



How Does the Massachusetts' Health Care Reform Law Affect Coverage, Residents' Access to and Use of Health Care and Their Out-of-Pocket Medical Expenses?

Monitoring the impact of Massachusetts' health care reform on residents' insurance status, access to and use of care, and out-of-pocket spending: 2008

SUMMARY

In 2006, Massachusetts enacted far-reaching legislation aimed at providing nearly universal health care coverage to state residents.

Through subcontracts from the Blue Cross Blue Shield of Massachusetts Foundation, staff at the Urban Institute and International Communications Research surveyed adult residents in 2006—before the reforms took effect—and again in 2007 and 2008. Researchers analyzed survey results to determine how the law affected coverage, residents' access to and use of health care and their out-of-pocket medical expenses.

Key Findings

In journal articles and policy briefs, researchers cited the following findings:

- In 2006, 13.3 percent of all adults in Massachusetts were uninsured, and 24 percent of adults with incomes below 300 percent of the federal poverty level were uninsured.
- By 2008, only 4 percent of all adults were uninsured (a 69.9 percent decline), and 7.6 percent of adults with incomes below 300 percent of the poverty level were uninsured (a 68.3 percent decline).
- There was no evidence that employers were less likely to offer insurance to employees after the reform took effect, even though public insurance options were available.
- Access to and use of health care improved among all adults and lower-income adults. However, some adults found it hard to obtain care or paid high out-of-pocket costs.
- Black and Hispanic adults had somewhat poorer access to care than did White adults.

Key Results

In reports to the Robert Wood Johnson Foundation (RWJF), researchers cited the following result:

- The study—the only pre- and post-reform assessment of health care reform in Massachusetts—has helped shape the national health care debate and underscores the important role of health services research in supporting the policy community.
 - Coverage of study findings appeared in state and national media, including the *Boston Globe*, the *New York Times*, New England Cable News, the Associated Press, the *Wall Street Journal* health blog, and *Marketplace*.
 - Massachusetts officials used information from the first-year report to help negotiate a Medicaid waiver from the federal Centers for Medicare & Medicaid Services.
 - State and national decision-makers, analysts and advocates cite study findings, use them in their predictive models of health reform and continue to contact the research team for further analyses of its data.

Funding

RWJF supported the project with three grants totaling \$322,437 from October 2006 to July 2009. The Blue Cross Blue Shield of Massachusetts Foundation and the Commonwealth Fund also provided funds for the project.

CONTEXT

Lack of Health Insurance

Some 47 million Americans—15.8 percent of the population—lacked health insurance in 2006, according to the U.S. Census Bureau. The number of uninsured people had risen by 22 percent since 2000. The Census Bureau data also found that the percentage of people receiving health insurance through their employer dropped from 60.2 percent in 2005 to 59.7 percent in 2006.

Research by the Institute of Medicine (funded by RWJF, see [Program Results](#) published in a May 2002 report, *Care Without Coverage: Too Little, Too Late*) found that:

- Having health insurance is associated with better health outcomes for adults and with their receiving appropriate care across a range of preventive, chronic and acute care services. Adults without health insurance coverage die sooner and experience greater declines in health status over time than do adults with continuous coverage.

- Adults with chronic conditions and those in late middle age stand to benefit the most from health insurance coverage in terms of improved health outcomes because of their high probability of needing health care services.
- Health insurance that affords access to providers and includes preventive and screening services, outpatient prescription drugs and specialty mental health care is more likely to facilitate people receiving appropriate care.

The Massachusetts Health Care Reform Bill

On April 12, 2006, Massachusetts Governor Mitt Romney signed An Act Providing Access to Affordable, Quality, Accountable Health Care, which aims to provide nearly universal health care coverage to state residents. The law has several important features and places requirements on the following parties:

- **Individuals:** So long as affordable coverage is available, residents must purchase coverage or face tax penalties.
- **Government agencies:** Public agencies must expand access to Medicaid; redirect health funds historically used for other purposes; and provide subsidies to low-income people under a new insurance program, CommCare.
- **Employers:** Employers with more than 10 employees must make a "fair and reasonable premium contribution" toward coverage for employees or pay a per-employee contribution set by the state Department of Labor.

A new entity called the [Commonwealth Health Insurance Connector](#) decides what constitutes affordable coverage and administers CommCare. More information about the Massachusetts Health Care Reform Bill is available [online](#).

RWJF's Interest in This Area

RWJF has been concerned with access to care since it was founded in 1972. Access often is precluded by a lack of insurance coverage. The RWJF Coverage Team seeks to develop policies and programs to expand health coverage and maximize enrollment in existing coverage programs. The team works to ensure that everyone in America has stable, affordable health care coverage. Its [strategy](#) is available on [rwjf.org](#).

THE PROJECT

Project Goals

This project aimed to analyze how the Massachusetts health care reform act affected health care access and affordability for residents. The project also included a significant effort to disseminate the results to decision-makers, analysts and advocates.

A Research Partnership

Staff at the [Blue Cross Blue Shield of Massachusetts Foundation](#) directed the project. Through grants and policy initiatives, the foundation works with public and private organizations to broaden health coverage and reduce barriers to care.

Katherine Nordahl, M.S., directed the study when it started. Valerie Basset, M.F.A., and then Shanna Shulman, Ph.D., directed the project after Nordahl left.

Under a subcontract, researchers at the Urban Institute, a Washington-based policy institute, designed the survey, analyzed the results and produced reports. Sharon K. Long, Ph.D., led the effort at the Urban Institute.

Under another subcontract, staff at International Communications Research, a Pennsylvania-based marketing research and public opinion firm, conducted the surveys. Melissa Herrmann, vice president at International Communications Research, oversaw the survey operation.

Researchers surveyed state residents ages 18 to 64 by telephone three times: in fall 2006, before the law took effect; in fall 2007, after the law took effect; and again in fall 2008. The surveys gathered demographic information about respondents and asked whether they:

- Had health coverage at the time of the interview, and if so, for how long
- Had used health care services in the prior year, and if so, the type of services used
- Had experienced difficulties gaining access to health care within the past year
- Had trouble paying out-of-pocket costs for coverage in the past year

The survey also included questions regarding the respondent's impressions of the law and the provision that required individuals to obtain coverage.

Methodology

Researchers used a two-step process to survey a randomly selected set of state residents. First, they asked whether a household included members ages 18 to 64, and if so, whether those members had insurance coverage or were uninsured. Surveyors then selected one adult in the household for the in-depth telephone interview.

In designing the surveys, the Urban Institute's Long drew from well-validated survey instruments, such as the National Health Interview Survey and the Medical Expenditure Panel Survey. That gave researchers confidence in the questions and allowed for possible future analyses comparing Massachusetts to the country as a whole.

The Blue Cross Blue Shield of Massachusetts Foundation had budgeted funds for surveying 1,500 residents annually from 2006 through 2008. RWJF funds allowed researchers to double the number of residents surveyed per year.

In all three surveys, researchers oversampled adults who were targets of specific elements of the law:

- Uninsured residents
- Low- and moderate-income residents—that is, those with family incomes:
 - Less than 300 percent of the federal poverty level
 - From 300 percent to 500 percent of the poverty level

In 2006, the year of the baseline survey, the federal poverty level was \$16,600. In 2005, median family income in Massachusetts was \$71,655.

In 2008, researchers also oversampled Black and Hispanic residents and the state's six geographic regions.

Project staff surveyed:

- 3,010 residents in 2006, 703 of whom were uninsured
- 2,938 residents in 2007, 402 of whom were uninsured
- 4,041 residents in 2008, 394 of whom were uninsured

The lower numbers of uninsured people surveyed in 2007 and 2008 reflect the higher costs of locating uninsured people after the law took effect. The higher number of people surveyed in 2008 reflects the oversampling of Black and Hispanic residents and geographic regions.

Survey staff paid respondents \$10 to complete the interview. Staff also called respondents up to 12 times and sent letters to people for whom they had addresses to obtain a response. The 2006 interview was offered in English and Spanish. The 2007 and 2008 interviews also were offered in Portuguese.

Other Funding

The Blue Cross Blue Shield of Massachusetts Foundation contributed \$587,280 to the project: \$169,886 for the 2006 baseline survey, \$190,000 for the 2007 follow-up survey and \$227,394 for the 2008 survey.

The Commonwealth Fund, a New York-based foundation focused on health care, provided three grants totaling \$429,562 to the Urban Institute to design the survey and analyze the results: \$130,345 in 2006, \$145,717 in 2007 and \$153,500 in 2008.

Communications

Long and colleagues wrote five articles published in peer-reviewed journals and six policy briefs or research reports published by the Urban Institute on the study's findings (see the [Bibliography](#) for details).

Blue Cross Blue Shield of Massachusetts Foundation convened three summits to share findings from the surveys, in June 2007, May 2008 and May 2009. The summits—each attended by 350 to 400 health care leaders, advocates and experts—featured presentations by elected officials, policy-makers and project staff. Foundation staff also hosted briefings with key state policy-makers and stakeholders.

Communications staff from all three funding agencies collaborated to disseminate project findings further through press conferences, press releases and e-mail alerts. All three agencies also posted project publications on their Web sites.

FINDINGS & RESULTS

Researchers from the Urban Institute reported the following findings from the 2006 baseline and 2008 two-year follow-up surveys in articles in *Health Affairs* and in policy briefs and research reports. (See the [Appendix](#) for findings from the 2007 one-year follow-up survey.)

Findings from the 2006 Baseline Survey

Sharon Long reported the following findings in "Getting Ready for Reform: Insurance Coverage and Access to and Use of Care in Massachusetts in Fall 2006," an Urban Institute policy brief available [online](#):

- **Some 13.3 percent of adult residents were uninsured in fall 2006, but rates varied with income level.**
 - Nearly 30 percent of adults in families with incomes below the federal poverty level were uninsured.
 - Some 22 percent of adults with incomes between 100 and 300 percent of the poverty level were uninsured.
 - Some 9 percent of adults with incomes between 300 and 500 percent of the poverty level were uninsured.
 - Only 2 percent of people with family incomes above 500 percent of the poverty level were uninsured.
- **For adults with coverage, most (74 percent) received coverage through their employer.** Some 17 percent received coverage through state Medicaid programs, and 5 percent reported non-group coverage.

- **Uninsured residents were disproportionately likely to be young, male, Hispanic and non-citizens.** They also were more likely to be single and childless and to have at most a high school diploma.

Findings from the 2008 Survey: Two Years Later

Long and colleagues reported the following findings in "Access and Affordability: An Update on Health Reform in Massachusetts, Fall 2008," in *Health Affairs* in May 2009 (abstract available [online](#)), and in a September 2009 Urban Institute policy brief (available [online](#)).

- **Between fall 2006 and fall 2008, uninsurance among adults ages 18 to 64 dropped by nearly 70 percent—to 4 percent.** The gains in coverage reflected gains in employer-sponsored insurance and expansion of public coverage. (Policy Brief)
 - Some 7.6 percent of adults with incomes below 300 percent of the federal poverty level were uninsured.
 - Some 1.4 percent of higher-income residents were uninsured.
- **Uninsured adults in 2008 were more likely than insured adults to be younger than age 35, male, single and healthy.** These groups can be difficult to convince of the need for insurance, the researchers noted. (Policy Brief)
- **The survey revealed no evidence of a drop in coverage despite early effects of the economic recession.** (Policy Brief)
- **Employer-sponsored insurance remained strong.** Some 71.4 percent of workers had employer-sponsored coverage in 2008, compared with 66.5 percent in 2006. (Policy Brief)
- **Access to and use of health care improved among all adults and among lower-income adults from 2006 to 2008** (*Health Affairs*):
 - In 2008, 92.1 percent of all adults said they had a usual source of care, compared with 86.4 percent in 2006.
 - In 2008, 87.3 percent of adults with family incomes lower than 300 percent of the poverty level said they had a usual source of care, compared with 79.3 percent in 2006.
- **Despite these gains, some people found it difficult to get care** (*Health Affairs*):
 - Although access to care improved from 2006 to 2007, more adults in 2008 than in 2007 said that they did not get care they thought they needed. Unmet need for doctor care, preventive screening and prescription drugs remained low, but unmet need for other care, such as treatment and follow-up care, moved toward pre-reform levels.

- About 20 percent of adults surveyed in 2008 said they were told that a provider was not accepting new patients or patients with their type of coverage.
 - Some 29 percent of adults with incomes lower than 300 percent of the poverty level reported this problem.
 - Some 15 percent of higher-income people reported this problem.
- **Use of emergency departments for nonemergency conditions remained as high in fall 2008 as it was in fall 2006.** This rate was 15 percent for all adults and 22 percent for adults in families with incomes lower than 300 percent of the poverty level.
- **The percentage of people reporting problems paying medical bills or paying off debt did not change significantly between 2006 and 2008.** Gains from 2006 to 2007 had eroded (Health Affairs):
 - Almost 19 percent of all adults spent 5 percent or more of family income on medical bills in 2008, compared with 17 percent in 2007 and almost 22 percent in 2006.
 - Almost 21 percent of adults in families with incomes under 300 percent of the poverty level spent 5 percent or more of family income on medical bills in 2008, compared with 18.5 percent in 2007 and almost 26 percent in 2006.

Findings on Geographic and Racial/Ethnic Differences

Long reported the following findings in "Access to and Affordability of Care in Massachusetts as of Fall 2008: Geographic and Racial/Ethnic Differences," an Urban Institute policy brief (available [online](#)):

- **There were similar patterns of access to care across the six regions of the state in fall 2008.** However, adults in the Western and Southeast regions were less likely to have had doctor and dental visits. Adults in the Southeast region also were less likely to have a usual source of care.
- **Overall, Black and Hispanic adults had somewhat poorer access to care than did White adults.**
 - Some 78.6 percent of Hispanic adults and 78.9 percent of Black adults said they had had a doctor visit in the past year, compared with 85.7 percent of White adults. This difference is statistically significant.
 - Hispanic and Black adults were substantially more likely to report an emergency department visit for a nonemergency condition:
 - 26.1 percent of Hispanic adults reported these visits.
 - 21.7 percent of Black adults reported these visits.

- 12.3 percent of White adults reported these visits.

Limitations

Long reported the following limitations of the study:

- It relies on survey data, which are subject to errors owing to sampling or nonresponse.
- Sample sizes for uninsured adults are small, largely because of the law's success in providing coverage to formerly uninsured people. Estimates for this group are therefore less precise than those for the overall sample.
- The study provides interim estimates of the impact of health reform in Massachusetts—that is, before some of the law's penalties, benefits and standards took effect.
- The study design assumes that all changes in insurance status and other outcomes result from health care reform, rather than from economic changes or other factors that might have occurred during the same period. Researchers later examined the role of these other changes (see [Afterward](#)).

Conclusions

Long and colleagues reported the following conclusions in *Health Affairs*:

- **"Roughly two years after Massachusetts began implementing its ambitious health reform initiative, there are sustained signs of success.** Uninsurance is at historically low levels and there have been widespread improvements in access to health care for working age adults."
- **"There have also been gains in the affordability of health care for adults in Massachusetts under health reform.** However, unlike the sustained gains in insurance coverage and access, some of the early gains in the affordability of health care had eroded by fall 2008."

The authors also offered the following observations related to national health care reform:

- **"Although major expansions in coverage can be achieved without addressing health care costs, cost pressures have the potential to undermine the gains under reform."**
- **"It will be important to ensure that the care delivery systems in communities across the country are ready to support the planned expansion in coverage."**

Results

In reports to RWJF, project staff cited the following result:

- **The study—the only pre- and post-reform assessment of health care reform in Massachusetts—has helped shape the national health care debate and underscores the important role of health services research in supporting the policy community.**
 - Care Beyond Coverage: The Next Generation of Health Reform—the May 2009 conference, held in Boston—drew participants from 150 state and national organizations, including those from Washington, D.C.; Minnesota; New Jersey; and New York; as well as Massachusetts.
 - Coverage of study findings and the conferences appeared in state and national media, including the *Boston Globe*, the *New York Times*, New England Cable News, the Associated Press, the *Wall Street Journal* health blog, and *Marketplace*.
 - Massachusetts officials used information from the first-year report to help negotiate a Medicaid waiver from the federal Centers for Medicare & Medicaid Services.
 - State and national decision-makers, analysts and advocates cite study findings, use them in their predictive models of health reform and continue to contact the research team for further analyses of its data.

LESSONS LEARNED

1. **Look for and leverage various types of expertise and resources when conducting a study.** Researchers at the Urban Institute worked with staff from the Commonwealth Fund to create the Massachusetts Health Care Reform Survey, based on surveys validated and used in other situations. (Project Director Nordahl)
2. **Create local-national partnerships to disseminate findings from studies of health reform.** Strong teamwork among communications staff members at the three funding agencies enabled them to create an outreach plan that drew both local and national attention to the findings. (RWJF Program Officer Quinn, Project Director Basset, Project Director Shulman, Researcher Long)
3. **Collect baseline data when monitoring the effects of legislation.** Having data on the number of uninsured, their problems gaining access to care and their out-of-pocket medical costs before health reform took effect proved essential in securing credibility for the study, especially with the media. "Data without context is almost meaningless," observed the Urban Institute's Long.
4. **Use objective, outside researchers when studying the effects of controversial policies.** "We went to an out-of-state firm that was not affiliated with any particular

political perspective to design and analyze the surveys," said Project Director Shulman. "It was also helpful that an independent foundation, rather than a state agency involved in implementing the legislation, sponsored the study."

AFTERWARD

Project staff members are developing more papers (now under review at *Health Affairs*) and policy briefs based on study findings.

Blue Cross Blue Shield of Massachusetts Foundation funded a fourth survey in 2009, conducted by the Urban Institute. The Urban Institute also won a contract to perform the state's annual Health Insurance Survey.

Other agencies have used the Massachusetts Health Care Reform Survey design for research on access to care and affordability. For example, the Massachusetts Division of Health Care Finance and Policy now uses a similar strategy to estimate the number of uninsured.

The Urban Institute's Long received a grant under RWJF's *State Health Access Reform Evaluation* (SHARE) national program to better isolate the effects of the Massachusetts reform from broader economic and other trends. RWJF created SHARE in 2007 to provide information to state policy-makers about elements of effective health care reform.

As one part of the SHARE grant, Long compared Massachusetts data with data from New Jersey, New York and Pennsylvania—collected as part of the Current Population Survey (CPS), an annual federal survey of 50,000 households across the country. In "Another Look at the Impacts of Health Reform in Massachusetts: Evidence Using New Data and a Stronger Model," a 2009 article in *The American Economic Review* (99[2]: 508–511), Long concluded that "underlying trends had little impact on insurance changes in Massachusetts in the early period of health reform."

In a second part of the SHARE grant, Long used data from the CPS to disentangle the effects of special provisions targeted at young adults from other elements of health reform. In "Disentangling the Effects of Health Reform in Massachusetts: How Important are the Special Provisions for Young Adults," an article forthcoming in *The American Economic Review*, Long concluded that those special provisions played an important role in the expansion of coverage to that population.

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APPENDIX

Findings from the 2007 Survey: One Year After Reform

(Current as of the time of the grant; provided by the grantee organization; not verified by RWJF.)

Sharon Long reported the following findings from the 2007 survey in a 2008 article in *Health Affairs* (27[4]: w270–w284; abstract available [online](#)):

- **In 2007, some 7 percent of Massachusetts adults were uninsured—down from 13.3 percent in 2006 (a 47.5 percent decline).**
 - In 2006, 24 percent of adults with family incomes lower than 300 percent of the federal poverty level were uninsured. By 2007, 13 percent of those adults were uninsured (a 45.8 percent decline).
 - In 2006, 29 percent of adults with family incomes lower than the poverty level lacked insurance. By 2007, 10 percent of those adults lacked insurance (a 65.5 percent decline).
 - In 2006, 5.2 percent of adults with family incomes above 300 percent of the poverty level lacked insurance. In 2007, 3 percent of those adults lacked insurance (a 44 percent decline).
- **There was no evidence that employers were less likely to offer coverage to their workers in 2007 than they were before the law passed.** Employer coverage increased for people of all income levels.
- **There were gains in access to care for all adults in 2007.** The gains were concentrated among adults with incomes lower than 300 percent of the poverty level.
 - Some 79.5 percent of adults had a usual source of health care in 2006, compared with 83.1 percent one year later (a 4.5 percent increase).
 - Some 64.5 percent of adults had a preventive care visit in 2006, compared with 70.2 percent one year later (a 8.8 percent increase).
 - In 2006, 17 percent of adults said they did not get health care owing to cost, whereas in 2007, only 11.2 percent said they did not get care for this reason (a 34.1 percent decrease). The percentage of low-income adults who did not get care owing to cost dropped from 27.3 percent to 16.9 percent (a 38.1 percent decrease).
- **About 4 percent of low-income adults reported difficulty getting an appointment or finding a health care provider who would see them in 2006, compared with about 7 percent in 2007 (a 75 percent increase).** Researchers noted that the increase

could reflect difficulty among newly insured people in navigating the health care system, as well as stress on providers as more people sought care.

- **Most working-age adults (71 percent) supported the state's health reform efforts.**
 - Support remained widespread among men and women, younger and older adults, lower-income and higher-income adults and working and nonworking adults.
 - Among uninsured adults, support dropped from 63 percent in 2006 to 44 percent in 2007 (perhaps because people had to buy insurance or pay a fairly hefty fine).

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The survey instruments are available [online](#).

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