

# COVERAGE FOR ALL

JUDYANN BIGBY, MD,  
SECRETARY OF THE  
MASSACHUSETTS  
DEPARTMENT OF  
HEALTH AND HUMAN  
SERVICES, HAS  
HELPED MAKE HER  
STATE A MODEL FOR  
HEALTHCARE  
REFORM.

**I**n her career as a physician, educator, researcher, and now secretary of the Massachusetts Department of Health and Human Services, JudyAnn Bigby, MD, has learned a few things about appropriate health care over the years. Bottom line: Universal coverage, no matter a person's condition, is paramount.

That, of course, is the theme of her state's model of healthcare reform—an individual mandate that requires every citizen to have health insurance, or pay a penalty.

"The Massachusetts model reinforces what I learned in my prior responsibilities," Bigby says. "When you design access to be based on a clinical state (for example a woman without private health insurance can only get subsidized coverage if she's pregnant), that creates uncoordinated care. It doesn't give people incentives to stay healthy, and quite frankly, it denies access to preventive care, which is actually less expensive. I think that issue in relation to universal coverage is really key because it's an important step for people to ensure that they stay healthy."

In her previous roles as medical director of Community Health Programs at Brigham & Women's Hospital and director of Harvard Medical School's Center of Excellence in Women's Health, Bigby worked with institutions and communities on designing health systems that better serve those without

affordable access to care, mainly women and children. Now, she's overseeing a health department in a state where reform efforts have led to a 97.4 percent coverage rate, according to the state's most recent survey.

Even though the Massachusetts plan has been generally lauded as a model to emulate, Bigby says she doesn't necessarily share the notion that what has worked at the state level can be elevated to the national level.

**"The issue around universal coverage is really important because it's an important step for people to ensure that they stay healthy."**

"There were a variety of interventions that worked together to address the problem in Massachusetts," she says. "We worked in partnership with the federal government to get some flexibility in the Medicaid program that allows us to make sure that we covered as many low-income people, including children, as possible."



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Massachusetts' children's health insurance program allows parents to earn up to 300 percent of federal poverty levels for their children to qualify for the program, Bigby says. The State Children's Health Insurance Program (SCHIP), which is financed by the federal government and state government, typically allows states to cover children whose parents earn up to 200 percent of the federal poverty level. However, SCHIP allows states to go above 200 percent, provided the states get approval from the federal government on the methodology they have used to arrive at that percentage.

Bigby believes that the Centers for Medicare and Medicaid Services could partner more with states to offer such flexible policies that provide better coverage and improve efficiency for populations eligible for these programs.

"I also think the idea of an individual mandate, which is something we've done in Massachusetts, is something that could be discussed at the national level as a high-level policy that states would have to consider to get to universal coverage," she says. "Without universal coverage, we can't really create a healthcare system that serves people in the most effective way that we can." ■