Although Massachusetts has been a model for both federal health reform and other state health reform efforts, there continue to be issues with permanently insuring residents. Many people receiving benefits through the public programs MassHealth and Commonwealth Care lose their coverage despite remaining eligible for benefits. The obstacle that affects most people is the complexity of the insurance renewal process. H.3984: Continuity of Care for Children and their Eligible Parents will ensure that children won’t be denied care due to cost or other administrative obstacles.

**The Bill**
Bill H.3984: “The Continuity of Care for Children and their Eligible Parents”

**Excerpt from Storybook**
Who’s affected? Children, Parents, Families

After losing MassHealth coverage Carol was unable to purchase ADHD medication for her 12-year-old daughter. Her child experienced behavioral difficulties prompting her school to file a Child in Need of Services; costing the state thousands in legal fees.

Jodie incurred over $1,000 dollars in medical bills after learning her 1-year-old son Carlos was no longer insured. She no longer had insurance because MassHealth claimed they did not receive her renewal forms.

Rachel and her two children ages 4 and 7 visited a doctor’s office. Upon arrival they discovered they were no longer covered by MassHealth and had to go home instead of receiving care.

**Elevator Speech**
Every child deserves a healthy start and for many children in Massachusetts MassHealth is an integral part of that.

28% of families receiving MassHealth benefits will lose their coverage despite remaining eligible.

This results from a very complex renewal process.

Uninsured children cost the state 74 million dollars in...
uncompensated care costs a year, which puts a financial burden on both the state as well as vulnerable families.

This problem can be solved with implementation of H.3984: Continuity of Care for Children.

This bill erases the 67% of MassHealth renewal issues which resulted in lost coverage due to complicated paperwork.

This bill will not cost the state any more money and will guarantee that every child has the healthy start they deserve.

[If speaking to legislator] Recommend your colleagues in the Ways and Means Committee to approve the bill.

[if speaking with constituent] We would appreciate it if you would contact your legislator and advise them to support this bill.

Excerpts from Campaign Journals

Hilary

The third time we visited the State House for me, was definitely the most eye-opening experience. That day, we had gone to lobby our line item or bill. I chose at first to lobby my line item on Pediatric Sexual Assault Nurse Examiners but realized that without a fact sheet my efforts would yield little success. I decided it would be better to lobby my bill because I was more knowledgeable and had a fact sheet with me that day. After speaking with Dayanne that week, we were informed that the bill was currently in committee at the Joint Committee on Health Care financing. I went down to Senator Kaufman's office to make copies of my fact sheet and then went up to find the Health Care Financing office. I entered the office and asked the secretary if I could speak with Representative Steven M. Walsh, the committee chair to discuss H.83, the Continuity of Care bill. She gave me a face and asked which organization I was with. I told her I was from the Children's Health Access Coalition with Health Care For All. She proceeded to scan her computer to see if the bill was in committee. She was short with me explaining that it was not there. I had explained to her that the bill had been rewritten and that it could be in committee under a different name. She told me sharply to return when I had the accurate name of the bill and sent me out. I was very embarrassed and discouraged. It had not occurred to me or any other members of the coalition that the bill would be under a different name because of the re-write.

I then texted Aaron to look at the email Dayanne had sent us about the location at the bill and at the bottom the bill was referred to as HB.3984. I went back in and the secretary rolled her eyes and got a legislative aide to Rep. Walsh. I went through my elevator speech handed over my outdated factsheet and then left.

What was most interesting about my experience that day was my realization of how confusing and ambiguous the legislative process can be. I thought it was strange for a health care advocacy coalition, various legislators and their secretaries, and informed advocates/lobbyists to struggle identifying where a bill is in the state house. I think that this shows how obsolete and incomprehensible the bill tracking system is. The Mass legislature website only indicated the new name of the rewrite an entire month after the bill was renamed. Due to these inadequacies I was ill-informed and ineffective in my lobbying efforts that day.

Aaron

My first meeting regarding my bill was with Health Care for All, the coalition advocating for the Continuity of Care bill. Hilary and I drove into Boston to meet with Dayanne Leal who is the Children's Health Policy and Outreach Manager for Health Care for All. We went into the meeting thinking our bill was about providing twelve months of continuous coverage for people on MassHealth. We had made up a list of questions based on that assumption. The Massachusetts legislature website had listed the bill as twelve months of continuous coverage. When we started talking to Dayanne, she informed us that our bill was no longer twelve months of continuous coverage but rather a bill to support continuity of coverage for children and their eligible families on MassHealth. All of our original interview questions were now worthless. We had to come up with new questions on the spot as she explained to us the new bill. She gave us the new fact sheet that wasn't on their website or the legislature's web site yet.

This meeting was very helpful in understanding more of how intense the process to get a bill passed was. The changes had been made to the original bill because they did not think that they would get the original bill passed. Although the original bill would benefit MassHealth beneficiaries more because it offers continuous coverage instead of ways to prevent people from losing coverage, Health Care for All thought it would be more beneficial to help with the continuity of coverage problem a little then go for it all, and lose.
Update
The bill was included as Section 267 in Bill S.2400 (An Act improving the quality of health care and reducing costs through increased transparency, efficiency and innovation) as part of the Acts of 2012 and was signed into law August 6, 2012.

For more information
Children's Health Access Coalition