

The Patient Protection and Affordable Care Act



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Purpose: The goal of my summer spent as a health policy intern in Senator Richard T. Moore's office at the Boston State House was to learn how health policy is created in the state of Massachusetts and to do research into the Affordable Care Act and its implementation in the Commonwealth.

Introduction: The Patient Protection and Affordable Care Act (ACA) was signed into law by President Obama on March 23, 2010. The main goal of the ACA is to "increase the number of Americans covered by health insurance and decrease the cost of health care" – Supreme Court decision text

Major provisions of the ACA:

- ◆ An individual mandate requiring individuals to carry minimum essential health insurance
- ◆ No monetary annual lifetime limits for necessary medical expenses
- ◆ Expansion of Medicaid and CHIP to help ensure the coverage of more individuals.

Effect of the ACA in MA:

- ◆ Those earning below 138% Federal Poverty level are now eligible for Medicaid
- ◆ There are **296,000** more individuals in the Commonwealth with health insurance
- ◆ **\$130 million** has been provided to **community health centers in MA** to expand access to primary care for their populations.
- ◆ The ACA provides **more federal funding** so that federal matching rates for Medicaid and CHIP will increase from 65% to 88%
- ◆ The ACA will provide provide funding so that preventative health services can be obtained without need of a co-pay
- ◆ The ACA extends health subsidies to those with incomes ranging from 300% the federal poverty level up to 400% the federal poverty level, making health insurance more affordable for low and middle income families.

Special acknowledgements: Suzanne Cashman, Heather-Lyn Haley, and Senator Richard T. Moore and his staff. ***This project was supported by HRSA Grant No. 5U77HP03016.***

What went wrong with ACA Implementation in MA?

After combing through minutes from meetings of the Board of the Commonwealth Health Insurance Connector and in sitting in on meetings with individuals from the Health Connector, MassHealth, and the Governor's office, it can be concluded that there was a severe lack of oversight and leadership in the development and implementation of most parts of the Health Connector. This lead to discontinuity in the final product. Since the Health Connector did not function as it was required to, individuals were prevented from signing up for health insurance. However, I think the situation has begun to be rectified and that the new management health connector will prevent another similar situation from occurring.



Senator Moore represents fourteen town in the Worcester and Norfolk District. He is currently Senate President Pro Tempore. He is the former Senate Chairman of the Legislature's Committee on Health Care Financing and has held a pivotal role in MA health reform throughout the years.