Massachusetts: A Model Not to Copy

by Phyllis Schlafly July 3, 2009

Google Ads are provided by Google and are not selected or endorsed by Eagle Forum

The Obama-Kennedy health plan is modeled after the Massachusetts plan which, when adopted, many applauded as innovative and destined for success. In fact, the Massachusetts plan has been a massive failure and is a model for what not to do.

It has increased costs. It has wasted taxpayer dollars. It has limited patients' choice. It has hurt small business. It has failed to achieve its goal of universal coverage. Most objectionable, it has created shortages and waiting lists.

Promoters predicted that the Massachusetts plan would lower health-care costs but, so far, costs are moving in the opposite direction. State government spending on health-care programs in Massachusetts has increased by 42 percent since the plan was adopted in 2006, and currently is 33 percent above the national average.

Advocates promised that the Massachusetts plan would make health insurance more affordable but, according to a Cato study, insurance premiums have been increasing at nearly double the national average: 7.4 percent in 2007, 8 to 12 percent in 2008, and an expected 9 percent increase this year. Health insurance in Massachusetts costs an average of $16,897 for a family of four, compared to a national average of $12,700.

The Massachusetts plan incorporates a system of middle-class subsidies called Commonwealth Care to help pay for insurance for families with incomes up to 300

percent of poverty level ($66,150 for a family of four), and also expanded eligibility for Medicaid.

The Massachusetts Connector, a new bureaucracy that was supposed to increase patient choice, has become an overbearing regulatory arm of government that has decreased competition by prescribing benefits insurance must offer. The Connector is evidently unpopular with patients, since only 18,000 people have used the Connector to buy insurance during the past three years.

The Connector has imposed regulations that add to the cost of insurance and limit consumer choice, such as requiring prescription-drug coverage and preventive-care services, restricting high-deductible policies, and putting limits on annual or per-sickness policies. Complying with the Connector's rules means changing from your current insurance that you like.

The costs to the taxpayers are rising, too, and one tax increase has not satisfied the appetite of the hungry plan. The prospect of huge deficits has elicited discussion of cuts in reimbursements to providers and the imposition of a "global budget," which is a euphemism for rationing.

Even though Massachusetts has more doctors per capita than any other state, the Boston Globe reports that waiting periods to see physicians have grown. The average wait is now 63 days to see a family doctor, 50 days to see a specialist, and the second trimester of pregnancy to see an obstetrician-gynecologist.

If you want to see the busiest, most popular physicians, the wait can be up to a year. The longer waits are the result of thousands of newly insured residents coming into the health-care system.

Massachusetts has reduced the number of uninsured, but there are no reliable figures on how many are still uninsured since some statistics are based on

telephone surveys that don't reach significant groups of people who lack landline telephones (such as young people and illegal aliens). Cato estimates that 200,000 are still uninsured.

If the number of uninsured had been measurably reduced, that should be reflected in the use of hospitals' emergency care facilities for uncompensated care. But hospitals don't confirm this effect.

Small business is hurting, too. The Small Business and Entrepreneurship Council ranks Massachusetts last of all the 50 states for business-friendly health-care policies.

A June 21 front-page article in the New York Times reported that one cancer unit in a Philadelphia Veterans Administration hospital bungled 92 of 116 prostate cancer treatments over six years (requiring these patients to undergo a second operation) before the errors were discovered. The real problem is that the government cannot run health care safely (or cheaper).

Canada is another model of what not to do. It's fortunate that Canada is so close to the United States because Canadians rely on American medicine for serious surgery.

De facto rationing in Canada is practiced by waiting lists rather than by using its realistic name. The Globe and Mail reports that the physician shortage is so acute that some towns hold lotteries to win a ticket granting access to the local doctor, and that Ontario sent 160 patients to New York and Michigan for emergency neurosurgery between 2006 and 2008.

Although President Obama told the American Medical Association that single-payer (government-controlled) health care works "pretty well" in other countries, no government has ever been able to run a health-care system as well as private

enterprise. Less regulation of health care, not more government control, is the way to healthier Americans and lower costs.