

SHARED VALUES

Massachusetts Perspectives on Health Reform



Sen. Elizabeth Warren
Sen. Edward J. Markey



Rep. Richard E. Neal
Rep. James P. McGovern
Rep. Michael E. Capuano
Rep. Niki Tsongas

Rep. William R. Keating
Rep. Joseph P. Kennedy, III
Rep. Katherine M. Clark
Rep. Seth Moulton

March 2017

Elizabeth Warren
Elizabeth Warren
United States Senator

Edward J. Markey
Edward J. Markey
United States Senator

Richard E. Neal
Richard E. Neal
Member of Congress

James P. McGovern
James P. McGovern
Member of Congress

Michael E. Capuano
Michael E. Capuano
Member of Congress

Seth Moulton
Seth Moulton
Member of Congress

Niki Tsongas
Niki Tsongas
Member of Congress

William R. Keating
William R. Keating
Member of Congress

Joseph P. Kennedy III
Joseph P. Kennedy III
Member of Congress

Katherine M. Clark
Katherine M. Clark
Member of Congress

Contents

EXECUTIVE SUMMARY

INTRODUCTION

METHODOLOGY

FINDINGS

- 1. Massachusetts health care reform and the Affordable Care Act have led to the highest insurance coverage rate in the nation and improved health insurance consumer protections.**
- 2. The Affordable Care Act and ACA Medicaid expansion have increased children's access to care and preventative health services in Massachusetts.**
- 3. The Affordable Care Act and ACA Medicaid expansion have improved women's health care in Massachusetts.**
- 4. The Affordable Care Act and ACA Medicaid expansion have improved the integration of mental health services in the Massachusetts health system.**
- 5. The Affordable Care Act and ACA Medicaid expansion have provided vital support for opioid and other substance use disorder services in Massachusetts.**
- 6. The Affordable Care Act and ACA Medicaid expansion have improved and guaranteed care for individuals with disabilities and chronic conditions in Massachusetts.**

CONCLUSION

ENDNOTES

APPENDIX

Shared Values:

Massachusetts Perspectives on Health Reform

EXECUTIVE SUMMARY

Proposals by President Trump and the Republican Congress to repeal the Affordable Care Act are now moving through Congress. These changes will have significant consequences for individuals, employers, health providers, insurers, and stakeholders across the health care industry: according to the Congressional Budget Office, these proposals will cause 24 million Americans to lose health insurance coverage.¹

In order to better understand the views of our constituents at this critical moment in the debate over the future of health care, we asked individuals, organizations, and health care institutions in the Commonwealth to share their experiences on how the Affordable Care Act has affected their care, their patients' care, and their ability to provide health insurance and health care.

This report presents the results of this survey. More than 100 hospitals, community health centers, behavioral health organizations, insurers, patient advocates, health care providers, and individuals responded to share their perspectives on health care in Massachusetts. Their accounts reveal the importance of high-quality, affordable insurance coverage and how the Affordable Care Act (ACA) has improved health care and access to health care in Massachusetts.

This report identified six major findings. Overall, it finds that **health care reform has broad, deep, and bipartisan support across Massachusetts**. Throughout the state, individuals, health care providers, hospitals, insurers, Republicans and Democrats have a shared value: that everyone should have affordable, high-quality health insurance coverage.² Multiple respondents cited this consensus as a key reason that Massachusetts passed into law comprehensive health reform in 2006 – and is committed to continuing to work to improve access to affordable, high-quality coverage for everyone in the state.

Specific findings include:

- **Massachusetts health care reform and the Affordable Care Act have led to the highest insurance coverage rate in the nation and improved consumer protections.** More than 97% of Massachusetts residents have health insurance coverage. The ACA and Medicaid expansion have allowed us to expand coverage, ensure that our health care institutions have the support they need to provide high-quality care, and protect individuals with pre-existing conditions and unexpected health issues. Respondents repeatedly referred to high insurance coverage rates in discussing the importance of health reforms and pointed to key protections guaranteed by these laws as evidence that gains should be maintained.
- **The Affordable Care Act and ACA Medicaid expansion have increased children's access to care and preventative health services in Massachusetts.** Children account for approximately 40% of our overall MassHealth (a program that combines Medicaid and the Children's Health Insurance Program, also known as CHIP, in Massachusetts) enrollment and rely on the coverage and protections afforded by the ACA and Medicaid expansion for preventative care, mental health supports, and treatment of rare and chronic conditions. Dr. James Gessner, President of the Massachusetts Medical Society, said that prior to the ACA, “[D]esperate parents would finally seek care for their children – at the doctor’s office or, too often, at the emergency room – with otherwise treatable conditions that were left to worsen because they simply lacked insurance coverage.”
- **The Affordable Care Act and ACA Medicaid expansion have improved women's health care in Massachusetts.** The protections included in the ACA and the expansion of Medicaid coverage have been particularly important to women in Massachusetts. As Beth Israel Deaconess Medical



Center noted, “We have also witnessed the value of health insurance coverage in women’s health care, with increased access to mammograms, prenatal care, and maternity and reproductive health care, resulting in fewer unintended pregnancies and unplanned births over the last several years.”

- **The Affordable Care Act and ACA Medicaid expansion have improved the integration of mental health services in the Massachusetts health system.** The ACA and Medicaid expansion have allowed us to better integrate behavioral and medical care, helping avoid emergency health services and supporting individuals in prevention and recovery services. At the Cambridge Health Alliance, “Medicaid initiatives supported by the ACA have allowed CHA to launch innovative mental health programs that provide higher-quality care for adults with serious mental illness.”
- **The Affordable Care Act and ACA Medicaid expansion have provided vital support for opioid and other substance use disorder services in Massachusetts.** The ACA and Medicaid expansion have provided critical resources in dealing with the overwhelming opioid crisis in Massachusetts. Using HRSA substance use funds, Lynn Community Health Center has “been able to triple our capacity to provide Medication Assisted Treatment, with over 400 patients currently in treatment for Addiction.” If all ACA protections were to be repealed, low-income individuals dealing with mental health and substance use disorders could lose over \$5.5 billion per year in treatment funding.³
- **The Affordable Care Act and ACA Medicaid expansion has improved and guaranteed care for individuals with disabilities and chronic conditions in Massachusetts.** Individuals with disabilities and chronic conditions have been able to access the personal and comprehensive care and costly medications and treatments they need, allowing them to be productive members of their communities. For some, the extra support from ACA and Medicaid means they can live independently in their own homes – rather than being forced to live in institutions. For others, the difference is truly life and death. As our constituent Guadalupe, who lives with hemophilia, emphasized: “I am here because the Affordable Care Act (ACA) saved my life.”

In this report, voices from across the health system in Massachusetts speak to the need to maintain the protections and coverage provided by the ACA. Hospitals, insurers, and health care providers from across the commonwealth explain what it means to them to participate in a health system that provides near-universal coverage, and the difference it has made to them or to the individuals they cover, care for, advocate with, or work with to have access to the ACA’s protections. These voices also highlight the unique and innovative ways that Massachusetts has been able to work with the federal government to provide services and programs that have improved the health and wellbeing of its residents and communities.

I. INTRODUCTION

President Trump and the Republican Congress are attempting to repeal the Affordable Care Act (ACA). The ACA has helped 20 million people gain coverage,⁴ dramatically cutting the ranks of the uninsured, improving the quality of insurance coverage, and helping to slow the growth in health care costs.⁵ But the proposals now moving through the Republican Congress would cause 24 million Americans to lose health insurance coverage.⁶

Massachusetts health care reform began years before the passage of the ACA, but the national health care reform law gave the Commonwealth new tools to expand coverage, improve care, and lower costs. Massachusetts has a unique perspective on current debates over health care, given its long history of work on health care reform and the broad coalition of hospitals, health care providers, insurers, consumers, advocates, and the business community that have all supported reform efforts.

Today, more than 97% of Massachusetts residents have health insurance – the highest rate of coverage of any state in the country.⁷ In Massachusetts, the belief that everyone should have affordable, high-quality health insurance coverage is a value shared by Democrats, Republicans, business leaders, hospitals, insurers, doctors, consumers, and advocates – all of whom worked together over the past decade to implement health care reforms.

Comprehensive health care reform in Massachusetts is not a new effort. In 2006, the state adopted major health care reform legislation.⁸ Included in this health



care reform were a number of provisions to expand access to care, including: (1) the Commonwealth Health Insurance Connector, a health insurance exchange website that made available sliding-scale, subsidized, and non-subsidized plans; (2) expansion of MassHealth (a program that combines Medicaid and CHIP); (3) requirements that employers provide coverage; (4) an individual mandate, and (5) a series of insurance market reforms, including coverage and affordability standards. This law became the model for the Affordable Care Act, which was passed into law in 2010.⁹

Work on health reform in Massachusetts did not end with the passage of this initial law in 2006. The state legislature came back in following years with additional legislation to make fixes and adjustments. Commissions made recommendations for additional changes. The legislature passed amendments to the law and, where necessary, revised regulations to support implementation.¹⁰

Many of the organizations that responded to our request for input on health reform have a long history of work on health care reform, dating back to the coalition that came together during the early 2000s to advance health care reform in Massachusetts. Respondents repeatedly cited the broad coalition of support for health care reform in Massachusetts to explain why protecting the gains in the ACA was a shared priority.

Blue Cross Blue Shield of Massachusetts referred to that shared work of health care reform, explaining that “the spirit of shared responsibility was vital to the success of Massachusetts policy efforts as well as creating a culture of coverage.”¹¹

In 2010, when the Affordable Care Act was signed into law, Massachusetts made additional changes to take advantage of the new tools provided by the federal law. The state expanded its Medicaid program, using federal funds to cover people who still lacked insurance even after state reforms. Massachusetts also set up a state health insurance exchange, the Health Connector, and blended federal and state dollars on the exchange to make sure that insurance purchased on the individual market was truly affordable. From 2010 to 2016, the uninsured rate dropped from 4.4 percent to under 3 percent.¹²

Health care reform is poised to take another big step in Massachusetts. In November 2016, Massachusetts signed an ambitious new Medicaid agreement with the federal government: the state’s “1115 Waiver.” This 5-year waiver, which includes \$29.2 billion in federal funding for MassHealth, will allow the state to set up innovative partnerships among health providers, insurers, and community organizations in order to better serve Medicaid patients in the state.¹³

Insurers, hospitals, and providers worked together to implement the ACA and ensure that Massachusetts residents benefited from the law. Respondents were clear that they took pride in the work done to implement the ACA in Massachusetts. The Massachusetts Association of Health Plans wrote: “On behalf of 17 member health plans, providing coverage to more than 2.6 million Massachusetts residents... [MAHP] is honored to have played a role in the law’s overall success.”¹⁴ Similarly, the Conference of Boston Teaching Hospitals drew connections between current concern over the impacts of ACA repeal and its longer history of support for health care reform in the state, saying it was “pleased to be part of the Massachusetts Coalition for Coverage and Care, a broad based coalition of organizations, many of whom worked together to enact our health reform law in 2006.”¹⁵

The Massachusetts Health & Hospital Association (MHA), which represents “more than 80 acute care, post-acute care, specialty, and state hospitals, along with group physician practices and affiliated members” also linked Massachusetts health reform and the impact of the ACA in explaining its support for improving health care in the state. MHA said that it “can state unequivocally that the Affordable Care Act (ACA) has successfully improved coverage options, healthcare quality, and healthcare cost-cutting efforts in the commonwealth.”¹⁶ The Massachusetts Association of Behavioral Health Systems pointed out that “although Massachusetts recognized early the value of widespread insurance coverage under Governor Romney over 10 years ago, the adoption of the ACA has proven to be enormously beneficial to providing better access to Behavioral Health services for Massachusetts residents.”¹⁷



Methodology:

In February 2017, as Republicans and President Trump began their efforts to repeal the Affordable Care Act, we asked individuals, organizations, and health care institutions in the Commonwealth to share their experiences on how the Affordable Care Act has affected their patients and their ability own to provide health insurance and health care. These entities were asked: "What does it mean to you or your organization to participate in a health system that provides near-universal coverage? What difference has it made to you or to the individuals you cover, care for, advocate with, or work with to have access to the ACA's protections?"

Individuals also wrote in directly to the offices, sharing their personal stories of how the ACA has impacted their and their families' lives.

Eleven hospitals, six community health centers, seventeen organizations working in the area of behavioral health, five insurers, and multiple patient advocates, health care providers, and individuals all responded to share their perspectives on health care in Massachusetts. The full responses from these respondents can be found in the Appendix. Where necessary, minor edits have been made for style and consistency.

This report reflects the overall response to the survey. Some findings were discussed at greater length or appeared in more responses than others, in part due to variation in the types of services with which respondents had experience. Some respondents had criticisms of the ACA and responded with ways to improve the law, along with praise for certain aspects of the law. For example, some respondents suggested creating a single-payer system;¹⁸ others made suggestions for how to improve the Risk Adjustment program.¹⁹ The overwhelming response to our request, however, was to emphasize the critical importance of the Affordable Care Act to protecting care and coverage in Massachusetts.

II. FINDINGS

1. Massachusetts health care reform and the Affordable Care Act have led to the highest insurance coverage rate in the nation and improved health insurance consumer protections.

Health care reform and the Affordable Care Act allowed individuals in Massachusetts to gain increased access to care at lower costs. Today, more than 97% of Massachusetts residents have health insurance coverage - the highest coverage rate in the nation.²⁰ Of these individuals, 55% percent are insured through employer coverage, 12% through Medicare and 23% through Medicaid. With the expansion of Medicaid, the state's total Medicaid enrollment was over 1.6 million in 2016, including more than 672,000 children and almost 300,000 disabled people and seniors.²¹

In addition to supporting higher coverage rates, the Affordable Care Act contains important consumer protections that have improved care in Massachusetts. As part of the federal reform, children have been able to stay on their parent's health insurance until they turn 26, affecting about 52,000 young adults in Massachusetts.²² This has been invaluable for young adults in need of mental health and substance abuse treatment, coverage and stability as they plan for their futures and seek employment, and ease of mind as parents worry about children with disabilities and chronic conditions.

Lahey Health Behavioral Health Services noted that this protection can be a key support for health care providers and consumers:

"Social work tends to be a young profession and many of [our] staff under 26 years old are currently being covered under their parents' plans. Social work is also modestly paid, and many of our team members are already expressing financial concerns. They are not in a position where being on their own insurance feels financially feasible. If these young and dedicated staff lost their coverage, it would be a huge stressor and they would have to look into changing their employment status."²³



Small business owner Elizabeth Stagl also cited this provision in the health reform law as a key way that the law supported businesses in Massachusetts.

[T]he ability of our younger employees to stay on their parents' medical/dental policies through age 26, affords them the opportunity to take a job with us, knowing that if they leave after 6 months or a year to do something different, or go back to college, they will still be covered under the existing parent policy.²⁴

Dr. Henry Dorkin, a pediatrician and President-Elect of the Massachusetts Medical Society, pointed out that, "By allowing them to stay on their parents' health care insurance until age 26, they are able to not only have coverage of care, but also to maintain consistency of care without disruption."²⁵

The Affordable Care Act also strengthened protections for almost three million Massachusetts residents by insuring that their coverage was not subject to annual or lifetime limits.²⁶ While the pre-ACA Massachusetts health reform had already guaranteed that individuals could not be denied coverage due to a pre-existing condition, it did not prohibit insurance companies from imposing annual or lifetime limits.²⁷ As a result, the ACA's ban on these practices meant that everyone in Massachusetts benefited from the elimination of annual and lifetime limits on coverage.²⁸

Patients and advocates responding to our request wrote about the importance of coverage protections for individuals with pre-existing conditions and for individuals with chronic and complex conditions who need expensive and life-long treatments. Before the ACA was implemented, Diane faced a number of fears for her son, who was born with a congenital heart condition called Hypoplastic Left Heart Syndrome:

[F]ar more profound and frightening for us as a family was that when our son was only 4 years old we were more than halfway to his lifetime insurance cap. One more surgery or an unexpected hospitalization – either of which were possible at any time – could easily have put us over that limit. And once we exceeded that limit, Jake would forever more be uninsurable due to pre-existing condition exclusions.²⁹

The Affordable Care Act also contained a provision that helped close a gap in drug coverage in the Medicare Part D program – known as the "donut hole." This part of the ACA allowed over 83,000 Massachusetts residents to save \$87 million in 2015, an average of \$1,039 per beneficiary.³⁰ For many seniors, this improvement in prescription drug coverage has been a lifeline. Speaking about her husband, Leslie emphasized their reliance on Medicare and on the donut-hole fix provided by the ACA: "His medications put him in the "donut hole" each year. So both Medicare and the ACA are important to us. Dismantling both would be, without exaggerating, disastrous to us."³¹

Providers, insurers, and patients across the state are clear about the positive impact of increased access to care at lower costs. Hospitals, community health centers, and behavioral health clinics submitted accounts that spoke to how the ACA has extended coverage, including by supporting safety net providers as they serve low-income populations. As Lawrence General Hospital pointed out, "the ACA has meant that Massachusetts can keep its commitment not only for coverage BUT ALSO to support those providers like Lawrence General who care for a large number of low income populations."³²

Insurers reported that the enhanced Medicaid funding in the Affordable Care Act has allowed the state to cover more individuals. Those who don't qualify for MassHealth can still receive assistance paying for health insurance through advance premium tax credits (APTC) and cost sharing reductions (CSRs). The Massachusetts Association of Health Plans wrote: "With the repeal of federal ACA money for Medicaid, APTCs, and CSRs, Massachusetts would lose more than \$38 billion over the first 10 years after repeal; premiums will increase significantly in the first year after the marketplace subsidies are eliminated."³³

Providers, hospitals, community health centers, and behavioral health clinics also cited the importance of preventative health services – both for improving the health and wellbeing of their patients and for lowering costs of care. Under the ACA, more than three million people in Massachusetts have benefitted from the required coverage of preventative services.³⁴ By focusing on primary care and preventative health, we are better equipped to keep people healthy, and to shift away from expensive emergency room and specialty care visits.



Through programs supported by the ACA, our community health centers have been able to innovate and find unique ways to provide preventative health services – whether through a treatment model that integrates TB care into community based primary care in Lynn,³⁵ or a new site attached to a Cape Verdean market that brings access to healthy food and nutrition education in the primary care setting in Brockton.³⁶ The Community Health Needs Assessment and Implementation Plan has spurred partnerships between food banks and medical centers to reduce food insecurity – such as the Greater Boston Food Bank's partnerships with the Charles River Community Health Center and the Greater Lawrence Family Health Center.³⁷

2. The Affordable Care Act and the ACA Medicaid expansion have increased children's access to care and preventative health services in Massachusetts.

In 2016, more than 672,000 children in Massachusetts were enrolled in MassHealth, the Medicaid and CHIP programs in the commonwealth.³⁸ Approximately 40% of MassHealth enrollees are children, and one in three children in the state are covered by the program.³⁹ Between January 2014 and December 2016, enrollment grew by approximately 80,000, or 13.5%.⁴⁰

Health care providers referenced the importance of Medicaid in supporting health care for children in Massachusetts. For instance, Franciscan Children's noted,

*"Medicaid is the most important health coverage program for children... any cuts to the Medicaid program will threaten [Franciscan Children's] long-term ability to serve children and families who may not receive care otherwise."*⁴¹

Dr. James Gessner, a pediatrician and President of the Massachusetts Medical Society, said that before the ACA, "[D]esperate parents would finally seek care for their children – at the doctor's office or, too often, at the emergency room – with otherwise treatable conditions that were left to worsen because they simply lacked insurance coverage."⁴² Dr. Henry Dorkin, also a pediatrician and President-Elect of the Massachusetts Medical Society, echoed this point, saying,

*"Children without health insurance have less access to the medications and preventive care which keeps them well. Fortunately, the Affordable Care Act has allowed many families previously without health insurance to obtain it. This has allowed them access to the type of care which reduces exacerbations of the disease and keeps children out of the hospital."*⁴³

Medicaid also helps Massachusetts schools provide health care to children at an accessible and welcoming site. As Lynn Community Health Center explains, they are able to

*"...provide integrated primary care and behavioral health in 8 Lynn Public Schools and behavioral health services in an additional 5 schools. These are critically important services that help children in Lynn receive needed services without having to lose valuable school time to access health and mental health services. [Their] services often make it possible for students to succeed in school."*⁴⁴

As Allison, a nurse practitioner at a school-based health center pointed out,

*"School Based Health Centers and Community Health Centers which provide a safety net of health care provision for children and families will not be sustainable if Medicaid changes to a block grant or per capita cap system. This will push children and families into more expensive emergency room care – increasing health care cost[s]."*⁴⁵

Many behavioral health clinics in Massachusetts also wrote about the success they have had in working with children, and noted that this work has been possible as a result of the coverage provided under the ACA. A Program Director at Child & Family Services in New Bedford asked,

*"Without coverage for on-going needs such as therapy, medication management, and care coordination programs (just to name a few) many of these children would be at a greater risk for multiple out of home placements... Should a family have to choose between medication/treatment for their child's severe depression or food on the table?"*⁴⁶



Many parents whose children have been able to access life-saving and life-sustaining coverage because of the ACA also responded to our request by emphasizing the importance of health insurance for protecting their children. Mira from Boxford reported that her daughter was diagnosed with Type 1 diabetes at the age of 10. While acknowledging that the ACA is not perfect, Mira stated that she worries about what would happen to her daughter without it: "The cost of keeping my child alive is staggering, but if the ACA is removed without a plan to continue the coverage for pre-existing conditions, she will be uninsurable."⁴⁷ Another mother, Jenny from Worthington, reported that her two children were able to access MassHealth after she was diagnosed with cancer.⁴⁸

3. The Affordable Care Act and ACA Medicaid expansion have improved women's health care in Massachusetts.

The ACA ended a common industry practice under which insurers charged women more for coverage than men. The law also ensured the coverage of maternity and newborn care, and required coverage with no cost sharing for women's preventative services, including mammograms, cervical cancer screenings, and contraception.

The Medicaid expansion has also provided critical support for women's health. Over 950,000 women in Massachusetts are enrolled in Medicaid, and in 2014, 41% of births in the state were covered through Medicaid.⁴⁹ With the protections included in the ACA, and the expansion of Medicaid coverage, women and children can live healthier, longer lives.

Dr. Julia Edelman, a gynecologist, noted in her submission:

*"Without question, pregnancy is one of the most medically important phases of a woman's life, and a healthy pregnancy is often correlated to a healthy baby. Guaranteeing coverage of maternity care is right for women and is better for the next generation – and, of course, makes financial sense by helping to avoid costly complications. At a time when maternal mortality is actually on the rise in the U.S., coverage of maternity care is a step in the right direction."*⁵⁰

Dr. Jennifer Childs Roshak, President and CEO of Planned Parenthood League of Massachusetts stated,

*"The ACA also substantiated in law what women and doctors have long known: contraception is preventive care. Birth control has helped the majority of women take control of their health, plan their futures, and improve the well-being of their children and families."*⁵¹

Our institutions have seen the importance of these women's health services. As Beth Israel Deaconess Medical Center noted,

*"We have also witnessed the value of health insurance coverage in women's health care, with increased access to mammograms, prenatal care, and maternity and reproductive health care, resulting in fewer unintended pregnancies and unplanned births over the last several years."*⁵²

The ACA and Medicaid expansion have improved preventative, maternal, and behavioral health services for women. At Victory Programs (VPI), where over half of their programs primarily serve women,

*"The ACA has allowed many women who were previously uninsured to gain health coverage, including vital access to preventative care. In VPI's family shelter programs, this means not only well-woman exams but breast-feeding support and supplies for new moms, birth control, screening and counseling for domestic violence, and screening and treatment for sexually transmitted infections."*⁵³

4. The Affordable Care Act and ACA Medicaid expansion have improved the integration of mental health services in the Massachusetts health system.

The ACA has enabled the state health system to better integrate behavioral and medical care, providing more comprehensive care to people with multiple health care needs. Hospitals, health centers, and behavioral health centers in Massachusetts rely heavily on Medicaid funds to cover behavioral health services. In combination



with the Mental Health Parity and Addiction Equity Act of 2008, the ACA provides critical guarantees of access to behavioral health services. Under these laws, behavioral health care services must be covered on par with physical health care services for most plans, and mental health and substance use disorder services are an essential health benefit – meaning they must be included by all health plans.⁵⁴ In Massachusetts, approximately 20% of adults deal with mental illness.⁵⁵ Of these, 54% of adults receive mental health treatment – although this rate is higher than the national average, it still means that 46% of adults with mental illness are not receiving these services.⁵⁶ Massachusetts' new 1115 waiver uses federal support to expand the behavioral health services available to individuals on Medicaid.⁵⁷

As noted by the Justice Resource Institute,

*"MassHealth and the Massachusetts medical and behavioral healthcare provider communities have been working together for many years to develop innovative MassHealth provider practices to integrate mental and behavioral health care into primary care and other health care services. Integrated care holds the promise of improving patient outcomes, reducing overall treatment costs, and improving population-wide health."*⁵⁸

Access to behavioral health treatment allows people to stay healthier and decrease their reliance on emergency health services. At the Cambridge Health Alliance (CHA), a community health care system serving Boston's metro-north communities,

*"Medicaid initiatives supported by the ACA have allowed CHA to launch innovative mental health programs that provide higher-quality care for adults with serious mental illness... In just one year, this novel program reduced ED visits by 17.8%, medical hospitalizations by 17.3%, and psychiatric hospitalizations by 55.4%, demonstrating the powerful possibilities of Medicaid coverage and Accountable Care innovations expanded by the ACA."*⁵⁹

For those who have dealt with sudden life-changing experiences, on-going behavioral health issues, or substance use, insurance coverage and behavioral

health provisions in the ACA have allowed them to access the services they need to improve their mental and physical health and return to being productive members of society. A young woman named Jackie explained that she was 24 when her mother was murdered, and she immediately lost health insurance coverage. Fortunately, the ACA was there to cover her and ensure access to behavioral health treatment: "Thanks to the Affordable Care Act, I was able to get covered almost immediately, which meant I could still afford my current medications and I was able to get into needed therapy right away."⁶⁰

For Samantha, who is 27 and has been struggling with an eating disorder since age 18, the ACA has allowed her to receive the support she needs:

*"The simple fact is that I would most likely be dead today were it not for the protections provided to me by the ACA, and if I lose those protections, if I have another relapse I will either end up dead or unemployed and mired in debt."*⁶¹

5. The Affordable Care Act and ACA Medicaid expansion have provided vital support for opioid and other substance use disorder services in Massachusetts.

The ACA has also been a critical resource in dealing with the overwhelming opioid crisis in Massachusetts. In 2016, nearly 2,000 people are estimated to have died from opioid use in Massachusetts, which is more than double the number who died in 2013.⁶² Between 2014 and 2015, Massachusetts had a bigger jump in its death rate from drug overdoses than any other state except North Dakota.⁶³ Massachusetts hospitals, treatment centers, and community health programs have been stretched thin because of the epidemic. They depend on federal support to screen for substance use disorders and to offer services to promote treatment and recovery from substance use disorders, including acute treatment (detoxification) and Medication Assisted Treatment. The ACA requires all insurance plans to cover substance use disorder treatment and prevention as an essential health benefit. If all ACA protections were to be repealed, low-income individuals dealing with mental health and substance use disorders could lose over \$5.5 billion per year in treatment funding.⁶⁴



The ACA gave more people the chance to get insurance, which is critical to accessing behavioral health treatment if it is needed. At the Brien Center for Mental Health and Substance Abuse Services,

*"The expansion of insurance options (including Medicaid expansion) under the ACA allows our clients to access prescription coverage for [Medication Assisted Treatment] medications. Without these federal programs, people in recovery would be without an important treatment tool and risk relapse."*⁶⁵

Nationally, even with the ACA's protections and supports, only about 11% of those who need treatment for substance use disorders receive it. Coverage of critical treatments for substance use disorders has increased recently in Massachusetts,⁶⁶ and dedicated people work in the field of substance use disorder treatment, but they are under-resourced. As High Point Treatment Center points out,

*"There are simply not enough treatment beds; Massachusetts, like many states in the country, is in the throes of an opioid epidemic crisis, and individuals still wait too long for addiction and mental health services. There exists a direct correlation between lack of accessibility to services and increasing numbers of deaths due to overdose, in addition to increased drug use."*⁶⁷

Without the supports provided through the ACA for substance use disorder prevention and treatment, the already limited number of people who have been able to access recovery and support services would lose this access. For individuals like Tasha, the ACA means that an organization like the Behavioral Health Network could provide her with the supports she needed to recover from addiction, and she now "assists other young women who find themselves on the sometimes-bumpy road to recovery."⁶⁸ At Lynn Community Health Center, "With HRSA substance use funds we have been able to triple our capacity to provide Medication Assisted Treatment, with over 400 patients currently in treatment for Addiction."^{69,70} And due to coverage through the Health Connector, Michael could access a methadone program with Lahey Health

Behavioral Services and has since returned to more consistent employment and is planning to open his own business.⁷¹

6. The Affordable Care Act and Medicaid expansion have improved and guaranteed care for individuals with disabilities and chronic conditions in Massachusetts.

Expanded coverage and protections afforded by the ACA have provided individuals with disabilities and chronic conditions guaranteed health coverage for the personal, comprehensive care and costly medications and treatments they need. According to the Health Law Advocates,

*"After we passed health care reform, health care became far more accessible and affordable for hundreds of thousands of people. We no longer had people call us who were totally disabled, lived on a small amount of disability income and had no viable health insurance options."*⁷²

The Boston Center for Independent Living (BCIL), which works to empower people with disabilities to fully integrate into society, shared with the delegation the stories of twelve individuals whose lives were dramatically improved by the coverage provided through the ACA and Medicaid. This coverage allowed them to access regular doctor's appointments, expensive medications, and personal care attendants.

*"Through Massachusetts's MassHealth program [Eric has] been able to have a personal care assistant help him with meal prep, laundry and cleaning his apartment—tasks that are challenging to do in a wheelchair. Since he's gotten out of the nursing home he has spent time with his 3-year-old nephew. With a reduction of federal Medicaid dollars, Eric may face reduced services and could lose eligibility entirely for the health care that lets him live freely—and with better health!—in the community."*⁷³

One Care, a dual eligible demonstration plan made possible by the ACA, has also provided



many Massachusetts residents the ability to receive coordinated, personalized care and the support they need to become active members of their communities. Dennis wrote, “without [One Care], I know I would be in a nursing home, depressed, unemployed, unable to participate in the community, cycling in and out of the emergency department and costing taxpayers more money than I do.”⁷⁴ From Ty’s perspective, “the only reason he’s alive today is because of all of the services and care he gets through One Care.”⁷⁵

The ACA has given individuals with chronic conditions and their families the ability to live healthier, happier, more stable lives. We heard from constituents whose children have diabetes and require access to medications and devices to monitor their blood sugar levels.⁷⁶ Families also shared stories of pre-term labors causing unexpected difficulties and lasting health impacts.⁷⁷ Others reported on cancer diagnoses that have turned their lives upside down.⁷⁸ For these individuals and their families, the ACA has been the safety net to catch them at unexpected times and to hold them up as they learned to live with their conditions.

Guadalupe, who lives with hemophilia, said, “I am here because the Affordable Care Act (ACA) saved my life.”⁷⁹ Jenny, who was diagnosed with breast cancer, said,

“The passage of the ACA did more to shore up our little family than any other piece of legislation in my lifetime. It has enabled me to face my grave illness without worrying whether cost would be a factor in my treatment or whether I could try the next medication my doctors prescribed to relieve my pain.”⁸⁰

As Olivia, a young, middle class woman who lives with multiple chronic illnesses, reminds us:

“Many people are just like me. We are college students and new graduates who have to learn to manage our medical conditions before going out into the real world. To do this, we may have to stay on our parents insurance until we are twenty-six years old. We are people who can only work part-time jobs and will need insurance to help keep our medical costs down. We may require expensive prescriptions and numerous doctor visits a year; we cannot have a cap on our care because our conditions are chronic and unpredictable. We are people who will have to apply for insurance with pre-existing conditions which should not be held against us. We are thankful for preventative care because it prevents illnesses that would exacerbate our other conditions. Health care is a business that we need but that we didn’t ask to be a part of. It is a business we all take part in, whether we plan to or not. We are NOT burned down houses, we are citizens who provide meaningful contributions to our country.”⁸¹

III. CONCLUSION

Across Massachusetts, we share the belief that everyone should have access to affordable health insurance coverage. We have been working to implement this commitment for the past decade – and our children, our families, our businesses, and our communities have seen the benefits. Across the state, health care providers and institutions have committed to providing everyone with high quality, affordable care. We’ve been working together to make health care better and more accessible across the commonwealth for over a decade, and we’ll continue to work together toward ensuring that everyone has access to quality, affordable health care.



[Endnotes]

- ¹ "American Health Care Act: Budget Reconciliation Recommendations of the House Committees on Ways and Means and Energy and Commerce, March 9, 2017," Congressional Budget Office (March 13, 2017) (online at: https://www.cbo.gov/sites/default/files/115th-congress-2017-2018/costestimate/americanhealthcareact_0.pdf)
- ² See, for example: Mitt Romney, "My plan for Massachusetts health insurance reform," The Boston Globe (Nov. 24, 2004) (online at: <https://www.bostonglobe.com/lifestyle/health-wellness/2004/11/24/plan-for-massachusetts-health-insurance-reform/d1I1xFpnfLcQ8Ipz4nCdpJ/story.html>)
- ³ Richard G. Frank and Sherry A. Glied, "Keeping Obamacare to keep progress on treating opioid disorders and mental illnesses," The Hill (Jan. 11, 2017) (online at: <http://thehill.com/blogs/pundits-blog/healthcare/313672-keep-obamacare-to-keep-progress-on-treating-opioid-disorders>)
- ⁴ Bowen Garrett and Anuj Ganopadhyaya, "Who Gained Health Insurance Coverage under the ACA, and Where Do They Live?" Urban Institute (December 2016) (online at: <http://www.urban.org/sites/default/files/publication/86761/2001041-who-gained-health-insurance-coverage-under-the-aca-and-where-do-they-live.pdf>).
- ⁵ Cathy Schoen, "The Affordable Care Act and the U.S. Economy," The Commonwealth Fund (February 2016) (online at: http://www.commonwealthfund.org/~media/files/publications/fund-report/2016/feb/1860_schoen_aca_and_us_economy_v2.pdf).
- ⁶ Congressional Budget Office, Supra.
- ⁷ Jessica C. Barnett, Marina S. Vornovitsky, "Health Insurance Coverage in the United States: 2015," U.S. Census Bureau (September 2016) (online at: <http://www.census.gov/content/dam/Census/library/publications/2016/demo/p60-257.pdf>).
- ⁸ An Act Providing Access to Affordable, Quality, Accountable Health Care" (online at: <https://malegislature.gov/Laws/SessionLaws/Acts/2006/Chapter58>)
- ⁹ Kavita Patel and John McDonough, "From Massachusetts To 1600 Pennsylvania Avenue: Aboard The Health Reform Express," Health Affairs (June 2010) (online at: content.healthaffairs.org/content/29/6/1106.full)
- ¹⁰ "Massachusetts Health Care Reform: Six Years Later," Kaiser Family Foundation (May 2012) (online at: <https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8311.pdf>)
- ¹¹ See Appendix for letter from Blue Cross Blue Shield of Massachusetts (Feb. 24, 2017)
- ¹² Felice J. Freyer, "Rate of uninsured in Mass. reaches all-time low," The Boston Globe (Sept. 17, 2016) (online at: <https://www.bostonglobe.com/metro/2016/09/17/rate-uninsured-mass-reaches-all-time-low/2adsq1tTALnZot6TVarC2L/story.html>)
- ¹³ Priyanka Dayal McCluskey, "Massive change coming to state health care for poor," The Boston Globe (Nov. 4, 2016) (online at: <https://www.bostonglobe.com/business/2016/11/04/massive-change-coming-state-health-care-for-poor/XX1EaYofaYv0pVhbCXiZMN/story.html>)
- ¹⁴ See Appendix for letter from the Massachusetts Association of Health Plans (Feb. 24, 2017)
- ¹⁵ See Appendix for letter from the Conference of Boston Teaching Hospitals (Feb. 23, 2017)
- ¹⁶ See Appendix for letter from the Massachusetts Health & Hospital Association (Feb. 22, 2017)
- ¹⁷ See Appendix for letter from the Massachusetts Association of Behavioral Health Systems (Feb. 22, 2017)
- ¹⁸ For example, see Appendix for letter from Rachael Solem (Feb. 22, 2017)
- ¹⁹ See Appendix for letter from Minuteman Health (Feb. 24, 2017)
- ²⁰ Jessica C. Barnett, Marina S. Vornovitsky, "Health Insurance Coverage in the United States: 2015," U.S. Census Bureau (September 2016) (online at: <http://www.census.gov/content/dam/Census/library/publications/2016/demo/p60-257.pdf>).
- ²¹ "Medicaid: What It Brings to Massachusetts" Commonwealth Fund (February 2017) (online at: http://www.commonwealthfund.org/interactives/2017/feb/medicaid_factsheets/CMWF_MedicaidFactSheet_Feb2017_Massachusetts.pdf); "Health Insurance Coverage of the Total Population," Kaiser Family Foundation (2015) (online at: <http://kff.org/other/state-indicator/total-population/?currentTimeframe=0&sortModel=%7B%22collId%22:%22Location%22,%22sort%22:%22asc%22%7D>)



²² "Impact of the Affordable Care Act in Massachusetts," U.S. Department of Health and Human Services (Nov. 2, 2015) (online at: <https://www.masslegalservices.org/system/files/library/Impct%20of%20the%20Affordable%20Care%20Act%20in%20Massachusetts%20%20HHS.pdf>). Accessed January 15, 2017.

²³ See Appendix for letter from Lahey Health Behavioral Services (Feb. 24, 2017)

²⁴ See Appendix for letter from Elizabeth Stagl (Feb. 27, 2017)

²⁵ See Appendix for letter from Dr. Henry Dorkin (Feb. 27, 2017)

²⁶ U.S. Department of Health and Human Services, Supra.

²⁷ "National Health Care Reform: What Does it Mean for Massachusetts," Massachusetts Division of Insurance (2010) (online at: www.mass.gov/ocabr/docs/advisories/nat-health-reform.pdf)

²⁸ U.S. Department of Health and Human Services, Supra.

²⁹ See Appendix for letter from Diane from Haverhill (Feb. 24, 2017)

³⁰ U.S. Department of Health and Human Services, Supra.

³¹ See Appendix for letter from Leslie from Salem (Jan. 2, 2017)

³² See Appendix for letter from Lawrence General Hospital (Feb. 27, 2017)

³³ See Appendix for letter from the Massachusetts Association of Health Plans (Feb. 24, 2017)

³⁴ U.S. Department of Health and Human Services, Supra.

³⁵ See Appendix for letter from Lynn Community Health Center (Feb. 13, 2017)

³⁶ See Appendix for letter from Brockton Neighborhood Health Center (Feb. 20, 2017)

³⁷ See Appendix for letter from Greater Boston Food Bank (Feb. 23, 2017)

³⁸ U.S. Department of Health and Human Services, Supra.

³⁹ "Medicaid in Massachusetts," Kaiser Family Foundation (January 2017) (online at: <http://files.kff.org/attachment/fact-sheet-medicaid-state-MA>)

⁴⁰ "Monthly Child Enrollment in Medicaid and CHIP," Kaiser Family Foundation (Jan 2014-Dec 2016) (online at: <http://kff.org/medicaid/state-indicator/total-medicaid-and-chip-child-enrollment/?activeTab=graph¤tTimeframe=0&startTimeline=35&selectedDistributions=medicaidchip-child-enrollment&selectedRows=%7B%22nested%22:%7B%22massachusetts%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>)

⁴¹ See Appendix for letter from Franciscan Children's (Feb. 28, 2017)

⁴² See Appendix for letter from Dr. James Gessner (Feb. 27, 2017)

⁴³ See Appendix for letter from Dr. Henry Dorkin (Feb. 27, 2017)

⁴⁴ See Appendix for letter from Lynn Community Health Center (Feb. 13, 2017)

⁴⁵ See Appendix for letter from Allison Kilcoyne, Nurse Practitioner (Feb. 28, 2017)

⁴⁶ See Appendix for letter from Erin, Program Director of a Children's Mental Health Coordination Program, Child & Family Services (Feb 24, 2017)

⁴⁷ See Appendix for letter from Mira, Boxford (March 2, 2017)

⁴⁸ See Appendix for letter from Jenny, Worthington (Feb. 1, 2017)

⁴⁹ "State Profiles for Women's Health," Kaiser Family Foundation (Dec. 10, 2015) (<http://kff.org/interactive/womens-health-profiles/?activeState=USA&activeCategoryIndex=3&activeView=map>)

⁵⁰ See Appendix for letter from Dr. Julia Edelman (Feb. 27, 2017)

⁵¹ See Appendix for letter from Dr. Jennifer Childs Roshak (Feb. 24, 2017)

⁵² See Appendix for letter from Beth Israel Deaconess Medical Center (Feb. 28, 2017)



⁵³ See Appendix for letter from Victory Programs (Feb. 28, 2017)

⁵⁴ "The Mental Health & Substance Use Disorder Parity Task Force," Health and Human Services (October 2016) (online at: <https://www.hhs.gov/sites/default/files/mental-health-substance-use-disorder-parity-task-force-final-report.pdf>)

⁵⁵ "2013-2014 National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia)," Substance Abuse and Mental Health Services Administration (2014) (online at: <https://www.samhsa.gov/data/sites/default/files/NSDUHsaePercents2014.pdf>)

⁵⁶ "Behavioral Health Barometer: Massachusetts, 2015," Substance Abuse and Mental Health Services Administration (2015) (online at: https://www.samhsa.gov/data/sites/default/files/2015_Massachusetts_BHBarometer.pdf)

⁵⁷ "Massachusetts 1115 MassHealth Waiver Approval – November 4, 2016: Frequently Asked Questions (FAQs)," Massachusetts Executive Office of Health and Human Services (Nov. 4, 2016) (online at: www.mass.gov/eohhs/docs/eohhs/healthcare-reform/masshealth-innovations/ma-1115-waiver-faqs.pdf)

⁵⁸ See Appendix for letter from the Justice Resource Institute (Feb. 24, 2017)

⁵⁹ See Appendix for letter from Cambridge Health Alliance (Feb. 24, 2017)

⁶⁰ See Appendix for letter from Jackie from Norwood (Jan. 23, 2017)

⁶¹ See Appendix for letter from Samantha from Somerville (Jan. 26, 2017)

⁶² "Data Brief: Opioid-related Overdose Deaths Among Massachusetts Residents," Massachusetts Department of Public Health (February 2017) (online at: <http://www.mass.gov/eohhs/docs/dph/stop-addiction/current-statistics/data-brief-overdose-deaths-february-2017.pdf>)

⁶³ <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

⁶⁴ Richard G. Frank and Sherry A. Glied, "Keeping Obamacare to keep progress on treating opioid disorders and mental illnesses," The Hill (Jan. 11, 2017) (online at: <http://thehill.com/blogs/pundits-blog/healthcare/313672-keep-obamacare-to-keep-progress-on-treating-opioid-disorders>)

⁶⁵ See Appendix for letter from The Brien Center (Feb. 24, 2017)

⁶⁶ "Access to Substance Use Disorder Treatment in Massachusetts," Center for Information and Analysis (April 2015) (online at: <http://www.mass.gov/courts/docs/csat-access-to-substance-use-disorder-treatment-in-mass.pdf>)

⁶⁷ See Appendix for letter from High Point (Feb. 24, 2017)

⁶⁸ See Appendix for letter from Behavioral Health Network (Feb. 24, 2017)

⁶⁹ See Appendix for letter from Lynn Community Health Center (Feb. 13, 2017)

⁷⁰ "HRSA awards \$51.3 million in Affordable Care Act funding to support mental health and substance abuse treatment," Health Resources & Services Administration (Nov. 6, 2014) (online at: <https://www.hrsa.gov/about/news/pressreleases/141106behavioralhealth.html>)

⁷¹ See Appendix for letter from Lahey Health Behavioral Services (Feb. 24, 2017)

⁷² See Appendix for letter from Health Law Advocates (Feb. 23, 2017)

⁷³ See Appendix for letter from the Boston Center for Independent Living (March 10, 2017)

⁷⁴ See Appendix for letter from Dennis from Boston (Feb. 22, 2017)

⁷⁵ See Appendix for letter from the Boston Center for Independent Living (March 10, 2017)

⁷⁶ For example, see Appendix for letter from Mira from Boxford (March 2, 2017)

⁷⁷ For example, see Appendix for letter from Marika from Duxbury (Jan. 9, 2017)

⁷⁸ For example, see Appendix for letter Jennifer from Northampton (Jan. 10, 2017)

⁷⁹ See Appendix for story from Guadalupe Mota (Feb. 24, 2017)

⁸⁰ See Appendix for story from Jenny from Worthington (Feb. 1, 2017)

⁸¹ See Appendix for story from Olivia from North Reading (Nov. 21, 2016)



Appendix

Hospitals.....	18
The Massachusetts Health & Hospital Association (February 22, 2017).....	18
Conference of Boston Teaching Hospitals (February 23, 2017).....	20
Massachusetts Council of Community Hospitals (February 24, 2017).....	21
Cambridge Health Alliance (February 24, 2017)	22
Lawrence General Hospital (February 27, 2017).....	24
Boston Medical Center (February 28, 2017).....	25
Dana Farber Cancer Institute (February 28, 2017).....	27
Franciscan Children's (February 28, 2017).....	29
Heywood Health (February 28, 2017).....	30
Beth Israel Deaconess Medical Center (February 28, 2017)	32
South Shore Health System (February 28, 2017).....	33
UMass Memorial Health Care (February 28, 2017).....	35
Southcoast Health (February 28, 2017).....	37
Partners Healthcare (March 3, 2017)	38
Community Health Centers	40
Lynn Community Health Center (February 13, 2017)	40
Brockton Neighborhood Health Center (February 20, 2017).....	43
Lowell Community Health Center (February 23, 2017).....	44
Manet Community Health Center (February 24, 2017).....	45
Edward M. Kennedy Health Center (February 27, 2017)	47
Greater Lawrence Family Health Center (February 27, 2017).....	49
Behavioral Health Organizations	50
Association for Behavioral Healthcare (February 24, 2017)	50
Massachusetts Association of Behavioral Health Systems (February 24, 2017)	52
Riverside Community Care (February 23, 2017).....	53
Child & Family Services (February 24, 2017).....	56
Behavioral Health Network (February 24, 2017)	57
High Point (February 24, 2017)	59
Institute for Health and Recovery (February 24, 2017).....	60
Justice Resource Institute (February 24, 2017).....	61

Lahey Health Behavioral Services (February 24, 2017).....	63
North Cottage Program (February 24, 2017)	68
The Brien Center (February 24, 2017)	69
Bay Cove Human Services (February 27, 2017)	71
Community Counseling of Bristol County (February 27, 2017)	73
Wayside Youth & Family (February 27, 2017).....	75
Victory Programs (February 28, 2017).....	76
Advocates (February 28, 2017).....	78
Pine Street Inn (February 24, 2017).	80
Massachusetts Child Psychiatry Access Program for Moms (MCPAP for Moms) (February 24, 2017).....	82
Insurers.....	83
Massachusetts Association of Health Plans (February 24, 2017)	83
Blue Cross Blue Shield of Massachusetts (February 24, 2017)	85
Fallon Health (February 24, 2017).....	86
Minuteman Health (February 24, 2017).....	87
Tufts Health Plan (March 1, 2017)	89
Providers.....	90
Dr. Jennifer Childs-Roshak, President and CEO of Planned Parenthood League of Massachusetts (February 24, 2017)	90
Donna Kelly-Williams, President, Massachusetts Nurses Association (February 24, 2017).....	92
Massachusetts School Nurse Organization (February 24, 2017)	94
Dr. James Frank, surgical oncologist, Springfield (February 25, 2017)	95
Dr. Henry Dorkin, pediatrician, President-Elect, Massachusetts Medical Society (February 27, 2017).....	96
Dr. James Gessner, pediatrician, President, Massachusetts Medical Society (February 27, 2017)	97
Dr. Julia Edelman, MD, FACOG, NCMP (February 27, 2017)	98
Dr. Hugh Taylor, family physician (February 27, 2017).....	99
Dr. Melissa Palma, Greater Lawrence Family Medicine Residency (Feb. 9, 2017).....	100
Allison Lentino, LICSW, Child & Family Services (February 24, 2017).....	102
Erin, Program Director of a Children's Mental Health Coordination Program, Child & Family Services (February 24, 2017)	103
Nick Fleisher, LICSW, Clinical & Support Options (February 24, 2017).....	104
Social worker, Adult Behavioral Health Center, Child & Family Services (February 24, 2017) ...	105

Dr. Nicolas Nguyen, Medical Director, Beth Israel Deaconess Family Medicine at 1101, Clinical Instructor Harvard Medical School (March 9, 2017).....	106
Allison Kilcoyne, Nurse Practitioner (February 28, 2017).....	107
Advocacy and Civil Rights Organizations and Local Government.....	108
The Boston Public Health Commission (March 10, 2017).....	108
Health Care for All (February 23, 2017)	111
American Heart Association (February 24, 2017).....	113
Health Law Advocates (February 23, 2017).....	114
The Boston Center for Independent Living (March 10, 2017).....	115
Greater Boston Food Bank (February 23, 2017)	119
Individual Stories	121
Elizabeth Stagl, Co-Owner, Cambridge Naturals (February 27, 2017).....	121
Rachael Solem, Owner & General Manager, Irving House at Harvard & Harding House (February 22, 2017)	122
Guadalupe Mota (February 4, 2017)	123
Distressed mom (February 7, 2017)	124
Burt, Boston (February 21, 2017)	125
Dennis, Boston (February 22, 2017)	126
John, Boston (February 22, 2017)	128
Maureen, Boston (February 22, 2017)	129
Alexandra, Wellesley (February 23, 2017)	130
Sara, Norfolk (February 23, 2017)	131
Nancy, Concord (February 24, 2017)	132
Naomi, Northeastern Massachusetts (February 24, 2017).....	133
Sarah, Acton (February 24, 2017)	134
Diane, Haverhill (February 24, 2017)	135
Iris, New Bedford (February 24, 2017)	136
Pamela, Salem (March 2, 2017)	137
Mira, Boxford (March 2, 2017).....	138
Jessica, Wakefield (January 25, 2017).....	139
Jeffrey, Grafton (November 17, 2016)	140
Alan, Hingham (November 10, 2016)	141
Marika, Duxbury (January 9, 2017)	142

Ashley, Andover (January 12, 2017).....	144
Carter, Wellesley (January 20, 2017)	145
Christine, Canton (January 2, 2017)	146
Denise, Southeastern Massachusetts (January 26, 2017).....	147
Diane, Westford (January 5, 2017).....	148
Elizabeth, Boston (November 9, 2016)	149
Jackie, Norwood (January 23, 2017).....	150
Jennifer, Boston (January 13, 2017)	151
Jennifer, Northampton (January 10, 2017).....	152
Jenny, Worthington (February 1, 2017).....	153
Jessica, Wakefield (January 25, 2017).....	156
Jim, Framingham (January 15, 2017).....	157
Julie, Sutton (January 17, 2017)	158
Kaitlyn, Cambridge (January 23, 2017).....	159
Kat, Florence (January 21, 2017)	161
Kathryn, Manchester-by-the-Sea (January 24, 2017).....	162
Kristine, Cambridge (January 24, 2017)	163
Nancy, West Barnstable (January 13, 2017)	164
Nina, Somerville (January 19, 2017)	165
Olivia, North Reading (November 21, 2016).....	166
Samantha, Somerville (January 26, 2017).....	168
Stephanie, Westwood (January 24, 2017).....	170
Tracy, homeless (January 12, 2017).....	171
Wendy, Sherborn (January 8, 2017).....	172
Sharon, Reading (March 7, 2017)	173
Lucy (March 7, 2017)	174
Heidi, Easthampton (March 9, 2017)	175
Leslie, Salem (January 2, 2017)	176
Graydon, Framingham (January 20, 2017)	177

Hospitals

The Massachusetts Health & Hospital Association (February 22, 2017)

The Massachusetts Health & Hospital Association (MHA), representing more than 80 acute care, post-acute care, specialty, and state hospitals, along with group physician practices and affiliated members, can state unequivocally that the Affordable Care Act (ACA) has successfully improved coverage options, healthcare quality, and healthcare cost-cutting efforts in the commonwealth. Its repeal would be a great mistake.

Massachusetts has been a pioneer in expanding health coverage, including our state's historic 2006 health reform law that served as a model for the ACA. While we were successful in achieving expanded coverage prior to the ACA, **approximately 300,000 individuals now are covered due to the ACA's Medicaid expansion**, many of whom would otherwise be unable to afford health insurance in the commercial market even with government subsidies.

According to the United States Census Bureau, Massachusetts had 97.2% of its population covered with health insurance in 2015. **The coverage expansion under the ACA had its greatest effect on people with great healthcare needs, working adults with disabilities, younger adults, people with low incomes, and women – all who gained coverage at a faster rate than the general population.**¹ And there has been a tremendous positive effect on individual lives as result of better access to care. Researchers have found improvements in physical health, mental health, functional limitations, joint disorders, and body mass index for those in Massachusetts, especially for those with low incomes, minorities, near-elderly adults, and women.² Individuals here and around the country also no longer fear not being able access to health coverage due to pre-existing conditions or having inadequate health coverage during their times of medical need.

The cost of providing care to the uninsured has been significantly reduced due to reform and specifically due to the ACA. In Massachusetts, pre-reform, our state's Uncompensated Care Pool covered hospital care for low-income uninsured and underinsured residents for decades. In FY2005 hospital uncompensated care costs totaled \$702 million, or \$992 million adjusting for inflation. This was a financial burden to hospitals, insurers, government, and, in effect, to the employer community who experienced higher insurance premiums as the system shifted costs onto it in order to spread the burden of caring for the uninsured. Hospital costs in the care pool's successor, now called the Health Safety Net, was \$407 million in FY2016 – or **59% percent less** than prior to our 2006 reform adjusting for inflation.

While there have been some changes to the program over the years, undoubtedly the most significant contributor to this reduction has been the expansion of coverage assisted by the ACA.

¹ "10 Years of Impact: A Literature Review of Chapter 58 of the Acts of 2006," BCBSMA Foundation & University of Massachusetts Medical School, April 2016.

² "Does Universal Coverage Improve Health? The Massachusetts Experience," Charles J. Courtemanche and Daniela Zapata, National Bureau of Economic Research, March 2012.

Aside from – but tied to – the coverage expansions the ACA fostered are **a series of innovations that have improved how healthcare in Massachusetts is paid for and delivered**. The ACA aligns financial incentives and alternative payments as levers for improving healthcare quality while driving down costs. The steady progression from fee-for-service to “accountable care organizations” has resulted in coordinated care, especially for the chronically ill, with the goal of avoiding unnecessary duplication of services. **Without the comprehensive health coverage foundation the ACA supported, construction of the alternative payment systems would crumble.**

The Center for Medicare and Medicaid Innovation (CMMI) created through Section 3021 of the ACA funded some important pilot projects in which MHA and its member hospitals participated and which resulted in demonstrable success in lowering costs and avoiding patient harm.

The Hospital Engagement Network 2.0, for example, was a CMMI-funded project whose goal was to reduce hospital acquired conditions (HACs) by 40% and readmissions by 20%. According to data assessed against benchmark, **the 10 Massachusetts hospitals participating in HEN 2.0 that MHA coordinated prevented in one year 428 harms to patients at a cost savings of \$3.8 million**. MHA is currently leading a Hospital Improvement Innovation Network (HIIN) with 10 member hospitals.

Another innovation in which MHA hospitals participated involved the ACA’s Section 3026 **Community-based care transitions program**, which provided funding to hospitals and community-based entities that furnished evidence-based care transition services to Medicare beneficiaries at high risk for readmission. That program helped create a network of transition programs throughout the state that continue to operate using best practices learned through the pilot.

A repeal of the ACA would turn back the clock here in Massachusetts. Attempting to revert back to our Massachusetts coverage programs that existed before the ACA would not be accomplished easily and would involve significant challenges related to **the federal support needed for the current level of coverage as well as hospital uncompensated care** for uninsured residents. Repeal would also halt or slow incentives for care and payment transformations.

We believe our state serves as an example of how the ACA’s approach to expanding access to affordable health coverage can be successful nationally if given the time and support it deserves.

Conference of Boston Teaching Hospitals (February 23, 2017)

Massachusetts has been a true leader in health reform. With the passage of health reform in 2006 and subsequent reform efforts aimed at containing costs and increasing access for small businesses, Massachusetts has achieved near universal coverage. With the passage of the ACA, the Massachusetts reform law and the ACA have become intertwined and the repeal of the ACA would have significant negative consequences for the Commonwealth, its citizens and its healthcare system.

There are many examples of the potential impact on patients and their families that would result if the ACA is repealed. It is estimated that nearly 300,000 Massachusetts residents secured the MassHealth coverage as a result of ACA Medicaid funding. Another 190,000 residents have private health insurance where premiums are subsidized through the state's health exchange. These figures are staggering and represent patients and families throughout the Commonwealth who face a very uncertain future with the potential repeal of the ACA. Healthcare providers face the prospect of losing millions of dollars in federal funding intended to reimburse for care provided to those on Medicaid. These cuts cannot be absorbed and would likely result in significant reductions in hospital budgets, more than two thirds of which are comprised of labor costs.

The ACA is a very complex law and some provisions such as the individual mandate, coverage for pre-existing conditions, a ban on lifetime spending caps and coverage for those up to 26 years of age have received substantial attention. However, there are a number of other provisions that while not widely known to the general public, are critical to the future of the healthcare system here in Massachusetts and across the country. One example is the Center for Medicare and Medicaid Innovation (CMMI) which was established to test and implement new approaches to how Medicare pays physicians, hospitals and other healthcare providers. If CMMI models show promise of reducing costs while not adversely impacting quality they are replicated across the country, resulting in cost savings for all. The ACA also provided funding for organizations to develop accountable care organizations and other types of delivery reform that can increase access, control costs while maintaining or enhancing quality. These often overlooked provisions are critical to transforming our health care delivery system to meet the needs of a changing population and making gains in coverage sustainable.

COBTH is pleased to be part of the Massachusetts Coalition for Coverage and Care, a broad based coalition of organizations, many of whom worked together to enact our health reform law in 2006. The aim of this group is to preserve and improve access to, and the affordability of, health insurance coverage in Massachusetts and protect the gains we have made since 2006.

Massachusetts Council of Community Hospitals (February 24, 2017)

The Commonwealth of Massachusetts has long affirmed a shared belief in a health care system that serves all of our friends and neighbors, notwithstanding race, ethnicity, beliefs, gender, or socioeconomic status. Under the leadership of then-Governor Mitt Romney, Massachusetts passed comprehensive health care reform in 2006 to ensure that every resident had access to insurance coverage. That this was a bipartisan measure should not be a surprise: when uninsured patients are unable to pay for the care that they desperately need, the expenses are spread across all components of a health care system. For the Commonwealth, expanding coverage was not only a moral choice, but an economic one.

Hospitals are in a particularly unique position in terms of health care delivery, as they treat all patients regardless of insurance status. In Massachusetts, hospitals are reimbursed for services provided to uninsured and under-insured patients, or “uncompensated care,” through our Health Safety Net Trust Fund. This account is populated by annual payments to the Commonwealth from hospital operating budgets and fees charged by health plans to privately-covered patients. Limiting access to insurance coverage does not lower health care spending; it costs us all much more, through higher deductibles, more out-of-pocket expenses, and restricted access to services. It threatens the financial viability of smaller community providers, the high-quality hospitals that are not only more affordable for lower-income patients, but serve as economic engines and local job providers. Just as important, in terms of humanity, denying certain citizens access to affordable coverage perpetuates a tragic philosophy that physical health and wellness is a right only assured for the wealthy.

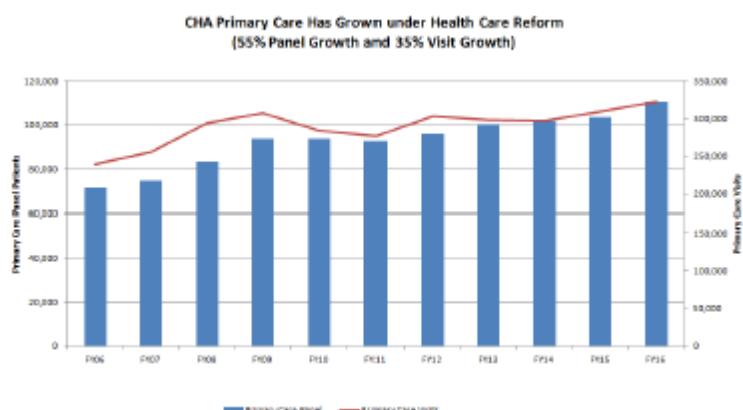
A repeal of the Affordable Care Act would be immensely challenging for the Massachusetts health care system, as we’ve modified our structure to meet the law’s standards. We would lose valuable federal grants to help ensure adequate coverage for Medicaid enrollees and to fund innovative measures to provide comprehensive care for complex patients. Thousands of lower middle-class residents would be caught in a gap of being too wealthy for the subsidized MassHealth program, yet also unable to afford the cost of private insurance. Several ACA provisions that mandate coverage for preventative health services would also be eliminated. It’s been proven that when people choose to forgo primary care, they may end up seeking services for more serious health conditions in more expensive care settings, such as hospital emergency departments. This is not only bad for patients, but bad for state budgets and for controlling overall health care spending.

While the Commonwealth will always step up and lead on behalf of our residents, the same cannot be guaranteed for those in other parts of the country. It is an oft-repeated adage that health care providers operate via a doctrine to “first, do no harm.” It would serve this country well for our federal leadership to adopt this same practice, prioritize patients, and preserve the Patient Protection and Affordable Care Act.

Cambridge Health Alliance (February 24, 2017)

Cambridge Health Alliance (CHA), a major safety net health system, has directly seen the positive impact of the Affordable Care Act (ACA) for our patients and communities. CHA has been vocal for nearly 20 years about the importance of expanded and stable coverage for vulnerable populations.³ The ACA and its support for subsidized health coverage and expanded Medicaid coverage has notably provided our patients with security of health insurance and access to preventive and ongoing care.

Prior to health reform, nearly one-third of our patient care was for the uninsured. Since reform the percentage has fallen to below 10 percent. CHA has responded by increasing our capacity to provide primary care services to patients in the 7 key communities we serve. While in the past our uninsured patients sought care episodically for emergencies, we now see a steady increase in our patients who have long term relationships with primary care providers. Access to care is more local and less expensive as a result.



The ACA and its associated coverage expansion has had tangible benefits to patients, families and communities in Massachusetts. In addition, CHA-supported research has demonstrated this trend nationally.⁴ Data demonstrates that patients in states with expanded Medicaid, like Massachusetts, experienced greater improvement in metrics related to having to forgo a physician visit or not having a checkup. The full study focused on patients with chronic disease. These patients are most likely to benefit from longitudinal and regular care, increasing their function and reducing their medical expenses over time.

As one of the largest providers of behavioral health services, CHA sees that essential covered benefits under and substance use disorder services as "essential benefits" has reversed decades of longstanding barriers that devalued mental health professionals and the importance of everyone's

³ Carrasquillo, O; Himmelstein, DU; Wollhandler, S; Bor, DH. Can Medicaid Managed Care Provide Continuity of Care to New Medicaid Enrollees? An Analysis of Tenure on Medicaid. Am J Pub Health. 1998;88:464-466. <http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.88.3.464>

⁴ Torres, H; Poorman, E; Tadeppalli, U; Schoettler, C; Fung, CH; Musher, N; Campbell, L; Basu, G; McCormick, D. Coverage and Access for Americans With Chronic Disease Under the Affordable Care Act. Ann Intern Med. 2017;doi:10.7326/M16-1256. <http://annals.org/aim/article/2599147/coverage-access-americans-chronic-disease-under-affordable-care-act-quasi>

complete health and wellness. Mental health and substance use disorders are chronic health conditions requiring integrated physical and behavioral health interventions over time. Stability in insurance coverage is a key requirement to assure stability in treatment. Anxiety is a side effect of many of these conditions and our clinicians are already hearing concerns expressed by our patients that they will not be able to continue to receive the care they need, should their access to benefits be repealed. Finally, the ACA and expanded Medicaid coverage has allowed for the development of more effective care models that improve health and wellness while at the same time contain costs. As an example, Medicaid initiatives supported by the ACA have allowed CHA to launch innovative mental health programs that provide higher-quality care for adults with serious mental illness, who otherwise die 20-25 years earlier than general population. CHA's Psychiatry department has introduced new population health tools, preventive services, health promotion, and integrated care to better meet our patients' complex needs. In just one year, this novel program reduced ED visits by 17.8%, medical hospitalizations by 17.3%, and psychiatric hospitalizations by 55.4%, demonstrating the powerful possibilities of Medicaid coverage and Accountable Care innovations expanded by the ACA.⁵

The state and federal partnership under the ACA has made Massachusetts' near universal coverage possible. With coverage in place, we have a platform for enabling important health care innovations which can be applied to and studied for our entire population of patients. CHA is a leader in implementing models of care transformation to deliver improved quality outcomes and lowered total healthcare expenditures per person. These are the metrics by which the state and federal government measure healthcare value and, with the ACA as a foundation to these reforms, we are moving forward and strengthening the economic viability of the US healthcare system.

⁵ Data represents utilization at CHA facilities only.

Lawrence General Hospital (February 27, 2017)

For the Lawrence General Hospital community, the ACA has meant that Massachusetts can keep its commitment not only for coverage BUT ALSO to support those providers like Lawrence General who care for a large number of low income populations. As you know we had near universal coverage prior to the ACA in Massachusetts but it was unaffordable when the economy downturn of 2008 reduced state revenues dramatically. Coverage costs eclipsed rates and we took decline and cut after cut until the economy rebounded AND the state received new funding for high Medicaid providers under the Medicaid Waiver.

With the ACA, Massachusetts can BOTH cover populations who were uninsured with the help of the federal government AND maintain some level of modest reimbursement for Medicaid.

While many of the provisions of the ACA like essential benefits didn't come into play in Massachusetts, the federal government supporting the cost of coverage is key. Without the federal support for coverage, Massachusetts would still have near universal coverage, but the support for safety net providers in Massachusetts, like Lawrence General, may not exist.

The single most important issue for Massachusetts right now relative to the ACA is maintaining our recently approved Medicaid Waiver, the funding it provides, and the ongoing commitment to share in the cost of coverage and safety net support. We are about to embark on a bold plan to take risk for Medicaid populations, a potential model for the nation, but to take this risk we need the support that is part of the 5 year Waiver that was signed last year. The supports for infrastructure, DSRIP, and the Delivery System Transformation Initiative (DSTI) glide path to support safety net providers is essential.

Without the funding in this new Massachusetts Medicaid waiver, Massachusetts will potentially be forced back into the challenging position of needing to balance coverage, benefits and rates for providers. This was a significant challenge under Chapter 58 (Romneycare), and we cannot return to that era of woefully inadequate rates for providers like Lawrence General, and other Disproportionate Share Hospitals and no support for investments to keep pace with the rest of the industry.

Boston Medical Center (February 28, 2017)

At Boston Medical Center (BMC), our mission is to provide ***Exceptional Care without Exception*** to all of our patients. As the largest health safety net system in Massachusetts and in New England, BMC and the patients we serve would be severely impacted by major changes to the Affordable Care Act. Massachusetts Health Care Reform in 2008, and subsequently the Affordable Care Act, supported our efforts to provide high-quality, cost effective care to the many, formerly uninsured, patients who became insured through Medicaid and subsidized products. BMC has worked diligently with the Commonwealth of Massachusetts and the Center for Medicare and Medicaid Services (CMS) to transition the payment and delivery of Medicaid services in a more cost effective manner. With a strong understanding of the need to ensure that the future of Medicaid is sustainable, our collective efforts have begun to produce encouraging results.

Medicaid, and access to affordable, subsidized health care insurance, is an important federal/state partnership that allows the most vulnerable in our population to receive the health care they need and, at BMC, we see firsthand how it effects the lives of our patients. In addition to providing funding for important primary care services, it is a lifeline for those with chronic diseases and mental health and substance abuse needs.

BMC has used Medicaid funding to develop and implement a number of very promising programs aimed at improving the quality of care for our low-income population and doing it in a manner that is the most cost effective. We aim to keep our patients out of the hospital while giving them the care necessary to lead fulfilling lives. Some of these efforts include innovative programs for pregnant women and their babies both before and after delivery. Post-partum depression is an all too common issue for new mothers. BMC has designed a program that imbeds necessary behavioral health services into the OB/GYN visit setting thereby allowing them to timely receive the necessary mental health care along with their medical visit. At the same time, we have several successful programs focusing on newborn infants ranging from babies born prematurely to those who are born addicted to drugs. As New England's largest trauma center, we routinely treat large numbers of patients who have been victims of violence. In an effort to help break the trend of violence in the inner city, BMC offers many programs that help those victims break that cycle through counseling, education and support. Boston, like cities across the country, has seen an unacceptable level of opioid related deaths. Probably our most critical efforts today include programs that successfully treat opioid and other drug addictions while guiding patients toward prevention of future drug abuse and a life where they can hold a job and maintain their relationships with their families.

Working with the Commonwealth, BMC has also used Medicaid funding to redesign how health care is provided in a manner that ensures the highest quality patient care in the most affordable, patient-centric manner. The groundwork has been laid over the last several years with Medicaid waiver funding. As we prepare for implementation of the Medicaid waiver extension, we have just begun to roll-out our Medicaid accountable care organization (ACO). The ACO structure requires that we will be accountable for the full cost of each Medicaid patient's health care while it will allow the flexibility to provide the right care that might not have previously been covered (e.g. purchase of humidifier for an asthmatic child that will prevent hospitalizations). Patients

will benefit through further integration of care across the delivery system continuum while reimbursement for the cost of treating those patients will be contained in a defined agreement.

These important Massachusetts' efforts of transforming the delivery and payment system for Medicaid will be dealt a serious blow if the underlying Medicaid funding is changed.

Additionally, if Medicaid and subsidized healthcare eligibility changes result in our patients losing access to affordable health care, not only will the patient's quality of life suffer but the lack of funding will not allow to continue to provide those patients with many of these critical services. BMC is committed to maintaining the provision of exceptional care without exception and it will require the financial partnership with the federal and state government to ensure that our low-income patients have access to that care.

Dana Farber Cancer Institute (February 28, 2017)

Health reform and the Affordable Care Act (ACA) have expanded access to affordable health care coverage and resulted in significant benefits for children and adults with cancer. For the estimated 15.5 million Americans living today who have a history of cancer, as well as for the more than 1.6 million Americans who will be diagnosed with cancer this year, access to health insurance, including cancer screenings, comprehensive coverage for treatment, and access to clinical trials, are of critical importance.

DFCI is deeply concerned that repealing the ACA without simultaneously enacting legislation with similar comprehensive coverage could jeopardize the nation's health care system, affecting millions of patients and the providers who care for them.

Research has shown that uninsured and underinsured people are more likely than those with insurance to be diagnosed with cancer at a more advanced stage, when treatment is costlier and patients are more likely to die from the disease. Near-universal health insurance coverage has allowed more patients who could benefit from the services of a comprehensive cancer center to access the care they need to optimize quality of life and survival and has helped level the playing field. Policy changes that reduce access to affordable insurance coverage will lessen odds of survival for patients and result in worsening health disparities across patient populations.

Examples of the ACA's Protections for Cancer Patients:

- **Access to Insurance & Financial Protections:** Prior to the ACA, a cancer diagnosis made it nearly impossible to get or keep health insurance because it was considered a pre-existing condition. Even individuals who were able to obtain coverage often found that annual or lifetime limits significantly reduced their coverage leaving them vulnerable to enormous costs. Some people even found their insurance policies rescinded after being diagnosed with cancer. The protections offered by the ACA including the prohibitions on pre-existing condition exclusions, annual and lifetime limits, and insurance policy rescissions, as well as the implementation of maximum out-of-pocket limits are critical to allow cancer patients to get and keep insurance – and to minimize the financial toxicity of cancer.
- **Comprehensive Coverage:** The ACA's requirements for comprehensive benefits helped ensure patients have access to adequate treatment including necessary preventative care, cancer screening, early diagnosis, treatment, access to clinical trials, and follow-up care for cancer patients and survivors.
- **Preventative Care:** Cancer mortality and the substantial cost of treating advanced disease can be reduced through evidence-based prevention and early detection strategies. Research shows that cost-sharing, including co-pays, co-insurance, and deductibles, can be a significant financial barrier for patients. The ACA requirement that recommended preventative screening tests be covered by health insurance free of cost-sharing to the patient has helped increase access to evidence-based preventative services.

Substantive changes to the ACA, Medicare, Medicaid, and in the insurance coverage landscape stand to have profound impacts on the cancer patients we serve and our ability to provide world-class medical care while maintaining robust research and training commitments to the nation and the world.

On behalf of our patients and families, we maintain our commitment to working collaboratively with our many dedicated partners, elected officials, and policymakers to preserve the important coverage and access gains made by the ACA and to sustain our mission-driven commitments to patient care, basic and translational research, medical education, and community health improvement.

Franciscan Children's (February 28, 2017)

At Franciscan Children's, our mission is to provide a compassionate and positive environment where children with complex medical, mental health, and educational needs receive specialized care from people who are committed to excellence, innovation and family support so that children can reach their fullest potential and live their best life. Located in the Boston metropolitan area, we are one of four institutions in the country offering this unique array of services to children with complex needs. In Massachusetts, we are the only pediatric post-acute care provider that offers hospital level care for children with complex medical conditions. We are also one of the largest pediatric mental health providers in Massachusetts, offering a complete continuum of inpatient, residential, and outpatient programming to ensure that children have access to the services that they desperately need.

Franciscan Children's is proud to be an independent, unaffiliated provider that coordinates across the health care system to deliver high quality, low cost specialty services to children who come to us from every major health system and intensive care unit from across the state. Collectively, across our programs, we serve more than 12,000 children a year.

Families who have a child or children with special needs often face tremendous financial burdens. Many view hospitals like ours as a second home. Almost 60% of the families that we serve in our inpatient medical program are on Medicaid.

In federal discussions about the Affordable Care Act, it is crucial to realize that Medicaid is the most important health coverage program for children. As many as 30 million children nationally and 355,000 children in Massachusetts (29.6% of the state population of children) have Medicaid coverage. Children covered by Medicaid – compared to those who are uninsured – generally go on to enjoy better health, lower rates of mortality, and higher educational and economic outcomes as they become adults.

Massachusetts is seeing the returns on investments made in Medicaid. Our rate of uninsured children is at its lowest on record. Cuts to Medicaid will have a negative impact on children and may increase health care costs. Furthermore, any cuts to the Medicaid program will threaten our institution's long-term ability to serve children and families who may not receive care otherwise. As the population of children with complex needs continues to grow at a rate of 5 percent annually⁶, these funds will be vital to our future and theirs.

We support the belief that access to affordable care is essential for all individuals. Our families, whose resilience and strength continues to inspire us every day, depend on this principle being upheld. Our children deserve every opportunity to reach their fullest potential and live their best life.

⁶ Children's Hospital Association

Heywood Health (February 28, 2017)

As a small, leanly operating healthcare system serving the North Central and North Quabbin regions of Massachusetts, Heywood Healthcare and the patients we serve in our communities, are uniquely positioned to experience a disastrous impact from repeal of the Affordable Care Act. Repeal of the Affordable Care Act has the potential to significantly reduce access to healthcare for our residents, negatively impact their ability to obtain coverage and our organizations ability to provide the care our communities desperately need.

On average, more than 25% of residents in our region live at or below the poverty line, with more than 50% of families with children living in poverty. We have one of the highest rates of adult male suicide in New England, an adolescent suicide rate that is five times the state average, and rapidly increasing substance abuse rates and deaths due to opiate abuse.

Many area residents and patients of our health system are covered through Mass Health, Medicaid and Medicare. Over the last 16 months, nearly 3000 patients with Connector Care plans received services at Heywood Hospital alone. Care for these patients would be in jeopardy with imperative access to affordable, quality coverage repealed.

As is often the case in rural communities, many area residents are employed by local, small businesses. Nearly 50% of businesses in the Gardner area are construction, forestry or service related, retail or food service, with jobs that historically do not supply healthcare coverage. Without Federal subsidies to enable these small businesses to offer insurance, and no mandate requiring coverage, their employees will be left with no coverage and impaired access to essential health care services.

With social determinants such as poverty, a rural environment and less advanced education levels, our organization is challenged to meet the health needs of our population, which also experiences communication and transportation obstacles. In order to provide the behavioral health and chronic disease care so urgently needed for our most vulnerable residents, including children, adolescents, seniors and those with mental health and addiction problems, it is important that we continue to provide healthcare outreach in new and innovative ways where patients live, work and learn.

Through programs funded by the Health Policy Commission, we have been able to support critical behavioral health programs in our Emergency Rooms, resulting in a 16% reduction in return visits to the system. In addition, we have brought critical behavioral health services directly to our area schools, offering on-site mental health counseling to 800 students over the past three years and providing more than 1,200 families with connections to other community-based resources. Our outreach programs have also expanded to include Tele-mental Health services in two school districts which experience very limited access to psychiatric and counseling services. These programs and others would be crippled if the ACA funded Delivery System Reform Incentive Program (DSRIP) - which supports community care integration for behavioral health, long-term services and health-related social needs - was eliminated.

In addition, DSRIP also authorizes and sustains nearly \$6 billion of additional safety net care payments over five years to hospitals and the health safety net, for the uninsured and underinsured. While our Free/Reduced Care expenses have significantly decreased over the past five years, from \$1,067,252 in 2010 to \$656,014 in 2015, they are sure to resurge with the loss of health insurance in our region brought on by an ACA repeal. With razor-thin profit margins of approximately 1%, our organizations struggle to provide high quality care, exceptional physicians and industry standard technology for our patients with continually diminishing reimbursements. The repeal of the ACA has the potential to inflict even more financial hardship on Heywood Healthcare, and an entire industry that battles daily to impart positive change and improve patient health and outcomes.

We ask that you diligently fight the repeal of the ACA, and advocate for the health of not only our citizens and communities, but also of healthcare organizations, such as Heywood Healthcare, throughout the Commonwealth.

Beth Israel Deaconess Medical Center (February 28, 2017)

As one of the leading non-profit academic medical centers in Boston, it is difficult overstate the value of patient access to health insurance coverage from a human dimension and in fulfilling our multi-part mission: providing patient care regardless of insurance status or ability to pay; training the next generation of physicians and allied health professionals; discovering new treatments and cures with global impact; and improving the health and lives of our neighboring communities.

As caregivers, we have witnessed the profound positive impact of the Affordable Care Act in providing health insurance coverage and access for our Commonwealth's most vulnerable, low-income patients; in reducing health disparities in access and outcomes; and in reducing mortality for patients who can successfully manage a devastating illness or disease. Indeed, research has shown clear linkages between lack of access to health insurance coverage and higher rates of stroke and death.

We have also witnessed the value of health insurance coverage in women's health care, with increased access to mammograms, prenatal care, and maternity and reproductive health care, resulting in fewer unintended pregnancies and unplanned births over the last several years.

South Shore Health System (February 28, 2017)

ACA Repeal Would Have Opposite of Stated Intention – Less Coordinated Care, Higher Total Cost

The repeal of the Affordable Care Act (ACA) would endanger the evolution of South Shore Health System (SSHS) in recent years to fundamentally transform into a system of care that improves coordination of care, enhances overall lifetime wellness, and controls total medical expense. Specifically, removing the reforms enabled through the ACA would 1) terminate critical care redesign initiatives, 2) reduce access to care by making health insurance unaffordable for millions of people, and 3) threaten advanced services in community hospitals that provide alternatives to expensive academic medical centers. Together, the implications of repealing the ACA would erase years of progress to create a health system based on maximizing lifetime wellness rather than the volume of patient procedures. This regression will increase the cost of health care by promoting expensive emergency care in academic medical centers and reducing the coordination of wellness care.

Programmatically the ACA is supporting new collaborative services within SSHS under the law's accountable care organization provisions. Ending the ACO programs – and their financial incentives to bundle services across providers in order to promote care coordination and positive outcomes – through the elimination of the ACA would stop these innovations and return the focus of providers to maximizing the volume of patients passing through their particular facility.

Without the financial support of the ACA, fewer people will be able to afford health insurance coverage. We know that lack of health coverage reduces preventive and wellness care through a primary care physician. As a result, patients wait until conditions escalate into acute episodes and care needs to be delivered in the less convenient and more expensive emergency setting. Some of the care redesign initiatives referenced above that we have undertaken at South Shore Hospital illustrate the impact that greater engagement with primary care can have to reduce dependence on the emergency department. This progress will be reversed without the support of the ACA.

Repealing the ACA will also be financially counterproductive as a result of the reduction in services provided at community hospitals such as South Shore Hospital, which enable patients to receive advanced care close to their homes and more affordably than in academic medical centers. The reduction in affordable coverage described above will also increase the financial burden on individuals and increase the amount of bad debt covered by hospitals. Also, as states scramble to support services previously supported under the ACA – as Massachusetts will certainly do – there will be dramatic cost shifts to the states. In turn, this will predictably lead to Medicaid rate cuts in order to manage costs. This will render many investments in advanced services by community hospitals financially infeasible. As a result, patients in need of these services will not have local access to services necessary to save and support lives. These patients will be forced to travel into Boston for care that is more expensive and not necessarily coordinated with their local providers – thereby resulting in an increase in total medical expense.

The ACA was developed as a fundamental step in reducing total medical expense through improvements in care and management of cost. The repeal of the ACA would correspondingly

weaken programmatic and financial improvements undertaken within organizations such as South Shore Health System, thereby promoting an actual increase in the cost of health care – the exact opposite result intended by policymakers then or now.

UMass Memorial Health Care (February 28, 2017)

UMass Memorial Health Care is grateful for the opportunity to share our perspectives on the impact repeal and replacement of the Affordable Care Act (“ACA”) will likely have on our health care system and the patients we serve. UMass Memorial is the largest health care provider in Central Massachusetts and the clinical partner of the University of Massachusetts Medical School. Our system is comprised of our flagship academic medical center in Worcester; a large multispecialty physician practice; three community hospitals in the region (Health Alliance in Leominster and Fitchburg, UMass Memorial – Clinton Hospital, and UMass Memorial – Marlborough Hospital); and Community Healthlink, the largest behavioral health provider in Worcester County.

UMass Memorial was proud to endorse the passage of the ACA, just as we were proud to endorse passage of our own state health care reform law in 2006 (Chapter 58 of the Acts of 2006). We did so notwithstanding the significant reduction in Disproportionate Share Hospital (DSH) funding we knew we would incur as a result of the ACA. From FY 2014 through FY 2017, UMass Memorial sustained almost \$24 Million in Medicare DSH funding cuts compared to pre-ACA levels. Moreover, Hospitals across Massachusetts agreed to support over \$12 Billion in cuts in government reimbursement compared to pre-ACA levels because we believed so deeply in the promise of reform and what it would mean for our patients. To now reverse those coverage advances, without also restoring the significant funding cuts, would have a devastating financial impact on hospitals and health care systems, including ours, and our ability to support our patients and our communities.

UMass Memorial values its role as the safety net for the most vulnerable patients in Central Massachusetts. Our Medical Center is the level one trauma center for all of Central Massachusetts and is also home to the region’s only level three neonatal intensive care unit (NICU) for high risk obstetrical and neonatal care. We also have been designated an “essential hospital” system by the MassHealth program, given the large number of Medicaid patients we serve and the financial support we provide to UMass Medical School. It is health systems such as ours, which serve the most vulnerable populations in our state, that are at greatest risk given the changes contemplated to the ACA. In particular, rolling back the Medicaid expansions in the ACA will negatively impact thousands of Massachusetts residents, hurt the state economy due to the loss in federal funding, and hurt the very providers that care for the most vulnerable among us.

The coverage mandate in the ACA has produced many other unheralded benefits. For example, health insurance provided through the ACA not only expands overall coverage but it reduces the per capita cost of uncompensated care. The mandate also has the added advantage of balancing the risk pool by including both healthy and sick patients, which results in lower premiums than would otherwise be the case without the mandate. Hospitals and health systems also have less bad debt liability because covered patients do not have high deductibles and co-payments.

UMass Memorial is a mission-driven health care system that has fully embraced the transformation in care delivery that is the embodiment of the ACA. We understand revisions to the ACA may be in order, but we believe there can be no retreat from expanding access and improving patient outcomes, while reducing the overall cost of care. Therefore, we maintain that

the central tenets of the ACA must be preserved if we as a nation are ever to provide the highest standard of care our people and patients rightfully deserve.

Southcoast Health (February 28, 2017)

The implementation of the Affordable Care Act provided patients with more access to high-quality primary and specialty healthcare services. This access has enabled patients to be proactive in managing their health and wellness, avoiding preventable illnesses and controlling chronic diseases, while receiving healthcare in the most appropriate and cost-effective setting.

Since the Affordable Care Act was first implemented in 2014, Southcoast Health's total cost of providing charity care has declined significantly. However, in Fiscal Year 2016 Southcoast Health continued to provide millions in charity care to those in need. While that decline is significant, over 70% of Southcoast Health's patients continue to rely on state and federal government assistance for their health insurance coverage.

As a result of expanded health insurance coverage made possible by the Affordable Care Act, Southcoast Health has been able to explore integrated care models that allow us to coordinate a whole-person approach to care, provide more community-based care to those with access challenges, and to focus additional resources on population health management.

However, Southeastern Massachusetts still trails other communities statewide on many critical health outcome metrics. Fall River and New Bedford continue to lag behind the Commonwealth in many socioeconomic metrics as well, including lower levels of educational attainment, higher poverty levels, higher unemployment, and disproportionate chronic disease. Despite near universal health insurance coverage in Massachusetts as a result of the Massachusetts Health Care Reform Law passed in 2006, and the implementation of the Affordable Care Act, it is believed that approximately 10% of the residents of the cities of Fall River and New Bedford remain uninsured. In fact, recent data shows that over 10% of Fall River and New Bedford residents report that they could not afford to see a primary care physician, a figure that exceeds the statewide average of 7.7%.

If the Affordable Care Act is repealed, many vulnerable patients will lose access to affordable primary care healthcare services, while they continue to develop preventable life-threatening chronic diseases. We anticipate that those patients will revert back to utilizing our overburdened emergency departments as a substitute for ambulatory care. A repeal of the ACA would eliminate the population-health improvements and would threaten the healthcare delivery system transformation that Southcoast Health has made in recent years, further jeopardizing our ability to provide high-quality, cost-effective healthcare to our most vulnerable populations and to our entire community.

Partners Healthcare (March 3, 2017)

The Affordable Care Act (ACA) is best known for its success in lowering the uninsured rate and providing health insurance for some 20 million uninsured Americans. While the transformative effect of coverage cannot be denied, another equally important, but lesser known, benefit of the ACA are the many programs from the Centers for Medicare & Medicaid (CMS) aimed at redesigning the health care delivery system. These programs are seeking to create a health care system that is more efficient, safer, and higher quality. These programs made possible by the ACA have the potential to transform the way healthcare is delivered for everyone.

Partners HealthCare was proud to be among the first to participate in one of CMS' preeminent programs - the Pioneer Accountable Care Organization (ACO) Model. After 5 years' managing Medicare patients in the Pioneer ACO, Partners has achieved \$31.5 million in cost savings and an overall quality score of 96%. All of which was made possible due to the ACA.

CMS is now phasing out Pioneer ACO Model program and moving toward a newer version called the Next Generation ACO Model. Partners has chosen to continue to optimize the care for Medicare beneficiaries under this initiative. Similar to the Pioneer ACO Model, the Next Generation ACO Model rewards providers and health care organizations for delivering high-quality, coordinated care, while keeping costs on par with a national spending benchmark. The Next Generation ACO Model also includes several new care delivery components and financial risk options for organizations with prior experience managing populations of patients.

As part of the Next Generation ACO Model, provider organizations can assume higher levels of financial risk and reward and are encouraged to implement new care delivery models. For example, CMS will pay physicians to provide care by phone or on-line instead of paying only for face-to-face visits. These services, known as telehealth, will offer a convenient alternative to office visits for patients whose care needs can be better met from the comfort of their home.

"We're excited to participate in the Next Generation ACO Model," said **Tim Ferris, Senior Vice President of Population Health Management at Partners HealthCare**. "The Next Generation ACO Model will allow us to build upon our work as a Pioneer ACO and our existing population health programs to continue to improve the health of our Medicare patients. The Next Generation ACO Model offers new opportunities to primary care physicians and specialists to work together to improve the quality of care we provide to our Medicare patients."

In addition, Partners' TeleHealth program, launched in 2011 at Massachusetts General Hospital, will be easily incorporated and leveraged within the Next Generation ACO Model. Over the past several years, the TeleHealth program has been slowly expanding across the Partners network with over 20,000 virtual visits conducted, including video-based visits and on-line questionnaires known as eVisits. "The Next Generation ACO Model will allow us to expand these services to more patients and quicken the pace of our implementation across the network," said **Gregg Meyer, MD, Chief Clinical Officer at Partners HealthCare**. "We look forward to this new opportunity to provide the most convenient and high-quality care to our Medicare patients."

Partners HealthCare is an integrated health system founded by Brigham and Women's Hospital and Massachusetts General Hospital. In addition to its two academic medical centers, the

Partners system includes community and specialty hospitals, a managed care organization, community health centers, a physician network, home health and long-term care services, and other health-related entities. Partners is one of the nation's leading biomedical research organizations and a principal teaching affiliate of Harvard Medical School. Partners HealthCare is a non-profit organization.

Community Health Centers

Lynn Community Health Center (February 13, 2017)

Successes

- ✓ **ACA Medicaid Expansion:** Federal Medicaid and subsidized health coverage (300-400% FPL) expansions at Lynn Community Health Center have fueled enormous growth. Prior to health reform 42% of our patients were uninsured. In 2016 only 9% were uninsured. This is a direct result of the more than 12,000 Lynn Community Health Center patients who gained coverage as a result of the expansion. 58% of our 40,000 patients now rely on MassHealth.
- ✓ **The ACA's Health Center Trust Fund:** The Lynn Community Health Center also benefited enormously from the Capital Expansion funds from the Health Center Trust Fund. Our new building addition was funded in large part by the Trust Fund and was completed in 2012. The additional capacity significantly increased our patient visits from 190,000 in 2011 to 300,000 in 2016, and allowed for the innovative development of **full integration of primary care and behavioral health services**. We were able to double the number of Dental operatories and bring modern equipment for X-ray and Mammography into the center. We doubled the size of our Urgent Care capacity, which will soon be the only such service in the City of Lynn with the closure of Union Hospital.

As a direct result of the ACA Trust Fund, the Lynn Community Health Center now serves over 40% of the population of the City of Lynn.

- ✓ **Economic Impact:** The Lynn Community Health Center's growth in staff, services and patients has had a positive economic impact in the downtown area of Lynn - an economically challenged community. The economic impact on the City of Lynn has been measured by the Massachusetts League of Community Health Centers at over \$121 million per year, from both direct employment and expenditures and indirect ones, such as the restaurants and small businesses in the area have sprung up in only the last few years as a result of the health center's growth. We now employ over 700 individuals and estimate that close to 300 additional jobs were created as an indirect result of our presence in Lynn.

We estimate close to **\$50 million in savings** are generated annually by keeping Lynn Community Health Center patients well and, as a result, they are less reliant on expensive specialty care and emergency room visits.

- ✓ **Opioid Crisis/Substance Use Disorders:** With HRSA substance use funds we have been able to triple our capacity to provide Medication Assisted Treatment, with over 400 patients currently in treatment for Addiction. With the ability of Nurse Practitioners and Physician Assistants to prescribe Suboxone, we expect to be able to provide prompt access to integrated Addiction-Behavioral Health-Primary Care treatment to everyone in Lynn who wants help with Substance Use Disorders.
- ✓ **Innovative Services:**

Tuberculosis. With federal funding from the CDC, Lynn Community Health Center is working closely with the state and city health departments to screen and treat all patients at risk for Tuberculosis – with the goal of demonstrating that it is possible to eradicate the disease in a community with a particularly high incidence of TB. Our innovative treatment model successfully integrates TB care into community based primary care.

Tele-Medicine. We have innovated in developing Tele-Medicine services to address the shortage of key Specialty services in our community. We are using high definition cameras for earlier diagnosis and treatment of skin cancer.

School Based Health Services. We provide integrated primary care and behavioral health in 8 Lynn Public Schools and behavioral health services in an additional 5 schools. These are critically important services that help children in Lynn receive needed services without having to lose valuable school time to access health and mental health services. Our services often make it possible for students to succeed in school.

Impact of Repeal

- ✓ The League has calculated the impact of the **Funding Cliff** (attached) that would result if Federal 330 funding is not authorized. The ramifications of a potential 70% cut to our 330 grant revenue would significantly reduce our ability to provide care for our community. While the attached suggests that this would result in a loss of service to 1210 patients, a loss of over \$2 million would also result in a serious reduction of needed services to all of our other patients as well.
- ✓ **Medicaid and our 330 grant are the pillars** of our success in expanding care to more patients in need. The almost 50% of our revenue that comes from MassHealth accounted for over \$36 million last year.
- ✓ **Workforce issues:** There is a chronic “compensation gap” between health center salary and total compensation levels and those provided in hospital outpatient or private practice primary care settings. Review of available data suggests that health center compensation is often 30% or more “below market.” Targeted investments from the ACA help to address loan repayment and retention programs that are critical for Lynn Community Health Center and other health center providers.
- ✓ **Patient and staff fears/uncertainty** around repeal/replace of the ACA make it very hard to plan for our future.

The ACA’s Health Center Trust Fund: The Lynn Community Health Center also benefited enormously from the Capital Expansion funds from the Health Center Trust Fund. Our new building addition was funded in large part by the Trust Fund and was completed in 2012. The additional capacity significantly increased our patient visits from 190,000 in 2011 to 300,000 in 2016, and allowed for the innovative development of **full integration of primary care and behavioral health services** and a dramatic improvement in access to needed care for people with mental health and addiction disorders. Since 2011, we have almost doubled the number of behavioral health patients and visits. **In 2016, we provided over 84,000 Behavioral Health visits to 7900 patients, as compared to 2011 when we provided BH 43,000 visits to 3900 patients.**

These additional spaces have allowed for the development and implementation of a fully Integrated Primary Care and Behavioral Health model with (1) co-location of primary care and behavioral health services, (2) co-management of patients by medical and behavioral health providers through a “Shared Care” model, and (3) utilization of a shared electronic health record (EHR). LCHC’s Integrated Health Care model has improved access to needed behavioral health care, reduced stigma, and greatly increased demand for additional behavioral health services.

We believe that the Lynn Community Health Center’s ability to actively manage the care of our patients with chronic mental illness and addiction disorders will be particularly important to our continuing success in reducing overall health care costs, and in the ongoing development of new models of integrated care that focus on substituting community-based care for preventable and expensive institutional care.

Brockton Neighborhood Health Center (February 20, 2017)

The nutritional health of the Brockton community is improving, thanks to Brockton Neighborhood Health Center's New Access Point funding through the Affordable Care Act. This funding enabled BNHC to open an exciting new primary care site in September 2015 that incorporated access to healthy food and nutrition education into the primary care setting.

The new site is attached to a family-owned Cape Verdean market that offers fresh produce, fresh fish, and ethnic foods to the diverse community it serves. The health center site features a beautiful teaching kitchen staffed with dieticians, primary care physicians, and community health workers, who combine medical visits with cooking classes. Patients and community members learn to cook healthier foods while maintaining the ethnic flavors they love.

Community health workers take patients shopping in the market to teach them to read labels and select healthy ingredients. Multilingual floor mats in the market guide customers to the produce section while shelf tags identify the healthiest foods in each aisle.

This new site enabled BNHC to serve 3116 more patients in 2016 than in 2015, increasing our patients served by more than 10% in just one year!

In its first year of operation, improved health data for program participants has been impressive. 530 people participated in a total of 48 cooking classes and 28 shared diabetes medical appointment groups. An amazing 86% of the shared diabetes medical appointment patients lowered their A1C levels, a key measure for improved health for our diabetic patients.

BNHC is also responding to our community's opioid crisis, thanks to the Affordable Care Act's HRSA Substance Abuse Treatment funding. Our office-based multi-disciplinary treatment program opened a year ago with a goal of keeping patients sober. We currently have 88 patients in treatment.

Lowell Community Health Center (February 23, 2017)

Since the passage of the federal Affordable Care Act (ACA), Lowell Community Health Center has seen a marked difference in the ability to provide comprehensive, patient-centered care to the Greater Lowell community. Before ACA was in place, many of our community members would cite lack of health insurance coverage as a major barrier to care. The implementation of the ACA expanded possibilities for many of our patients while removing access barriers. The ACA has allowed us to treat individuals in a way that allows our providers to explore all options for treatment beyond what someone might or might not be able to afford. This gives us the ability to create treatment plans that fully address the health of our patients, leading to improved care coordination and better health outcomes for our patients.

We were grateful when the state of Massachusetts joined the ACA Medicaid Expansion program as it gave access to health insurance to approximately 23,000 additional individuals in our federal congressional district. Lowell, MA has the highest poverty rate in the Greater Lowell region (19.8%) and Lowell's median household income is \$48,002, so the expansion made it possible for many families to obtain health insurance they might otherwise not be eligible for due to previous very low income requirements. This increase and subsequent need for services was demonstrated by the number of people requesting to see a doctor the moment they obtained insurance. At Lowell Community Health Center, we have seen an additional 15,000 unique new patients since 2012. That represents a significant increase in the number of individuals seeking and obtaining primary care services in our region at the health center alone.

Manet Community Health Center (February 24, 2017)

Affordable Care Act Impacts, Manet CHC:

- Through the ACA Manet expanded its capacity to provide out-reach, eligibility counseling and enrollment services through certified Patient Navigators.
- Navigators provide services throughout the cities and towns within and adjacent to Manet's service area and are welcomed guests at career centers, food pantries, clothing closets, neighborhood centers, farmer's markets, community action programs; and correctional centers, social services agencies,
- Some of these efforts at Manet indeed started with the enactment of Massachusetts Chapter 58, which put in place a system for universal health care.
- In 2014, with the enactment of the ACA's major provisions, and Manet's own efforts, enrollment in MassHealth and Medicaid managed care organizations increased dramatically.
- Since 2014, Manet has seen an 80% overall increase among its patients in Medicaid and MCO members.
- 53% Manet PSR revenues from Medicaid; with 49% patient pop Medicaid.
- While enrollment in Medicaid and MCOs has increased, Manet has also seen a significant decrease in the numbers of patients covered through the Health Safety Net (HSN). Since 2014, HSN enrollment has decreased by 15%.

Supplemental Quality Improvement, Expanded Services and Capital Development ACA Funding:

- Through funding from the ACA to the Health Center Program, Manet has renovated and expanded facilities in North Quincy, and Hull and opened a New Access Point in the significantly medically and socially undeserved City of Taunton and surrounding communities, we lack of access to primary care is evident in the presenting conditions and disease states of the individuals and families we serve.
- The opening of Manet's Vision Center and the hire of our first Optometrist dedicated to the reduction of eye health disparities was made possible by funding from the ACA, as well as Health Information Technology advancements to assist with readiness for value based models of payment.
- Expanded Services Funding has allowed us in a competitive environment of provider recruitment to employ a bi-lingual, board certified physician to serve more patients in the City of Quincy, after the transition of our community hospital.
- Manet's Health Care Quality has never been as strong thanks to resource, talent and infrastructure investments, made possible by the ACA.

The Patient and Provider Impact of Change:

- Patients are worried they will not have coverage and care. This said, some of our patients are feeling comfortable reaching out to our navigators and community health workers within the health center, within community places, at the MBTA station, school years, and on the bus.

- Providers are concerned with patients that may experience compromised adherence, with unkept appointments due to their pressing concerns.
- Manet was looking forward to welcoming this summer, an Adult Medicine Physician now completing her residency in Boston. This physician hails from Pakistan, speaks Urdu and Hindi, reflective of our community. Just two weeks ago, she notified Manet in tears she could not accept a position for and within a community she has aspired to work within, as her Mom has been denied access to the United States. This physician cannot imagine not having access to her Mom, and sharing their life together, and is considering the US Army Reserves as a means of safe passage and entry to and from to maintain a relationship and access to her family.

Edward M. Kennedy Health Center (February 27, 2017)

Shared by a Kennedy CHC Nutritionist:

I first met Maria (not real name) in March of 2015. She came to her nutrition appointment with a diagnosis of Obesity and Hypertension. Maria, originally from Central America, shared with me that she was in a troubled partnership with her boyfriend and was worried that he would abscond with their young daughter. She had poor social support, and worked nights so she could care for her daughter during the day.

On the day of our first appointment, she had visited the lab and had bloodwork pending. At our follow up, a review of lab work revealed results that pointed to Type 2 diabetes. Fortunately, after our first visit, this patient had already started putting healthier habits in to practice, such as swapping soda for water, and eating less fast food and more home cooked foods. Maria was able to decrease her hemoglobin just four months after her initial lab work; this was with lifestyle modification only.

Maria continued to express worry and fear surrounding her troubled relationship, and was referred for a Community Health Worker (CHW) visit as a warm handoff. At future visits, she reported that the support of the CHW was crucial for her in understanding her parental rights should anything happen to her daughter. She also found the courage to reach out in search of community support, and joined a local church which offered her the social support she needed.

Maria continued to follow up periodically with the nutritionist. Over the next months, she was able to get her diabetes into remission, and currently has blood work in the normal range. She also has sustained a 12 pound weight loss over the past two years. Maria is very grateful for the resources available at Kennedy CHC, as she has gotten help not only for her medical conditions, but also with some of the difficult social/relationship issues that she has had to face.

Shared by a Kennedy CHC nurse:

An elderly Spanish-speaking patient was seen by a nurse care manager for chronic medical problems including hypertension, diabetes, tobacco usage, depression, COPD, a new lung nodule, CAD and chronic pain. Assessment revealed pill fatigue and appointment fatigue. The patient cried easily during her visits because she doesn't want to keep following up with specialists. This patient also has an alcoholic husband, who has been emotionally and verbally abusing her for years to the point that she has no self-esteem. Especially demoralizing to her is the fact that her spouse berates her in front of family and friends.

Toward the end of the visit, a Community Health Worker (CHW) was invited to meet the patient for a warm handoff. The CHW was able to establish rapport with her and convinced her to start seeing a behavioral therapist again. This patient vacillates between wanting to leave her husband and remaining in the marriage for fear that her children will hate her which she states "she could not take." Compounding the situation is the fact that she resides in a third floor apartment and has difficulty with the stairs due to impaired mobility and balance. Her husband does not help her.

The CHW was able to discuss options for alternative living situations should the patient decide to move, as well as a possible referral to community legal services. She also spoke with the patient about obtaining a blood pressure cuff and teaching her how to use it for self-monitoring. The CHW was able devote 70 minutes listening and being supportive to this frail patient. The CHW shared her assessment and interventions with the provider and nurse care manager and continued to reach out to the patient over the phone several times in the weeks that followed.

Greater Lawrence Family Health Center (February 27, 2017)

Greater Lawrence Family Health Center and the Affordable Care Act—The Impact of Outreach and Enrollment Programs

The Affordable Care Act (ACA) has allowed Greater Lawrence Family Health Center to focus on building a healthier community. The need for Outreach and Enrollment assistance in Lawrence is significant as evidenced by those who have sought out health insurance or had questions pertaining to health insurance coverage. The ACA has provided access to health insurance at an affordable cost; an opportunity to those who otherwise would not be able to afford the purchase of private health insurance. In calendar year 2016, our Certified Application Counselors completed 3928 applications and assisted over 6300 individuals who had questions about health insurance or needed follow-up as a result of their health insurance application submission. Our Certified Application Counselors (CACs) are bilingual/bicultural and versed in culturally and linguistically appropriate methods to educate and inform patients and community members on a critical yet difficult to navigate health insurance system. Add to this the low health literacy of our patient population and demand for Outreach and Enrollment services increases.

In addition to offering health insurance enrollment at the clinical sites, we offer low threshold outreach and enrollment services to those who may not seek out health insurance in the community. There are several Outreach and Enrollment sites stationed at various community agencies allowing us to reach various populations, some of them difficult to reach populations, ranging from new immigrants arriving in Lawrence, to children registering for school, to individuals who seek a hot meal at one of the local food pantries, to those who are being released from our local correctional facility to our elderly population.

One particular patient experience that stands out is that of a male who was referred to a CAC after a diagnosis of a terminal cancer. Patient was an employed father of four and had been in the United States as a Permanent Resident for two years. Due to his diagnosis, he was left unable to work and with no income to support his four children. The CAC contacted Mass Health to try to get his health insurance upgraded from Mass Health Limited to a more comprehensive insurance that would cover local treatment and transportation services rather than being referred to Boston. Mass Health regulations state that an individual needs to reside in the United States for five years with an Alien Card to be eligible for Mass Health Standard or Care Plus. Patient applied to the MA Health Connector and became eligible for a Connector Care plan with a premium tax credit and zero premium or co-pays. The ACA provided this patient access to health insurance that he would never have been able to afford.

In conclusion, the ACA has helped Greater Lawrence Family Health Center provide support to patients and the community at large, to ensure that residents obtain coverage so they can focus on their health.

Behavioral Health Organizations

Association for Behavioral Healthcare (February 24, 2017)

The ACA and Medicaid: Essential Coverage for Individuals with Mental Health & Addiction Disorders

The Association for Behavioral Healthcare writes today to urge you to strongly oppose the repeal of the Affordable Care Act (ACA) and any major restructuring of the Medicaid program.

The number of adults and children in the Commonwealth who need behavioral health care services is staggering. In 2015 in Massachusetts, about 4.2% of all adults aged 18 or older had a serious mental illness; 46.2% of these individuals did not receive any mental health treatment/counseling during that time.⁷

Massachusetts and the United States are in the midst of an unprecedented opioid epidemic. In Massachusetts alone, a total of 1,465 people died of unintentional opioid overdoses in 2016, with another 469 to 562 suspected opioid-related deaths, according to the Department of Public Health. This is an estimated increase in overdose deaths of 13 to 24 percent over 2015.⁸

These statistics are so distressing because we know that recovery is possible for these individuals if they can access effective treatment and supports. This is why preserving the ACA and Medicaid funding for vital treatment services is so important.

In 2014, spending by Medicaid accounted for 25% of all mental health spending in the U.S. and 21% of all substance use disorder expenditures in the nation.⁹ People with behavioral health conditions are nearly one-third of the ACA expansion population.¹⁰

Proposals to drastically restructure Medicaid will shift costs onto states and enrollees, decrease access to care, and increase the number of uninsured and underinsured.

We are especially concerned about how many of the proposals being offered will impact access to vital behavioral health services. The pressure on state Medicaid programs and the corresponding efforts to reduce funding and eligibility will put mental health and substance use disorder services at significant risk. The risk to behavioral health services is so high because Massachusetts, like the rest of the nation, is not required to cover mental health and addiction treatment services as part of our state Medicaid program.

⁷ Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer: Massachusetts, 2015. HHS Publication No. SMA-16-Baro-2015-MA. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015.

⁸ Department of Public Health Data Brief: *Opioid-related Overdose Deaths Among Massachusetts Residents*. February 2017.

⁹ *Insurance Financing Increased for Mental Health Conditions, But Not Substance Use Disorders*, Health Affairs, June 2016

¹⁰ *The CBHQ Report*, SAMHSA National Survey on Drug Use and Health, November 18, 2015

Over the past decade, the Commonwealth of Massachusetts has implemented many reforms to improve health care delivery in Massachusetts. Despite these efforts, access to a robust continuum of behavioral health services continues to be a challenge for individuals living with a mental health and/or addiction disorder. Any changes that result in reduced funding for Massachusetts' Medicaid program will only exacerbate this problem as Medicaid continues to be the largest payer of these services across the Commonwealth.

It is imperative that adults, children and families be able to access the services they need, when they need them, where they need them. These services should be person-centered, outcome-oriented and clinically and cost effective. Massive cuts to Medicaid funding will make the provisions of such services almost impossible.

Massachusetts Association of Behavioral Health Systems (February 24, 2017)

Thank you for asking for the perspective of the Massachusetts Association of Behavioral Health Systems (MABHS) on universal coverage and the Accountable Care Act. The MABHS is a statewide Trade Association of 45inpatient psychiatric and substance abuse hospitals throughout Massachusetts. Our membership ranges from the Berkshires to Cape Cod, and our hospitals treat over 50,000 patients per year.

Although Massachusetts recognized early the value of widespread insurance coverage under Governor Romney over 10 years ago, the adoption of the ACA has proven to be enormously beneficial to providing better access to Behavioral Health services for Massachusetts residents. Specifically, by providing more widespread coverage, the ACA has helped solidify one of the major accomplishments of the inpatient behavioral health system: that is that there is a single-tiered system of care for patients to virtually any hospital that provides behavioral health. Years ago, patients without insurance were not able to access the same facilities that those with either the financial resources or insurance coverage were able to get care. Now, in Massachusetts people can get treatment in the same hospitals and units and do not have to go to a state facility: this is largely because they now have either MassHealth coverage or some other insurance coverage through the ACA/Connector. We believe that this single-tiered system of care has been a tremendous accomplishment and should not be rescinded or impeded in any way through federal health policy changes.

The expansion of Medicaid through MassHealth has been good for patients and hospitals. Approximately 30 % of the patients in psychiatric hospitals are covered by MassHealth, which provides a wide array of Behavioral Health benefits and allows the vast majority of these patients to have a relatively short (10 day) length of stay and then return to their communities where they can receive outpatient treatment. Any reduction to MassHealth coverage would be detrimental to the services these individuals need and have benefitted from.

Another aspect of the ACA that has been invaluable to Behavioral Health is children being able to remain covered by their parent's insurance until age 26. This is particularly important in psychiatry and substance abuse treatment, where many times issues arise for people in their early 20's, whether for substance abuse or serious mental illnesses. Our hospitals have seen many youths seeking treatment and it has been one of the crowning achievements of the ACA: it must be continued or the fear is these youths will fall into the uninsured ranks and not have the kind of access they have benefitted from through the ACA.

In summary, the expansion of insurance and MassHealth, coupled with coverage up to age 26 are just a few of the benefits of the ACA. We hope they continue, as any repeal of these pillars of coverage could lead to less access and great financial strain on consumers and providers.

Riverside Community Care (February 23, 2017)

Riverside Community Care provides a broad array of critical community-based mental health and substance use disorder support services that include mobile emergency services, outpatient therapy, structured, therapeutic day programs, residential supports and/or supportive living environments, in home therapy, medication management, case management and more for 40,000 people each year. We also provide services for individuals living with a brain injury, developmental disabilities, or autism spectrum disorder.

Almost 65% of our reimbursement for services is attributable to MassHealth – for example outpatient mental health services, emergency services, and Psychiatric Day Treatment. Other covered Medicaid services include services which are considered home and community-based services, such as supported employment or therapeutic staffed apartments which are only MassHealth reimbursable because they are eligible through a waiver program authorized under section 1915c of the Medicaid statute and approved by the Centers for Medicare and Medicaid Services.

Repeal and replacement of the ACA would have a tragic impact on a behavioral health provider like Riverside and the people we serve – many of whom would lose Medicaid coverage and access to much needed services and some of the community-based services we have been able cover will no longer be Medicaid reimbursable.

The ACA expanded eligibility for Medicaid covered services. It also allowed for expansion of community-based services, including many not traditionally Medicaid-covered, to individuals who but for receipt of these services would be compelled to reside in a Medicaid-covered long term care institution.

If the federal government withdraws its current formula for support for matching state expenditures on services for certain individuals who do not meet Medicaid eligibility under traditional Medicaid rules, regardless of whether Massachusetts state law still allows for the state to keep these additional people on Medicaid, the funding for those people will no longer be available. The state will be compelled to provide state-only coverage for the expanded group. Without the federal revenue coming in to match those expenditures for those people, they will not be affordable. As a result, some proportion of our clients will loss Medicaid and we will not be able to provide or be reimbursed for services provided to them.

We may be forced to stop providing certain key, currently Medicaid-covered community-based services to everyone because the programs that cover these services would likely be financially unsustainable without the federal funding stream. As a result, some of the individuals we have been able to serve would be forced to move into costly institutional settings. This will be devastating to these individuals and their family members.

Riverside presently serves individuals between the ages of 21 and 26 who don't otherwise qualify for Medicaid under the traditional rules. Such individuals will no longer be eligible for Medicaid and will have no insurance funding for the services we provide. In most cases, they will stop receiving services.

Following is an example of a person we serve:

Katie is 25 – eligible for Medicaid coverage through the exchange plans. Katie has needed and used mental health services on and off since childhood due to traumatic events in her life. Recently she has enrolled in the Riverside day treatment program, a MassHealth-only covered service. Prior to her admission she had been incarcerated and following her release from jail had been struggling with debilitating psychiatric symptoms and with maintaining sobriety. Katie was hospitalized 8 times, 2 of which were for 2+ weeks prior to admission in the day treatment program where she has been receiving help with a mood disorder, opioid use/dependence and suicidal ideation. Since engaging in the Day treatment, Katie's symptoms have stabilized and she has not been hospitalized. She has complied with probation, weekly therapy, med compliance, and has been clean and sober since attending the program. Katie has benefited greatly from the positive relationships she has developed with staff and peers as well as learning coping skills in sobriety groups, depression groups, and positive lifestyle skills groups. Katie often states that without his program and the relationships she has developed she thinks that she would have died by now. If not for MassHealth coverage, she would not be able to access this service.

Riverside provides services to massHealth members in several different types of Medicaid home and community based waiver programs, which provide enabling them to remain living outside of an institution.

Following is an example of a person we serve:

Ten months ago, John, who has an acquired brain injury, was able to move into one of our staffed residences funded through a waiver program. As a result of his brain injury, John has suffered cognitive impairment and an acquired movement disorder. The disorder causes involuntary severe movements of the body, head and extremities. When John moved into our house, he relied on the use of a wheel chair, couldn't cut his food and needed help getting dressed. Today, with the encouragement of our staff who reinforced John's own determination, hard work, and spirit, his wheelchair sits in his closet gathering dust, and he is able to ski and skate.

Many Adults living just above the poverty line are struggling with depression or anxiety, maintaining employment, parenting, staying clean and sober are being helped by the Medicaid-covered individual and group therapy services they are able to access through Riverside's outpatient services and case management. With reversion to traditional Medicaid eligibility rules these individuals would lose their Medicaid coverage – lifeline.

Following is an example of a person we serve:

Samantha is a 25 year old with extensive history of poly-substance abuse and a history of chronic overdoses that led to several inpatient hospitalizations. Her network of supports mainly consisted of friends who had a history of substance abuse and chronic overdoses. Samantha became pregnant and demonstrated great strength and determination to provide a healthy pregnancy and delivery for her baby. With the collaboration with team members, she was able to cope with morning sickness and pregnancy pains with no relapse of opiates. She made informed decisions about her pregnancy due to the ongoing consultation, education and supports she received; which

this significantly reduced the risk/harm to the baby. She was determined to limit the medical intervention of pain medication for her post-delivery recovery and she did his successfully. She remains sober and able to tend to her child due to the access to affordable healthcare, medical and outpatient psychiatric care she received.

Child & Family Services (February 24, 2017)

We are writing you this letter on behalf of the clients we serve here at Child & Family Services, and all of the individuals in Massachusetts who rely on the coverage provided by the Affordable Care Act to help them overcome their struggles with mental illness.

The purpose of the ACA is to improve access to health care through expanded coverage, higher quality treatment, and lower costs. As a mental health clinic we recognize the need to advocate for this right for our clients- a population that is often times underrepresented and misunderstood.

The majority of the clients we serve at our site are children and adolescents who come from low-income families. Without the ACA to ensure adequate coverage they would struggle to find affordable, quality mental health services. Many of our clients have experienced some kind of trauma in their lives; this could range from abuse and neglect, or losing a loved one, to witnessing violence in their communities and homes. Our clients may require a multitude of intensive therapeutic services such as long term outpatient therapy, psychiatric services, in home therapy, or emergency or inpatient mental health services.

The effects of a child's mental health needs impact not only their lives, but the lives of their families as well. Parents or guardians may have to reduce their hours at work, or even quit their jobs entirely to make sure their child is getting the care they need. They have to find ways to transport them back and forth to therapy and psychiatry appointments, or visit them in a residential or hospital placement that may be over an hour away. The coverage provided under the ACA insures that these children and their families receive the support they need to heal and thrive.

Allowing individuals access to mental health services such as individual therapy, family therapy and emergency mental health care is crucial in supporting families and maintaining functional communities in Massachusetts. We hope that you consider the future of our clients and their families in supporting bills that will ensure their continued access to these much needed services.

Behavioral Health Network (February 24, 2017)

From Homelessness to Addiction to Recovery

The Impact of BHN's Recovery Programs

Tasha M. recalls how her addiction started. She never envisioned how and where it would end.

As a teenager, she remembers being homeless, her mom surrendering her to foster care twice and living a dysfunctional life, leading to the development of an eating disorder and hospitalization.

It was during that hospital stay, where she was also receiving treatment for an injured back, that she was prescribed a bottle of painkillers. That started Tasha on the road to addiction, and ultimately to BHN's My Sister's House and her eventual recovery.

Once addicted to pain pills she remembers "hospital hopping" to feed the addiction, "I felt so alone." Moving in with an aunt brought the prospect of turning the page and leaving addiction behind. Instead, Tasha started to work as a bartender, ultimately succumbing to alcohol and hitting bottom. "I lost everything."

Moving back to Massachusetts she "tried to start anew." But instead she found herself back in the clubs and around alcohol and, eventually, in a detox program through BHN's Carlson Center. After that one-week stay she entered Hope Center, a BHN 30-day recovery addiction treatment program in Springfield. Once released, the grip of addiction surfaced. "I remember getting ready to go clubbing with my boyfriend. We were in line to go into a club and I realized I didn't have my ID. I went home and found my ID lying on top of my AA book. I thought, wow, that's a sign and I need to get back in the program."

BHN assisted with entry into My Sister's House, a BHN community-based program for women in recovery, where its residents have daily therapy and support, peer meetings and are connected to community resources.

It is also where Tasha met an intern who inspired her. "I remember I was one of her first clients. She said I couldn't go back to my old ways... she really believed in me."

Tasha's recovery has come full circle. After successful re-entry to the community she acquired a job as an administrative assistant at a daycare center, and eventually became a social worker helping mothers of children navigate the complexities of parenting.

Tasha's story doesn't end there. Tasha was offered a position at My Sister's House where she assists other young women who find themselves on the sometimes-bumpy road to recovery. "For me it is about giving back.....I'm grateful to them."

About the new opportunity to help others at My Sister's House, Tasha says, "I always said to myself I was going to come back to this house... this is my second home."

Tasha's journey was supported by an organization whose funding is 56% State and Federal contracts and 42% Fees from Medicaid, Medicare and a small percent of private insurances.

Clearly, the impact of affordable insurance and funds from CMS and the state creates needed access and opportunities for changing lives. Individuals can embrace help, move beyond despair and hardship, and establish meaningful life experiences, employment and self-sufficiency. Without affordable insurance, Medicaid and Federal/State funds, this could not happen.

High Point (February 24, 2017)

High Point Treatment Center is a comprehensive provider of addiction and mental health services in the Commonwealth of Massachusetts. We experienced more than 30,000 admissions last year, with the overwhelming focus on individuals accessing addiction and mental health services.

High Point is a public charity, founded 20 years ago with one single detox facility and one rehab Facility in Plymouth. With the creation of the Affordable Care Act (ACA) and the expansion of Medicaid in Massachusetts, we were able to expand access to individuals seeking addiction and/or mental health services. Today, we operate six detoxes and six rehab facilities, in addition to a 72-bed psychiatric hospital for adults and adolescents in Middleborough.

While there are still unfortunately many individuals who don't have access to treatment, we have made significant progress moving people into treatment who have historically gotten stuck in Emergency Departments for long periods. The creation of our continuum of care, which enables individuals to easily enter High Point and then move throughout our many programs and services as appropriate, can largely be credited to the ACA and the expansion of MassHealth in our state.

The repeal of the ACA would have a devastating effect on High Point, but more importantly, on the thousands of Massachusetts residents seeking services every day. There are simply not enough treatment beds; Massachusetts, like many states in the country, is in the throes of an opioid epidemic crisis, and individuals still wait too long for addiction and mental health services.

There exists a direct correlation between lack of accessibility to services and increasing numbers of deaths due to overdose, in addition to increased drug use. Untreated mental illness leads to higher numbers of suicide in our communities. There are many consequences due to lack of treatment opportunities, including significant numbers of individuals becoming incarcerated, often because of untreated illness. Lack of access to services not only impacts the afflicted individual but family members, who often grapple with lifetime effects as a result of their loved one's illness.

Institute for Health and Recovery (February 24, 2017)

The Institute for Health and Recovery (IHR) is a CARF-accredited, private, non-profit organization serving individuals, youth, and families affected by alcohol, tobacco, and other drug use, violence/trauma, mental health challenges and other health issues. Since 1990, IHR has provided clinical behavioral health treatment services, policy and program development, research, training, technical assistance, and consultation throughout the Commonwealth of Massachusetts and nationally. IHR has worked to reduce barriers to accessing behavioral health treatment and to improve integration of best practices & policies into prevention & treatment programs. IHR strongly supports the preservation of the Affordable Care Act, as its repeal would undermine the recovery efforts of individuals and families statewide.

IHR has been in the forefront of working with policymakers in Massachusetts to develop a means of effectively serving individuals, youth, and families affected by substance abuse, mental health issues, and histories of domestic violence, sexual assault, and other trauma. IHR's clinical services utilize evidence-based treatment models that promote building relationships with at-risk and/or hard to reach families, adults, and youth with substance use, mental health, and other co-occurring disorders. Interventions are trauma-informed, family-centered, and often take place within the client's community/home.

IHR served over 5,000 clients in FY 2016 including pregnant and parenting women and high risk youth. The majority of our clients have experienced trauma, and require treatment that integrates a trauma-informed lens with a therapeutic approach to treating Substance use Disorders and mental health challenges.

Approximately eighty percent of IHR's current client base is insured by Medicaid/ MassHealth. The ACA plays a critical role in the ability for clients to access and engage in behavioral health treatment as many clients would be unable to afford treatment for these issues on their own without comprehensive health insurance coverage. Our clients often have experienced a disruption of family, housing and work/school stability, and safety as a result of their substance use and/or mental health disorders, and many have experienced physical/sexual abuse, community violence, exploitation, and other trauma. IHR's clients also include pregnant women, women and children, adolescents, and transition age youth. The clinical presentation of IHR's clients include those with diagnosed Substance Use Disorders, Post Traumatic Stress Disorder (PTSD), depression, anxiety, and a myriad of mood disorders. Clients served by IHR typically have sought treatment elsewhere in the past, however these issues have historically not been addressed. Ultimately, we work with clients toward treatment goals which may include safety and stabilization, family reunification, support of parenting relationships; improvement in family functioning, reduction of symptoms of mental health and/or substance use disorders and trauma, development of coping and relapse prevention skills.

Changing any long-term behavior can be difficult and takes time. Without long-term health insurance, people will not get the help that they and their families need, thus further compounding the problems of those struggling with substance use and mental health. This would result in devastating consequences for Massachusetts families. Policy makers must demonstrate their commitment to children and families by investing and preserving the Affordable Care Act.

Justice Resource Institute (February 24, 2017)

Justice Resource Institute is the leading social justice nonprofit in Massachusetts, addressing the needs of individuals, families, and communities through a variety of trauma-informed initiatives. Our success is directly related to public policy priorities.

Federal health policies are critically important to help meet the treatment needs of Americans with mental and substance use disorders, in part because of the historic and still lingering stigma associated with these disorders. At JRI and throughout Massachusetts, Medicaid funding is a cornerstone of our mental health service system.

Mental illness, particularly depression and trauma related conditions, is one of the primary social determinants of overall physical health and wellbeing. Prior to the enactment of the Mental Health Parity and Addiction Equity Act (MHPAEA) in 2008, health plans routinely discriminated against individuals with mental disorders by creating policies that explicitly provided less coverage, limited access and inadequate funding for mental health care compared to general medical care.

Behavioral Health is often a ‘second thought’ when Healthcare reform and the ‘repeal and replace’ of the ACA being discussed, and mental health substance abuse issues are often neglected, stigmatized and criminalized. For example, following the ‘Rosie D vs. Romney’ in 2006, Massachusetts has expanded children’s access to mental health screenings and community based behavioral health care services through statewide health care reform. The case was filed in 2001 in an effort to force Massachusetts to provide home-based mental health services for children. The case argued that an overwhelming number of children receiving MassHealth for various mental health issues such as autism, bipolar disorder and post-traumatic stress disorder — were being unnecessarily ‘warehoused’ in psychiatric institutions, not receiving adequate services in their homes and communities, spending too much time in, often days or weeks in emergency rooms, seeking care. Rather than taking time to fix policy, the administration chose to litigate the matter.

Romney and his team lost, leading to a court-mandated system that ultimately improved access to community based mental health services and coordination of care for children with serious mental illness. This is the Children’s Behavioral Health Initiative (CBHI). Largely due to this case, since implementation in 2008, behavioral health and substance abuse services for MassHealth members have been enhanced and there have been increased opportunities to expand access to services to its members through the state’s response to the ACA. JRI’s continuous quality improvement system, which is used to systematically track symptom change as a result of CBHI services, has indicated that within 3 - 6 months of receiving comprehensive CBHI treatment, children exhibit clinically relevant and statistically significant decreases in trauma-related behavioral and mental health symptoms, including but not limited to depression, anxiety, aggression, defiance, attention problems and difficulties with executive functioning. Such decreases in clinical symptoms demonstrate the efficiency and effectiveness of high quality short-term care community-based care, as is afforded by the ACA, which can have long-term implications in terms of total cost of health care, individual and societal wellbeing, etc.

The repeal or replacement of the ACA without a replacement which provides universal health access that covers mental health and substance abuse disorders would have devastating effects on Massachusetts most vulnerable populations. Funding for these critical services are imperative to Massachusetts children and families living with mental illness, but even with such enhancements, the state has a long way to go. Outpatient psychological and psychiatric services for people with mental illness and substance abuse issues remain dramatically underfunded. Outpatient clinics throughout the state have closed due to underfunding. Access to care is limited; there are extensive waitlists for psychiatry, clinical and substance abuse services. Emergency rooms often become the default provider for people who are suffering psychiatric conditions or substance abuse issues. Also, State agencies including the Department of Mental Health, the Department of Children and Families and the Department of Youth services are also overwhelmed and often also become the “safety net” of the larger healthcare system and its flaws in providing coverage for essential health benefits; including mental health and substance use services, and behavioral health treatment.

MAHealth and the Massachusetts medical and behavioral healthcare provider communities have been working together for many years to develop innovative MAHealth provider practices to integrate mental and behavioral health care into primary care and other health care services. Integrated care holds the promise of improving patient outcomes, reducing overall treatment costs, and improving population-wide health. If Federal policy does not include investing in further development of health delivery systems that closely coordinate and/or co-locate mental, behavioral health and substance abuse services with primary care and other general medical services, any gains Massachusetts has made to improve access, screening, referral, early intervention and preventative services will be lost.

Lahey Health Behavioral Services (February 24, 2017)

The Issue of Social Workers and Their Own Health Coverage

Social work tends to be a young profession and many of my staff under 26 years old are currently being covered under their parents' plans. Social work is also modestly paid, and many of our team members are already expressing financial concerns. They are not in a position where being on their own insurance feels financially feasible. If these young and dedicated staff lost their coverage, it would be a huge stressor and they would have to look into changing their employment status.

Families in the in-home therapy programs, Beverly, MA

The In Home Family Therapy program is a statewide MassHealth initiative for families who have at least one child with a serious mental illness diagnosis. Our families need their MassHealth coverage more so than the average American would need a health care plan.

The families in our care are not just going for occasional doctor visits when they are sick. Instead, they are meeting with mental health providers 2-5 times per week, trying to do their best to move forward. Without the services covered by their MassHealth, they would be at infinitely higher risk for hospitalization.

The problem is that without insurance these high-risk and –need families tend to avoid going to the hospital when they really need it, because they cannot afford the bill.

Currently families have access to services with few restrictions, and because of this they are actually getting preventative care, which ultimately keeps them from ever needing those big, expensive, hospital visits to begin with. With preventative care they are learning healthy, sustainable habits and skills that lead to lifestyle changes.

A rollback of the ACA moves the country in the opposite direction of all the progress we have made, perpetuating pervasive mental health and substance use issues rather than providing an opportunity to access care at any time with fewer barriers.

Currently we work with families who sometimes lose their insurance coverage temporarily (due to paperwork factors, etc.), usually for not more than a few weeks at a time. When this happens, mental health treatment has to halt and we see significant declines in progress. I can only imagine what it would be like if these families did not have any coverage at all for long-term.

Family Therapy Intern, Haverhill. Provides family care in the upper Merrimack Valley – Developed a pre-existing condition at 23 years old

Four years ago, when I was 23 years old and in my BSW program at Salem State University I started having bouts of extreme fatigue and heart palpitations. I went for some testing and found out that I had a rare congenital heart defect that I had been living with my whole life. It made sense as to why I always felt sick when exercising or why I needed to take naps even as an adult. Only 0.1% and 0.4% of infants with congenital heart disease have the defect that I have and even fewer amount of people make it to adulthood. Within weeks I had open heart surgery covered by

my parents insurance. A fear that came with my diagnosis was how am I going to pay for my medication and extensive testing that I would need for the rest of my life. I was now considered what would be uninsurable in the private market. If it wasn't for the ACA and its protections for individuals with preexisting conditions, I don't know where I would be today. I did not have to fear on my 26th birthday that I would lose coverage or have extremely high premiums that I couldn't afford. If the ACA is repealed my fear is that I may make riskier choices about my health or have medical bills I will not be able to pay.

Gloucester

Michael is a 38 year old and he accesses health insurance through the Massachusetts Health Connector. Employer-based health insurance is not available to him and he pays a \$280.00 monthly premium.

Michael began using opioids when he was 22 years old. He was introduced to Oxycontin by his cousin and Michael thought, because this was a prescription medication given out by doctors, it would not be bad for him. Michael found that his Oxycontin use escalated to a point that he was experiencing withdrawal every day, he was spending all his money on the drug, and he could no longer bear the pain he was causing his family as they saw him descend into addiction. Michael never used heroin and did not want to start.

However, he had a friend who had entered into treatment at a methadone program, and Michael saw how his friend's life had improved, so he enrolled at the methadone program in his home town of Gloucester. Michael initially paid cash for his treatment.

Later, he was able to access health insurance through MassHealth – Medicaid, but as he returned to more consistent employment and was no longer income eligible for MassHealth, he was able to enroll in health insurance through the Connector.

Michael currently works as an electrician. He recently completed 2 years of technical education and hopes to be getting his Master Electrician License soon. His goal is to open his own business and he and his brother are currently looking to purchase a house together. Michael tells us he is grateful for his treatment here and his ability to purchase reasonably priced health care has allowed him to remain in treatment for this chronic disease of opioid addiction.

Outreach Counseling, Haverhill and the Upper Merrimack Valley

There have been countless clients over the years whose stories stick out to me. There was the 9 year old boy who was so excited to have a Therapeutic Mentor so we could help him get a library card because his parent lacked the literacy skills to help him with this endeavor.

There was the great aunt seeking services for her great nephew whom she had just adopted out of foster care after he was removed from his mother's custody.

There was the 22 year old mother of three who had endured one personal tragedy after another while trying to raise her children and complete her college degree.

None of these people would have been able to access treatment if not for affordable health care. I think about the positive impact they can now have on the world and in the lives of their friends and families.

There is one client's story that stands out most due to the positive change and success she has had as a result of access to mental health care and medication management through affordable health care services. I started working with this client almost 7 years ago when she was in her late teens. She came to me struggling with severe anxiety, in recovery from an eating disorder, bouts of depression, and from a family where one parent had a major mental illness and the other had a traumatic brain injury. The odds were stacked against her, but she had the wherewithal to know she should pursue her own mental health needs.

Over the years she struggled but found successful ways to manage her anxiety and enter college. Midway through her college career she began again to struggle with family stressors and an unhealthy romantic relationship. These things led her to fall into old unhealthy coping patterns. Again, utilizing therapy and working with a prescriber to manage other difficult symptoms she was able to successfully complete college and end an emotionally damaging relationship. Even more impressive, this client was also able to hold a job while in school, and chose to work with adults with brain injuries. This work helped her learn more, understand, and confront her own father's ailment. Through her tireless work in therapy and on her own she had developed enough emotional strength to take on several significant challenges.

For over a year now she has also been in a significant and healthy relationship with someone she describes as supportive and loving. She has developed a greater self-worth and positive identity that has helped enable many of these changes. I will not take credit for the work this client did in therapy or the strength she used to make some difficult choices but I do not think she would have been able to access these tools or develop those skills if she had not had the access to quality mental health treatment.

In August this young woman will complete her nursing degree and begin what she proudly refers to as her "career in health care." She will undoubtedly still struggle, as many do, with her mental health, but has spent years developing important skills to help her live a successful life. She is not someone who would have been able to afford a high copay or monthly cost for her therapy sessions or medication that was crucial for her success. It is unclear where her path would have led her if she was unable to have access to these things. Thankfully, she had the opportunity to access care and will now help contribute to quality healthcare of other Massachusetts residents in need. I imagine she will be one of the most compassionate and understanding nurses a patient will be lucky enough to receive care from.

Beverly, MA

I work with individuals who have chronic mental health and medical conditions. Some of them lived comfortable lives and maintained successful careers until one day everything shifted and they fell ill, lost a loved one, had an accident, or lost their job. Suddenly those basic securities are lost. Others were raised in unstable circumstances, are followed by a trail of diagnoses, and have traveled a life-long journey characterized by unfathomable challenges and roadblocks.

My clients have experienced and are processing through childhood trauma, sexual exploitation, domestic violence, mental health diagnoses, stroke recovery, paralyzing injuries, chronic health conditions, poverty, racial profiling, to name a few things.

Every day I see how our socio-cultural structures are not set up to stimulate these individuals' successes and thus none of them are guaranteed safety, structure, or security.

However, one factor that my clients have in common is access to affordable care for both their complex medical and behavioral health needs.

This provides them with a spectrum of resources and often is the only stable structure in their lives.

Beyond seeing primary care providers, medical specialists, therapists, and psychiatrists, MassHealth, in collaboration with community partners, provides transportation to and from appointments. Though not free of charge my clients are mostly able to afford medications which aid in stabilizing their well-being in conjunction with individual counseling and group therapies. Through the provided services my clients are guaranteed continuity of care on both the levels of intervention and prevention. Through their health insurance, many members are further engaged with programs seeking to connect them to existing resources within their communities, teach self-management skills, and provide one-on-one support for reaching personal health goals.

Getting on MassHealth via the ACA

Thanks to the ACA, one of my clients got the opportunity to regain his independence after a career halting accident requiring major invasive surgeries. With MassHealth, my client is able to see a nutritionist ensuring that she gets the nutrients she needs to survive another week. As a result of affordable integrated care, my client, a survivor of trauma, knows when to apply his coping skills allowing him to deal with his anxiety and successfully complete a GED-test.

This work continues to emphasize the undeniable reality that each individual person's well-being is intrinsically connected to another's. In order for a community to be healthy, productive, and sustainable we need to ensure that the individuals therein are receiving the care they need to thrive and have access to basic services. We must continue to invest in accessible health care because well-being is not a privilege; it is a basic human right.

Salem, MA

As well as stalling or limiting access to mental healthcare for our patients, in many cases, the current conversation of altering Medicaid or the ACA has already impacted the clients we serve. We have been a safe zone for many to discuss their concerns.

Examples/vignettes from Salem:

Vignette 1 (Salem)

A 62 year-old divorced mother was diagnosed with Bipolar I Disorder in her early twenties and was hospitalized numerous times. She gave birth to her son soon after her diagnosis and she was

forced to give up custody to the father. Fast forward to the present day, now with insurance. “Mary” is now working part-time at the library and meets with her adult son at least once a week for dinner. Through many years of therapy and many trials of different medications, Mary has ultimately realized her strength and she chooses to manage her diagnosis with pride. She has chosen, as well, to manage her overall health better than most. She walks 30-45 minutes per day and swims 2-3 days per week. She has mastered healthy cooking, often cooking with her son who is a chef. Without the time, support and empowerment she has been offered here at our outpatient mental health clinic, she may not have learned to care for both her mental and physical health so well. She conquered the guilt that she felt in giving up her son as well as the shame she felt in being “mentally ill.” Mary has achieved strength and health despite facing the difficult challenge of being Bipolar.

Vignette 2 (Salem)

A young mother and daughter arriving to Massachusetts from the Dominican Republic struggled to adjust to a new life in the United States. Mom, a victim of domestic violence, knew coming to America would support her dreams of providing a safe and secure life for herself and her daughter.

As a new U.S. resident, she was provided health insurance which provided her numerous tools and resources to rebuild their lives. After a few years, and after some struggles and challenges, Mom and daughter have been able to succeed. They work within the community and turn to their counselor weekly for guidance.

North Cottage Program (February 24, 2017)

The North Cottage Program, Inc. is a residential facility for substance abuse treatment. Our program is licensed by the Bureau of Substance Abuse Services (DPH) of the Commonwealth of Massachusetts. North Cottage provides treatment to adult males in the earliest stages of recovery. North Cottage is home to more than 140 clients, the usual length of treatment is four to six months. Mental health and addiction disorder often go hand in hand, which we see on a daily basis.

Our clients come from many parts of Massachusetts and all walks of life. My role at North Cottage is Director of Client Services. Our department deals with any issues regarding, insurance, medication, and doctor's appointments. Most of our clients come in with MassHealth (Medicaid). Some arrive without insurance and we assist them in applying for MassHealth. Once the client has an insurance plan we are able to set him up with primary care doctor, mental health care, even a dentist and eye doctor, if need to. Many of our clients have neglected these matters while in the throes of active addiction. Without these options, we are forced to utilize emergency room care, which comes at a great cost to the state. Our current healthcare system enables providers to deal with the needs of each individual.

Recently, a new admission came in and asked to go the emergency room for abdominal pain. This man is an opiate addict, so he was not feeling discomfort when suing heroin. Ow a few weeks into sobriety, he's in agony. He returned with a prescription for a narcotic pain medication (which he did not want to take) and he was encouraged to make an appointment with his doctor. The client's MassHealth was suspended because he had not responded to a request for address verification. We updated his address to North Cottage and helped him choose a local doctor, who was able to see him within the week. The doctor immediately sent the client' for an ultrasound from there he was rushed into emergency hernia surgery. As we worked towards a solution the client was able to hang on. Without guidance, proper medical attention, and insurance, this man would have given up. He told me so.

North Cottage Program is not a "working half way house" in the traditional sense. Many programs require clients to find a job immediately. Typically, the first three months at North Cottage allow the men to focus on treatment. By month four, our clients are encouraged to seek employment and begin thinking about an aftercare plan. Once their treatment is complete the men have the option of moving to one of North Cottage's graduate programs. In the following months, a graduate will learn his income is too high for MassHealth. At this point, panic sets in as the men declare they cannot possibly afford the health insurance offered by their employer. Before the Affordable Care Act, someone in this position would lose coverage and remain in limbo. All the growth and accomplishments acquired in previous months were stripped away, Men were forced to stop anti-depressants, opiate maintenance drugs and other medications that assisted them in their progress to date. With the Affordable Care Act, we are able to direct our graduates to the MassHealth Connector. This allows patients to pay towards the plan they have had, without losing it.

Medicaid and the Affordable Care Act assist those in need along their road to recovery. It's a bumpy road but these plans provide answers at each turn. Without such options, we are destined for dead ends.

The Brien Center (February 24, 2017)

The Brien Center for Mental Health and Substance Abuse Services is a community-based, non-profit agency, with a 95 year history, of providing a continuum of services for children, adolescents, adults and families who are living with serious and persistent behavioral health disorders in Berkshire County. With 27 sites located throughout the county, including outpatient clinics in Pittsfield, North Adams and Great Barrington, The Brien Center treats the full array of mental health and substance use disorders through counseling, outreach, crisis intervention, prevention, residential treatment, and outpatient programs and services.

Over 80% of the 10,000 persons served annually receive services funded under Medicaid or Medicaid waiver programs. In our rural area, the infrastructure for behavioral health services would not be possible without Medicaid or ACA coverage. Total repeal of the ACA and loss of additional Medicaid funding for persons served would put organizations such as the Brien Center in financial jeopardy of surviving.

While sharing many of the behavioral health issues present in the rest of the Commonwealth, the Berkshires are unique. With lower population density and significant geographic distances between population centers, this environment presents challenges in accessing and delivering mental health and addiction treatment services. The theory of making it up on volume, to reduce or eliminate deficits in outpatient and community based services, is not an option in an area with a limited population and with persons served who have minimal access to consistent public transportation.

In general, the ACA provides persons served with a base level of coverage that encourages the most at risk people in our community to seek and stay on track with treatment and allows for access to high quality, evidence based therapies. People with mental health and/or substance use disorders who have this access to care in their community are less likely to need acute hospitalization and are more likely to have successful treatment with significant symptom reduction. Without clear regulations on what insurances have to cover, many important services can be left out. ACA is universal coverage but it also mandates insurance companies to cover behavioral health fully. For providers, the ACA and Medicaid expansion provides a base level of funding to for the infrastructure to provide services including, but not limited to, outpatient services, crisis intervention, detox and longer term addiction treatment services and medication. Eliminating the ACA puts access and viability of the service delivery infrastructure at risk.

The opioid epidemic in Berkshire County appears to disproportionately affect individuals aged 20-29, according to opiate overdose statistics collected by Berkshire Health Systems. A key provision of the ACA allows persons up to age 26 to remain on their parents' health insurance plans. Without this provision, young people in need of addiction treatment may defer or delay seeking care, and risk overdose and death, as well as chronic health issues such as Hepatitis C and HIV.

Advances in Medication Assisted Treatment (MAT) for addiction have allowed agencies like The Brien Center to offer Suboxone, Vivitrol, and other medications to curb drug cravings. While an effective part of a comprehensive addiction treatment plan, these

medications, if purchased without insurance coverage, are cost prohibitive to most of our clients. The expansion of insurance options (including Medicaid expansion) under the ACA allows our clients to access prescription coverage for MAT medications. Without these federal programs, people in recovery would be without an important treatment tool and risk relapse.

In closing, even with the ACA, health care funding is disproportionately geared towards medical, creating a disparity in wages and benefits between medical and behavioral health staff. The lack of rate increases and funding for wages and benefits presents challenges recruiting and maintaining experienced clinicians, direct care workers and administrators in a rural area where there is significant competition for staff. Current funding structure does not provide community providers with access to capital for infrastructure upgrades and maintaining facilities.

The adequate funding of behavioral health services, especially in a rural environment like the Berkshires, provides significant cost benefits in other areas of the community such as prevention of high cost hospitalization and re-hospitalization or reducing re-incarceration. Residents with mental health and substance use issues are able to continue or return as contributing members of the community.

Bay Cove Human Services (February 27, 2017)

Bay Cove Human Services is a large non-profit human services agency based in Boston, which provides services to close to 25,000 people each year in Boston and Southeastern Massachusetts. At Bay Cove, we offer a wide array of services and supports for individuals who are dealing with diverse and often multiple challenges, including developmental disabilities, mental illness, addiction, homelessness and aging. The people we have the privilege of serving are some of the most vulnerable members of our community. The vast majority of them are also poor, and their services are funded through Medicaid, The Affordable Care Act, or some combination of the two. Eliminating or significantly altering the ACA, or instituting cuts to the Medicaid system, could have **permanent** and **devastating** impacts on thousands of the men, women and children we serve each day.

Since 2014, Bay Cove has partnered with Commonwealth Care Alliance (CCA), a healthcare agency that administers MassHealth's One Care program, which coordinates MassHealth and Medicare services and benefits for individuals with chronic medical problems and mental illness. The goal of One Care (a program made possible by the ACA) is to integrate physical and behavioral healthcare—offering streamlining and coordination of a fragmented healthcare system—for these individuals who have traditionally been so vulnerable to physical illnesses, partially because of the difficulty of accessing quality medical care. Individuals with a serious mental illness currently have a life expectancy that is **28 years** shorter than the general population, and that disparity continues to grow.

One program to come out of One Care is the virtual “**Health Home**.” Here, each One Care member is assigned a care manager that develops a care plan with input from the person served and other providers, and who then recommends authorization of physical and mental healthcare services from CCA and oversees co-ordination of services, helping individuals access adequate routine/preventative care and manage chronic conditions.

Also provided through One Care are two **respite houses** operated by Bay Cove and CCA. These short-term crisis stabilization programs offer safe places for individuals in need of temporary supervised care due to acute psychiatric distress to receive it, acting—in most cases—as less costly and less clinical alternatives to emergency room visits. Just in Fiscal Year 2016, the two houses saw 984 admissions, at a cost almost 40% less than emergency hospitalization.

The One Care program has seen positive results in its short time in existence, and plans are moving forward for a continuing reform of MassHealth—with new Accountable Care Organizations (ACOs) and Community Partners (CPs) set to provide similar care coordination for individuals battling substance abuse. A repeal of the ACA would jeopardize these programs and negatively impact the health of those who partake in them, while increasing medical costs.

Medicaid allows Bay Cove to provide a number of key services—such as Adult Day Health programs for seniors, Day Habilitation for those with developmental disabilities, and Day Treatment options for individuals with mental illness. However, perhaps nowhere is the impact of Medicaid more a matter of life-and-death than it is in our Addiction Services division, where MassHealth funds both our acute treatment (detoxification) and medication assisted treatment (methadone) programs.

Our country is currently in the throes of a tragic and destructive opioid addiction crisis—here in Massachusetts alone, it's estimated that, on average, four people die from drug overdoses **each day**. There is a desperate need for more addiction treatment services, and Bay Cove is dedicated to remaining among the state's leaders in providing those services. That job becomes inestimably more difficult should cuts to Medicaid be instituted.

Either of the proposed options to replace ACA—block grants and per capita caps—would have the end result of lessening the amount of money available to provide crucially important, and, in some cases, life-or-death services to individuals who depend on Medicaid and the ACA. Bay Cove strongly opposes such changes to the existing universal healthcare system, and has grave fears for the fates of thousands of those we serve should such changes come to pass.

Community Counseling of Bristol County (February 27, 2017)

Community Counseling of Bristol County (CCBC) is a Certified Application Counselor (CAC) Designated Organization and has a team of trained, certified staff who help individuals and families apply for health benefits through the Health Connector. This includes MassHealth, and those who do not qualify for MassHealth but based on salary move up to the ConnectorCare plan, or regular Health Connector plans available through the Marketplace supported by the Affordable Care Act (ACA).

CCBC CAC's have met with many individuals and families since the ACA has been put in place to help them submit applications, and answer questions while helping the process feel less daunting and accessible leading to many who never had insurance before now connecting with comprehensive healthcare services.

The Massachusetts Health Connector has made the process of applying for healthcare much less complicated by providing access for CAC's to a specialized call in line and portal where help is available almost immediately to answer complicated questions regarding the healthcare needs and application issues for the individuals and families applying. If not for this system, many individuals would either sit in MassHealth or Health Connector offices, on the phone for hours, or worse not apply and continue to use more expensive services such as the emergency room to receive healthcare.

Two examples of how this service has been helpful and how the ACA has been critical include:

John (name changed) came to CCBC after losing his mother at 18 years old, whose insurance he had been on through her Mass Health. Besides the fact that he was depressed by his traumatic loss, and his father spoke no English, he was fearful that he would have no healthcare. I was able to sit with him, we called MassHealth through the CAC line and they assured him he would now be able to have his own plan. At the same time, John needed to find a job as he had no income, and was able to find a position at a local store but could not afford the insurance plan there. Based on his income, he was now pushed from MassHealth to the ConnectorCare, and would have a copay. We were able to update his information through the Health Connector, there was no lapse in his coverage and he continues to come to CCBC for behavioral health services and has a primary care doctor at the local community health center. Without the ACA, John would not have been able to continue to see his therapist at a very difficult time in his life, and today is doing well at his job and hopes to go to college.

Barbara and Joe (names changed) came to CCBC for help applying for coverage because while active in the National Guard he was covered, but once inactive those benefits ended and he was not eligible for Veterans benefits. He was fearful that his family would lose their home, and had no health insurance. While the family was here we went over all of the benefits and services that were available that they had not been informed of upon discharge, and we supported the family to move forward in their life. They applied for the Health Connector through the ACA were approved for a reasonable plan, which included coverage for their children that were over 18 and living at home but attending community college. Additionally, Joe was concerned about coverage for pre-existing conditions both he and his wife had, as she was a breast cancer

survivor, and he struggled with depression and PTSD, but we were able to assure them the ACA plans would not deny him coverage.

Wayside Youth & Family (February 27, 2017)

Stories of two young adults that visited the Tempo Young Adult Resource Center:

Miquel first visited Tempo in July. He is an unaccompanied minor with no family living in Massachusetts. He is appreciative to be in Massachusetts because he qualifies for mental health services through his (limited) Mass Health coverage. He witnessed multiple traumatic events while crossing the border and began experiencing depressive symptoms this fall. He is now receiving mental health services through Wayside (in his native language). Today, Miquel has a bounce to his step and smiles while practicing his English at Tempo (he recently enrolled in ESL classes and is excited to learn). “I am so thankful for this country. My life in El Salvador was very scary and I saw some bad stuff. I have bad memories but get to talk with Wayside about my life. She is cool and speaks Spanish! I am happy to have health insurance.”

Tim visited Tempo last week; he was nervous about his health insurance due to a recent arrest and jail time. He has a history of mental health issues and desperately wanted to make a referral of outpatient services. We called Mass Health together to re-activate his insurance, it may take a few weeks but he is in better spirits knowing the process has begun. “I was so nervous all day, I know I need counseling, it helps me to stay out of trouble. I was worried that I would lose my insurance forever.” Although he wore a disappointed expression when he walked into Tempo, Tim left today with a smile and a better outlook on today -- and the knowledge that he is able to reapply for health insurance through the ACA and won’t be penalized for a pre-existing mental health condition or, as Tim says, “past mistakes.”

Victory Programs (February 28, 2017)

Thank you for the opportunity to provide our thoughts, observations and insights regarding a potential Affordable Care Act repeal. Victory Programs (VPI) has a proud history spanning more than four decades of working on emerging community health concerns impacting some of Massachusetts' most vulnerable residents. Last year, 69% of those accessing services through VPI did so for a chronic substance use disorder, 56% were living with HIV/AIDS, 51% were homeless at the time they received services, 77% reported income below the federal poverty line and 69% self-reported a co-occurring mental health diagnosis. Our clients lead complicated lives, often scraping by right at the edge of their means. Approximately, 98% of those served at Victory last year depended on Medicare for their insurance coverage. A significant change in access to affordable health care coverage would be devastating to the existing systems of essential services and support related to critical health care needs, both for themselves and their families. Federal, state, and city programs, including subsidies, can mean the difference between long-term stability and financial uncertainty throwing an already complicated life into total disarray.

The Boston Living Center (BLC), a program of Victory Programs, supports more than 1,000 people living with HIV/AIDS annually. Many of the BLC's member are long-term HIV survivors who rely on affordable access to medications and treatment to manage their viral loads. Newly diagnosed individuals come to the BLC for community support while they adjust to a new reality of care adherence. Prior the federal passage of the ACA, many people living with HIV faced limited access to insurance coverage based on preexisting condition exclusions, high costs, eligibility limitations, and other challenges. As a result of several ACA provisions, barriers were reduced and many studies demonstrate a marked improvement in health outcomes. Throughout Victory Programs, preventative medications that reduce the risk of HIV transmission, such as PReP, are commonly incorporated into care plans. Such options, along with other potential life altering methods, could be eliminated if individuals' insurance was comprised.

Most of Victory Programs 'services addressing substance use disorder rely primarily on state funding. No one is ever turned away due to inability to pay regardless of their type of insurance, pre-authorizations or even lack of insurance. However, most clients rely on affordable insurance to access emergency room services, crisis stabilization units, or detox beds. Many individuals first explore the idea of treatment through early screening at a primary care office. Limiting insurance access and/or reducing the number of insurance reimbursable treatment beds in the state will result in fewer people accessing treatment leading to more fatalities. State data shows a 26% increase in overdose deaths between 2014 and 2015 and early data from 2016 indicates a continuation of the upward trend first noted in 2011. Treatment facilities already struggle to meet the growing need with existing resources. Stripping away health insurance coverage from thousands of residents through an ACA repeal would make treatment even more inaccessible. VPI, like other agencies, relies on the ability to bill insurance when available to stretch already limited state funding for other resources, thus allowing for a wilder, deeper and longer system of care to address to ongoing and chronic nature of addiction. Insurance payments reduce the strain on hospitals and treatment providers throughout the state by allowing more individuals to access treatment from multiple avenues. For those living with a chronic substance use disorder, access to health care is literally life and death.

Research has proven that one of the most effective methods for treating opioid addiction is medication assisted treatment. Repealing the ACA will eliminate or reduce individuals' ability to access this highly effective treatment method thereby increasing the likelihood of their death. Additionally, case managers provide supported referrals to services that assist with long-term stability such as outpatient mental health and or ongoing substance use counseling. Without access to these services, an individual's journey to long-term recovery will be that much more challenging if not impossible.

More than half of VPI's programs primarily serve women. The ACA has allowed many women who were previously uninsured to gain health coverage, including vital access to preventative care. In VPI's family shelter programs, this means not only well-woman exams but breast-feeding support and supplies for new moms, birth control, screening and counselling for domestic violence, and screening and treatment for sexually transmitted infections. Many of the young families in the shelter programs also face substance use disorders and/or mental health challenges surrounded in a framework of generational poverty and healthcare disparities. The ACA provides critical, holistic care for women who previously struggled to meet basic healthcare needs for themselves and their families due to high cost and lack of access.

Advocates (February 28, 2017)

Diane E. Gould, LICSW, President and CEO

I am the President and CEO of Advocates, a private, non-profit Massachusetts human service agency. Our mission is to partner with individuals, families, and communities to shape creative solutions to even the greatest life challenges. We provide services and supports to individuals with a broad range of needs, including mental health and substance use conditions, co-occurring disorders, and other life problems. Our services include housing and employment, outpatient counseling, psychiatric emergency services, and family support services.

Thank you for your support of the Affordable Care Act, and your fight to preserve it. The ACA expanded Medicaid and made health insurance affordable for hundreds of thousands of Massachusetts residents. This has made it possible for them to receive essential behavioral health treatment from clinics like ours, which rely almost exclusively on third party insurance reimbursement to deliver these vital services. Repeal of the ACA would not only adversely impact the health and well-being of Massachusetts residents, but severely compromise the community behavioral health system that so many rely on.

Access to affordable health insurance and quality, comprehensive healthcare is fundamental to our mission. The people who come to Advocates for help depend on us to provide quality care for mental health conditions, opioid addiction, and co-occurring medical needs. They have histories of costly emergency room visits and hospital stays, unemployment related to untreated conditions, and dependence on Social Security Disability benefits. They are families trying to maintain good health and achieve financial security, and individuals working on recovery from behavioral health conditions. They are young men being released from prisons and jails, determined to find housing and employment, and achieve the good health needed to be productive, contributing, responsible fathers.

We believe that health care is a right, not a privilege, and that access to comprehensive quality health care, and the opportunity to achieve and enjoy good health, helps all people. Quality health care promotes full participation in our communities, which makes our communities better and stronger. It helps people get back to work, preserve their families, avoid costly acute care, and achieve valued roles as contributing members of our communities. It makes good economic sense.

Perhaps the best example of the importance of access to affordable health care is the number of people in our workforce who are in recovery themselves. They see the repeal of legislation providing healthcare to those who need it most as a slow death sentence for the most vulnerable as well as a huge risk for our youngest, most hopeful people. For these colleagues, access to quality health care for our youngest, most hopeful people. For these colleagues, access to quality health care has offered cost-effective and sometimes life-saving prevention and early intervention. Consistent, affordable treatment for behavioral health conditions is for many an essential ingredient in wellness, self-sufficiency, and the ability to provide for their families. In the words of one colleague, “If there is no quality affordable insurance for mental health, many people would be likely to die from suicide, or otherwise, even more importantly, would live

hopeless, dead-end, dark existences. The ability to be happy would officially become the privilege of wealthy people.”

Pine Street Inn (February 24, 2017)

Pine Street Inn in Boston partners with homeless individuals to help them move from the streets and shelter to a home and assists formerly homeless individuals in retaining housing. The nonprofit organization provides street outreach, emergency services, supportive housing, job training and connections to employment along with advocating for collaborative system solutions to end homelessness.

Below are two examples of homeless individuals that Pine Street Inn has worked with who would be negatively impacted by the repeal of the ACA.

Joyce, Dorchester

I have worked over 34 years of my life, from case management with individuals with special needs to working as a security guard. Within the last 5 years, while I was employed, I couldn't afford health insurance through my employer and then I got injured. I thought my injury was temporary... but 2 operations and a partial hysterectomy later I was disabled, homeless and unemployed. I ended up going back and forth between the Barbara McInnis House medical respite facility and the Kingston House. Eventually I ended up at BMH for the last time and then I got connected with Pine Street Inn. I was given a SRO and was no longer homeless as of June 2015.

Now February 2017 I have my own apartment, I am a 2 year breast cancer survivor, despite being disabled and partially dependent on a wheelchair. I volunteer at Rosie's Place, Strive, and JumpStart. I honestly believe that having affordable health insurance makes a world of a difference because it provides protection when you need it; no one knows when that might be. I also believe that if it wasn't for programs such as Medicaid and Medicare, I wouldn't have something as simple as transportation to get to my medical appointments or to pick up my medications.

Please continue to fight for people like me who have worked hard, fight for people I've met on my journey out of homelessness who are suffering with mental illnesses, substance abuse, and disabling conditions.

Juanita, Boston

I have been diagnosed with severe mental health issues since I was 17 years old. In the 29 years since then, I have struggled with both mental health and substance use issues. My mother was an alcoholic who neglected care for me. I have been sexually abused. I also got pregnant when I was 15 yrs old. I have been in many abusive relationships. Needless to say, life has been a struggle for me up until about 5 years ago.

After years of being homeless, my mental illness was untreated, my substance use was at its worst. Then in 2012, my life started to slowly turn around when I was able to finally move into a residential program. During the four years of residential living at Pine Street Inn, I learnt many skills that included: learning about my medical and mental health conditions, learning about my medications, learning how to manage my social security benefits, learn skills to manage my

cravings, work on my self-esteem, learn how to avoid getting into domestic violence relationships etc. Then in 2014, I was hospitalized for a severe case of cellulitis. I was in a rehabilitation center for almost a month because I could not walk. During this time, I feared the worst, thinking that I would have to restart my life, now with a new, physical disability. Without the health care coverage I have, I would not have been able to afford paying for the excellent care I got both at the hospital and at the rehabilitation center.

In 2015, I achieved one of my personal goals, which was to move into my own apartment (subsidized). Another personal goal of mine is to become employed. With that in mind, I successfully completed a job training program through Pine Street Inn for housekeeping that same year and started working at a hotel in 2016. This year, I have decided that I need to find ways to give back to the community and have decided to become a certified Peer Specialist. I want to share my story and struggle with mental health and substance use and use it to help others. With that in mind, I have enrolled in a Peer Specialist training program, and when I complete it I hope to fulfill both my goal to work and self-sustain myself but also give back.

I will be turning 47 this year. In the past five years, I have been through numerous hospitalizations, residential treatment programs, partial hospitalization programs, day treatment, intensive outpatient treatment, and outpatient treatment. Looking back, I know that I cannot be where I am today without all of the treatment options and the support for that I have received that were fully covered by my health insurance. I do not know all of the supports that the ACA provides in the health care I receive, but I do know is that any changes that take away from the health care I have will be detrimental to my physical and mental health.

Massachusetts Child Psychiatry Access Program for Moms (MCPAP for Moms) (February 24, 2017)

Drs. Nancy Byatt, Tiffany Moore Simas and John Straus, Founder and Directors of the Massachusetts Child Psychiatry Access Program for Moms (MCPAP for Moms)

We work with pregnant and postpartum women, an especially vulnerable segment of the population whose mental health impacts generations to come. Without the ACA, our ability to help will be limited and countless women and their children will suffer. Below we provide an illustrative case example:

Ms. Z presents to her obstetrician 2 weeks after giving birth, seeking help because she is having unusual experiences. Her obstetrician is concerned yet does not know what to do. Unknown to her obstetrician, Ms. Z is experiencing psychosis, which includes an altered sense of reality, paranoia, delusions, and hallucinations. Postpartum psychosis is associated with a 4% risk of infanticide and a 5% risk of suicide.¹¹ Ms. Z's insurance stopped after delivery and her obstetrician has nowhere to turn to get her help. Her obstetrician recommends that she find a psychiatrist. Three weeks later, after dozens of desperate phone calls, Ms. Z and her family are unable to find a psychiatrist willing to treat an uninsured patient. Meanwhile, her delusions get so severe that she believes the world will be a better place if she and her baby are dead. Ms. Z's husband calls her obstetrician, who recommends they go to the emergency room. Ms. Z does not go because she does not see the value of going nor does she want to be separated from her baby.

Ms. Z is drowning in her illness in plain sight. Both Ms. Z and her baby could die because the healthcare system and ACA are not there to catch them.

Loss of the ACA also means increased costs. Untreated depression is estimated to cost \$22,000 per mother and baby pair.¹² Of the 4,000,000 women who give birth in the US every year, 560,000 will experience depression.¹³ Without the ACA, at least 80% will not get treatment,¹⁴ which translates into astonishing costs for our nation - \$9,856,000,000 per year.

The ACA is critical to protect the lives of our nations' mothers and their babies. Without it, many mothers and their babies will suffer. And some will die.

¹¹ Hatters Friedman S, Sorrentino R. Commentary: postpartum psychosis, infanticide, and insanity--implications for forensic psychiatry. *J Am Acad Psychiatry Law* 2012;40:326-32.

¹² Diaz J, Chase R. The cost of untreated maternal depression. *Wilder Research* 2010;651-280-2700.

¹³ Gavin NI, Gaynes BN, Lohr KN, Meltzer-Brody S, Gartlehner G, Swinson T. Perinatal depression: a systematic review of prevalence and incidence. *Obstet Gynecol* 2005;106:1071-83.

¹⁴ Byatt N, Levin LL, Ziedonis D, Moore Simas TA, Allison J. Enhancing Participation in Depression Care in Outpatient Perinatal Care Settings: A Systematic Review. *Obstet Gynecol* 2015;126:1048-58.

Insurers

Massachusetts Association of Health Plans (February 24, 2017)

Increasing Access to Affordable Coverage: The Impact of the Affordable Care Act on Massachusetts

The 2010 passage of the Patient Protection and Affordable Care Act, building off of Massachusetts' successful state expansion, expanded coverage in the Commonwealth and throughout the country by implementing changes to the health care market that helped consumers at all income levels have access to affordable health insurance coverage. On behalf of our 17 member health plans, providing coverage to more than 2.6 million Massachusetts residents, the Massachusetts Association of Health Plans is honored to have played a role in the law's overall success.

Specifically, under the ACA, large categories of individuals, including low-income adults, have gained access to Medicaid coverage through changes in eligibility and increased federal funding. Enhanced Federal Medical Assistance Percentage (FMAP) funding, from 50% prior to ACA expansion to an expected 90% for some populations by 2020, has allowed Massachusetts to expand Medicaid coverage to include most individuals at or below 133% of the FPL.

Implementation of the ACA has also had a substantial impact on Massachusetts residents who do not qualify for Medicaid, through the provision of federal financial assistance to directly reduce the cost of care. Qualified health plan enrollees can access advance premium tax credits (APTCs) to lower their monthly premiums and cost sharing reductions (CSRs) to eliminate out-of-pocket costs for covered medical services. In 2016, 258,000 state residents took advantage of APTCs at an average monthly credit of \$190. These generous subsidies have allowed the Commonwealth to develop innovative coverage options such as the ConnectorCare program, which utilizes dedicated additional state dollars to "wrap" around the ACA tax credits, CSRs, and federal matching funds to further reduce the financial exposure to more than 244,400 ConnectorCare enrollees. These individuals, with incomes up to 300% of the FPL, represented 78% of all commercial health plan members who obtained coverage in the individual market through the Health Connector in 2016.

The value of expanded access to health insurance cannot be overstated. Implementation of the ACA removed barriers to quality care for many individuals and made it possible for men, women, and children to establish doctor-patient relationships in the settings that best meet their needs. Utilization of high-value preventative health care services and ongoing treatment for previously unaddressed chronic conditions has increased. The ACA can be evaluated as a resounding success in that the law has improved the health status of Massachusetts residents who previously had difficulty accessing care.

Subsidies from the federal government have been critical to making this newly-available coverage affordable.

In the absence of these federal subsidies, lower-income individuals and households are unlikely to be able to continue with their coverage. Should the Medicaid expansion be scaled back, or the

structure of federal reimbursement for state Medicaid be altered, federal funding for these individuals would be eliminated, and it would be up to the state to make up the difference. With the repeal of federal ACA money for Medicaid, APTCs, and CSRs, Massachusetts would lose more than \$38 billion over the first 10 years after repeal; premiums will increase significantly in the first year after the marketplace subsidies are eliminated.

Ensuring that 97% of Massachusetts residents continue to have access to affordable health care coverage is dependent on the preservation of full subsidization from the federal government.

Blue Cross Blue Shield of Massachusetts (February 24, 2017)

Massachusetts has a proud history of policy efforts aimed at providing access to affordable, quality health care for all of its citizens. At Blue Cross Blue Shield of Massachusetts, we are proud of the success of health care reform efforts in Massachusetts over the past ten years to advance these important goals. During this time, we have seen health care coverage extended to hundreds of thousands of people who had previously gone without the security of health insurance. The spirit of shared responsibility was vital to the success of Massachusetts policy efforts as well as creating a culture of coverage. This culture of coverage that grew from Massachusetts' landmark law in 2006 has allowed us to maintain the lowest uninsured rate in the nation with sustained public support. Coverage reform success has allowed Massachusetts to focus on the important issues of cost and affordability which are critical to individuals, families and employers across the state. To that goal, Massachusetts passed a first-in-the-nation cost containment law, Chapter 224 of the Acts of 2012. Once again, through the spirit of shared responsibility, Massachusetts has been a leader in efforts to promote meaningful payment and delivery system reform and cost containment efforts.

Fallon Health (February 24, 2017)

In 2014, Massachusetts launched the ConnectorCare program eligible to individuals with an annual Modified Adjusted Gross Income at/below 300% of the federal poverty level. Fallon Health has been a proud participant in this program since its launch with our plan, Community Care. A limited network plan, Community Care provides comprehensive health coverage with low premiums, low copayments and no deductibles.

The ConnectorCare program, made possible through federal subsidies, has made all the difference to those members of our community who don't quite qualify for Medicaid, but who simply cannot afford the high costs of health care. One such member is Susan*. When we enrolled Susan and her husband, we asked if we could record and share their story. They said yes.

When Susan received a pamphlet in the mail about Fallon's new health plan, Community Care, she said, "I thought it sounded too good to be true. It was a Godsend!"*

She was pleasantly surprised when she called Fallon and received an invitation to meet Mary, a Fallon Insurance Guide, in person.*

In their early-sixties, Susan and her husband closed their health care services business due to financial pressures and were forced into an early retirement. Today, they live off of Social Security, are not eligible for either Medicare or MassHealth and need help affording health insurance.

Susan confided in Mary that she was nervous about enrolling in insurance through the Massachusetts Health Connector. Mary offered to help.

Susan and Mary met at Reliant Medical Group in Worcester. "It took about 20 minutes max to enroll," says Susan. "If Mary ran into an issue, she made a phone call and found the answer. It was one of the easiest processes I've ever been through."

When Mary told her that her doctor was in the Community Care network, Susan was thrilled.

"I gave her a hug. She was so professional and warm," says Susan, "You don't see those two words in a sentence."

"I am very thankful for Community Care. When I came home, I was dancing!"

Since its inception, Fallon Health has focused on developing plans for all walks of life. But the simple truth is some people—like Susan and her husband—don't fall into any of the traditional health care plan buckets. The ConnectorCare program, and the expanded subsidies from the ACA, provided us with an opportunity to build a plan for them, and for others like them. Today, we have over 5,700 members who count on Community Care. We cannot let them down.

* Please note that the names have been changed.

Minuteman Health (February 24, 2017)

Minuteman Health Inc. (“MHI”), is a non-profit health plan offering consumers and employers in Massachusetts and New Hampshire innovative health care through a focused network of efficient providers. Our mission is to contain consumer healthcare expenses by offering affordable products to price sensitive consumers, in alignment with the goals of the Commonwealth’s cost containment policy efforts. We started issuing coverage in 2014, and have had a front-row view of the positive impacts of the Affordable Care Act (“ACA”) and the ability of new, low-cost health plans to succeed under its rules.

The ACA was designed to increase access, affordability and competition. The law has expanded coverage nationwide by mandating issue of health insurance to those with pre-existing conditions and allowing adult children to remain on their parents’ policies. While the new administration seems committed to preserving these popular aspects of the law, the ACA prohibition of annual/lifetime limits and cap on maximum out of pocket costs are also vital consumer protections. We must guarantee that any new legislation limits how much consumers pay out of pocket, and protects consumers against catastrophic health expenses and bankruptcy from medical bills.

The ACA fulfills its goal to increase affordability by providing cost sharing reductions to insurers allowing lower-income consumers to purchase comprehensive yet affordable insurance through the marketplaces. The administration is now considering ending those payments (which totaled \$4.9 billion in 2015). If these payments cease, many consumers will go uninsured and issuers may leave the marketplace.¹⁵

While the ACA has made good on its promise of promoting access and affordability, certain aspects of the law have undermined its progress and success. There have been significant premium rate increases over the years. While the recently released CMS rules make strides toward mitigating cost side issues such as Special Enrollment Period challenges, not enough has been done to stabilize the revenue side by mitigating Risk Adjustment program volatility and Medical Loss Ratio (“MLR”) rules. We must defend the important ACA provisions, such as those outlined above, and at the same time address the destabilizing impact of those programs.

The ACA created the Risk Adjustment program to help insurers cover unknown or previously uninsured high-cost enrollees. If the program had worked correctly, issuers with healthier enrollees would transfer money to issuers that attracted higher-risk enrollees. Unfortunately, the Risk Adjustment formula is broken and actually punishes plans with lower premiums that serve price-sensitive consumers.

The ACA’s Risk Adjustment program must be fixed or eliminated to promote competition and increase carriers’ confidence in the marketplaces. Here in the Commonwealth, we have direct experience with Risk Adjustment and its flaws: Massachusetts never implemented a Risk Adjustment program before the ACA (despite having had guaranteed issue and the individual mandate in place for years); Massachusetts accurately predicted the destabilizing impact of the

¹⁵ Health insurers are leaving the marketplaces in increasing numbers--according to a Kaiser Family Foundation analysis 32% of counties will have one exchange insurer in 2017, compared to 7% of counties with one exchange insurer in 2016. Five states will have only one insurance company offering plans through the exchanges in 2017.

Risk Adjustment program and attempted to mitigate it through caps on transfer amounts (which CMS disallowed); and Massachusetts is a poster-child for the unpredictable volatility of the program, as issuers market-wide are still reeling from the impact of the BCBS request for reconsideration outcome (which doubled BCBS' Risk Adjustment receivable from \$40M to \$80M – at the expense of its smaller, less expensive competitors).

The Risk Adjustment program works in opposition to the goals of the ACA. While MHI is dedicated to supporting the ACA's important consumer protections, we urge you to consider the elimination or mitigation of the Risk Adjustment program to ensure carrier participation and the long-term health and stability of the Commonwealth's insurance market.

Thank you for compiling this report on the ACA and championing the law in Washington. We welcome the opportunity to further discuss the law's benefits and drawbacks, and devise ideas on how we can work together to ensure affordable coverage for the consumers of Massachusetts and the rest of the country. We have additional, specific suggestions regarding how to address Risk Adjustment and MLR rules, and how to encourage health plan competition, and look forward to addressing these issues with you in the future.

Tufts Health Plan (March 1, 2017)

“Hi, I'm Nancy.

“I was diagnosed with Multiple Sclerosis in 2006. As my health was declining, I went into retirement because I was no longer able to work or to drive. Through One Care, I'm able to continue my PCA services, which I consider to be vital to my day-to-day activities of daily living, like showering and getting dressed, even doing my hair.

“With One Care, I'm able to keep my prescriptions, retain my same doctors, and continue to be involved in my community. One Care even arranges transportation to my appointments and helped to simplify the process. I see a number of different doctors and I don't have co-pays for these visits. For me, durable medical equipment is essential. Maintaining the equipment that I have has been much easier through One Care.

“With One Care, I have a contact person who is my care coordinator and who I consider to be a friend. She makes me feel like I'm not in this alone and she can break down what I need to do or what steps I need to take. In addition to my care coordinator, there's a team of people involved in my care, including my primary care physician, my neurologist, my podiatrist, and my sister, who is my health care proxy. I can't do it without my care coordinator though.

“When you enroll with One Care and you choose a plan, if you're not happy with that plan, you can switch, and that means a lot. I was on Medicare and Mass Health separately, and then I was sent a notice in the mail saying, “You're eligible for an insurance change, and One Care is going to be providing your care.” One Care made it very easy to figure out what was going to be the next steps. They were right there, they had websites available, and a 1-800 number.”

~~~~~

Nancy is one of thousands in the Commonwealth of Massachusetts who is benefitting from a demonstration program, known as OneCare, which carefully coordinates the benefits of Medicare and Medicaid into one. Tufts Health Plan is one of only two plans in the Commonwealth participating in this program, which has helped to improve the lives of the most vulnerable of our populations. We are proud to be able to help our members like Nancy get the care they need to live healthier.

## ***Providers***

### **Dr. Jennifer Childs-Roshak, President and CEO of Planned Parenthood League of Massachusetts (February 24, 2017)**

Prior to becoming the president and CEO of Planned Parenthood League of Massachusetts, I was a primary care doctor. For more than 20 years, I saw countless patients forced to choose between their health and their financial stability. Despite my best medical advice, I saw patients forgo cancer screenings or cut their birth control pills in half because they could not afford the co-pays. The Affordable Care Act (ACA) changed that. By eliminating out-of-pocket costs for preventive care, lifetime limits, and pre-existing conditions, the ACA broke down financial barriers and ushered in some of the greatest advancements in health care access for women in a generation.

Before the ACA, a woman could be charged more than a man for the same health coverage, solely because she was a woman. This made it more difficult for a woman to afford the coverage and care she needed. And in other cases, women weren't able to obtain coverage at all. Not only could insurers charge women more, insurers could deny coverage for pre-existing conditions, including "conditions" that disproportionately apply to women, such as needing a C-section or being a domestic violence survivor, and there was no guarantee a plan would cover prenatal care, labor, or delivery for pregnant women. The ACA put an end to these practices. If the ACA were repealed, women could pay an estimated \$1 billion more than men for the same insurance plans while tens of millions of women could again be denied coverage.

Even in Massachusetts, where early health care reform guaranteed coverage of preventive health services and equitable coverage for contraception, expensive co-pays remained. The ACA brought even greater improvements for the state's residents, requiring that preventive care be covered without cost-sharing. The ACA also substantiated in law what women and doctors have long known: contraception is preventive care. Birth control has helped the majority of women take control of their health, plan their futures, and improve the well-being of their children and families. Women can now select the birth control option that is right for them without having to navigate financial barriers that may delay or deny them access to the birth control method of their choice.

Over the past five years, Planned Parenthood health centers nationwide have seen the number of patients using IUDs increase by 91 percent, in part because women can consider this long-acting, highly effective method on its merits, not a hefty co-pay. One analysis estimates that in 2013 alone, women collectively saved \$1.4 billion in out-of-pocket costs for birth control pills. Without the ACA, over 55 million women, including 1.4 million in Massachusetts, could lose access to no co-pay preventive services, including the birth control option that works best for them.

Planned Parenthood League of Massachusetts' five health centers serve women, men, and young people across the state – regardless of whether they are insured. Still, the ACA's expansion of Medicaid eligibility and allowance for young people up to 26 to stay on their parents' plan has dramatically improved access to care. Patients who otherwise might not have sought care are coming to PPLM, allowing us to serve as a gateway into the larger health care system. With more insured patients relying on PPLM, our health centers are better positioned to provide high-

quality, affordable care to patients who remain uninsured, are under-insured, or who opt against using insurance for sexual health services due to confidentiality concerns.

PPLM is stronger than ever before because of the ACA, and that strength has allowed us to serve every person who comes through our doors and improve the health and well-being of communities across the Commonwealth.

**Donna Kelly-Williams, President, Massachusetts Nurses Association (February 24, 2017)**

As a frontline nurse for more than 40 years, I have seen the effects of our fragmented health care system up close. When people talk about “health care consumers”, what I see are patients- people who deserve comprehensive, high-quality, affordable health care. In 2006, Massachusetts passed its own version of health care reform and I began to see individuals coming forward who had not previously had access to care. In 2010, the Affordable Care Act (ACA) took the Massachusetts model and adapted it for the rest of the country- expanding access, requiring coverage for basic health care and prohibiting annual and lifetime caps on coverage. Due to my experiences as a bedside nurse and as President of the Massachusetts Nurses Association, representing more than 23,000 registered nurses and health care professionals, I oppose any efforts to undermine the public’s access to affordable, quality health care.

As a labor and delivery nurse, I know the importance of maternity care, including prenatal and postpartum care, being included as an essential health benefit under the ACA. Before the ACA, pregnancy could be considered a preexisting condition, preventing women from obtaining insurance coverage. And even if you did get coverage, there was no requirement that maternity care be provided as a benefit. I am extremely concerned about the proposals coming out of Washington that would once again turn maternity coverage into an “optional” benefit .And as a nurse at a safety-net hospital, where a majority of our patients are low-income, I am concerned about proposed cuts to Medicaid which could prevent my patients from accessing necessary care.

When a mother and her baby receive proper prenatal care, the outcomes for both vastly improve. Prenatal care reduces the risk of both pregnancy complications and the risk of complications for the baby. This is especially important for mothers who may experience a “high risk” pregnancy. Medical advances have also allowed us to diagnosis- and treat- conditions in the baby before birth, preventing lifelong medical complications. And the benefits go beyond just those experienced by the mother and baby- prenatal care saves money. Babies who receive proper prenatal care are less likely to require additional days in the hospital and less likely to suffer from a myriad of medical conditions. I have seen first-hand the benefits of proper prenatal care. Improving the chances for a healthy mom and baby and saving health care dollars requires that all mothers have access to quality, affordable prenatal care.

We cannot go back to the time when pregnancy was considered a preexisting condition and could be used to deny a woman health insurance. We need to protect the ACA- along with Medicare and Medicaid. These three programs are the foundation of our health care system and they are under attack. If there is one thing we should take away from the current attempts to undermine our health system, it is that these efforts do not put patient safety and the health of our communities first. The proposed repeal of the ACA would make our most vulnerable citizens more vulnerable. It would make it harder for women and children to receive medical care. It would make it harder for Americans to get covered. These efforts would be a huge step backward for our state and our country, making it more difficult for health care professionals to provide the safe and effective care our patients deserve. But if we are to truly move forward, we must recognize that health care is a right, not an election year campaign issue. Rather than reverse the progress of the ACA, we believe we must build on it and expand access to affordable health care to all Americans. This is why I support the move towards a system of truly universal health care coverage- Medicare for All.



### **Massachusetts School Nurse Organization (February 24, 2017)**

Many children attending schools in MA have special health care needs. Vivian, for example, is an eight year old girl diagnosed with renal failure. She underwent dialysis four times a week and recently was the recipient of a renal transplant. She's doing well and the organ transplant was successful. Vivian continues to have medical appointments and misses school intermittently. The school nurse manages her individual health care plan allowing her to attend school safe and ready to learn. Due to the Affordable Care Act, Vivian's parents were able to obtain health care coverage for their very ill child. A repeal of ACA would change circumstances for this family, as Vivian would have a pre-existing medical condition.

### **Dr. James Frank, surgical oncologist, Springfield (February 25, 2017)**

State and federal government mediated expansion of access to affordable health care has been extremely beneficial for patients and providers alike. From my perspective as a general and oncologic surgeon practicing in Massachusetts for the past twenty-six years, I have personally witnessed a marked decrease in the percentage of uninsured patients that present for emergent and elective surgical care.

This access has allowed patients to receive enhanced preventative care, including cancer screening, as well as routine maintenance management of comorbid diseases such as heart disease, chronic lung disease, diabetes and hypertension, conditions that affect their surgical outcomes.

I have never denied patients care on the basis of their ability to pay. I feel I have a moral obligation to provide surgical care, regardless of a patient's socioeconomic status. I find it personally repugnant when I learn of providers and healthcare facilities that exclude large groups of patients because the providers cannot negotiate financially lucrative arrangements with payers.

Prior to the Massachusetts health care reform act of 2006, 8 to 10% of my patients were self-insured. When I learned that I had operated on a non-paying patient, it was disappointing. However it did not affect my wellbeing and I derived a sense of satisfaction knowing that I had hoped someone less fortunate than me. I did not send them to collection or discharge them from my practice. **Since 2006, that number has decreased to 1%, a change that translates into a significant financial benefit for me.**

In the lounge outside the operating room I hear surgeons complain about Obamacare and Medicaid. Curiously, few of us are deprived of nice houses, cars, vacations or education for our children. When challenged, my peers are often unable to cite specifics about the programs they deplore. It is sobering to realize that physicians, despite our intelligence, extensive postgraduate education and training, are not immune to ignorance and bias (not unlike our patients who vent against socialized medicine while receiving Medicare)

**Dr. Henry Dorkin, pediatrician, President-Elect, Massachusetts Medical Society (February 27, 2017)**

As a pediatrician and sub-specialist in pediatric lung disease, I have spent my career treating some of the sickest children with asthma in the health care system. As you know, asthma is not only a major cause for illness in children of all ages, but also a disease with a considerable impact on the overall cost of medical care. These children, if their disease is not well controlled, spend a lot of time not only in the doctor's office, but the emergency room, the inpatient service, and (not infrequently) the intensive care unit. At least one parent, and often both, has to take time from work (or even leave of absence) to care for the child.

Children without health insurance have less access to the medications and preventive care which keeps them well. Fortunately, the Affordable Care Act has allowed many families previously without health insurance to obtain it. This has allowed them access to the type of care which reduces exacerbations of the disease and keeps children out of the hospital.

This clearly is worth celebrating, and it is a testament to both the state of modern medicine and to collaborative approaches to health care.

The Affordable Care Act has important provisions to help patients like mine. By allowing them to stay on their parents' health care insurance until age 26, they are able to not only have coverage of care, but also to maintain consistency of care without disruption.

The ACA also guaranteed coverage regardless of preexisting conditions. Without question, this is a significant benefit for asthma patients who would have otherwise fallen through the cracks.

Repeal of the ACA will not just mean a step back for these patients in terms of coverage. It will also threaten a massive step back in their medical care.

We have come far in our treatment of asthma and other respiratory diseases, such as cystic fibrosis. But for us to achieve the best outcomes possible for our patients, we must have continuity of care. The massive upheaval that would follow repeal of ACA wouldn't just be life-changing for some patients – it could be downright life-threatening. Although uncommon in this day and age, children do still die from asthma. We strive to reduce this number to "zero." I am convinced that repeal of the ACA would move us in the opposite direction.

I've devoted my career to America's youth who are battling such serious respiratory diseases. The ACA has been an important tool in helping the health care community keep these children healthy. I thank you for standing with my patients.

**Dr. James Gessner, pediatrician, President, Massachusetts Medical Society (February 27, 2017)**

In several decades as a physician, I've witnessed first-hand the evolution of America's health care system. During this time, the only thing that has surpassed the 2006 passage of the Massachusetts health reform law in terms of a widespread positive impact on patients has been the Affordable Care Act.

Having begun my career as a pediatrician, I have seen children whose families lacked insurance. Too often, desperate parents would finally seek care for their children – at the doctor's office or, too often, at the emergency room – with otherwise treatable conditions that were left to worsen because they simply lacked insurance coverage. These were working Americans whose children were falling through the cracks.

The Affordable Care Act has helped to change this. Through expansion of Medicaid and through marketplace subsidies, more families here in the Commonwealth and across the country have been able to acquire health insurance. The numbers speak for themselves, but as someone who works directly with patients, let me tell you: the numbers are less important than the individuals who, since passage of the ACA, have finally had peace of mind about their ability to get medical care. Now, those patients are concerned about the future.

The ACA has done more than provide financial assistance. By requiring insurance coverage of certain health services, the law has also ensured that the coverage is meaningful. Covered pediatric care for children means that parents don't have to wait until a medical situation becomes scary; in fact, they would have the ability to receive regular checkups and vaccinations.

Coverage under the ACA is also comprehensive. For example, not only does the law mandate coverage of needed surgeries, it also stipulates coverage of any associated hospitalization. As a practicing anesthesiologist, I have seen patients benefit from this multiple times.

In other words, the ACA created a system where patients were able to receive the full range of care, beginning with preventive care. By doing so, it kept people healthy rather than waiting for them to become ill. This should be the goal of any health care system, and through the ACA, this goal was effectively met. Upending the ACA would undo this progress, and it would make our communities less healthy.

I would be remiss if I failed to mention one additional point: the ongoing opioid epidemic in Massachusetts and in other states. The ACA guarantees coverage of evaluation, diagnosis, and treatment of substance abuse disorders. Last year, a record 2,000 people in the state of Massachusetts died from opioid overdose; one needs only open the newspaper to see the human effects of this crisis. This is clearly not the time to unravel the system that the ACA has helped to put in place.

As a physician, and on behalf of the 25,000 members of the Massachusetts Medical Society, I thank you for your steadfast support in working to maintain a law that has saved, improved, and protected so many American lives.

**Dr. Julia Edelman, MD, FACOG, NCMP (February 27, 2017)**

There are many complexities involved in the care of women; as a gynecologist, I know this first-hand. Unfortunately, for too long, those complexities were compounded by lack of insurance or even underinsurance. In many cases, the same amount of coverage cost more for women than for men; in others, medical care that is specific to women was simply not covered.

The Affordable Care Act changed all that, and I have seen my patients benefit as a result. Importantly, this is true not just for women who gained coverage through the ACA, but also for those whose private insurance previously had been insufficient for their needs.

The ACA required women's preventive services be covered – everything from life-saving mammograms and cervical cancer screening to life-improving contraception (which, of course, is used not just to prevent pregnancy but also to treat common conditions that can be addressed by oral hormonal medication).

It ensured coverage of maternity care. Without question, pregnancy is one of the most medically important phases of a woman's life, and a healthy pregnancy is often correlated to a healthy baby. Guaranteeing coverage of maternity care is right for women and is better for the next generation – and, of course, makes financial sense by helping to avoid costly complications. At a time when maternal mortality is actually on the rise in the U.S., coverage of maternity care is a step in the right direction.

The ACA even supported women after childbirth by stipulating coverage of breastfeeding counseling and breast pumps.

To many, the ACA is simply a law that requires patients to be insured. But as an ob-gyn, on the front lines of caring for women every day, I see it as a law that helps to bring insurance to a higher standard for women who, in the past, had been left behind.

**Dr. Hugh Taylor, family physician (February 27, 2017)**

I am a family physician. I have been practicing in Hamilton Mass. since 1982. I am a strong supporter of the Affordable Care Act, which has relieved many of my patients from worry about the cost of their medical care.

Shortly after Massachusetts' Health Care for All bill went into effect, a young man came to see me for the first time. He told me that he had been aware of a lump in his neck that had been growing for the past 9 months. He had been avoiding medical attention out of concern for the cost. He worked for a theater company; his employer did not offer health insurance; and he did not make enough money that he could afford to pay even \$200 per month to buy it himself. Now that he had insurance, we were able to arrange a biopsy of his lump. It proved to be Hodgkin's Disease. This condition is fatal if not treated; but now that he had the benefit of insurance, he could afford the surgery and radiation required to treat it; and he was cured.

The Massachusetts bill, and more recently the ACA, have helped many of my patients access the medical care they need: diagnosis and treatment of diabetes, hypertension, depression, thyroid disease, etc. More of my patients have agreed to, because they can afford, the screening procedures recommended by the US Preventative Services Task Force, which have been proven to prolong life and to improve the quality of life. The ACA has allowed me to treat all my patients equally, regardless of their financial situation. This bill has been the best thing to happen to health care in the United States since the passage of Medicare and Medicaid in the 1960s.

## **Dr. Melissa Palma, Greater Lawrence Family Medicine Residency (Feb. 9, 2017)**

Ana sits on the exam table in front of me explaining how, in three short weeks, her mother will evict her from her childhood home. She is eight months pregnant and is studying night courses to become a paralegal. As her prenatal provider and primary care physician, I have been sending referrals to numerous community agencies in hopes of securing housing at the local YWCA.

Over the past few clinic visits, she has shared with me her desire to obtain long-acting birth control in the hospital after her delivery. She feels increasingly overwhelmed and wants to focus on her job, her schoolwork, and providing for her growing family. Despite the difficult circumstances, Ana is excited to attend the clinic's weekly breastfeeding support groups, led by certified nursing lactation consultants, when the baby arrives.

Stories such as Ana's are remarkable to hear, but these stories are also so common. At the Greater Lawrence Family Health Center in Lawrence, MA, this is just one example of changes to the Affordable Care Act will directly affect our patient care. Community Health Centers such as ours have been proven to increase access to primary care and preventive health services to populations subjected to marked health disparities. In our family medicine residency program, we embrace social justice as a responsibility of being a primary care clinician.

### **The History of GLFHC in Lawrence, MA**

However, available primary care or medical services in Lawrence have not always been accessible to most. Located approximately 30 miles north of Boston, the skyline of the city is dominated by now-repurposed mill buildings. These former textile factories echo the foundations of the municipality's heritage as a city of immigrants. Following the first waves of Italian and Irish immigrants during the industrial revolution, the city then welcomed large numbers of Dominican and Puerto Rican migrants throughout the latter half of the 20th century. Today, the city of Lawrence is over 74 percent Hispanic and one of the largest concentrations of Dominican diaspora in the United States. For much of its history, the city was recognized by federal metrics as a primary care health shortage area.

One example of the dire need for doctors was the practice Dr. Nina Scarito, an accomplished obstetrician. One of the few obstetric providers in the city in the 1980s, she delivered over 20,000 babies at Lawrence General Hospital. Her former practice was located just blocks from the city park now named in honor, but due to the lack of other continuity OB/GYN or family medicine providers, she could not provide prenatal care to these women. For most of these families, their prenatal care consisted of a public health nurse who drove from Boston once a month to distribute prenatal vitamins.

Founded in 1980, the Greater Lawrence Family Health Center began its humble beginnings at 150 Park Street, building exam rooms in a converted elementary school. Speaking with experienced clinicians, it was clear that they endured a grueling call schedule. Despite a fully-scheduled clinic, the few physicians in town would leave over the lunch period to see sick patients in ED, return to clinic, and then report to the hospital to work on-call all night. Because the supply of providers was so scarce, it was difficult to address the great need for care. The

health center was able to accept new patients once a month, which caused lines out the door and around the block waiting hours prior to registration.

### **Lawrence Family Medicine Residency Program**

While there were some young physicians fulfilling their health service corps duties in the city, many would stay for a few years and then ultimately leave to begin private practices at the conclusion of their service obligation. In 1994, the founders of the Lawrence Family Medicine Residency began to form a radical idea to train resident physicians in community-oriented primary care, now known as patient-centered medical homes.

Since that time, the Lawrence Family Medicine Residency has become a national leader in primary care innovation and post-graduate medical education. The mission of the program, “to create and nurture learning environments where physicians are inspired to develop expertise in family medicine and to dedicate themselves to the care of individuals, families and communities, especially those who are underserved.”

Not only does the program emphasize clinical excellence, but almost equally important is the daily immersive education in social determinants of health. We learn to become the doctors our patients need, including medical Spanish, surgical obstetrics, women’s health, HIV and hepatitis C care, addiction medicine, and much more.

We strive to be an empowering presence in our community. As a program, we strongly value integrated collaborations with many community organizations. Partnering with the Mayor’s Health Task Force, our residents help organize community bike days, serve on the board for the local YMCA, and build a community doula program for low-income women. These initiatives and many others were highlighted when the City of Lawrence in 2015 was awarded the prestigious Robert Wood Johnson Foundation Culture of Health Prize.

### **Health Happens in Communities**

Since its inception, our family medicine residency has graduated over 165 family medicine physicians working in underserved communities throughout country and the world. Similar to graduates of other teaching health centers, nearly 80 percent of the program’s graduates continue to work in underserved areas, compared to only 26 percent of their peers. Notably, roughly one-third of the graduates remain in Lawrence and surrounding communities following graduation.

Following ten years of service as a resident and then faculty at GLFHC, Dr. John Raser passed on sage advice “Lawrence really matters. It is not in the enclaves of privilege in this world where we will learn how to address the most pressing problems of our time. It is here in Lawrence, and places like it, where we will collectively figure out how to move towards honesty, understanding, and reconciliation across barriers of race and culture; and how with limited resources we all might live decent, connected, and healthy lives.”

*Author’s note: All names and identifiers have been changed to respect patient privacy.*

### **Allison Lentino, LICSW, Child & Family Services (February 24, 2017)**

As a therapist in community mental health we are seeing higher and higher acuity on the outpatient levels. Substance abuse, suicidality, and trauma are just some of the concerns we see on a daily basis. Massachusetts has been a leader in the nation for many years and MassHealth coverage has allowed access to care for many individuals who would not have coverage otherwise. With a possible repeal of the Affordable Care Act many stand to lose that coverage.

As a licensed social worker I have been involved with the delivery of Children's Behavioral Health Initiative services since the inception in 2009. Part of this initiative involves connecting children and families with resources so that they can empower themselves to resolve their problems independently. One of the challenges in an underprivileged community is that often there are few resources to connect the families to. Often I have wondered where these children and families could end up, if it weren't for the support of their outreach providers.

When working in the homes and in the communities, the impact of multigenerational poverty on mental health is visible and palpable. For example, I have seen families living without heat or hot water, living with cockroach and bedbug infestations, domestic violence, addiction, and on. These families need tremendous supports in place to break free from these conditions and cyclic patterns of learned behavior.

While concerns about the Medicaid eligible population are important, many who live above the poverty line would be impacted immediately. The private sector also comes with their own unique barriers to care, such as high deductibles and high copays. Many privately insured clients schedule their treatment sessions less often or for insufficient durations to save money; while simultaneously compromising treatment efficacy, leading to more complicated problems down the road.

In addition to loss of coverage, specific concerns arise about loss of mental health coverage, as the ACA provides mental health parity. When mental health and substance abuse issues are left untreated the cost to individuals, families and communities cannot be estimated. Possibilities could include increased hospitalizations, suicide fatalities, overdoses, crime and so on. In short, loss of access to care and protection under the ACA could pose major threats to our communities. We appreciate the hard work you are doing on Capitol Hill and trust that you will do all you can to protect our health care.

**Erin, Program Director of a Children's Mental Health Coordination Program, Child & Family Services (February 24, 2017)**

As the Program Director of a Children's Mental Health Coordination program, I feel very strongly about the opportunities provided to youth and families under the Affordable Care Act. Our program serviced approximately 197 families last year for Intensive Care Coordination based on a youth's mental health and emotional well-being. We assisted families in finding resources, community supports, and professional services to meet their child's unique mental health needs. Many of the youth we service are at risk for out of home placements and hospitalizations due to their severe mental health needs and the way in which their functioning is impaired in their home, school, and community environments. The majority of our families served are from single-parent, low income households and WITHOUT the opportunities provided by plans such as ACA they would not be able to afford the supports that we currently have in place. Without insurance coverage these supports and programs are not available. Without coverage for on-going needs such as therapy, medication management, and care coordination programs (just to name a few) many of these children would be at a greater risk for multiple out of home placements. Crisis evaluations and hospitalization rates would increase and these families would potentially be in harms-way based on not being able to support the severe mental health needs of their children. Should a family have to choose between medication/treatment for their child's severe depression or food on the table? Are the needs of these children any different from the needs of a child whose parent can afford healthcare...or has it offered at their place of employment?? No! Healthcare for ALL is a MUST.

### **Nick Fleisher, LICSW, Clinical & Support Options (February 24, 2017)**

It is difficult to come up with an ACA specific story because the ACA was predicated by “RomneyCare” in Massachusetts.

I brag about our health care system wherever I go because it is amazing despite its shortcomings. I was at a national training last week in Florida and my colleagues in other states described incredible dysfunction – especially in states like Texas which rejected the ACA. In my experience directing psychiatric inpatient and psychiatric crisis teams for 25 years, I have seen a reduction in uninsured from 18% to 2%. This has been miraculous. We are able to serve almost everyone (my area is inpatient and crisis intervention). My colleagues who are new to the field cannot imagine how it used to be. In states without Romney Care or an ACA program, services are both unavailable and fragmented. Every program has its own rules for access. Case managers have to spend days searching for free services; psychiatric care is unavailable except for grants and subsidies; and there is no common service system. The ACA promotes integration of behavioral health and medical care. Without pressure for these domains to work together with informed case managers and sophisticated electronic communication, our system will remain fragmented and lose what integration exists. Integration is the future for health and wellness.

**Social worker, Adult Behavioral Health Center, Child & Family Services (February 24, 2017)**

I am a licensed social worker at an Adult Behavioral Health Center (mental health clinic) where I work with the uninsured, underinsured and private health insurance clients, helping them to navigate the health insurance system in order to get services. I started doing this as a social work intern almost 10 years ago and over the years I have seen firsthand how important it is to have high quality affordable health insurance.

During this period, I have had the opportunity to work with numerous people who generally have a diagnosable mental illness and range from those that are receiving disability and have state funded health insurance to those that have private health insurance.

Those that are under-insured have problems with services due to not understanding the system, mostly due to mental illness. When they are hospitalized and/or having to see a psychiatrist they worry about what is going to be covered, if there will be a bill, and if the health insurance will cover the medications. At times when this happens they tend to stop receiving services and decompensate. This causes them to have problems meeting basic needs, work, attend school, have relationships, and maintain their housing. I am currently working with two individuals with the same diagnosis. The first client does not have health insurance due to not being able to afford it. Her husband works full time for a company that does not provide health insurance and they are unable to afford a family plan through the state due to a high premium, large co pays and an extremely high deductible. She has not seen her psychotherapist or psychiatrist for months and has gone without medication and is decompensating. The other client who recently enrolled in health insurance through the ACA attends her therapy and psychiatric appointments regularly and takes medication as directed. This client is able to work part time, is attending school to become a firefighter, and is doing very well.

Those that have private health insurance have similar problems to a greater degree. They worry about services being covered, they have higher premiums, higher co pays for mental health services and high deductibles. If these services are covered by private health insurance sometimes the coverage changes for those with mental illness who get hospitalized and need long term services. These clients often have problems with getting psychiatric medications paid for and can't afford them, so they do not get them and again decompensate and experience the same problems meeting basic needs, work, etc. I am currently working with an individual who has private health insurance and the insurance will not pay for a particular psych medication. This client currently decompensated and was put on FMLA by her employer so she could deal with her illness.

Having affordable health insurance should be a right and not a privilege. Those with mental illness will need services for long term, if not a lifetime. With proper health insurance coverage and services with psychiatry and outpatient care they can and do live productive lives. They can work, attend school, have relationships, and maintain independent housing. They have the potential like anyone else to become a doctor, lawyer, school teacher, social worker or anything they want. Without the right care and health insurance they can become dependent on the system, dependent on others, homeless and sometimes criminals.

**Dr. Nicolas Nguyen, Medical Director, Beth Israel Deaconess Family Medicine at 1101,  
Clinical Instructor Harvard Medical School (March 9, 2017)**

“Carl” had never had health insurance before. He couldn’t afford it. So he gave up on going to the doctor’s office. He also gave up on his health. Maybe that was okay, he thought. What Carl didn’t realize was that his blood pressure was very high and that he was on the brink of developing type two diabetes. He wasn’t bringing his sons to their doctor either, because he figured that if he wasn’t covered, neither were they. Fast forward five years, Carl could have died of a myocardial infarction, a stroke, or ended up on dialysis. Meanwhile, his sons could have developed bacterial meningitis from lack of vaccination.

Situations like these are common in my field of Family Medicine. When the ACA expanded Medicaid coverage, Carl finally came to see a primary care physician. That’s when we met. That day, he also brought in his two sons, even though they did not have scheduled appointments. I reached my hand out to shake his, to introduce myself. And before I could even ask him what brought him in today, he said, “Doctor, can you help us?” I could see the deep seated concern in his face. He was a single parent. He didn’t feel well but did not know why. And he knew his sons needed some kind of care, but did not know for what. I paused for a moment, sat down, and said to him, “Absolutely, we are going to be here for you and your family from now on.” He closed his eyes and had a faint smile of relief across his face. Suddenly, he didn’t feel abandoned anymore.

Carl and his two sons are still my patients today. More importantly, they are all healthy. Carl has a normal blood pressure controlled on a covered prescription medication, and his diabetes was avoided by a weight loss and exercise plan. His sons are properly immunized and doing well in school. The ACA has not only changed singular lives, but the lives of entire families. The subsequent access to health care doesn’t only equate to treating a disease, ordering a test, or prescribing a medication. It means that people are able to form bonds with their physicians, so that health literacy increases exponentially. The positive ripple effect extends to patients’ families, friends and the community at large. A country without the ACA means chronic diseases escalating to emergency situations, non-existent preventative care for underserved populations, and a lack of health literacy. Most importantly, it means that Carl would probably not be alive, and his sons would be without a father.

### **Allison Kilcoyne, Nurse Practitioner (February 28, 2017)**

I am a nurse practitioner that has been working in School Based Health Centers (SBHCs) and Community Health Centers providing care to children and families since 1998. Over the years, children that I have cared for have been culturally diverse and from economically disadvantaged areas. Currently I work in a SBHC in a High School north of Boston. The reason I so love the work I do is that we bring the service to the child – eliminating access barriers due to transportation. Children get care, parents can stay in their job, and everyone wins.

The story of one child who recently accessed care in my SBHC clearly illustrates the danger of not only ACA repeal but also changes in Medicaid. This 17 year old female came into the SBHC for care after multiple emergency room visits for bronchitis. She had seen a pediatrician in a large community practice since she was an infant. Six months prior, her mother had become ill, lost her job and had to change from a private insurer to Medicaid – therefore this 17 year old child also switched to a Medicaid product. When her mother called her doctor's office for an acute visit for her child, she was told that they no longer accepted her insurance. Where the pediatrician continued to see patients that had previously had Medicaid, the practice stopped taking on new clients with Medicaid including existing clients that needed to switch to Medicaid. Concerned for her child, and not knowing where else to get care, this mother took her child to the emergency room. This is very expensive treatment for a condition that is easily cared for in a primary care office. Luckily, this child found her way to the SBHC and received the proper high quality medical care she needed.

Upset when I heard this story, I called the pediatric practice and confirmed this story to be true. Where ACA repeal may not directly affect children, it does affect families. When families are in distress, children are in distress. If Medicaid reimbursement changes dramatically, more primary care practices may stop accepting this insurance. SBHCs and Community Health Centers which provide a safety net of health care provision for children and families will not be sustainable if Medicaid changes to a block grant or per capita cap system. This will push children and families into more expensive emergency room care – increasing health care cost. This is already beginning to happen in Massachusetts.

## *Advocacy and Civil Rights Organizations and Local Government*

### **The Boston Public Health Commission (March 10, 2017)**

The Boston Public Health Commission (BPHC), the country's oldest health department, is an independent public agency providing a wide range of health services and programs. Public service and access to quality health care are the cornerstones of our mission - to protect, preserve, and promote the health and well-being of all Boston residents, particularly those who are most vulnerable. We achieve our mission by providing and supporting accessible high quality community-based health and social services, community engagement and advocacy, development of health promoting policies and regulations, disease and injury prevention, emergency services, health promotion, and health education services. The Commission's more than **40 programs** are grouped into **six bureaus**: Child, Adolescent & Family Health; Community Initiatives; Homeless Services; Infectious Disease; Recovery Services; and Emergency Medical Services. We wholeheartedly support the Affordable Care Act (ACA) and the immense benefits it has provided.

- The Prevention and Public Health Fund (PPHF) was authorized under the Affordable Care Act. This funding stream is primarily dedicated to **investments in core public health programs at state and local health departments, such as BPHC**. Since 2010, the PPHF has supported efforts to combat infectious disease, prevent lead poisoning, detect causes of diseases and injury, and address the leading causes of rising health care costs. If the PPHF is eliminated, there will be devastating cuts to the Centers for Disease Control and Prevention (CDC) and state and local health departments in the midst of FY2017. In FY2016, the PPHF made up 12% of the CDC's budget, including more than half of funding for immunization programs. According to Trust for America's Health, Massachusetts would lose at least \$88,112,505 over the next 5 years if the PPHF were repealed. **We focus on improving the health of all Bostonians**, especially our most vulnerable residents, with strategies that prioritize prevention, screening and early detection, and controlling and treating chronic disease.
- The ACA provides **financial security by reducing out of pocket cost for preventive services** for Boston residents. Under the ACA, certain preventive services have been made available to consumers without paying co-pays or deductibles. Examples of preventive services covered are flu shots, tobacco use cessation counseling, as well as no cost screenings for cancer, diabetes, and other chronic diseases. Additionally, routine access to good primary care and medications is critically important because it keeps chronically ill patients out of hospitals and emergency rooms, which are more expensive than routine care.
- Planned Parenthood of Massachusetts has been a major player in **helping Boston reach its lowest ever teen pregnancy rate in 2014** -- the most recent year for which we have data.
  - The 47% drop in teen pregnancy we saw in this city in the five years from 2009 to 2014 would not have been achieved without Planned Parenthood and access to comprehensive reproductive health services.

- This access means that more than 225 of young women living in Boston were able to avoid an unplanned pregnancy. **For the BPHC, it means fewer adverse birth outcomes, improved infant health and development, better long term outcomes for moms and babies.**
- The ACA has literally been **a lifesaver for people with substance use disorders**. The City of Boston and BPHC has a comprehensive system of care for those seeking recovery, offering a wide array of prevention, treatment, and recovery support services designed to meet the unique and varied needs of individual residents, families and communities.
  - **Parity has been essential.** The ACA built on the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA, or the federal parity law), which requires group health plans and insurers that offer mental health and substance use disorder benefits to provide coverage that is comparable to coverage for general medical and surgical care. While almost all large group plans and most small group plans include coverage for some mental health and substance use disorder services, there are gaps in coverage and many people with some coverage of these services do not currently receive the benefit of federal parity protections. **All Bostonians have the access to mental health and substance use care.**
  - Through the ACA prohibition on insurers denying coverage for pre-existing conditions, people with substance use disorders are able to get insured even if they had a recurrence of symptoms.
  - The ACA also provides for all screening, including for substance use, at no cost to the consumer. Losing this provision would add another barrier to people getting care early before their substance misuse has progressed to costly addiction. Barriers to care would also mean people seeking treating with BPHC are that much sicker when they arrive.
- Boston residents have benefited greatly from **the ability to stay on their parents' health insurance until the age of 26**.
  - One in three Boston residents is between the ages of 20 and 34 and Boston is home to 35 colleges, universities, and community colleges.
  - Young college grads are secure from uninsurance upon graduation because they can now remain on the parents' plan past their graduation date, and secure from gaps in coverage due to unemployment, underemployment, or employment that does not offer health insurance benefits.
  - Our office sees young college graduates who are facing a high cost of living, including exorbitant rent and student loans. It can be difficult to convince the "young invincibles" that health insurance is a priority.
- **Out-of-Pocket Maximums** protect all residents from serious and insurmountable medical debt. Out-of-Pocket Maximums are especially important for people with complex medical needs that require regular medical appointments, prescriptions and medical procedures.

- Out-of-Pocket Maximums offer transparency for all consumers, and for those consumers with complex medical needs, ability to budget and plan for their yearly medical expenses with a higher degree of certainty than was possible pre-ACA.
  - The Affordable Care Act offers protections to low income individuals, by capping the Out of Pocket Maximum.
- We often see residents who have lost their jobs and for whom COBRA is cost prohibitive. The marketplace offers affordable and comprehensive coverage that was not available before the ACA. Recently unemployed residents are relieved to learn that there are **options beyond COBRA** and that unlike COBRA the options are income based.
- **Funding of Health Insurance Navigators.** Navigating health insurance, and choosing a health insurance plan that meets your family's unique health and financial needs is confusing. This is especially true for new immigrants who are not familiar with the health care system in the United States.
  - In 2016, the Mayor's Health Line helped 861 households and over 1,100 individuals. complete applications for health insurance.
  - One in every 5 Bostonians was born outside the United States. The ACA has significantly increased access to affordable health coverage for lawfully present immigrants through Medicaid expansion and health insurance Marketplaces with tax credit subsidies.
  - From 2013 to 2014, the percent of noncitizens with health care coverage jumped by 6.3% nationally.
  - Consumers could easily be drawn to a low premium plan, not understanding the implications of high deductibles or co-insurance. It is important to have people in the community who can provide free and unbiased assistance to residents who are looking to buy a health insurance plan.
  - Challenges BPHC clients are now experiencing:
    - Overall clients are now more tense or uncomfortable when asked for immigration documents or if they have immigration documents
    - Clients now express that they don't think there will be health coverage and benefits much longer and it is causing a lot of stress.

## **Health Care for All (February 23, 2017)**

Here at Health Care For All, we know first-hand the value of access to health care. We run a multi-lingual HelpLine that assists approximately 20,000 Massachusetts residents per year to apply for and enroll in coverage, and maintain that coverage over time. After passage of the landmark 2006 Massachusetts health reform law – which is the model for the ACA – HelpLine volume increased by 300%. We kept lists of people waiting for the new program to start, eager to sign up for coverage. Finally, we could help people who fell through the cracks for so long access affordable health coverage. Low-income adults could get help paying for health insurance and more children were able to get MassHealth coverage. The result was a dramatic increase in insurance coverage and financial security, as well improvements in overall health, increases in preventive care, and dramatic reductions in racial and ethnic disparities in coverage.

The ACA further improved and strengthened our state law. More low and middle income individuals and families can get help paying for health insurance. Some 2.5 million people are now able to get preventive care, such as cancer screening and contraceptives, at no cost. Small employers may qualify for tax credits to help them pay the cost of their workers' health coverage. Prescription drugs are more affordable for 83,000 seniors and people with disabilities enrolled in Medicare. Health insurance companies can no longer impose lifetime limits on coverage – which has been a lifeline for Erin and her family.

Erin's daughter Madeline was born with pulmonary hypertension, a genetic disorder that narrows the pulmonary arteries and restricts blood flow from the lungs to the heart, causing heart strain. She remained in the NICU for several months, and when she finally came home, she was on oxygen and required a host of expensive medical interventions, including physical and occupational therapy and multiple cardiac catheterizations.

Today she is, by all appearances, a healthy and happy first grader. Unknown to all but a few close family friends, however, she still suffers from pulmonary hypertension and requires multiple doses of specialty medications every day. It is likely that due to this incurable and progressive disease, she will require a lung transplant by the time she is ready for college.

Madeline's medications are incredibly expensive and high-risk. The breathing treatment she takes every four hours costs approximately \$26,000 per month. Twice a day, she takes a pill that costs \$5,000 per month and is severely liver toxic, requiring monthly blood draws.

With the growing drumbeat to repeal the ACA, my husband and I are relieved that we moved back to Massachusetts in 2015. But truly, the ever-present fear of the abolishment of lifetime coverage caps and of pre-existing conditions exclusions hang over us, in addition to the worry that comes with being a parent of a medically complex child.

I don't think many people realize that all families, regardless of income or insurance status, can be vulnerable in the event of an unexpected health crisis. I fear that those of us in Massachusetts perhaps have a false sense that a repeal of the ACA is not a threat to our ability to receive the care we need.

We know from over 10 years of experience that health reform works. Now, as federal policymakers debate repealing the ACA and cutting Medicaid, health coverage for over 2 million Massachusetts residents hangs in the balance, threatening to unravel the gains we have made.

## American Heart Association (February 24, 2017)

The American Heart Association is the nation's oldest and largest voluntary organization dedicated to building healthier lives free from heart disease and stroke – two of the leading causes of death in the United States. Today, one-out-of-three Americans suffer from one or more forms of cardiovascular disease (CVD). The connection between health insurance and health outcomes is documented and clear. Americans with CVD risk factors who lack health insurance, or are underinsured, have higher mortality rates, and poorer blood pressure control than insured CVD patients. Further, uninsured stroke patients suffer from greater neurological impairments, longer hospital stays, and higher risk of death than similar patients covered by health insurance.

Cardiovascular disease is also costly and burdensome for the individual and for their families. An analysis of bankruptcies in 2007 suggests that 62.1% of all bankruptcies that year were attributable to health care debt. One of the most common reasons for medical bankruptcy – prior to 2010 – was cardiovascular disease. Heart transplants and surgeries for children born with heart defects are clear cases where any coverage limit can be quickly reached.

Hard-working families should not have to return to the dark days where they are one step away from personal bankruptcy due to having a child with a congenital heart defect.

Although, the law was by no means perfect, the ACA provided an opportunity for CVD patients who had previously been denied coverage on the individual open marketplace due to their preexisting conditions, or because of expensive premiums that were out of their financial reach. For the first time, they were offered a genuine pathway to real and meaningful health insurance coverage. Indeed, a study released in 2016 by the American Heart Association found that on a national level, more than six million adults at risk for CVD, and 1.3 million who suffered from heart disease, hypertension, or stroke gained health insurance between 2013 and 2014 – the first-year coverage was available under the ACA. That figure is likely much higher today. However, in states that had a coverage gap – either because they had not implemented a waiver or expanded traditional Medicaid – residents were more likely to have a CVD risk factor, and those at risk were more likely to have been uninsured in both of those years.

We have seen first-hand patients denied coverage because of a pre-existing health condition, charged higher premiums and refused to cover expenses related to their health condition. Individuals who were diagnosed with a serious illness often found their coverage rescinded. These were not unique or unusual occurrences. We had families who were worried that their kids, born with heart conditions, would have to choose a job based on health care coverage or a young stroke survivor worried that they would go into medical debt because their needed medications would be too costly or not covered. We had families worried that if they need to leave Massachusetts after we passed health care reform in the state that they would not find adequate or affordable health care coverage.

The American Heart Association acknowledges that the ACA has been a work in progress and in some cases, has not consistently provided affordable or adequate coverage to all consumers. However significant gains were made under the ACA – both on the national and state level. To this end, we ask you to be the voice of CVD patients in the Commonwealth.

### **Health Law Advocates (February 23, 2017)**

We cannot overstate how valuable the Affordable Care Act and our state's health care reform law has been for people that Health Law Advocates serves. HLA helps people having difficulty accessing health care. Before the ACA and our state law, we had people come to us all the time for help who were very ill or had severe disabilities and they had no health insurance. There was very little that we could do for many of these people and they would often either go without care or they would rack up huge medical bills they could never pay off. Everybody knows, you can't just go to the hospital and get unlimited free health care if you have no insurance. In Massachusetts, businesses, insurers, health care providers, elected officials and the public all came together as a community to make a change because the health care system we had just wasn't acceptable. After we passed health care reform, health care became far more accessible and affordable for hundreds of thousands of people. We no longer had people call us who were totally disabled, lived on a small amount of disability income and had no viable health insurance options. The system has worked well for consumers, insurers, health care providers and employers and it has been entirely affordable for the state. It's not free. It's an investment. But it's a critically important investment and it has changed the lives of so many people for the better that it is hard to imagine we could ever go back to a time when, as a community, we didn't provide an opportunity for everybody in our state to have health insurance.

## **The Boston Center for Independent Living (March 10, 2017)**

*The Boston Center for Independent Living provides services for people with disabilities who live in the Boston area.*

Anne Johansen is a 66 year old grandmother and uses an electric wheelchair to get around. In 2005, at age 54, she experienced a major exacerbation of her progressive neuromuscular condition, which started a seven-year period of cycling between nursing homes. She received substandard care—at one point a cold unnecessarily becoming pneumonia that nearly killed her because the facility doctor neglected to see her in a timely way. At the last nursing home she was in, they wouldn't allow her to leave, to basically have a life—they prevented her from attending movies at the local movie theater and were resistant to her taking adult ed classes. Through the Boston Center for Independent Living she eventually got out. BCIL assisted her in finding an apartment and obtaining personal care attendants who help her make dinner, bathe, and get dressed in the morning. She now lives in Quincy and sees her 4-year-old granddaughter and 6.5-year-old grandson regularly when not advocating for disability services and serving on the state's PCA Workforce Council. The services Anne needs to stay in the community are in jeopardy if Medicaid funds are gutted by Congress.

Jim Tozza, a 47-year-old retired EMT, lives with his wife and cat. Six years ago he was living without health insurance when he was diagnosed with diabetes. Fortunately, he was facing this predicament after the passage of the Affordable Care Act in a state that had accepted the Medicaid expansion and that would not deny him for having pre-existing conditions. He signed up for Massachusetts's Medicaid program, MassHealth. Now he takes 7 different medications to manage his health conditions. Jim reports that he is very thankful that his health care covers psychologist appointments which have helped him accept his disability.

Eric Veneto is a 39-year-old resident of Randolph who has spina bifida and uses a manual wheelchair. He is an avid Red Sox fan, aspiring creative fiction writer and devoted uncle. He was living with his brother in 2005 when he started having bladder issues and was admitted into a nursing home for what was supposed to be a short stay--*but ended up being four years, shocking for a man then in his twenties!* At the nursing home Eric had to deal with an intimidating roommate who screamed and threw things at him. A local program eventually heled him find an apartment to live in and regain a life. Through Massachusetts's MassHealth program he's been able to have a personal care assistant help him with meal prep, laundry and cleaning his apartment—tasks that are challenging to do in a wheelchair. Since he's gotten out of the nursing home he has spent time with his 3-year-old nephew. With a reduction of federal Medicaid dollars, Eric may face reduced services and could lose eligibility entirely for the health care that lets him live freely—and with better health!-- in the community.

Laura Kiesel, 38 years old, works as a freelance journalist. Her piece on health care was published by Vice and her writing focuses on wage and labor issues, women's issues, education, and the environment. In 2015 she was signed up for Massachusetts's Medicaid program, MassHealth, when her endometriosis started to cause significant pain. MassHealth covered laproscopy to remove the endometrial tissue. She became eligible for Massachusetts's One Care—an innovative program that meets the needs for complex health care. She's been able to

manage her endometriosis and fibromyalgia with PT, chiropractic and osteopathic care. Endometrial tissue grows back over time and Laura is very concerned that if the ACA is repealed she will not have health insurance for lacroscopy and other vital surgeries in the future.

Vanessa Steck made these comments on healthcare: Like most Americans, I work hard to make a living. I am 31 years old and work as a nanny. Also like many Americans, I have depression and anxiety. In my case, depression and anxiety are severe enough to be life-threatening. Like diabetes or cancer, depression and anxiety cannot just be "powered through" or overcome through sheer force of will; if they could, I would be healed. Instead, I, like millions of Americans just like me, rely on medication to stay healthy enough not just to be a productive worker but also to stay alive. Before the passage of the Affordable Care Act, I was constantly scrambling to find appropriate coverage that wouldn't bankrupt me. It was an ongoing struggle and I never really succeeded. When the ACA was passed, I was thrilled, knowing that I was finally safe from being bankrupted just to get lifesaving medical care. No one in the purported greatest country in the world should have to lie awake at night worrying that lifesaving care will be yanked away from them.

Mary Rand, 50-years-old, has epilepsy. She worked as a recreational therapist for over 25 years, working full-time while also managing weekly seizures. She is now an active volunteer, mentoring young girls who have epilepsy. Mary receives her health insurance through MassHealth—Massachusetts's Medicaid program. MassHealth covers her medications as well as visits to specialists. She needs to see her epilepsy nurse every few months, and without MassHealth coverage, her medications would cost over \$3,000 a month. Mary bluntly states, "If I didn't have my medicine or services I'd be dead."

Kevin, 37-years-old, has a vision impairment and manages behavioral health diagnoses. He lives in Arlington, MA and works with Easter Seals and volunteers in the community with MassADAPT. He relies on MassHealth for his medical expenses. Kevin would not be able to afford the C-PAP machine that he uses to manage his sleep apnea without his MassHealth coverage. He also worries that he could lose coverage for his mental health counseling and medications without Medicaid. Kevin says "MassHealth has made a positive impact on my life."

Marie Hennessy, 63-years-old, has been blind since birth. She lives in Malden, MA and has worked in the human services field for over three decades and is a strong advocate for herself and others. Marie has been seeing the same primary care provider since the 1980s, and she considers her strong relationship with this doctor to be the reason for her good health today. Marie has had MassHealth since 2008, and she relies on that coverage to allow her to keep seeing her doctor, which helps her to continue working three different jobs.

Felicity Lingle, 40 years old, is a lifelong resident of Massachusetts. She worked as a substitute teacher in the Springfield area for ten years. Felicity has Neurofibromatosis, a condition which causes tumors to the brain and spinal cord. She became deaf in both ears in 2010. Felicity feels lucky that she enrolled in RomneyCare in 2008, because before that she did not have health insurance. She moved to Boston in 2010 to be closer to Massachusetts General Hospital, which she relies on for MRIs, appointments with her neurologist, and visits with the audiologist.

Felicity says that she cannot imagine where she would be without her health insurance coverage from both MassHealth and Medicare. In addition to the treatment she gets for Neurofibromatosis, Felicity is also now able to access dental care and behavioral health services, which she could not before she had health insurance. Felicity is proud of who she is today- a passionate advocate for the disability community who frequents the State House and City Hall, and has even traveled to Washington, D.C. to advocate. Her health insurance allows her to be a valuable member of the Boston community.

Ty Muto, a 39-year-old transgender man, was recovering from colon surgery in 2014 when he stepped outside of his work and was assaulted by three men yelling homophobic slurs. He survived the attack with a traumatic brain injury and spinal cord injury and is only alive thanks to several necessary, timely medical interventions. A former mediator and American Friends Service Committee volunteer, Ty is enrolled in One Care with the Commonwealth Care Alliance. They provide medical care, visiting nurse support, physical therapy, and medical rides. His Care Manager helped him apply for Social Security and find housing, which really improved his life! On several occasions his visiting nurse has identified urgent medical conditions and he has been able to take a medical ride to the hospital where he receives care—avoiding lengthy and expensive emergency room visits at local hospitals that aren't equipped to care for his specific condition. Ty says the only reason he's alive today is because of all of the services and care he gets through One Care.

Jill Castroll, 62-years old, has a heart defect, a seizure disorder and serious osteoporosis. She had a varied career as a manager of a woman's clothing company a decade ago and in the 1980s she installed some of the first computer networks in public schools. In the past several years, Jill has had significant health problems—surgery for her heart condition and multiple broken bones due to her worsening osteoporosis. MassHealth, the state's Medicaid program, has covered hospital visits, appointments with specialists, rehab stays and an affordable medication plan. She's now hoping to use a Personal Care Assistant to provide support with shopping, making meals and basic housekeeping. Jill said "For me, Medicaid is a lifeline—any cuts from Washington would be a disaster!"

Olivia Richards is a 33-year-old woman on One Care and, as she emphasizes, a lifelong Bruins fan. Her plan with CCA allows her to be an active member of the community and her care coordinator assists her in managing her seizure disorder, paraparesis, PTSD, and ADHD. Olivia grew up in the foster care system, and after college, rather than move back in with an abusive family member, she tried to make it on her own and ended up homeless. Left without insurance—and trying to keep up with her dilantin, ADHD and asthma medications from 7-14 day sample packs from a free clinic—she went on and off medication and eventually ended up in a psychiatric hospital for a month. If she had been making that transition in the post-Romneycare age she would have maintained her health insurance and been able to stay on MassHealth. Olivia raves about her coordinated care manager (CCA) and how she's helped stabilize Olivia's health—recognizing issues before they become emergencies. Prior to One Care Olivia went to the emergency room every few months with a severe UTI that landed her in the hospital. Her care coordinator recommended she see an infectious disease doctor who prescribed a preventative antibiotic—something none of the many doctors she'd seen had put together. Olivia hasn't been to the hospital for a UTI since. This time around when Olivia needed

emergency care, her care coordinator sent community medics to her apartment—providing her with better care and avoiding an expensive emergency room visit and other complications. Before One Care Olivia was using a third-hand wheelchair with a bent frame and a wheel that she had to weld back together every few months. Medicare and Medicaid kept dodging responsibility for wheelchair repairs. Olivia’s care coordinator helped her get a new chair.

## **Greater Boston Food Bank (February 23, 2017)**

### **The Affordable Care Act and ending hunger**

Embedded in the Affordable Care Act (ACA) is one of our most powerful anti-hunger tools yet. One that has the potential to end hunger in our country. In doing so, it would deliver better care for individuals, improve health outcomes across the population and lower the per capita cost of care.

The ACA mandates that nonprofit hospitals conduct a Community Health Needs Assessment and Implementation Plan every three years.

This ACA provision reflects research, published by the Kaiser Family Foundation<sup>16</sup>, the Robert Wood Johnson Foundation<sup>17</sup>, the American Journal of Preventive Medicine<sup>18</sup> and many others, indicating that social, economic and environmental factors, including food insecurity, significantly impact health outcomes as well as health care costs. The health-related costs attributable to food insecurity and hunger in the U.S. have been estimated at \$160 billion annually<sup>19</sup>.

Adults with food insecurity are more likely to report poor physical and mental health, and have higher risks for developing chronic diseases like obesity<sup>20</sup>, hypertension<sup>21</sup> and diabetes<sup>22</sup>. Children who live in food insecure households have an increased risk for asthma, iron-deficiency anemia, hospitalization and developmental delays.

One in 7 people in the United States is food insecure and in Massachusetts 1 in 9. Food insecurity means not having reliable access to enough food for an active, healthy lifestyle. It is not surprising that Community Health Needs Assessments have identified hunger and lack of

---

<sup>16</sup> Harry J. Heiman and Samantha Artiga, “Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity,” *The Henry J. Kaiser Family Foundation*, Nov. 4, 2015, <http://kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>

<sup>17</sup> Fenton, “Health Care’s Blind Side: The Overlooked Connection between Social Needs and Good Health,” *Robert Wood Johnson Foundation*, December 2011, <http://www.rwjf.org/en/library/research/2011/12/health-care-s-blind-side.html>

<sup>18</sup> Fitzpatrick T, Rosell LC, Catzavara A, Petch J, Pinto AD, Manson H, Goel V, Woodchis WP, “Looking Beyond Income and Education: Socioeconomic Status Gradients Among Future High-Cost Users of Health Care,” *American Journal of Preventive Medicine*, 2015 August; 49(2) 161-171, <https://www.ncbi.nlm.nih.gov/pubmed/25960393>

<sup>19</sup> John T. Cook, PhD, MAEd, and Ana Paula Poblacion, MSc, “Estimating the Health-Related Costs of Food Insecurity and Hunger,” *2016 Hunger Report*, Bread for the World Institute. <http://hungerreport.org/2016/wp-content/uploads/2015/11/HR2016-End-Notes-Glossary-and-Index.pdf>

<sup>20</sup> Pan L, Sherry B, Njai R, Blanck HM, “Food insecurity is associated with obesity among US adults in 12 states,” *Journal of the Academy of Nutrition and Dietetics*, 2012 Sept; 112 (9): 1403-9, <https://www.ncbi.nlm.nih.gov/pubmed/22939441>

<sup>21</sup> Shalon M. Irving, PhD, MPH, CHES; Rashid S. Njai, PhD, MPH; Paul Z. Siegel, MD, MPH, “Food Insecurity and Self-Reported Hypertension Among Hispanic, Black, and White Adults in 12 States, Behavioral Risk Factor Surveillance System, 2009,” *Preventing Chronic Disease*, 2014;11:140190. DOI: <http://dx.doi.org/10.5888/pcd11.140190>

<sup>22</sup> Seligman HK, Davis TC, Schillinger D, Wolf MS, “Food insecurity is associated with hypoglycemia and poor diabetes self-management in a low-income sample with diabetes,” *Health Care Poor Underserved*. 2010 Nov;21(4):1227-33. <https://www.ncbi.nlm.nih.gov/pubmed/21099074>

access to healthy foods as a top finding among patient populations. Partnerships between medical centers and food banks have emerged in Oregon, Colorado, Texas, Ohio and Minnesota.

In Massachusetts, The Greater Boston Food Bank (GBFB) launched a public health initiative in 2016 designed to support community health centers in our area. Our first partner, Charles River Community Health Center in Brighton, identified food insecurity and lack of access to healthy food among its community's five most urgent needs. Since June 2016, GBFB has operated a free, monthly mobile market in the center's parking lot and has distributed nearly 39,000 pounds of food to an average of about 400 people a month.

GBFB is also partnering with the Greater Lawrence Family Health Center, whose joint 2016 Community Health Needs Assessment with Lawrence General Hospital indicated poor food options as a community health issue. The center's physicians began screening for food insecurity in August 2016, and found 67 percent of their patients are food insecure. GBFB's most recent free produce, monthly mobile market served 419 households with enough food for their more than 1300 family members. Here's one physician's experience:

*"My patient Mr. C chose between buying medications and buying food every month: his diabetes and hypertension were out of control, and every visit with him I felt like I was talking past him. Why adjust medications he couldn't afford? Why would he keep coming back if I couldn't actually improve his health? We were both frustrated. Once the [Lawrence] health center made these partnerships, I immediately helped Mr. C register for the [free] mobile market and told him about Neighbors in Need, a local food pantry. Now I see him—and 450 other patients—picking up 25 pounds of fresh produce once per month.... I finally feel like I'm treating his diabetes: his blood sugar is at goal for the first time in years!"*

Elizabeth J. Quinn, MD, Family Physician

The ACA's Community Health Needs Assessment requirement has helped reveal food insecurity as a public health issue and enabled us to identify where the need is greatest in order to mobilize the public and private resources necessary to address it.

## ***Individual Stories***

### **Elizabeth Stagl, Co-Owner, Cambridge Naturals (February 27, 2017)**

The ACA has been good for businesses like ours as we are able to attract and retain employees who need health care. Cambridge Naturals pays 100% of our employees' medical and dental insurance premiums (including the owners on the same policy).

One of the first questions that applicants ask us is if we offer any type of medical insurance. We explain that we offer the same policy that we ourselves as owners have. This is sometimes the defining reason that applicants will accept the positions we are trying to fill.

And although we have always offered medical and dental insurance, in the past several years we are able to offer policies for medical and dental *at lower costs* than in years gone by. I believe that is a result of bigger pools of insured businesses in Massachusetts through the ACA.

And the ability of our younger employees to stay on their parents' medical/dental policies through age 26, affords them the opportunity to take a job with us, knowing that if they leave after 6 months or a year to do something different, or go back to college, they will still be covered under the existing parent policy. This relieves our younger new hires from a lot of anxiety.

Hope this information from our business helps support the continuation of the ACA. It would be a nightmare for my business if we reverted to the medical insurance plans of years-gone-by!

**Rachael Solem, Owner & General Manager, Irving House at Harvard & Harding House  
(February 22, 2017)**

My two small businesses employ nearly fifty Massachusetts residents. I have owned and operated this business for nearly twenty-seven years.

While our starting wage is \$15, and most of our staff has been with us for a while, so their wages and salaries are well above that, there are complications in the medical insurance plans that cause all sorts of stupid little problems for both me (wearing my HR hat) and my staff (who are just doing the math on what makes the most sense for them).

Because I have spent innumerable hours on trying to find the best plan—we are too small to offer more than one—and how to be fair around including it all in the compensation of employees with different options and needs, I have long been a proponent of a single payer system. More and more I feel that medical care is like education: it is not my business to choose where my employees get their care, or how much of a prescription drug plan or how high a deductible they have.

One of the weird little side effects is that as employees get raises, those who were eligible for MassHealth come to me to ask about the company plan, and when they see what they would have to pay as their share of the premium (half) they sometimes choose to reduce the hours they work in order to keep their Mass Health eligibility. This puts all sorts of stress on our scheduling, but if they have other work options, or childcare demands, it makes sense to their lives.

While there is not one dramatic story of the ACA saving anyone's life in this tale, I am surprised that the public conversation has not considered the advantage to businesses of a single payer system. I KNOW that expanding Medicare would increase my company contributions for my employees. I would be thrilled if that were replacing the awful mess I face each year, knowing that all of my employees can get access to medical care as they need it, without deferring it because of deductibles and copays.

## **Guadalupe Mota (February 4, 2017)**

*Guadalupe Mota told his story at a meeting of nearly 900 members of 32 of the churches, mosques, and synagogues in the Greater Boston Interfaith Organization on Feb. 2.*

I am here because the Affordable Care Act (ACA) saved my life. I was born and raised in Zacatecas, Mexico. When I was learning to walk as a child, like many kids, I would fall and bump my head. But in my case, when that happened, I'd start to bleed uncontrollably. My parents took me to the doctor, and I was diagnosed hemophilia. Hemophilia is a hereditary disorder that prevents a person's blood from clotting. That means both internal and external bleeding can easily become life threatening.

At age 13, I had a severe internal bleeding that put me in the hospital. The doctors could not control the bleeding because the medicines they needed had run out. Mexico's healthcare system was, and still is, too poor and broken to afford the medicines patients like me needed. During that stay in the hospital, I bled so severely that I clinically died twice. Miraculously, I was brought back to life. It is a miracle I am alive today. In many countries like Mexico, hemophiliacs die in their childhood or teenage years because there is no medicine available.

My parents decided they couldn't allow this to happen again. Holding dual citizenship in the United States, they decided to move our family to California. They left behind their jobs, our home, and many of our family so I could have access to the medicines I needed. Once in the United States, I received insurance through the state, then through MIT, when I came here for college. After that, I was covered by my employers. As a working adult, my pre-existing condition prevented me from getting coverage for myself.

Fast forward to January of 2016. I graduated from business school without a job--and without insurance. I once again felt the desperation I had in Mexico. If this had been 2008, my pre-existing condition would have made it impossible to buy insurance. By this time, though, the ACA was in place. It allowed me to purchase insurance through the Connector at a reasonable price. For the months it took me to find a job, it was my safety net.

That safety net saved my life. Two months after graduating, I again ended up in a Boston hospital with internal bleeding. The medicine provided by the hospital stopped my bleeding. But without my insurance, there's no way I could have afforded those medicines. My condition could have killed me, just as it almost did in Mexico. But it didn't, because of the Affordable Care Act. I am here because the Affordable Care Act saved my life.

## **Distressed mom (February 7, 2017)**

*Shared by Greater Boston Interfaith Organization*

### ***A distressed mom's story:***

Our son was born with a serious congenital heart defect but is healthy and living a productive life, thanks to two open-heart surgeries, one at age six and the second at age 42. He suffered a heart attack at age 20 and a stroke at age 30, both requiring hospitalization, tests, and medication, but has recovered.

Currently, he is a successful free-lance videographer in Massachusetts, working for a number of production companies, but has no organization through which he can buy medical insurance. The MA Affordable Care Act made possible for him to purchase medical insurance as an individual with a pre-existing condition. This insurance covered his second surgery which gave him a new lease on life. His insurance cost before the Affordable Care Act in Massachusetts was well over \$1,000 a month, after RomneyCare fell to \$800 a month and after ObamaCare fell to \$700 a month – still a significant expense. But it has been a huge relief to know that the insurance is there in the event of another medical emergency. The Affordable Care Act works!

Repealing the parts of ObamaCare that cover costs of this program will totally destroy it, leaving people like my son at the mercy of greedy insurance companies. His insurance costs are certainly going to go higher than \$1,000 per month as soon as the Affordable Care Act is repealed by the Republicans.

What will replace ObamaCare for the 20,000,000 who, like my son, are trying to survive? Are the Republicans so power hungry that they cannot see what they are doing?

*The storyteller is a member of the Greater Boston Interfaith Organization, a group of the congregations of 42 churches, synagogues and mosques. GBIO was a leader in the coalition that brought universal health insurance to Massachusetts, as the model for ObamaCare.*

**Burt, Boston (February 21, 2017)**

The Affordable Care Act keeps me an active contributor in my community.

I am a person with significant physical disabilities. I am also a former CEO of 3 different companies, university professor, and adaptive sports enthusiast. In 2010 I relocated to Maine in pursuit of a tenure track university position. However, the state PCA (personal care attendant) services I was promised failed to materialize and I found myself paying out-of-pocket for a bare minimum of PCA assistance (I could only afford 1 hour of help per day). Suffice it to say that the lack support services eventually impacted my health and eventually the quality of my work. After only 1.5 years, I ended up quitting a job I loved.

I relocated to Boston. It took a while to get the services I needed in place. Initially, my health continued to decline. The lack of adequate PCA services resulted in numerous skin and dietary issues which led to frequent medications and complex medical interventions. However, thanks to the Affordable Care Act (ACA), I was able to receive enough PCA support to employ two full-time PCAs. Slowly my health improved, medications were reduced and doctor visits abated dramatically.

For the past two years, I have been actively involved in the development and implementation of state health care initiatives, adaptive technologies, and educational programs. I am once again utilizing my 30+ years of experience and knowledge in administration and education as a contributor to national, state and local health care initiatives and programs. My ability to remain a vital contributing member of the community is directly tied to the level of investment and support the ACA provides.

The difference the ACA makes is very real. Without the ACA there is a high probability that I would have ended up in a nursing home where state and the federal government would have spent large sums of public dollars on essentially custodial services. There would have been no return on their investment. However, by providing me with the supports I need, I live in the community, engage in commerce, pay taxes, and regularly make a difference in the lives of the people of the Commonwealth.

### **Dennis, Boston (February 22, 2017)**

As a dual eligible I have benefited greatly from the Affordable Care Act. Enrolling in the Massachusetts One Care dual eligible demonstration plan in Massachusetts in October 2013 could not have come at a better time for me.

At the time, I was getting recurrent skin breakdown on my bottom. The breakdown recurred regardless of how many days I spent in bed. Within two weeks of being in One Care, the hospital bed frame that I had bought secondhand collapsed. Commonwealth Care Alliance (CCA), my One Care plan, provided me with a new and better bed frame along with an alternating air mattress to protect me from more breakdown as I spent more time in bed.

Several months later, I became very ill and it was discovered that I had a bone infection. Rather than going to the emergency room, an ambulance picked me up and took me directly to the CCA floor at Boston Medical Center where I could be treated by staff who knew me. My PCAs were able to come in to the hospital to do my bowel care and teach the nursing staff how to position me in bed. My PCAs learned from medical professionals how to do the wound care and administer antibiotics through a PIC line at home. In hopes that the wound would close up, and the infection would go away, I spent the next 10 months at home in bed. CCA provided me with a higher model alternating air mattress to prevent any breakdown and my PCAs administered my antibiotics on a daily basis for 10 weeks.

The wound did not heal and I was diagnosed with chronic osteomyelitis. I met with my care team and it was decided that I needed surgery. During my time at the hospital post-surgery, my PCAs provided several hours of care a day. Before being discharged they were taught how to do my dressings and administer antibiotics using a battery operated pump. So, on discharge, rather than having to go to a rehabilitation facility, where I would have been at high risk for opportunistic infection and would be without the people I trusted with my care, including my nurse practitioner who visited my home on a real basis.

At home, my PCA hours were increased and they were taught by the CCA physical therapist how to work a tilt table to increase my tolerance for sitting/standing after having laid in bed for over a year. Because of an autoimmune disease, my ability to tolerate sitting required a protracted amount of time tilting. I now have a wheelchair that puts me in standing position. The chair reduces pressure on my bottom, improves circulation and strengthens my respiratory system.

To ensure safe transfers, CCA recommended a ceiling lift to assist transferring me from my bed to the tilt table and which I now use to transfer from my bed to my wheelchair rather than the cumbersome manual lift. They also insisted that I get a therapeutic massage on a weekly basis to reduce the rigidity in my body that was a result of being in bed for so long. While I initially felt guilty about getting massages, they have increased my flexibility and ability to sit in my wheelchair. While I no longer receive them, the massages are yet another example of alternative care that can have significant effects on medical outcome, quality of care and quality of life.

In addition to all of the above, I take 12 prescription medications to manage the symptoms of my autoimmune disease as well as my spinal cord injury. Because of the integration of care and care coordination I do not have to worry about interactions between medications are filling prescriptions.

On so many levels I can thank One Care for enabling me to get more effective and person-centered care that is ultimately significantly less costly than a traditional model of care. I honestly do not know what would've happened had One Care not been available. Is One Care, but without it, I know I would be in a nursing home, depressed, unemployed, unable to participate in the community, cycling in and out of the emergency department and costing taxpayers more money than I do.

**John, Boston (February 22, 2017)**

Because I am on Medicare and Medicaid under the Affordable Care Act I became eligible for the Massachusetts Dual eligible Initiative One Care. Now instead of trying to find out if my supplies or medical equipment is covered by Medicare or Medicaid or even my Part D provider (a third organization) I have one place to call. My care is now coordinated. I only have to call one place Commonwealth Care Alliance to handle everything. I don't get bills in the mail, that then I have to figure out who to send them to. I feel like my doctors now are coordinated with my specialist. My physician assistant and I can plan my care and avoid unnecessary tests.

### **Maureen, Boston (February 22, 2017)**

I am a woman with Multiple Sclerosis and have experienced various health plans through the years with different restrictions within their program. For example, a plan I was under determined the time I could be hospitalized regardless of what the doctor recommended. Another plan did not cover all durable medical equipment, claiming that the equipment were not custom-made for me per my plan criteria. I had to argue with them on terms, and eventually they did cover my equipment.

Now, One Care provides better support for me. If you have a chronic disability, One Care does provide assistance and does not cut off care indiscriminately at the expense of the client. I am very happy that the framework of One Care offers much more to the individual who needs continuous additional support to live a fulfilling life. Without my chair, supplies and services given to me by One Care, life would be much more difficult to say the least. They offer all kinds of supportive assistance, including help with making appointments, filling prescriptions, counseling and scheduling transportation for doctor's visits, in addition to regular social meetings which are very important to my well-being. These I all can attest to from personal experiences.

Also, I have 10 regular prescription medications that were obtained through One Care at no cost and are vital to my health. One Care coordinates the hours of my Personal Care Attendants (PCA) as needed, enabling me to function very well. When an unexpected event occurs, they are willing to adjust my PCA hours accordingly. For example, when I broke my ankle and was hospitalized, upon my discharge PCA hours were adjusted to provide more care as needed, even including additional overnight hours. One Care has offered nutrition services and has enabled me to visit specialists, without extra cost or hardship on my part; this can span any hospital.

Instead of being uninsured and having no choice but to go to the ER to endure the long waits for care, I can schedule doctors appointments, thereby taking pressure off institutions of urgent care. Though this is not a perfect system, it brings stability and reassurance into my life knowing I can call and be directed to the proper resources. Finally, One Care has been a strong advocate for its members' rights which has given me a sense of security knowing to whom I can turn for proper treatment and advice.

**Alexandra, Wellesley (February 23, 2017)**

A very dear family member of mine has Polycystic kidney disease (PKD), a chronic, pre-existing condition. Prior to the ACA, we were unable to find affordable coverage for them, due to their PKD, if we were able to find an available insurance plan at all. Thanks to the ACA, our family has access to the healthcare that we need, regardless of preexisting conditions like PKD.

PKD is one of the most common, life-threatening genetic diseases and is the fourth leading cause of kidney failure, which can happen as early as the age of forty. It is a painful disease that impacts the quality of life. There is no treatment available for those that suffer with PKD, and, as it is also genetic, possible to be found in another member of my family at any time.

A vote to repeal the ACA means that we could lose access to the health care we desperately need. Any health care law must provide guaranteed access to insurance coverage for people, like my family member, with pre-existing conditions. Without this policy, we would not be able to care for them, and I do not know how we would deal with such a setback.

### **Sara, Norfolk (February 23, 2017)**

As one of the millions of Americans living with asthma and allergies, I am strongly opposed to repealing the Affordable Care Act without replacing it simultaneously with a plan that provides the coverage and benefits that Americans with asthma and allergies need and that are currently provided through the ACA.

While manageable, my asthma can flare up at any time for many reasons, causing difficulty for me to breathe and other serious medical issues. Because of the ACA, I was able to be insured even though I had a pre-existing condition, and was therefore able to keep my asthma controlled. Simply put, the ACA allows me to go about my normal daily life. However, without insurance I would not be able to easily get the medicine I need or the treatments for a major attack, and each day could present a new, unmanageable, challenge.

I very much appreciate the medical insurance I have that covers these pre-existing medical conditions that may flare up at any time. I love living here in MA, but worry about what would happen if the Affordable Care Act were repealed and I were to move out of state to one which didn't have protection for people with pre-existing medical conditions. I also have friends and family who have pre-existing medical conditions who benefit from the Affordable Care Act. Repealing the ACA would result in nearly 30 million Americans, including children, losing health insurance coverage as well as the nearly 2 million Americans who have asthma. These are people where having coverage means life or death.

I ask you to ensure that patients have access to their health benefits including, but not limited to, coverage for pre-existing conditions; vital therapies; prescription drugs; and prevention health services. The ACA expanded access to coverage, like preventing preexisting condition exclusions and allowing young adults to remain on their parents' plans until age 26, and these provisions are critical and must be maintained.

### **Nancy, Concord (February 24, 2017)**

After 20 plus of working for local high-tech companies, including Wang Labs. God nudged me in another direction. I enrolled at Andover-Newton Theology School and this past May graduated with a Master of Divinity Degree. As a single person the main item that made this possible was health insurance coverage under the Affordable Care Act. I am now thinking I may have to return to a corp America job, and give up ministry, just for the health insurance coverage.

**Naomi, Northeastern Massachusetts (February 24, 2017)**

A benefit: My son is a professional opera singer. Last year, while performing in a major international venue, he experienced a vocal hemorrhage and had to stop singing. Thanks to his medical coverage through ACA, he obtained world-class treatment from voice specialists at Mass. General Hospital. The wonderful doctors and therapists there helped him recover his singing voice and get his career back on track. A fear: My husband and I are retired, and I currently cover both of us through COBRA. When our COBRA coverage runs out, I will be on Medicare; but my husband will not be eligible for another year. He is diabetic, and without the ACA, I fear that he will not be able to obtain affordable coverage, in part due to his pre-existing condition.

**Sarah, Acton (February 24, 2017)**

For most of my career as a software engineer a significant criteria for a job has been good quality health insurance so that we could maintain continual coverage for my disabled, medically involved son, as well as for the rest of my family. In 2016, my employer decided to cut back my hours so I would no longer be eligible for health insurance. Knowing that I could get health insurance through the ACA, if necessary, I decided to leave that job, become an entrepreneur and work full-time to develop an idea for which my team had won a prize in the 2015 LeadingAge Hackfest . . . We are now preparing for a beta test of the product. Although I was able to maintain health insurance through COBRA so far, this year I will need to get private insurance. My son with disabilities is now on Medicare and Medicaid. My younger son, also a software engineer . . . stayed on my insurance until last year, while he began his career and got settled in an apartment in Boston. My family does not need the subsidies that ACA offers. We do rely indirectly on the safety net it provides. My biggest fear about the rollback of ACA is that it affects the many good, hard-working, and low-paid workers in social services that provide daily help to my disabled son, as well as my aged parents.

## **Diane, Haverhill (February 24, 2017)**

*Shared by the American Heart Association*

Twenty-two years ago, I was approximately four and a half months pregnant with my second child when he was diagnosed with a complex, critical congenital heart condition called Hypoplastic Left Heart Syndrome in which the left side of his heart failed to develop. In 1994 when he was diagnosed there was little to no hope of survival or quality of life for his condition and termination was encouraged by the high risk ultrasonographer who diagnosed him. She told us having a child with his condition would be detrimental to our older son and would devastate us financially. We chose hope and life. We have never regretted our choice, but it has not been an easy journey.

That doctor was wrong on the first count – our older son is amazing and our boys are both thriving. But she was not far off on the second prediction. Despite having private insurance which has always significantly exceeded “minimally acceptable standards”, out of pocket costs have been exorbitant. Add to that my inability to work in order to care for my son through three open heart surgeries before the age of 2, many hospitalizations, and chronic infections due to an immune deficiency, and the financial impacts on our family have been incredible.

But far more profound and frightening for us as a family was that when our son was only 4 years old we were more than halfway to his lifetime insurance cap. One more surgery or an unexpected hospitalization --either of which were possible at any time -- could easily have put us over that limit. And once we exceeded that limit, Jake would forever more be uninsurable due to pre-existing condition exclusions.

I cannot imagine what would happen to Jake without health care coverage. His heart condition is “managed” currently but never cured. There is no prognosis and there is no cure. His immune deficiency, which is an unfortunate and rare byproduct of his heart defect, requires weekly infusion therapy that, without insurance would cost \$20,000 per month. There is absolutely no way we could afford this out of pocket without insurance. And, without this therapy, Jake would revert back to living with frequent pneumonias, out of control asthma, and constant trips to the emergency room that we lived with before the therapy. There is absolutely no way he would be able to hold down a job living that reality.

Jake faces a lifetime of risks and treatments, including the likely possibility of a heart transplant. He is a 22 year old young adult who has to face his own mortality daily – something that I, as a 50 year old woman cannot imagine having to do, and yet something he does with dignity, grace, and maturity. He also has to learn to navigate a complex healthcare system on his own. To imagine Jake having to face on top of that the loss of insurance coverage due to his pre-existing condition and lifetime cap exclusions and as a result face a decline in his health and quality of life is, quite simply, unimaginable.

**Iris, New Bedford (February 24, 2017)**

*Client at the Crisis Center, Child & Family Services*

My name is Iris, I'm a finance student at UMASS Dartmouth and I also work multiple part time positions to keep up. During the past year I experienced life threatening events which caused traumatic disorders preventing me from continuing with school, work and at home as well. There is a great level of importance towards MassHealth and other beneficial programs due to the fact that through such I'm receiving the necessary help to stand up again. I'm certain that there are multiple residents within the state that are dependable and in much need of all the possible help. Furthermore, all of these programs and benefits are essential for residents like me, and others to get back to our lives. Thank you for taking your time to read this letter and I hope it gives a clear picture of how important and beneficial it is to fall back and know there are people who will help.

### **Pamela, Salem (March 2, 2017)**

I was diagnosed with Hepatitis C genotype 1 in 2000 as I'd been experiencing chronic fatigue and low back pain. My levels were checked yearly and while they remained on the low side, they were slowly increasing with each year. The only treatment available at the time was Interferon and Ribovin which were ineffective in eliminating Genotype 1 as it was the hardest type to clear. I was able to see a physician regularly as I was employed full time and received a health care benefit. However, I lost my job from Harvard in 2008 and went onto my husband's plan for a few years until he lost his job. At that point, we both went on the MA State Health plan as the ACA had not been fully integrated into the state. While we qualified for BMA/HealthNet, the insurance only covered the basics so my primary care provider continued to monitor my liver enzymes with concern as the levels were rising. In 2013, when the ACA was fully implemented into the state, we were able change coverage to Neighborhood.

The change in coverage allowed me to access MA General and I began to see Dr. Espreance Schaefer - a Gastroenterologist at MA General who was part of Dr. Chung's office in Boston.

Dr. Chung led the initial Harvoni study in 2013/2014 which is now a cure for Hep C. While I didn't qualify for Harvoni treatment as my levels weren't in an acute state, Dr. Schaefer began looking for possible clinical trials in 2014/2015 I might qualify for as her concern as well was my liver was beginning to change in a negative way. In October 2015, I began initial screening for a Clinical Trial using Ombitasvir-paritaprevir-dasabuvir-ritonavir (Viekira Pak). There were no guarantees I'd be added into the program, but I had that chance. And given where my levels were combined with my physical health which included sobriety and other elements which were part of the study requirements, I was admitted into the year-long study which was oriented around looking at how the genetic composite responds to treatment. My treatment began in January 2016.

Within 6 months, I was clear of the Hep C virus and have remained clear - remarkable given the Genotype 1 I had. I'd note that prior to treatment, I continue to experience the soft side effects of fatigue and a general lackluster enthusiasm - once you have a terminal disease, it tends to discolor one's optimism. I'm not sure there are words to aptly convey how it feels to be clear of a terminal disease but that I can actually plan for a healthy future instead of one which would be declining due to a failing liver.

In short, without the ACA, I would never have been able to see Dr. Schaefer and therefore, never had the opportunity to even be considered for the program. So the ACA SAVED MY LIFE.

I would close by saying the agenda of the Republican Congress to unravel rather than strengthen a program that saved my life and the life of millions of others as evidenced by repealing the ACA 52 times is shameful. They call the ACA a horrible mess yet it's saving lives. Why don't the American people have access to the same coverage they enjoy as members of Congress for life?

I beg of you all to strengthen the ACA. Repeal and replace is not the solution.

### **Mira, Boxford (March 2, 2017)**

My name is Mira, and I live in Boxford Ma with my husband and our three children.

When healthcare reform was being debated, I strongly supported a single payer system, and was disappointed that Republicans blocked attempts at real health care reform. While the ACA was not all I hoped for, I did not mind paying a little more in premiums if it meant that other Americans who needed access to healthcare would have that. At the time, I did not have a definitive need for healthcare, as my children were healthy. I didn't know that we were just lucky, and that our luck would soon run out.

I had 10 years, 8 months, and 10 days of living in a bubble, thinking healthcare was a "nice thing to have". On August 24, 2014, my daughter Isabella was diagnosed with Type 1 Diabetes. She now requires medications and devices to live. Without access to her medications and the tools to monitor her blood sugar levels, she will die in a matter of days. Inadequate monitoring of her condition also comes with numerous long-term risks and complications.

Our insurance has hefty premiums, and we hit our 6,000\$ deductible, and then our 10,000\$ out of pocket max each year. The cost of keeping my child alive is staggering, but if the ACA is removed without a plan to continue the coverage for pre-existing conditions, she will be uninsurable. She will die without coverage. Managing her condition without coverage is easily in excess of 70k a year, and that is without any hospitalization for Diabetic complications.

She is 13 years old. She does not want to have to live on public assistance or disability, or be limited to where she can live based on what states protect pre-existing conditions. She is terrified that we will have to move to Canada so she can LIVE. Fleeing America, the land of the free, so she can be guaranteed healthcare. It's ironic.

Even though the ACA is not perfect, and insurance companies raise deductibles and limit what they cover more and more each year, it is still absolutely necessary for people like my daughter to have REAL, AFFORDABLE access to healthcare. The HSA plan being put forth is laughable. I cannot possibly put aside enough money to cover her treatment. Removing insurance company regulations that limit how much they can price-gouge consumers, in some attempt to allow the free market to self-regulate is no answer. Having an astronomical premium is not the same as having access to healthcare.

My daughter Isabella is 13 years old, and she lives with Type 1 Diabetes. Without access to healthcare she is a dead child walking. She is not alone. Please protect Americans with pre-existing health conditions, and those who may develop them. Protect all Americans.

## **Jessica, Wakefield (January 25, 2017)**

I support the Affordable Care Act (ACA).

I am writing this to show how the ACA has helped my family. My husband and I were expecting our first child in 2011. At the time, we were both working full-time. We had insurance through my employer. I was a public school teacher, and my insurance went from September 1st to August 31st. Our daughter was due in November, so I didn't renew the plan for the fall, as I planned to stay home with her once she was born. We planned to switch to my husband's employer's insurance plan in September 2011.

We are Massachusetts residents. In the summer of 2011 my husband and I went on vacation to Maine. While on vacation, I went into pre-term labor. This resulted in a 5 week hospital stay in Maine where I was on bed rest trying to stave off delivering my daughter. The care I received at the hospital got my daughter an additional 5 weeks of development. She was born at just 26 weeks, and weighed 2 pounds. I was discharged from the hospital shortly after she was born. She remained in the Maine Medical Center hospital NICU for 3 more months. Her hospital stay overlapped when my employer's coverage ended and my husband's employer's coverage was set to begin.

In figuring out this scenario we were told by my husband's insurer that my daughter would NOT be covered because her prematurity was a pre-existing condition, and her care was being administered out of state. Transporting her back to Massachusetts was not advised by her doctors. Several phone calls later we were able to sort out that she was indeed covered because of provisions in the Massachusetts state law and the ACA. Without these provisions in place my family would have had to pay approximately \$300,000 out of pocket for our daughter's care in hospital, and plus the additional costs of follow-up care once she was discharged.

My family, and people across the U.S. have benefited greatly from the ACA through improvements such as:

- All new insurance plans are required to cover preventive services at no costâ€”like check-ups, well-child visits, cancer screenings, and vaccines.
- People with pre-existing conditions like asthma, cancer, and diabetes can no longer be denied or charged more for coverage.
- People with chronic illnesses no longer face lifetime caps on their benefits that basically cuts off their coverage when they need it most.
- Medicaid has improved and now provides coverage to millions more, including hard-working parents.

Getting rid of the ACA is a reckless idea and would be incredibly damaging to families and our economy. Thank you for your continued support of ACA.

### **Jeffrey, Grafton (November 17, 2016)**

Unfortunately this election has left me with some constant worry, as I'm sure it has many. I'm a graduate student and have a year and a half left until I complete my master degree in counseling psychology. Obviously because of this I work part-time, and am not offered health insurance through my employer. I have been on MassHealth (Tufts Network Health to be exact) since 2013 when I decided to make a career change.

I have some issues that require prescriptions and doctor visits monthly, I'm not sure if they can be deemed as pre-existing conditions, but these are prescriptions I can certainly not go without, nor could I go without insurance for a year and a half.

Obviously I don't enjoy being on MassHealth, but for right now it's what is necessary. My question may be a difficult one to answer due to the fact that no one truly knows what will happen after inauguration day. I do know Massachusetts is better protected than other states to keep its citizens insured, and I know that you and Governor Baker have vowed to fight for this right, as well as many others; which I could not be more thankful for.

If the new establishment has their way and repeals federal funding to Medicaid, will people in Massachusetts such as myself be thrown off their insurance? I know we rely heavily on a waiver that was signed recently, and it's a "wait and see matter" but I suppose my question is, will I be protected since I have documented needs for insurance already in place? Or are my conditions going to be deemed "not severe enough?"

### **Alan, Hingham (November 10, 2016)**

My daughter Meg is 29. She was born with a condition called neurofibromatosis (NF). As a result of this, she has benign but inoperable tumors on her spine. They cause her chronic pain, and problems walking. On some days, she cannot walk even one step. On other days, she might begin by walking with a walker, and then suddenly collapse on the floor.

Meg cannot hold down a job: she spent the last quarter of 2016 in and out of hospitals. She receives about \$700/month from Social Security Disability (SSDI). She has no savings. She pays for her Medicare Rx Part D supplement out of the Social Security. MassHealth is free for her, and it pays for Meg's Medicare Part B. I am retired so I can only help her a bit.

If Trump's first idea about TrumpCare goes into law, where he assumes you will buy your health insurance out of savings, I fear Meg will live in her bed, watching repeats of quiz shows on her television. And her network of care – including emergency services, rehab physical therapy, chronic disease management, and prescription drugs – will be reduced.

Please influence the replacement for ObamaCare, if you can.

## **Marika, Duxbury (January 9, 2017)**

Let me share with you my story. My husband and I welcomed our son, Jack, at 28 weeks in July of 2015. I had a very normal, healthy pregnancy --- until suddenly it wasn't. I ended up with a rapid onset of HELLP, a rare and life threatening syndrome, and an emergency c-section saved both my life and Jack's. Jack was 1 pound, 14 ounces when he was born. We were both in the ICU for some time, my son Jack for 110 days. He had all the issues you'd imagine at 28 weeks -- cardiac, pulmonary, feeding.

Today, at 18 months old, Jack is a fighter - my hero really - and despite still needing oxygen and a continuous feeding tube that is surgically inserted into his intestines, he is cruising, talking, and ALIVE.

He's alive, and quite frankly, I'm alive because of our amazing healthcare. I have the benefit of an exceptional employer plan from Harvard University. But Jack also qualified (because of his birth weight) for MassHealth. And our public health insurance has been an incredible resource:

- Jack's hospital bills were in the millions after his 110 day stay in the NICU. This doesn't even include my own hospital costs for my stay. My husband and I (I am the Chief of Staff to the Executive Vice President at Harvard, and my husband is a juvenile public defender in the Plymouth and Norfolk County courts) despite having excellent jobs and resources, would have been bankrupt, and immediately so, without our private health insurance and MassHealth benefits.
- Since coming home from the NICU, Jack is still on a feeding tube and oxygen, and he cannot be accepted into a regular daycare. He would go to a medical day care, but he has no cognitive delays, and so placing him in such a facility would not ensure that he gets the regular developmentally appropriate engagement that he needs. And so, MassHealth pays for skilled nursing care in our home with no out of pocket costs. This means that Jack gets the care that he needs, and my husband and I can still work at the jobs that we love.
- Jack participates in early intervention programs and receives feeding therapy, physical therapy and occupational therapy free of charge.
- Jack's synagis shots cost \$0.00 (Synagis is a prescription medication that is used to help prevent a serious lung disease caused by respiratory syncytial virus, RSV, in children at high risk for severe lung disease from RSV). The average wholesale price is \$780.15 for the 50 mg Synagis vial and \$1,416.48 for the 100 mg vial. Jack gets 150mL shot every month.

I cannot imagine this life without my son's public health insurance. I recently joined the NICU Family Advisory Board at Beth Israel Deaconess Medical Hospital in Boston (where Jack and I were cared for) as a way to give back, and today, I mentor other families who have unexpectedly found themselves the parent to a tiny, premature baby fighting for life. In nearly every case, navigating the insurance system, and fears about money are top of mind.

And so, I'd like to fight for three major things:

- 1) Protecting Maternal Health.** I almost died giving birth. I couldn't hold my son for days. And yet, in America, we are DECREASING access to healthcare for pregnant women. The rate of maternal mortality in Texas spiked from 18.6 deaths per 100,000 live births in 2010 to more than 30 per 100,000 in 2011 and remained over 30 per 100,000 through 2014, according to a recent study in the medical journal *Obstetrics and Gynecology*. That's an atrocity. That's significantly higher than Italy (2.1 deaths per 100,000 live births), Japan (3.3) and France (5.5), and more in line with Mexico (38.9) or Turkey and Chile (15.2), according to World Health Organization statistics. Across the USA, the rate of maternal deaths also jumped from 18.8 per 100,000 live births in 2000 to 23.8 in 2014 - a 27% jump, the study showed. In addition, I have been advised that I may not survive a second pregnancy. My husband and I, still wanting to expand our family, are looking into adoption, surrogacy and foster parenting. But the notion that birth control may no longer be covered for free is an absolute atrocity. I am thirty-three years old, and if I were to become pregnant again, it could very well be a death sentence for me and my unborn child. Birth control is a life-saving medication for me. I should not have to pay a monthly prescription price to save my own life.
- 2) Maintaining the benefits of the ACA.** ACA plans aren't perfect. They're often more expensive and less generous than the health plans offered by big employers. But they are a lifeline for those whose medical histories would make them uninsurable in a non-ACA marketplace, who would face bankruptcy if they faced a major medical need, whose condition would go unmanaged, or who would be forced to give up their dream of creating their own business and working for themselves, simply because they were worried about healthcare costs. In addition, son has a number of serious pre-existing conditions. It is fundamentally unfair to render him uninsurable before the age of 2.
- 3) Helping the Littlest Survivors.** After decades of increases, the rate of premature birth in the United States has now been on a steady decline for the last several years. This decline - to 9.6 percent today - has saved thousands of babies from being born too soon. It also has saved our nation billions of dollars in excess health care costs. Better access to insurance helps one plan and space one's pregnancies, and better access to preventive care helps make sure both mom and baby are healthy.

**Ashley, Andover (January 12, 2017)**

As a person with a disability I can tell you that without ACA, it will become very difficult for people like me to get health insurance. For the purposes of this letter though, I will tell you my story only though.

My story began 35 years ago when at the young age of 2 1/2, I was the unfortunate victim in a car accident that left me in a coma that lasted 10 days, and resulted in a traumatic brain injury, epilepsy, and visual field deficit (I cannot see anything in either eye left of center physically speaking). To add insult to injury, when I was 25 in 2005, I was diagnosed with kidney cancer as well. Though I have since recovered from these episodes, throughout the years, I have had to deal with insurance companies denying me health insurance, medical bills that were/are exorbitant in price, medical debt, and other related problems. ACA however finally allowed me the security to know my health insurance couldn't be easily cut off due to my preexisting conditions, and that my premiums wouldn't sky rocket too.

I am worried. As a person with a disability, I have had difficulties finding and then keeping a job. A lot of people just don't understand that just because a person might have a disability they are not unintelligent. It may take me longer to get work done, but I do get it done in the end.

Without a job, I rely on my husband's insurance, but worry about how the repeal of ACA would effect that too. Without ACA, will costs go up too much that we won't be able to afford health insurance? Will I just be cut off for my preexisting conditions? I know you will fight for us on this. I only wish the majority in power thought as you do.

**Carter, Wellesley (January 20, 2017)**

I am a 23 year old who just graduated from college.

I am emailing you today, after the election of a demagogue, because I truly fear that Republicans will repeal Obamacare and leave millions of people, especially young people like myself, without healthcare. I have had 7 knee surgeries and am only getting by because I am still on my parents healthcare plan. However, when I inevitably must pay for my own, no company would pick me up because of my pre-existing condition.

I do not think that is fair, because I do not believe that the ailments of my body should limit my capabilities to achieve my dreams in my career. I beg you to keep fighting for all of us young people out there.

An awful lot of us don't care enough, and I see it as my personal goal to rally my fellow young Americans to strive towards a thriving and more accepting America.

**Christine, Canton (January 2, 2017)**

I am writing to you to express my concern about the agenda of the incoming administration.

While every single aspect of this administration frightens me, my main concern on day one is health care. My oldest child is a 21-year old college student (soon to turn 22 in February) who is also transgender. He suffers from anxiety and depression. He's been working very hard to complete college while also seeking treatment for his mental health issues. He sees a therapist weekly and has also been hospitalized twice for mental health issues since he's been in college.

Luckily, due to the Affordable Care Act, he is able to remain on our insurance where the co-payments for both therapy and hospitalization are at least manageable. If he were to not have coverage through our insurance, I'm not sure that we could afford to pay for his treatment - and as a college student, he certainly could not pay for it. It frightens me to think of what will happen to him if he is not able to receive the treatment to keep him healthy.

Like so many others covered by the Affordable Care Act, it is a life or death situation. I need to know that you will fight by any means possible to keep the Affordable Care Act from getting repealed. Please share my story (anonymously for my child's protection) with anyone who can help keep this from being repealed.

I also have a 19-year old college freshman and 17-year old high school senior. While they do not have the same health issues as their brother, we all know how that can change in an instant. The repeal of the Affordable Care Act will also have consequences for them down the line.

### **Denise, Southeastern Massachusetts (January 26, 2017)**

We are a family of four, with three cancer survivors. My husband is a childhood cancer survivor who is now fighting a blood disorder and is a patient at Dana Farber. I am a three-time cancer survivor. Having been diagnosed with breast cancer at age 42 (with no family history), I have since had two recurrences. I have had radiation, five years of tamoxifen therapy, a bilateral mastectomy, and reconstruction. My reconstruction has been difficult, with five surgeries within 18 months. I have been postponing another surgery due to cost, since my insurance has changed for the worse. At age 23, my daughter was diagnosed with Hodgkin's lymphoma and underwent surgery and seven months of chemotherapy.

We are a family that has always been proactive and responsible in receiving regular health care. Now, my husband and I have been rejected for long-term care. My daughter, who has two children, pays a higher premium for life insurance and has been denied cancer insurance. We are in a position where we cannot even succeed in our attempts to take responsibility for ourselves.

This outreach to you is a further attempt to do just that; to maybe give you one more example of reality in your fight for us. We are not whining; we are fortunate to be a close, loving family that has had the strength to rally every time adversity has struck. But we are tired from the fight and very afraid for the future. It is shocking to us that, in the richest country in the world, after years of working, planning and saving, we are at the point of fearing a possible bankruptcy in our later years. We also fear financial destruction for our hard-working children due to uncovered medical expenses or the possible exorbitant premiums of a high-risk insurance pool.

Please, please never tire in the fight for access to comprehensive, affordable healthcare. Good medical care should not be a privilege for the rich, but a fundamental right for all.

**Diane, Westford (January 5, 2017)**

I am writing to inform you of a personal issue that will be critical if Obamacare is done away with before a replacement or seamless transition is in place. I'm sure there are many other Americans in the same position.

My 28 year old son is a type 1 diabetic and also suffers from seizure disorder. I carried him on my insurance until he was 26 then he went on Obamacare in New York, where he is a graduate student. He is working on his master's in education to teach inner city high school students.

Several of his prescriptions are cost prohibitive if there were no insurance, even with insurance his co-pays are high. Without his medications his life would be in peril, he cannot live without insulin, or his anti-seizure medications.

Please fight for citizens like my son to protect the America I believe in.

### **Elizabeth, Boston (November 9, 2016)**

In 2009, when our daughter was 30 days old, she was almost kicked off of our family health insurance, due to delayed processing of her enrollment paperwork. Since she was in the NICU at the time (and still about 3 weeks shy of her due date), this was very alarming. The only thing that the hospital staff could advise us to do was to call our elected representatives and plead for someone to make a public statement about our case. In the end, our daughter's insurance coverage continued without interruption, and she is now a perfectly healthy child. Due to this NICU stay, she will probably never be able to buy health insurance on an unregulated exchange with lifetime caps.

My children's father and I divorced in 2016, but I am still carried on his employer health insurance, because of concerns that (due to breast cancer treatment in 2012) I must have uninterrupted health coverage, and also would not be able to buy it on an unregulated exchange, especially if there is any break in coverage. I am fortunate that my ex and I are on good enough terms that this is possible. If he changes employers (always a possibility in the modern marketplace), I will need to find my own coverage.

Our family is somewhat insulated from concerns about the ACA because we live in Massachusetts, but that doesn't mean there aren't thousands of families like us in other states, or less fortunately circumstanced in general.

### **Jackie, Norwood (January 23, 2017)**

My mother was murdered when I was 24. I was on her healthcare, which kicked me off the day after she died. I had recently accepted a new job and I was set to start that Monday (she was killed on Saturday). I had already left my previous full-time job the Friday before. Due to having to move states after her death, I couldn't start my new job. I didn't know when I'd have work again that could provide insurance, nor did I have another parent whose plan I could join. I also had no way of affording the COBRA payments.

So...in the matter of one night, I was left helpless in so many ways. Not having health insurance was one of many side effect issues that no homicide victim's family should have to worry about. Especially the next day and when planning a funeral. Thanks to the Affordable Care Act, I was able to get covered almost immediately, which meant I could still afford my current medications and I was able to get into needed therapy right away. If it weren't for the ACA, I would have been left struggling and sick as a result of something FAR out of my control.

I ended up finding work within a couple of months, and I am still in treatment for PTSD. I was lucky enough to find employment at Harvard University and no longer needed coverage through the ACA. I have generous health benefits provided to me. However, I never want a fellow citizen or victim of homicide to be without medical care due to cost, preexisting conditions, or other setbacks. I am happy my tax dollars go to help programs like MassHealth and the ACA. We all work hard, but that doesn't mean we are all as fortunate.

I am not the typical poster child for a homicide victim/survivor. I am white and college educated. I work for an Ivy League. I still needed help when disaster struck, and so many others less privileged than me need help finding affordable health care. I agree premiums and costs are higher than ideal, but I want to ask that you fight for all of us in making sure we don't lose the crucial aspects of the ACA, or that the replacement given by the Republicans is equal or better.

I know how important this issue is to you, so I wanted to share why it is also important to me. Please continue fighting for the single parent working to the bone to provide for their children, including health care. Continue fighting for the recent college graduate who hasn't found work that provides benefits and is crippled with debt. Continue fighting for the cancer patient who is worried they will die because they can't afford the treatment that will save their life. Lastly, please continue fighting for me and other victims and survivors of homicide.

**Jennifer, Boston (January 13, 2017)**

I am the fiancée of a recovering alcoholic. My guy is 55. He has been battling addiction his whole life, ever since an unimaginably abusive childhood (then Dickensian) left him with emotional scars. He is also a highly contributing member to society--a fact that would likely shock many of the GOP and their followers. He is a well-recognized artist--a world-renowned photographer. He's brilliant and kind and compassionate--and he needs treatments. He needs antidepressant medication, and rehab has literally saved his life on at least three occasions. He is now getting the help he desperately needs to get well. He is fighting for his life.

This has all been made possible by the ACA.

Like many creative professionals who don't draw a regular salary, we both depend on it. If it is dismantled, and he loses his health care, he could very well die.

I am as horrified as any compassionate, thinking American by the spineless, venal acts of the majority of the GOP. Please feel free to add our story to the stockpile of Americans who depend on the ACA and government-run health care.

### **Jennifer, Northampton (January 10, 2017)**

A repeal of the ACA would be devastating for me and my family and would have dire consequences and I will tell you why.

I suppose I can't say when our story starts. Maybe the day I met my then life partner (now wife) of 16 years, maybe it begins when she had to have emergency surgery in Maryland when she wasn't covered under my insurance because our union wasn't legally recognized, maybe it begins with the \$10,000's of dollars in debt we incurred in uncovered medical expenses when we tried to get pregnant with our son. Or maybe, it started two days ago when the unthinkable happened, my wife got laid off. After seven years of exemplary services to a large human services agency whose mission is supporting individuals and families affected by homelessness, My wife was given no warning, no severance and no compassion in her sudden dismissal from the agency. Have I made it clear, this was done without blame or warning. She was not fired. For any family this would be devastating, now we come to the dire part.

About a year ago my younger sister, Stephanie, was diagnosed with an aggressive form of Triple Negative Breast Cancer at 35 years of age. At the time, managing a 13 month-old baby and living in another country (Germany) seemed impossible although, in retrospect the health care benefits she received have been amazing. But this story isn't about that. Six months later, my mother got diagnosed with Stage 4 Metastatic Breast Cancer. I didn't have to be an over-educated lesbian to know that there was something genetic going on in my family. I got tested for the BRCA gene and was found positive for the mutation that causes breast cancer, specifically Triple Negative (like my sister had) and am currently looking at an 80% chance of developing Breast Cancer in my lifetime.

I need a double mastectomy and I need it soon. It's scheduled, in fact, for March 6th 2017. And now, my wife doesn't have a job. I am a Behavior Analyst who specializes in the treatment of children with Autism Spectrum Disorder. I have a small private practice and don't make enough money to support our household. I also don't have access to health insurance through any of my contracts.

This is why it's dire.

One laid off spouse, one four year old son, one self-employed wife with a 80% chance of developing breast cancer and fear of the ACA being repealed.....this is dire.  
We are terrified, I am terrified,

Thank you for letting me tell my story. I am happy to tell it again and again until someone (anyone?) is able to listen. This isn't a 'wait and see' situation for my family. This is us. This is now. And this is real.

### **Jenny, Worthington (February 1, 2017)**

My husband and I have spent our entire careers in the arts. I write music for the theater; my husband is a novelist, playwright, and freelance medical writer. We have two children. We own a home. We paid back every dime on our student loans and contribute regularly to our self-funded retirement accounts. We have no consumer debt. In short, we are hardworking, fiscally responsible people.

We recognize the trade-offs that come with being our own bosses. We enjoy the freedoms of self-employment, and take seriously the extra burden society imposes on us, including making our own Social Security payments, contributing to Medicare, and buying health care on the individual market, something we have done our entire adult lives.

When the Affordable Care Act (ACA) was passed, we were thrilled. For the first time, we had adequate coverage for our family. Our deductibles shrank. We lost the dreaded co-insurance provision and began to think that we could prepare financially should we face the worst.

Or so we believed.

Our difficulties began in late 2014, when I was diagnosed with breast cancer. Over the weeks that followed, I endured 5 surgeries, including a unilateral mastectomy and reconstruction. Almost immediately after, I began to experience complications. Since then, I've come to learn that I was having a reaction to the silicone implant used in my reconstruction, and that this was just the early stage of a complex autoimmune condition that still lacks a name.

Back then, all I knew was that I was wracked with constant, severe pain. I lost the ability to walk. I could no longer think straight and lost sight in my right eye. Luckily, we stumbled upon an article by a Dutch team that had examined a cohort of women suffering from the same condition. After consulting with Dr. Prabath Nanayakkara, the lead author of the paper, we decided that my implant was to blame, and determined to have it removed. Although I experienced some relief immediately after explantation, I have never fully recovered. The joint pain and exhaustion persist. I have shed more than a third of my body weight. The battery of medications I take do little more than keep my pain at bay, permitting me to drive my son to school or shop for groceries, but not much more.

As for my artistic life, it has been put on hold. I have unfinished commissions from two theatres—Chicago Shakespeare Theater and Playwrights Horizons, in New York City—and both institutions have been incredibly patient. Yet the truth is that I have been unable to work for more than two years. Severe cognitive impairment is a hallmark of my condition, and I have serious problems with my short-term memory. Holding the thread of conversation is incredibly difficult, and I experience blinding headaches if I write music for more than a couple of hours. Frequently, it feels as though someone has reorganized my brain but forgotten to leave me the instructions. It's frustrating; it's terrifying. Only one thing has made it possible for me to survive this at all: the coverage I receive through the ACA.

The day I got my cancer diagnosis, I was in the process of re-certifying through the Massachusetts Health Connector. I was thrilled when my local Navigator told me that thanks to

my new diagnosis, I qualified for Massachusetts' Breast and Cervical Cancer Treatment Program, a Medicaid-backed initiative designed to cover middle and low-income women through their treatments. Not only would I be covered, but our two children would also be insured by MassHealth, our state's Medicaid program. Though my husband continued to purchase care through a separate plan, this single event saved our family from financial ruin.

Now, all that stands to change. With the repeal of the live-saving provisions guaranteed by the ACA, we are faced with the complete erosion of our savings. The Republican Congress have already voted to eliminate the ban on denying individuals coverage on the basis of previously existing conditions, meaning that I will most likely be uninsurable. What will happen then? Will we go bankrupt? Will we lose our home? How will I cope without my medications when we can no longer afford to pay for them?

The passage of the ACA did more to shore up our little family than any other piece of legislation in my lifetime. It has enabled me to face my grave illness without worrying whether cost would be a factor in my treatment or whether I could try the next medication my doctors prescribed to relieve my pain.

In sharing our story on Social Media, I have been overwhelmed by the outpouring of concern from our tiny community of theater professionals. The President of the Dramatists' Guild, a professional association for theatre artists, called me to offer the assistance of their Emergency Fund should we need it. And while it is heartwarming to receive the support of my professional community, the hard truth is that even the most doggedly determined not-for-profits can't possibly replace the broad social safety net of the federal government—a safety net Republicans are determined to shred.

In every industrialized country but ours, health care is considered an inalienable human right. It is abhorrent to claim that care is something Americans should have to "shop for." Price-comparison shopping may seem like a wonderful market-driven design, but in reality it forces us to confront the terrifying arithmetic of balancing how much care we need against what we can afford. The sicker one grows, the harder it becomes to solve that equation.

We have no idea what the Republicans intend by way of a replacement for the ACA. They refuse to specify, despite their years of claiming that the ACA is a failure. They talk of expanding Health Savings Accounts (HSA), though such accounts represent nothing but a disingenuous transfer of costs to the consumer. Even if such an approach made sense, how far would \$6,750 (the current HSA limit) go in meeting actual health-care costs? That amount would be wiped out after a single visit to the emergency room. What's more, where do they expect sick Americans—those fighting for their lives and unable to work precisely *because* of their illnesses—to suddenly uncover \$6,750 to sink into a tax-sheltered HSA? Clearly, this idea has been put forth by people who do not depend on their health insurance for their very lives. They pretend that this sort of thing will save "our system," but their proposal is like offering a patient an Advil for an amputation— laughably inadequate at best; an utter horror at worst.

What's more, efforts like the expansion of Medicaid under the ACA have already saved us. Or many of us. Certainly me, in any case. A Republican friend wrote me recently, venting about the

“third-world” coverage Medicaid provides. What he had to say was ignorant and false. Medicaid isn’t failing. To the contrary, it has saved my life and the lives of many others who have simply had the misfortune of falling ill. And isn’t that after all one of the primary functions of government? To care for its citizens and return them to the ranks of the healthy and productive?

We have no idea what the year ahead holds for us. It is likely we will face health premiums of \$24,000 or more for a low-level plan. Our premiums will consume 30% of our income, more than our mortgage. Despite MassHealth, we shelled out nearly \$15,000 for uncovered medical expenses in 2016 and are on track to surpass that number this year.

On top of everything else, this is the year our daughter starts college.

I’m not the typical Medicaid patient people seem so fond of demonizing. Nor am I some poster child of the ACA. I am simply one of countless individuals whose story does not fit the narrative the Republicans are attempting to feed us about the ACA and about what it means to be sick in America.

Medicaid is on the chopping block not because it’s failing but because the people who benefit from it too often fail to speak up on their own behalf. Their silence has nothing to do with a lack of will or words. They are simply too busy struggling to survive.

Medicaid benefits our poorest, yet it also assists those slightly higher on the income ladder—people like me who would vastly prefer to be thriving without it. Many more people than you suspect have turned to it in time need. They aren’t merely characters in some musical or play. Trust me, I know. They are your friends and neighbors. They are families whose lives have been upended by illness. This is what happened to my family.

And with a single diagnosis, it could be your family, too.

- *Jenny Giering is an award-winning composer who lives in Western Massachusetts.*

### **Jessica, Wakefield (January 25, 2017)**

I support the Affordable Care Act (ACA).

I am writing this to show how the ACA has helped my family. My husband and I were expecting our first child in 2011. At the time, we were both working full-time. We had insurance through my employer. I was a public school teacher, and my insurance went from September 1st to August 31st. Our daughter was due in November, so I didn't renew the plan for the fall, as I planned to stay home with her once she was born. We planned to switch to my husband's employer's insurance plan in September 2011.

We are Massachusetts residents. In the summer of 2011 my husband and I went on vacation to Maine. While on vacation, I went into pre-term labor. This resulted in a 5 week hospital stay - in Maine - where I was on bed rest trying to stave off delivering my daughter. The care I received at the hospital got my daughter an additional 5 weeks of development. She was born at just 26 weeks, and weighed 2 pounds. I was discharged from the hospital shortly after she was born. She remained in the Maine Medical Center hospital NICU for 3 more months. Her hospital stay overlapped when my employer's coverage ended and my husband's employer's coverage was set to begin.

In figuring out this scenario we were told by my husband's insurer that my daughter would NOT be covered because her prematurity was a pre-existing condition, and her care was being administered out of state. Transporting her back to Massachusetts was not advised by her doctors. Several phone calls later we were able to determine that she was indeed entitled to coverage because of both the Massachusetts state law and the ACA. Without these provisions in place my family would have had to pay approximately \$300,000 out of pocket for our daughter's care in hospital, and plus the additional costs of follow-up care once she was discharged.

My family and people across the U.S. have benefited greatly from the ACA through improvements such as:

- All new insurance plans are required to cover preventive services at no cost-like check-ups, well-child visits, cancer screenings, and vaccines.
- People with pre-existing conditions like asthma, cancer, and diabetes can no longer be denied or charged more for coverage.
- People with chronic illnesses no longer face lifetime caps on their benefits that basically cut off their coverage when they need it most.
- Medicaid has improved and now provides coverage to millions more, including hard-working parents.

Getting rid of the ACA is a reckless idea and would be incredibly damaging to families and our economy. I thank you for your continued efforts in support of ACA.

**Jim, Framingham (January 15, 2017)**

I am a native of Montana, and my extended family there are mostly rock solid republicans. My father was an avid "birther" and still maintains that Obama is secretly a Muslim trying to weaken our country.

However, even he admitted that the ACA is a good idea. Most of my extended family had never had healthcare. His sister got health coverage through the exchange and finally started visiting a doctor. It turns out that what we all thought was just fat was in fact an enormous tumor in her abdomen. Shortly after the diagnosis she had a huge ovarian tumor the size of a large melon removed, along with nearly a gallon of associated fluids. She survived, and is now healthy. If she hadn't gotten care when she did, the damage to her internal organs would have killed her in a matter of months. The ACA was enacted just in time to save my aunt's life. Any even my hard core Republican father understood enough to call me up a month after the surgery to say that he'd been wrong about opposing "Obamacare" and that he was glad it had saved her life.

Healthcare as human right should be something we can all agree on. Unfortunately many don't see it until death is plucking at their sleeve.

Please keep fighting for this.

**Julie, Sutton (January 17, 2017)**

So here is my situation and my concern. I work for the Sutton Public Schools (love my job) and my husband teaches at Blackstone Valley Reg. Vocational Technical High School. He is also owner of a small electrical contracting business - a one man band. Our oldest son, James, is an Electrical Apprentice working towards his licensure in the State of Massachusetts. Proud graduate of BVT as well. He's 20 years old. He loves his work, and I am told by folks in his trade that he's darn good at it. However, as is the situation with so many small businesses, the company he works for doesn't offer adequate insurance. So I continue to carry James as a dependent on my health insurance, which as a mom makes me feel great to know my child has quality health care.

Many of our friends are in the same situation and we are worried for our children. Because they've chosen the path of working in the trades or taking a route other than a four year college they are left scrambling for health care. What are we to do? There will always be a need for skilled tradesmen, but if you're not working for a huge contractor like Griffin Electric, you're kind of left in a lurch. These young people don't make huge money if they're not in a union (whole different argument) so how are they expected to earn a decent wage and have the coverage the need?

I know that I can't make much of a difference as one frustrated democrat mom, but I'm worried. Really worried. The next four years are looking pretty bleak right now. Can you offer any thoughts, suggestions or even positive encouragement?

## Kaitlyn, Cambridge (January 23, 2017)

In order to help your arguments for quality health care, I wanted to share my story. I am a postdoctoral fellow at MIT and I have a pre-existing condition. In 2012, during my second year of grad school, I start having debilitating pain in my abdomen. The pain was so bad I couldn't eat or sleep and I lost 30 pounds over two months. The pain was so bad I couldn't wait the full three months to see a specialist, and I went to the ER and finally got a diagnosis for an autoimmune disease and began treatment.

However, my condition was so advanced, that a little over a year later I needed an emergency surgery while I was visiting family out of state. I spent six nights in the hospital and rang up a bill in excess of \$50,000. Luckily, I was 25 and still on my parents' insurance. Additionally, I was doubly insured by the student health insurance from the University of California for which I was automatically enrolled through my graduate program. Other than the \$200 deductible, my hospital bill was paid in full.

Now that I have a chronic illness, having quality healthcare and regular checkups is vital to staying healthy and productive. My medication, Humira, costs \$5,000 a month out-of-pocket, which was more than double my grad student stipend. With insurance I only pay \$25 a month. Though surgery helped tame the inflammation in my intestines, my disease began to express itself as arthritis in my joints. The pain was so bad that one Christmas I cancelled my trip home to see my family and spent the whole time alone on my couch. I had a bad reaction to some of the medications and became so severely anemic that I needed a blood transfusion. Additionally, one of the medications I take causes severe birth defects, so I needed an IUD to prevent pregnancy.

Easily all these conditions could become overwhelmingly expensive. But with my student health insurance through the University of California I could afford it. The premium was \$300 per month, part of which was covered by the university, my medications costed \$110 a month, and I had a yearly out-of-pocket maximum of \$2,000. While I didn't get my insurance through the exchanges, the other conditions of the ACA which determine the minimum quality of care made it possible for my care to be affordable. Additionally, California's commitment to providing quality care to its students also helped.

Recently, you may have seen this article, "This is how American health care kills people": <http://theweek.com/articles/666799/how-american-health-care-kills-people>. My story parallels that of the man in the story very closely, we were both grad students, both had an autoimmune disease, and both had an emergency surgery. The main difference was that I lived in California while he lived in Texas, a state that opposed the expansion of Medicare and allowed the exchanges to dwindle. He is now \$60,000 in debt and unable to find insurance, while I am in remission, I have no debt; I have graduated and now have a good job. My story shows how embracing the ACA and making quality health care affordable can have drastic outcomes. By having proper treatment and care, I can be a productive member of society. I have received my PhD in Applied Mathematics and my research contributes to the design of medical devices that can be used for cancer screening. I am able to mentor young girls and encourage them to study math and science, and who knows, one of them may cure cancer one day. Since I am no

longer in pain and I am not in debt, I was able to find a prestigious job after graduation. When a state provides for the health of its people, they can thrive at home and at work. It's not only the moral choice, but also a good choice for the economy.

**Kat, Florence (January 21, 2017)**

I am writing because I am concerned that, if Trump manages to dismantle Obamacare and puts his plan in place to allow health insurers to sell across state lines, a number of the benefits specific to Massachusetts are in danger of being lost.

My wife and I have struggled with infertility for three years. I have uterine cancer which went undetected for years. It was undetected because I had a high deductible health care plan while living in Vermont, despite working as a tenure track professor, and was not able to afford the kind of testing I needed.

We moved to Massachusetts in large part because it is the only state in the nation that has an infertility mandate that would cover people like me - in a same-sex relationship, using donor sperm, and who needed IVF. Other states have different degrees of infertility mandates, but often they put restrictions that bar same-sex couples (like needing to use a partner's sperm, for example.. which also bars a fair number of heterosexual couples with male factor infertility). After moving to Massachusetts, I was able to get an insurance plan that covered gynecological testing for infertility - and which discovered my early stage uterine cancer. Living in this state saved my life. I was able to successfully treat the cancer, and pursue IVF treatment which normally costs over \$10,000 out of pocket. The first round ended in miscarriage, and we just did a second round this month.

I have many concerns about a Trump presidency - and how his policies will affect the lives of those in my community and those I hold dear - but I felt moved to let you know about how a nation-wide insurance market would affect people like me. Infertility often reveals other health conditions, and without a mandate to cover me, not only could we never have had children, but I also would have likely never found out about my uterine cancer until it was too late to treat it. It is an unusual cancer in young, healthy women, and I had no symptoms.

**Kathryn, Manchester-by-the-Sea (January 24, 2017)**

I strongly oppose efforts to repeal the ACA. I believe it has helped many people obtain access to health benefits that were previously unaffordable/unobtainable. In addition to my general concerns about the potential loss of health benefits for many Americans, I have a very specific concern about the repeal of the lactation support and breast pump coverage provisions, and the workplace breastfeeding accommodation requirements. As a working mother with two children under the age of 5, the breast pump coverage and requirement that my employer had to provide a clean, private place for me to pump (and not penalize me for time spent pumping) had a very real impact on my ability to return to work and still provide breast milk to my babies. If the Affordable Care Act is repealed, I hope you will find a way to re-implement the breastfeeding protection and support that it has provided. It would be wonderful to see the ACA breastfeeding provisions replaced with something even BETTER -- more comprehensive and specific -- and as long as I'm asking for the moon, paid parental leave would be great too. As I'm sure you know, America lags FAR behind other countries in supporting working parents. Forcing women to return to work (or risk losing their job) after childbirth before they are physically and emotionally ready is a public health issue AND a major challenge to equality in the workplace.

**Kristine, Cambridge (January 24, 2017)**

I ask that you and fellow senators PLEASE fight for the Affordable Care Act. I am a cancer survivor. When I was 28 years old, I got the news no one ever wants to hear, "You have cancer." Luckily, for me, I had a job that had wonderful insurance and I was able to get the medication, surgeries, and treatment to win the fight and to not go broke doing so.

However, I know many young people and old people and children who would not be here today if it was not for ACA. I know people who are still fighting their battles with cancer. They are frightened and losing hope, not because of cancer, but because they don't know whether they will be able to continue to get the treatments necessary to stay in the fight.

I am now 30 years old, and have my whole life in front of me. Because of what Trump is proposing, I am now afraid that if I lose my job or if I wish to change jobs, I might not be able to get the necessary coverage, because I no longer qualify, I really didn't think this is what I would be worried about two years ago after having been through 8 rounds of chemo, 20 rounds of radiation and surgery to clear me of this disease.

Please, I ask that you fight for us. Fight for those who are in the chemo chair right now, at this very moment, who are miserable, bald and bloated. Fight for the cancer warrior who is now crying with worry because she doesn't know, come a month from now, if she will be able to continue to receive the life-saving treatment she is entitled to!

**Nancy, West Barnstable (January 13, 2017)**

Please fight as hard as you can and use all of your powers for good, to affect the repeal/replace action currently taking place regarding the ACA. I live on the Cape and co-own a small business. Being self-employed, it was very difficult, even in a state that lead the way on mandated health insurance, to find affordable health insurance, without putting my business in financial jeopardy. The ACA's effect of subsidizing health plans through the Health Connector's insurance market, changed the ball game for me, and I am so grateful for that. I am very concerned about the repeal of the ACA without a well-planned, thoughtful and realistic replacement strategy. It feels like this repeal is only happening for political reasons with little regard for the millions of Americans, like me, who are currently benefiting from this healthcare legislation.

I am so sad about the upcoming Trump administration, but the last thing that I want is for them to fail - if they do, we all will lose. I cannot sit by silently - we must all be very watchful and speak up for our rights and for all those citizens that will be certainly be disenfranchised by this new regime. Thank you for your hard work for us and for your time and attention to my concerns.

### **Nina, Somerville (January 19, 2017)**

I was able to stay on my parents' health insurance after college while I was working for a local non-profit preventing homelessness and re-housing homeless families. This allowed me to grow my savings just a small amount and continue to pay my rent and student loans while not worrying about my finances every single day.

I now have insurance through the Health Connector (I don't receive a subsidy because my income has increased). It was incredibly easy to sign up, pick a plan, and find a doctor in my network. Although there are a few bureaucratic paperwork issues I would fix in an ideal world, overall I find the system to be efficient!

I have a brother who is almost 22 and about to graduate from college. I worry what will happen to him if he cannot be covered under my parents' insurance while he will likely be searching for jobs. He is a talented musician- although this is not typically the career that comes with an employer health plan nicely packaged. He deserves quality health insurance after college while he searches for jobs and gets himself on solid ground. An abrupt change in his health insurance would also mean a detrimental interruption to his behavioral health services and medications.

Beyond my own health care, I'm a reproductive health advocate and advocate of health equity. I know who is served by Medicaid and Medicaid Expansion and I will do all that I can to make sure that these people continue to receive high quality, affordable care in MA throughout the Trump administration.

### **Olivia, North Reading (November 21, 2016)**

My name is Olivia, I am a twenty-two year old white woman from a middle-class suburb of Boston. I attend the University of Massachusetts Amherst and will be applying to graduate school next year. I eat an anti-inflammatory diet, exercise regularly, do not smoke, and drink a lot of water. I am on my parents insurance which they receive through their employer. I am a patient at some of the best hospitals in the world. I am so fortunate to live in a state that protects my right to affordable health care. I was also hopeful when I heard that President Trump was considering modifying Obamacare rather than repealing it. However, I am still worried about the actions that will be taken in 2017 by his administration and by congress.

If you met me you would see a “young, vibrant, and ambitious woman,” other people’s words not mine. Many people and politicians in this country would meet me, as described above, and not assume that I rely on the ACA. I am not from a low-income family, I don’t live in an area that doesn’t have adequate medical facilities, and I appear well.

I am, however, living with multiple chronic illnesses. I suffer from asthma, fibromyalgia, chronic urticaria, chronic migraines, irritable bowel syndrome, gastroesophageal reflux disease, and a rare-genetic kidney disorder. I take multiple medications daily that keep me alive, prevent further health complications, and that allow me to take care of myself. I also seek other therapies to manage my conditions, such as chiropractic care and physical therapy. I currently have great health insurance, yet I still pay hundreds of dollars a month just to give myself any quality of life.

I read the Trump/Pence administration’s health care plan and I am aware of the efforts by the GOP to repeal Obamacare and their readiness to do so now that President Trump has taken office. I don’t believe I have to explain to you why this worries me. I won’t go on a rant about why health care reform should be about the people not the money (though I could). I will also not talk about why we should have universal health care (though I could). I am hoping that my story offers a slightly different perspective on why certain aspects of the ACA cannot be modified. I hope my story may help you with the health care reform battle that will happen in 2017.

Please remind your fellow senators that millions of Americans suffer from multiple chronic illnesses, many of which are invisible, and that we are a minority that is often forgotten. Many people are just like me. We are college students and new graduates who have to learn to manage our medical conditions before going out into the real world. To do this, we may have to stay on our parents insurance until we are twenty-six years old. We are people who can only work part-time jobs and will need insurance to help keep our medical costs down. We may require expensive prescriptions and numerous doctor visits a year; we cannot have a cap on our care because our conditions are chronic and unpredictable. We are people who will have to apply for insurance with pre-existing conditions which should not be held against us. We are thankful for preventative care because it prevents illnesses that would exacerbate our other conditions. Health care is a business that we need but that we didn’t ask to be a part of. It is a business we all take part in, whether we plan to or not. We are NOT burned down houses, we are citizens who provide meaningful contributions to our country.

I am a young, middleclass woman. Though that shouldn't matter. I suffer from multiple chronic illnesses. Though that shouldn't matter. I live in spite of them. And I hope that congress can work together to continue to give people like me a fighting chance.

### **Samantha, Somerville (January 26, 2017)**

My head swirls with all the things important to me that Trump and the Republicans have already attacked in the first few days of this new administration, and I am terrified. Most of all I am terrified of losing the protections provided to me by the ACA because without my health I can't do the work to fight for our rights. I've been dealing with severe mental health issues since I was a kid. I am now 27. In that time I have been through numerous hospitalizations, residential treatment, day treatment, intensive outpatient treatment, and outpatient treatment.

When I was 18 in 2007 I had to drop out of college and spent 3 months in residential treatment for my eating disorder. The year prior I spent 2 months in residential and 6 months between day and intensive outpatient treatment, and I had been in therapy for 4 years. Due to Massachusetts law I was still covered by my parent's insurance, but the MA health care reform didn't stop insurance companies from imposing lifetime limits. At 18 years old, fighting for my life, I overheard my parents discussing lifetime limits in regards to my health care. I don't know how much all that treatment cost, or how much of my lifetime limit I had consumed. For the next 7 years I was in and out of treatment at various levels.

In 2014, when I had my own health care, I had a bad relapse. For the first time I was paying for my own treatment. I had health insurance through my employer that was really good, but even with that, for 1 month of residential treatment, 1 month of day treatment, and 3 months of intensive outpatient, plus therapy, a nutritionist, a psychiatrist and medication - all crucial to my recovery, my out of pocket health care costs reached almost \$10,000. That is also with the consideration that my health insurance dropped my coverage before my doctors felt I was ready, so had I received the treatment my doctors wanted I'd have had an even larger out of pocket cost.

These days I much more stable and have remained in relatively good health, but all because of the continued support I get from my therapist, psychiatrist and doctor. I can only imagine how much money has been spent, and how close I'd be to my lifetime limit if those were still in place. And of course, all of that adds up to being a "pre-existing" condition.

The simple fact is that I would most likely be dead today were it not for the protections provided to me by the ACA, and if I lose those protections, if I have another relapse I will either end up dead or unemployed and mired in debt.

I know I'm not alone. I know my story is not unique. I know I am only one person, but I share my story with you because I want you and all of Congress to hear our voices and hear our stories. We are real people and we are in a life and death situation. I want you to be able to take my story, and stories of people like me, and shove it in Paul Ryan and Mitch McConnell's faces so they realize there are real people affected by their actions.

Health care and capitalism do not mix. The ACA is certainly not perfect, there are things that need to be fixed - mostly because it relies on capitalism to be implemented, but it is a step in the right direction.

We the people of the United States of America, we need quality, affordable, and fair health care. And until we can fight our way to a single payer system, we need the ACA.

Please do anything and everything in your power to save the ACA.

### **Stephanie, Westwood (January 24, 2017)**

When making these legislative decisions does it cross your mind that this will greatly affect people's lives? It does. My son has a primary immune deficiency that depends on ongoing medical treatment for life. We have personally experienced job loss and having difficulty paying for cobra.

We must always have insurance so our son doesn't face literally death. If he doesn't receive his infusions he will eventually die. If he reaches a cap on insurance and his infusions aren't covered again he will die. If we lose insurance and he faces the possibility of not being able to get insurance and the insurance companies decided not to cover his pre-existing condition again he would die.

This may sound dramatic but this is exactly what people with PID would face. My son has huge potential to make a contribution to society. He is extremely bright and talented. He is studying engineering at Boston University and will go into robotics when he graduates. Shouldn't he have the right to get treatment for his medical issues and not face bankruptcy when he is older? Even with the ACA he was discriminated against when he tried to go abroad for a semester like many college students do. The insurance the college uses covers everything except infusions of any kind! So he wasn't able to go which is a shame. He's a student who loves to learn languages.

Since middle school he has spent a great amount of his free time teaching himself different languages. He would have loved to be immersed in an environment where he could have learned languages and be able to converse with people who speak fluently. You must do something to protect his rights and his life and so many others. It's your job to speak for us. Don't let this current administration ruin people's lives.

**Tracy, homeless (January 12, 2017)**

Thank you for trying to save ACA. I have fatal asthma. I take 4 medications each day for that, plus 5 other medications daily. I also require two emergency treatments to be available at home and which I buy at the pharmacy. Without access to these treatments, I would have to go to the ER regularly, sometimes multiple times per week. Without access to medication, regular appointments with my doctor, and monthly injections, I will die.

I will die.

I will never be able to obtain insurance without the protections provided guaranteeing me access to insurance.

Any solution that places me in a high risk pool would be unaffordable and would discriminate against me based on my disability.

I am presently homeless.

I count on my access to care.

Please keep fighting. Thank you for being my voice.

The alternative is that my last dying wish will be to have my body brought to Senator McConnell's Office, then Speaker Ryan's (if he'll open the door) so they can see what they did and what my husband lost. I'm a real person. They should be forced to see my real dead body.

**Wendy, Sherborn (January 8, 2017)**

I believe this law has done so much to help so many in this country. My personal connection with this law is my sister, Leigh, and her very young daughter. In April of 2014 my sister's husband lost his battle with cancer at age 38. While she was dealing with this overwhelming grief in addition to caring for her daughter, aged 3 at the time, her husband's employer terminated her family's health insurance without warning. Although Leigh works full time, her employer does not/cannot offer health insurance. After contacting her husband's employer she found that their insurance's corresponding COBRA plan would cost her \$1600 monthly to cover her and her daughter. Fortunately she was able to sign for the Affordable Care Act through South Carolina's health care exchanges. With subsidies from the federal government she now purchases health care for less than a quarter of that cost.

If this law is repealed and she loses her insurance, I am not certain what she will do. As a single parent, she cannot afford to purchase health insurance on her own. She currently works full time managing a family run art gallery. This family loves her and is very flexible with her needs as a single working mother. A larger employer that provides health care may not be.

Please do not let her down, nor the millions of other Americans in her situation.

### **Sharon, Reading (March 7, 2017)**

My daughter Gabriela is 23. She is a college graduate, a figure skater, a runner, a volunteer, and a sister. She also happens to have Cystic Fibrosis--a genetic, life-threatening disease which impacts the lungs and digestive systems of those who have it. 30,000 Americans have Cystic Fibrosis and currently there is no cure. Gabriela typically spends 2-3 hours every day performing the treatments that keep her healthy. When she gets sick her medical regimen is much more complex and invasive.

While Cystic Fibrosis is a devastating disease that presents challenges to Gabriela and those who love her, it is important for people to understand how much the Affordable Care Act (ACA) has helped her. Prior to the ACA, I had endless worries about her ability to get health-care insurance. Pre-existing conditions could be imposed such that she may be denied appropriate care at accredited care centers or access to the prescriptions that she needs to stay alive. She could even be denied coverage outright if we were ever in the unfortunate position where our coverage was not contiguous. Thanks to the ACA, she can stay on my employer-based insurance through until she turns 26. This gives her the ability to establish herself in her career and not be concerned about a lapse in coverage.

For people like my daughter, who experience any major chronic illness, it is vital for them to have consistent access to the care they need. That type of peace of mind enables them to truly focus on their health and living a full, productive life.

### **Lucy (March 7, 2017)**

My name is Lucy and I'm 15 years old. I was diagnosed with arthritis at age 2, and since then I have battled the destruction of my joints. At age 7 it was discovered that my right jaw joint was eroding from inflammation due to my disease. Then at age 10 I had my first jaw surgery, and since then I have had 4 more surgeries including a total jaw joint replacement. Each of these involved multiple days in the hospital post operation, and visits to the ICU to protect my airway. During this time I have also become a competitive dancer, and have developed an aspiration to become a biomedical engineer. My hope is that I will be able to develop new assists to help kids and others like me get and remain mobile. I would like to accomplish this dream, but also want to be able to live and work anywhere in the country that I choose. If I were to stay in Massachusetts this wouldn't be an issue, but prior to the enactment of the ACA, if I decided to live anywhere else in the country, I would be at risk of not being able to purchase health insurance at an affordable price (or at all). When the ACA was passed, it opened up the entire country to me - I would be able to live anywhere in the United States without worrying about whether health insurance would be available to me. I worry that repealing the ACA and replacing it as proposed could lead to people like me not being able to purchase insurance at a reasonable price, shrinking my world back to the reality of never being able to live or work outside of Massachusetts. Also, lifetime caps would be devastating to me. For one of my medications (Ilaris), the insurance company pays about \$144,000 a year. With all my medications, over 20 in total, the insurance company pays about \$250,000 a year. This does not include the 12 specialists I see that are involved in my care, and any required surgeries or hospital stays, of which I have had many, throughout one year. With a lifetime cap of something around 1 million dollars, I would run out of coverage within just over 3 typical years. If I were to have a bad year, I would be maxed out within less than 3 years. I know the current ACA is not a perfect law, and under it some of my JA friends can't afford their current deductibles which make it hard to get their medication on a regular schedule. But rather than repealing and replacing it with a law that will do even less for them and others, I think we should be working to improve the law currently in place. We should be working to make the ACA more affordable and better for more rather than replacing it with a law that is less affordable and does less for others.

### **Heidi, Easthampton (March 9, 2017)**

My name is Heidi, and I am one of a small, yet significant group of people who have serious health conditions and permanent disabilities who are part of the work force. In fact, working is the only way for me to receive medically necessary services that enable me to live at home. I am covered by three health insurance policies: private health insurance through my husband's employer, Medicare parts A, B, and D as part of my SSDI benefits, and MassHealth CommonHealth Supplemental coverage, which is a special Medicaid program for disabled adults who meet certain income or work criteria. I pay premiums, copays, and/or deductibles for all three insurance programs. In addition, I pay approximately \$10,000 out of pocket annually for non-covered medical expenses and "Impairment Related Work Expenses" (IRWE). If I lost any one of my three sources of coverage, I would lose services critical to my ability not only to work, but to safely live at home. Medicaid pays for Personal Care Attendant services and Skilled Nursing visits for my complex, yet stable health and disability status.

I have Mitochondrial Myopathy, a rare genetic disease that has the ability to affect any body system. My stomach and intestines do not work, and I receive all of my nutrition through a permanent intravenous line implanted in my chest. My trunk muscles are weak, and I require support from breathing machines and a power wheelchair. I lost my hearing in 2006 and the vision in my right eye in 2008. I need assistance with all basic care, preparing my medical treatments, mobility, and I never imagined that I would become disabled. I earned college degrees in Nursing and Education, and worked for years as an RN and taught music part time. I married, bought a house, and started a family. I was the primary wage-earner while my children were young. In 2004, I was forced to cut back my hours and then resign from my full-time RN position. Several years later, with assistance from my state vocational rehab program, I was able to return to the workforce as an Adult Basic Educator, tutoring Deaf adults in English literacy and numeracy.

The Affordable Care Act has dramatically decreased the overall cost of my care by increasing communication between members of my health care team. Before 2010, my care was fragmented and communication between specialists was non-existent. I was hospitalized more than 26 times during 2005-2007. Since 2010, I have only been hospitalized four times, and have received acute care 3 times. My primary physician has been able to provide routine chronic care management visits under the ACA. As a result, the number of specialists I see on a regular basis has decreased from nine to four, and the number of scheduled visits per specialist has been reduced from four to six visits to one or two visits annually.

If I lose my Medicaid coverage, I will not be eligible for PCA services or skilled nursing visits. Losing these services will make it impossible for me to work, as well as unsafe for me to stay at home. I would likely require admission to a long term acute care facility staffed with RNs to manage my complex, yet stable health care needs. Institutional care combined with the inability to work would force me, at age 44, to utilize Medicaid and Medicare funding without the opportunity to contribute to society.

**Leslie, Salem (January 2, 2017)**

My husband and I are on Medicare. His medications put him in the "donut hole" each year. So both Medicare and the ACA are important to us. Dismantling both would be, without exaggerating, disastrous to us. If either or both happen (not to mention changes to Social Security), we can count on depleting our assets within our lifetimes. Then what? Public assistance? Can anyone in the new administration explain to me how thrusting a generation of baby boomers into poverty is "making America great again"?

I just turned 70. My husband is 74. We have worked very hard for more than a half-century (I'm still working, self-employed) and have paid EVERY CENT of our "dues" to this country in income, payroll, and self-employment taxes. And NOW, in 2017, this administration wants to jerk the rug out from under us, suggesting that what we've been doing for the past several decades is worth NOTHING? This nightmare keeps me awake at night.

**Graydon, Framingham (January 20, 2017)**

I'm writing you on behalf of, and as a member of, a group that is particularly vulnerable with the GOP threatening to dismantle the ACA and voucherize Medicare. I am a 29 year old dialysis patient, and the federal government through Medicare pays for my dialysis which is an extremely expensive but entirely necessary treatment. Without dialysis treatments three times a week, I and people like me will die. I'm extremely concerned that as they dismantle the ACA and talk of voucherizing Medicare, people like me who are below the normal age for Medicare may be kicked off entirely. Presumably even the GOP wouldn't be insane enough to try to kick current retirees off Medicare but I'm not certain that we would be remembered when they're writing the lists of grandfathered patients.

In addition, the other concern is the need for two insurances in order to get a transplant. I'm lucky that I live in Massachusetts and have Medicare and MassHealth, but before I moved to Massachusetts I tried to buy a second health insurance plan through the exchanges and was refused every time. I was told that because I had Medicare they did not have to offer insurance, although I am required to hold two insurances in order to get off dialysis by getting a transplant.