



Thompson Healthcare Plan

Massachusetts has long been a leader in the quality of its overall healthcare system (Commonwealth Fund, 2020), the strength of its training programs, and the advances that it has brought to medicine (Covid vaccines being the most recent example).

It was a leader in ensuring health insurance coverage to almost all of its residents in 2006. **(I played a significant role in the successful implementation of Massachusetts health insurance reform from 2007 to 2009 as Chief Financial Officer of MassHealth).**

- But Massachusetts is not a leader when it comes to affordable health coverage. It ranks **37th in avoidable hospital use and cost** (Commonwealth Fund, 2020). **46% of residents** are unable to get the healthcare they need due to cost barriers (Altarum 2021 survey).
- Massachusetts also lags in some important quality healthcare measures like nursing home quality and preventable admissions (CMS).
- Demand for improved primary care and mental healthcare are becoming more apparent to all. Hospital inpatient cost/admission is the highest in the country and growing fast. More care is moving to more expensive academic hospitals (HPC).
- Systemic disparities in access to services and outcomes across racial, ethnic, gender, ability and sexual orientation. Just a few examples:
 - **75%** of Black/African American residents have affordability issues paying for needed healthcare services vs. **51%** for White residents.
 - Black women are **100%** more likely to die in childbirth.
- Many innovative reforms have been implemented through Obamacare. I helped lead several organizations to reduce cost and improve healthcare quality through Obamacare programs, especially for Massachusetts citizens with complex healthcare needs.
- Overall, however, Massachusetts is falling behind the rest of the country. Other states are proposing innovative programs to address access to primary care, mental healthcare, and control costs.

In the state legislature I will propose the following major reforms to address these challenges:

- **We should make major investments in primary care, behavioral health and geriatric care and surrounding care teams to address social determinants of health and the needs of patients with complex health care needs.**
 - I will propose increasing total spending on these services and programs by **100% over 5 years** while staying under the total spending benchmark through reductions in preventable and avoidable emergency department and hospital use.
 - Ensure all of our residents have access to these critical services when they need them so we avoid unnecessary health complications and costs down the road.
 - Pay much more for providers of these services to address the serious crisis in the workforce. We should evaluate cross state licensing to increase labor supply.
 - Particular focus on communities of color and low income communities.

- **Fully fund a comprehensive public and private sector mental health system that ensures accessible, timely mental health services for children, families and older adults.**
 - Require true **100%** mental health parity in commercial insurance including payment rates.
 - Build simple front door treatment, Community Behavioral Health Centers for urgent care, and crisis stabilization programs for youth.
 - Increase inpatient capacity and mobile crisis teams to alleviate the horrible emergency room overload.

- **Reduce the costs of prescription drugs and provide consumer protections for high cost drugs, in particular.**
 - Create more transparency in pricing including the pricing negotiated by third party benefit managers. Lower the cost for insulin and other high cost drugs.
 - Require the Health Policy Commission to review high cost drugs.

- o Increase oversight and transparency for the full drug distribution chain including benefit managers.
- o Consider the use of a non-partisan authority such as NICE (United Kingdom) or CADTH (Canada).
- **Simplify the administration of healthcare through movement towards a single payment system.**
 - o Gain efficiency and decrease cost by decreasing the complexity of billing and prior authorization.
 - o Dramatically decrease the healthcare paperwork nightmare.
 - o Offer a Public Option plan for individuals and businesses to migrate to like WA, CO, and NV. Include provider price increase limits, premium reductions, benchmarking to Medicare, and global budgets.
 - o Increase eligibility limits for the ConnectorCare program.
- **Develop a Long-term Services and Support system that will enable moderate income individuals and families to plan for and afford likely long-term care needs (like WA Cares).**
- **Ensure access to comprehensive abortion and reproductive health services**
 - o No cost-sharing, liability protection for providers, funding for out of state residents to receive care here. See my reproductive health plan here.
- **Ensure reasonable pay, benefits and work rules for all of our frontline healthcare heroes, especially nurses, home care workers, and PCAs. Investment in workforce training.**

Critical to achieving a higher level of overall health for the Commonwealth's residents will be appropriate investments and policies in all of the surrounding social determinants of health – environmental and climate crisis factors; affordable housing, education, and transportation; wellness, diet and exercise; income support programs; and aggressive gun violence reduction programs.