

Significant decline in deaths after Massachusetts' health reform

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In the first four years after Massachusetts instituted comprehensive health reform in 2006, mortality in the state decreased by 2.9% compared with similar populations in states that didn't expand health coverage, according to a new study led by Harvard School of Public Health (HSPH) researchers. They estimated that Massachusetts' health reform law, which provided near-universal coverage, has prevented approximately 320 deaths per year—one life saved for each 830 people gaining insurance.

The study—which provides new scientifically rigorous analysis of whether [health](#) insurance expansion can save lives—appears May 5, 2014 in *Annals of Internal Medicine*.

"Given that Massachusetts' [health reform](#) was in many ways the model for the Affordable Care Act, it is critical to understand the law's potential implications for population health," said Benjamin Sommers, assistant professor of health policy and economics at HSPH and lead author of the study. "What we found in Massachusetts after reform was a significant reduction in deaths from the kinds of illnesses where we expect health care to have the biggest impact, including infections, cancer, and cardiovascular disease."

Sommers and colleagues—including senior author Katherine Baicker, professor of health economics at HSPH, and economist Sharon Long of the Urban Institute—looked at changes in mortality rates for adults ages 20-64 in Massachusetts before the state's health reform (2001 to 2005)

and after (2007 to 2010). They compared the changes in Massachusetts counties to changes in demographically similar counties in other [states](#) that had not enacted health reform during the same period. Data came from the U.S. Centers for Disease Control and Prevention and the Census Bureau.

The researchers found that the decline in mortality was concentrated among causes of death most likely to be preventable or treatable with timely health care, and they found that Massachusetts counties with lower median incomes and a higher percentage of uninsured adults before the law was passed—areas likely to have experienced the greatest increase in access to care under reform—gained the largest health benefits. In addition, the decline in [mortality](#) was nearly twice as large for minorities as it was for whites.

The results also showed that after the expansion there were fewer adults in Massachusetts without insurance, fewer cost-related barriers to care, more outpatient visits, and improvements in self-reported health.

"Our findings add to a growing body of evidence showing that [health insurance](#) makes a positive difference in people's lives," said Sommers. "How closely the impact of the Affordable Care Act will mirror the Massachusetts' experience is something we'll have to continue watching closely, but this is certainly encouraging news for the law's potential impact on public health."

More information: "Changes in Mortality After Massachusetts Health Care Reform: A Quasi-experimental Study," Benjamin D. Sommers, Sharon K. Long, Katherine Baicker, *Annals of Internal Medicine*, 2014; 160:585-593.

Provided by Harvard School of Public Health

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