Heroes Make their Cases

Health care reform was not new to the Bay State. In fact, the effort of the first part of the twenty-first century was really the third iteration of reform in the Bay State. The first wave of reform occurred in the mid 1980's with several laws signed by Governor Michael Dukakis that were grouped together as the Universal Health Care law. They included programs to provide coverage to disabled adults and children (CommonHealth), uninsured pregnant women (Healthy Start), uninsured workers (Medical Security) and college students (Student Insurance Requirement). The recession of the early 1990's doomed many of these reforms to limited and insufficient funding. A decade later, in 1995, health care leaders in the legislature proposed a broader expansion of health care, covering children through age 19 as well as a plan to help seniors buy prescription drugs. The plan was passed in 1996 over the veto of Governor William Weld and included coverage of an additional 300,000 people under Medicaid, an expansion of care for children from middle-income families, the senior drug plan and a program (Insurance Partnership) to assist low-wage workers and employers.¹¹

A decade later, the time appeared ripe for another round of reforms. The initial impetus came from a rather unlikely source: Blue Cross/Blue Shield of Massachusetts, the states largest and most profitable insurance provider who, in 2003, established a separate (BSBS Foundation) organization to promote a study designed to move the state in the direction of universal health care coverage (Road Map to Coverage). Backed by money from the BSBS Foundation and additional revenue from the state's largest medical care provider (Partners Health Care). At the same time (2003), the advocacy group Health Care for All, created in 1998, began to put forth its own ideas for expanding health care in the Commonwealth, focusing on increased access, increased revenues, a merger of non-group and small group companies and finally, an increased accountability for employers to provide coverage. New Governor Mitt Romney also began to talk about health care as an area that needed to be reformed, albeit his reforms were a bit more narrow and "market-based" than those proposed by Health Care for All or the BCBS Foundation.

¹⁰ Interviews with Dr. Marylou Buyse, President, Massachusetts Association of Health Plans (February 7, 2007), John McDonough, Executive Director, Health Care for All (February 21, 2007) .

¹¹ "Previous Health Care Reform Efforts in MA," from ACT! Affordable Care Today
*<http://www.hcfama.org/act/reform101.asp>), January 29, 2007.

The first elected official in the state to make a public statement supporting a broad increase in health care coverage in Massachusetts was not the governor, however. On November 16, 2004, Senate President Robert Travaglini, speaking at a luncheon to release the initial report of the Roadmap to Coverage (*An Analysis of the Cost of Medical Care for the Uninsured in Massachusetts*) promised to propose legislation in the upcoming legislative session designed to cut the number of uninsured by fifty percent.¹² While he offered few details at that point, Travaglini's statement and public commitment to increase access raised the bar to a new level. Within weeks, Governor Romney made a similar statement, but promised to create reform that would guarantee health care to all those not presently insured in the Commonwealth. At this point, Representative DiMasi was not yet Speaker of the House.

Six months later, after numerous discussions with business leaders, health care providers and insurers, President Travaglini turns his ideas into a concrete legislative proposal, introducing Senate Bill 2282 in April, 2005. As initially introduced, the bill proposed to cover almost half (225,000) of the states uninsured by increasing the Medicaid reimbursement rate to hospitals and community health centers, encouraging insurance companies to provide low cost policies with basic coverage and high deductibles, provide money to increase enrollment in Medicaid and require companies who do not provide insurance to contribute to the states "uncompensated care pool" if their employees used state services for health care (free rider surcharge).

Not to be outdone, Governor Romney put forth his own proposal the same week, introducing two bills in the House (HB 2923 and HB 2924). Like Travaglini's plan, Romney did not levy a tax or charge on the state business community. His plan relied on a redistribution of current revenues and elimination of waste and increased efficiencies created by market forces to fund the expansions. The cornerstone of the plan included a mandate that all citizens of Massachusetts be required to purchase health care much like licensed drivers are required to purchase auto insurance. Romney's plan also created the Massachusetts Exchange, a public/private partnership which would assist insurance companies in developing acceptable policies and help people identify the most effective plan for them.¹³

In light of these two competing, but rather narrow plans, the Blue Cross Blue Shield Foundation put a proposal on the table in October 2005. Seeking to expand coverage to everyone, the BCBS plan expanded Medicaid coverage to all children up to 200% of the poverty level for children and 133% for families. Their plan also introduced the concept of merging those who purchase coverage on their own (non-group) with those who purchase coverage as part of a small group (small group coverage) to take advantage of economies of scale and require individuals to purchase care. This plan was also the first to require employers of a certain size to provide coverage and be assessed a financial penalty.

¹² Interview with David Morales, Office of President Travaglini, February 7, 2007.

¹³ "Healthcare Reform Efforts Win Praise," *Boston Globe*, Page A1, April 7, 2005.

While these plans are being discussed and bantered around, new Speaker DiMasi and the House members of the Joint Committee on Health Care Financing are meeting regularly to explore the issue and develop their own plan.¹⁴

Finally, after numerous and sometimes contentious meetings with and of the House members of the Joint Committee on Health Care Finance and members of the advocacy, business and health care provider communities, the committee, with the support of Speaker DiMasi, released its plan on the table on October 31, 2005, six months after Travaglini and three months later than Romney. However, with the benefit of extra time and analysis of the other proposal, his plan was much more detailed and comprehensive, reflecting some ideas from each and adding a few of his own.

His proposal included the Commonwealth Connector to connect individuals and small businesses with the best insurance products, much like Romney's Exchange would have done in his proposal. Like Romney's plan, DiMasi would also require that the uninsured purchase some level of care provided entirely by the state or with state subsidies. Like the proposal by Travaglini, his plan would significantly increase access, increasing the number of people covered by Medicaid (MassHealth), increasing coverage to families up to 300 percent of the federal poverty level (FPL) and increasing the rate at which MassHealth reimbursed care providers. Like the BCBS plan, he proposed merging non-group and small group markets. Other parts of the plan were a bit more unique, particularly a proposal to levy a payroll tax of 5% on companies with between 11 and 100 employees and 7% on companies that employed more than 100 workers, although health care coverage provided by the company would be deductible against the levy. The bill, House bill 4479, was passed by the House by a more than five-to-one margin (131 to 22) on November 3, 2005.¹⁵

Epic Battles: Clash(es) of the Titans

In the Senate, the text of HB 4479 was replaced with the text of Travaglini's bill and renumbered Senate Bill 2276. On November 9, 2005, the Senate passed this bill unanimously, with some significant changes from the original proposal of six months earlier. First, the Medicaid coverage was expanded to cover children in households earning up to 300% of the federal poverty level, up from 200 percent in the original bill. Second, the bill was amended to expand Medicaid coverage to an additional 16,300 low-income parents and 8,000 illegal immigrants. Third, the new bill restored certain Medicaid benefits that were eliminated in 2002, including coverage for dental care, glasses and prosthetics. The expansions added an additional \$150 million to the cost of the bill. With the additions, it was estimated that the bill would cover about half of the state's 500,000 uninsured.

On November 14, the House voted not to concur in the Senate changes and two days later, House and Senate conferees (three from each chamber) were appointed to try and

¹⁴ Interview with Rep. Patricia Walrath, Chair of the Joint Committee on Healthcare Financing, February 7, 2007.

¹⁵ "House Approves Health Care Overhaul," *Boston Globe*, Page B1, November 4, 2005.

reconcile the two very different versions of health care proposed by the two chambers. The Conference Committee met once in November and December to determine that holiday schedules would make further meetings unlikely until January. Early hopes that a bill would be on Romney's desk by the end of the year were dashed.

Initially, the U.S. Department of Health and Human Services suggested that the state have its plan passed by mid January so it could be reviewed and fine-tuned in time to meet the July 1 deadline. However, the conference committee began meeting in earnest only in January 2006. There were early signs that its work would not be easy when the three Senate members publicly sent a letter to the House Chair (Rep. Pat Walrath) that they had "serious concerns" about the business surcharge levied in the House bill.¹⁶ Two weeks later, Governor Romney promised to set aside \$200 million in the FY 2007 budget to help fund the health care reform initiatives. This was viewed as a major concession on the part of the Governor who had previously insisted no new money would be needed.

While the conference committee continued its work under the watchful eyes and guidance of President Travaglini and Speaker DiMasi, the two leaders met privately with leaders of the business community to devise an alternative to the business surcharge that might be acceptable to all parties. In late January, the talks produced several alternatives, including earmarking an increasing amount of state money for the cause, requiring companies to offer insurance plans purchased with pretax dollars and increasing the amount that required by all companies to pay into the state's "uncompensated care pool," including those who do not offer insurance and currently do not pay.

Despite these promising events, concern was rising that comprehensive reform was not possible and that the federal money might be at risk.¹⁷ In light of these concerns, President Travaglini offered a scaled back proposal on February 28, 2006. The new plan would require insurance companies to offer low cost plans with high deductibles and require the state to purchase plans for about 65,000 of its poorest residents, subsidizing premiums for those between 100 and 300 percent of the federal poverty level. He described the new proposal as a "placeholder plan" to satisfy the demands of the federal government. The new plan, it was estimated, would cover about half of the states uninsured population.¹⁸ The new bill, with no requirements for employer funding and a very limited expansion of coverage, was considered a "step back" by members of the advocacy community and leadership in the House.¹⁹

Just at the point when the "hero opportunity" seemed to be slipping away, it rose rather unexpectedly from the ashes less than a week later, as a result of two very different meetings. First, apparently both Travaglini and DiMasi were chastised by their wives over a dinner for their stubbornness and inability to come to a solution.²⁰ When a

¹⁶ "Legislators Bog Down on Health Insurance," *Boston Globe*, Page B1, January 6, 2006.

¹⁷ "Healthcare Hopes Fade," *Boston Globe*, Page B1, February 27, 2006.

¹⁸ "New Senate Bill Would Cover Half of the State Uninsured," *Boston Globe*, Page A1, February 26, 2006.

¹⁹ "New Senate Bill Would Cover Half of the State Uninsured," *Boston Globe*, Page A1, February 28, 2006.

²⁰ "Deal Would Charge Firms that Don't Insure Workers," *Boston Globe*, Page A1, March 4, 2006.

meeting between Travaglini, DiMasi and key leaders from the business community, insurance providers and medical providers produced an alternative to DiMasi's business surcharge that was acceptable to all. Rather than charging a percent surcharge to each business over ten employees, the new proposal would levy a \$295 annual charge per employee for all companies with more than 10 employees who did not provide coverage. The charge was deemed economically acceptable to the business community.²¹

The bill was signed into law on March 12, 2006 by Governor Romney with considerable fanfare and in the presence of key legislative leaders and key supporters from the stakeholders. Speaker DiMasi encouraged the governor to accept the entire bill, "Governor Romney, this bill was crafted after long and difficult negotiations. To change anything will disturb the delicate balance that made this law possible."²² Despite this warning, Governor Romney vetoed eight provisions in the legislation, including the business fee and the expansion of Medicaid benefits to certain recipients. However, those vetoes were easily overridden by the heavily Democratic legislature.

The Core of Heroic Legislation: Something for Everyone

The compromise bill had significant pieces from each of the three original proposals. From the Senate bill, the compromise included state money for the two hospitals that would have lost money under the change, an increase in the provider reimbursement rate, and a requirement that insurance companies provide less expensive plans. From Governor Romney's plan, the new bill included an individual mandate, greater accountability for care providers and an organization to assist residents in identifying the best coverage. From the House bill, the compromise included a significant increase in Medicaid coverage, an assessment on companies and the merger of non-group and small group pools.

As significantly, if not more so, there was something in the final legislation that each of the key stakeholders could support. None of the stakeholders got everything they wanted, but everyone got something. The hospitals and community providers got a significant increase in the Medicaid reimbursement rate (more than \$500 million over three years) and the state agreed to cover the money lost to the two teaching hospitals (no loss of money) and tools to help them manage cost (more efficiencies). Members of the business community got a significantly smaller fee than expected, a requirement that residents purchase care (individual mandate) and significant government assistance in the provision of coverage (less cost to them).

Members of the advocacy community were pleased to get a significant increase in Medicaid coverage and increased government assistance for those not eligible for Medicaid (increased access), hospital accountability (lower cost) and a fee on businesses (offset costs) that did not provide coverage. Finally, the insurance providers benefited

Confirmed in interview with Speaker Salvatore DiMasi, February 8, 2007.

²¹ *Ibid.*

²² "Joy, Worries on Healthcare," *Boston Globe*, page A1, April 13, 2006.

from the reform because they could now offer low cost plans (more profit) and would no longer be subject to the fees assessed to make up for the low reimbursement rates and to fill the uncompensated care pool.

The ability of these leaders to bring together very diverse coalitions to support this bill may best be summed up by comments from two very different organizations. On the one hand, Edmund F. Haislmaier of The Heritage Foundation writes, “The Governor and the legislature have provided their citizens with tools to achieve what the public really wants: a health care system with all the familiar comforts of existing employer group coverage but the added benefits of portability, choice and control.”²³

On the other hand, in expressing his support for the legislation, John McDonough, Executive Director of Health Care for All, a coalition of liberal and religious groups dedicated to promoting the interests of the poor, noted, that the legislation “is an important, meaningful step forward on the road to affordable quality health coverage for every resident of Massachusetts. Speaker DiMasi, Senate President Travaglini and the health care conferees should be praised for fashioning legislation to expand affordable coverage and strengthen our health care safety net.”

This is not to say that everyone was satisfied with the outcome. Although many labor unions supported the legislation as part of the ACT Massachusetts coalition, the state’s AFL- CIO chapter withheld its support, arguing, “We are particularly concerned about the implementation of the individual mandate contained in the legislation. Our concern is that it will lead to an even more precipitous decline in employer-provided health care.” However, they did not denounce the legislation and expressed a desire to remain engaged, “The Massachusetts AFL- CIO looks forward to continue playing our integral role in the ongoing health care debate in this Commonwealth. We will wait and see if this bill accomplishes any progress in making health care more affordable and accessible for working families.”²⁴ Likewise, while Blue Cross Blue Shield and some other larger insurance companies supported the legislation, some smaller providers raised concerns about the part of the plan that merged non-group and small group policyholders.²⁵ In the end, however, the legislation was supported by stakeholders with a wide range of perspectives, ideologies, interests and needs.

Perhaps the key to the success of this effort can be found in the words of Senate President Travaglini on the day of the bill signing, “We can all share the credit for this landmark legislation,” singling out not just elected officials, but the business leaders, insurers, healthcare advocates and others who were crucial in crafting the bill.²⁶

²³ “The Significance of Massachusetts Health Reform,” *Web Memo*. Published by the Heritage Foundation (<http://www.heritage.org/Research/HealthCare/wml035.cfm?renderforpring=1>) by Edmund F. Haislmaier, April 11, 2006.

²⁴ “Labor Officials Doubt Wisdom of Health Care Reforms,” Robert J. Haynes, President, April 3, 2006.

²⁵ Interview with Dr. Marylou Buyse, President of the Massachusetts Association of Health Plans, February 7, 2007.

²⁶ “Joy, Worries on Healthcare,” *Boston Globe*, page A1, April 13, 2006.

At the end of the day, the legislation, like any product of a human (even heroic) endeavor, is not perfect. It is not likely to do everything that its proponents promise nor have consequences as negative as those who don't support it claim. However, it does, without question, move the state of Massachusetts further down the road to full coverage and accessible health care for its residents than the efforts of any other state. It may, indeed, serve as a model, even if not a perfect one, for those states.

In like manner, just as epic heroes of mythology and history have weaknesses and imperfections, one could (and many have) raise concerns about the motives of each of the leaders who brought this legislation to fruition. Further, the process by which the legislation was developed and compromises made was not perfect or as pristine as some may like, but, I expect it was much closer to the reality of true (and effective) policymaking than other more transparent and "textbook" processes. And, in the end, these three leaders, despite their own distinct perspectives, motivations and personalities, did produce a revolutionary reform that gained the public support of a diverse group of stakeholders and is likely to influence healthcare in Massachusetts and perhaps the country for years to come.