



# PENNSYLVANIA HEALTH ACCESS NETWORK

## PHAN's Policy Call Series

Notes from:

*Learning from Other States:*

*Utah and Massachusetts's Health Insurance Marketplaces,  
What Pennsylvania Can Learn from Them*

*w. Shelly Braun, Ph.D, Reforms Initiative Director for Utah Health Policy Project*

*Brian Rosman, Research Director for Health Care for All Massachusetts*

*Tuesday, February 7<sup>th</sup>, 2012*

*These are only the notes from the questions and answers section of the call. Both Shelly Braun and Brian Rosman provided Power Point presentations that you may also download.*

**Q: For Brian: Are diagnostic testing and prescription drugs (especially for diabetes) covered by the Connector's plans?**

Brian: All plans – Bronze – Platinum – cover same benefits package mandated by MA that includes prescription drugs, preventive care, mental health & substance abuse services, and also fertility treatment which is the most controversial. For diabetes particularly, testing and other supplies also covered.

**Q: For both states: Provider shortages post exchanges?**

Brian: Don't believe what you read from WSJ or hear from Republican candidates. Lots of misinformation about that. If MA had provider shortage after Connector, it's because existed before. Medical society does survey every year to extrapolate whether or not there is shortage, what found is that it goes up and down every year, nothing consistent. State is working on expanding primary care availability – began loan forgiveness program, expanding training programs, have expanded to allow nurse practitioners to bill independently as primary care providers. More does need to be done nationally and in MA.

Shelly: In UT probably have shortage, but no one really knows. One thing UT leaders committed to last year was to reform Medicaid payment reform payment delivery system moving towards accountable care model, providers rewarded for health outcomes. This brings in all levels of practitioners.

**Q: MA has almost 90% in plan?**

Brian: Not in any particular "plan," but 98% have health coverage. Children higher, 99.5%, remarkable because individual mandate does not apply to children, but have virtually all children covered. Speaks well for what PA and rest of country can achieve, once we can move past politics and work to implement ACA can move America to place where everyone has health insurance.

**Q: For Both states: What are one or two things you don't have that you would urge us to get out of our exchange legislation?**



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Shelly: Biggest thing UT missed was individual responsibility mandate. UT exchange concept came out of Heritage Foundation. Mandate politically unpopular in UT. In absence of mandate, needs to be strict affordability standards and UT didn't implement those either.

Brian: Didn't do cost control, too hard politically while also implementing near coverage for all. One thing did well was eliminate conflict of interest in exchange board – no industry reps, etc.

## **Q: How did Free Market play out in MA?**

Brian: We are state that is willing to live with lots of regulations; had already had heavily regulated insurance market for a number of years before this passed in 2006. Said it was free market, value choice and figuring choice is best thing for consumers, consumers said too many choices was actually paralyzing and too much. Changed their minds, remarkable for state agency to do that, had to confront that free market isn't always best option for consumers.

## **Q: Brian: Any resources you have for people here in PA on that?**

Brian: State has local non-profit Blue Cross Foundation, tool kit on this issue, goes into detail how Exchange did initial screening of health plans and how they made decision to standardize it. [bluecrossfoundation.org](http://bluecrossfoundation.org), look for their health reform implementation toolkit. Have one on outreach work in MA and one on risk adjustment.