

Small Savings, Big Losses:

Cutting the Children's Medical Security Plan, Undoing Children's Health Care in Massachusetts

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Executive Summary

The cost of insuring a child is small, but the price of leaving childhood illnesses untreated is very high. Children and parents together make up 62% of MassHealth enrollment, yet they account for less than 25% of expenditures.¹ When children lose health care coverage, however, they suffer from unnecessary illness and perform poorly in school. Children who lack primary care for conditions such as asthma must ultimately go to emergency departments and receive very expensive treatment. The costs of children’s untreated illnesses fall on families, hospitals and taxpayers. Moreover, lack of health care can cause lifelong deficits in education and productivity, which are costs both to the child and to society as a whole.

“My three children rely on the Children’s Medical Security Plan (CMSP) for health insurance. Family health coverage through my employer would cost us more than \$500 per month, which we cannot possibly afford at our income level. My daughter has asthma and allergies, and regular visits to our pediatrician—and having someone to call when she is feeling sick—has kept us out of the emergency room many times. Without CMSP, I am sad to say that I could not afford to provide my children with the health care they need.”
- Ms. P.Q. of the Roslindale neighborhood of Boston

Massachusetts has historically been a leader in providing health coverage to children—but is now retreating from its commitment to health care access for every child. From 1996 until November 2002, all children under age 19 were eligible for some type of health coverage, regardless of family income. The safety net for uninsured children consists of MassHealth (Medicaid)² (covering approximately 405,000 children)³, the Children’s Medical Security Plan (CMSP) (covering 26,114 children)⁴, and school-based care. CMSP serves those who cannot access employer-based coverage and are ineligible for MassHealth.

The state’s economic problems exacerbate the need for a safety net. Tens of thousands of Massachusetts residents have lost their jobs in the last two years; in February 2003 over 185,000 residents, or 5.3%, were unemployed.⁵ With employer-based health care coverage shrinking, the safety net health coverage provided by CMSP, MassHealth, and school-based care is all the more crucial for the security of children and families.

In November 2002, the state capped enrollment in the Children’s Medical Security Plan, and as a result nearly 4000 children are now on its waiting list. Moreover, Governor Romney’s new budget proposal would eliminate CMSP outpatient

¹ Health Care For All. The Facts on MassHealth: What it is, Why it Works. Boston: Health Care For All, March 2002. (Available on the web at www.hcfama.org/masshealthreport.html)

² Massachusetts and many other states have changed the names of their Medicaid programs to remove perceived stigmas.

³ Massachusetts Division of Medical Assistance. “All MassHealth Members – January 2003 Snapshot Report.” February 2003.

⁴ Massachusetts Department of Public Health. “CMSP Enrollment Report for February 2003.” March 2003.

⁵ Gavin, Robert, “Number of Unemployed in Mass. Revised Upward,” The Boston Globe, March 14, 2003; and Gavin, Robert, “Feb. State Jobless Rate Rises to 5.3%,” The Boston Globe, March 29, 2003.

surgery, radiology services, dental, vision and mental health coverage. The proposal would quadruple the monthly premiums for low- to moderate-income families. This would turn an affordable quality health program into a cost-prohibitive one that only covers well- and sick-child visits in the doctor’s office. This increased cost-sharing and decreased benefits, if approved by the Legislature, would reduce the number of children insured by CMSP by 4000 children – by the administration’s own estimate.

The Governor also proposes making MassHealth services more restrictive, more limited, and more expensive to those who are still eligible. Many of these cuts would affect children as well as adults, including some of the Commonwealth’s most vulnerable children: the chronically ill and disabled.

We call on the Legislature to protect Children’s Medical Security Plan services, to reject the Governor’s proposal to increase premiums, and to protect MassHealth and school health services for children. We cannot afford not to provide health care for the children of Massachusetts.

I. Overview of Children’s Health Care in Massachusetts

Since the early 1990’s, also a time of fiscal crisis for Massachusetts, the Commonwealth has treated children’s access to basic health care as a crucial core service. Much of Massachusetts’ success in providing care for children has been a result of its development of publicly funded health coverage programs such as the Medicaid program, known as MassHealth, and the Children’s Medical Security Plan (CMSP).

This breadth of coverage has meant that children from low- and middle-income families have been able to seek preventive care such as routine doctor’s checkups and immunizations, as well as treatment of minor ailments, such as ear infections, in a doctor’s office. The crucial preventive and primary care offered by these programs allows children to access care when needed, avoiding preventable hospitalizations and costly emergency department utilization.

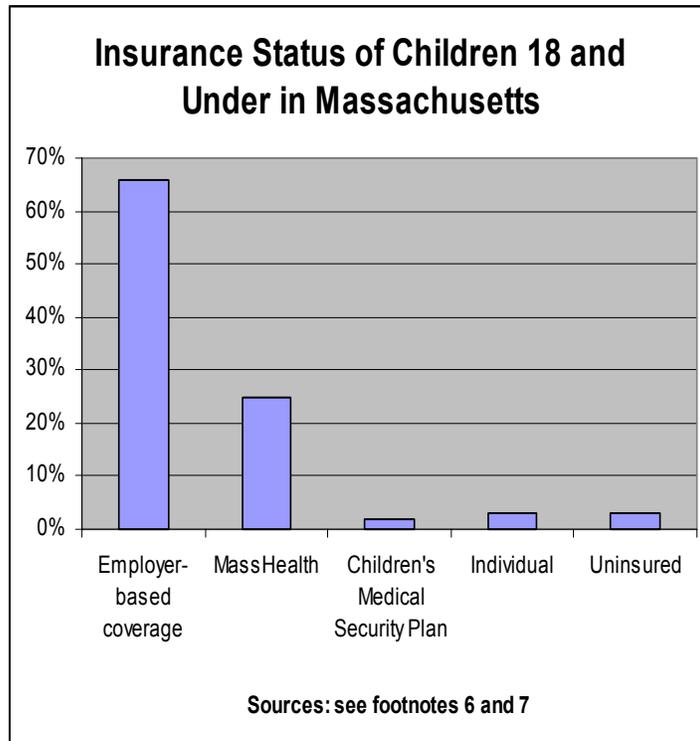
The state’s current budget crisis has led to a dangerous retreat from Massachusetts’ commitment to coverage, including deep cuts to both MassHealth and CMSP. Governor Romney’s proposed 2004 budget includes drastic reductions in CMSP services as well as substantially increased costs for families enrolled in the program. If these cuts were to be approved by the Legislature, the program would become prohibitively expensive to families.

II. The Four Foundations of Children’s Health Care

Until November 2002, nearly 97% of all Massachusetts children had some form of health coverage. There are three major types of health care coverage for children in low- and middle-income families:

- employer-based coverage,
- MassHealth (the Massachusetts Medicaid program), and
- The Children’s Medical Security Plan.

Approximately 66% percent of children in Massachusetts have employer-based coverage, 25% have coverage through MassHealth⁶, 3% have individually purchased coverage (unaffordable for low-



⁶ MassHealth percentage based on figures from Rosenbaum S, Lambrew J, Shin P, Regenstien M, Ehrmann T, Roby D. Health Care Coverage in Massachusetts: Far to Go, Farther to Fall. Boston: Blue Cross Blue Shield of Massachusetts Foundation, September 2002.

and middle-income families), and 2% have coverage through CMSP⁷.

A fourth major source of care is school nurses and school-based health centers. These do not constitute health insurance, but they are a crucial source of health care for many children.

Children who are uninsured may also receive care from hospital emergency departments and outpatient clinics. This is the most expensive type of care available and may be covered by the Uncompensated Care Pool, depending on family income. The Uncompensated Care Pool is funded by the state, hospitals and health insurers and is currently running a deficit, meaning health centers and hospitals that care for uninsured people are not being fully reimbursed for this care.

A. Employer-Based Coverage

The majority of children in Massachusetts have employer-based health care coverage. This generally provides enrollees with reasonably comprehensive health care benefits. Sixty-nine percent of employers in Massachusetts offer health insurance; nearly all Massachusetts employers with 50 or more workers offer health insurance. Coverage varies by region; for example, in Southeastern Massachusetts, where firms tend to be smaller, only 54% of firms offer coverage. It is often the high cost of premiums that deters employers from offering coverage.⁸

An increasing number of families are unable to afford health insurance even when their employer offers it, because of the high cost of the employee’s share of the premiums. Between 2000 and 2001, the cost of health insurance premiums in Massachusetts increased 15% in Massachusetts compared to 11% growth nationwide. At the same time, employers in Massachusetts paid a smaller percentage of the premium in 2001 than in 2000 (73% in 2001 vs. 75% in 2000). As a result, the average family’s employer-based health coverage costs grew by 24% or over \$400 from 2002 to 2001.⁹

B. Children’s Medical Security Plan (CMSP)

The Children’s Medical Security Plan has been a cornerstone of the Massachusetts safety net for children. Administered by the Department of Public Health, CMSP provides health coverage for approximately 26,000 children who do not have access to employer-based coverage and who do not qualify for MassHealth. It currently provides coverage for well- and sick-child care at a doctor’s office, immunizations, eye, ear, mental health and dental care, limited pharmaceuticals, outpatient surgery, and tests.

⁷ Calculated using figures from Massachusetts Department of Public Health, “MassChip KidsCount Profile,” <http://masschip.state.ma.us/InstantTopics>; and Massachusetts Department of Public Health, “CMSP Enrollment Report for February 2003.”

⁸ Rosenbaum et al. Health Care Coverage in Massachusetts: Far to Go, Farther to Fall.

⁹ Ibid.

CMSP was originally the Healthy Kids program. Created in the early 1990’s as a basic preventive health program for children ages 0-6, it has expanded over the years to be somewhat more comprehensive and to include children through age 19. The majority of children on CMSP have parents who work more than 35 hours per week.¹⁰ Children with family incomes below 200% of the federal poverty level (FPL) (\$30,048 for a family of three) are not charged premiums for this coverage. Children between 200 and 400% FPL pay for part of their coverage through monthly premiums of \$10.50 per child per month plus co-pays. Finally, children with family incomes over 400% FPL pay the full amount for coverage: \$52.50 per child per month. CMSP members receive their hospitalization coverage through the Uncompensated Care Pool.

CMSP Enrollment by City/Town (top ten)	
City	Enrollment
BOSTON*	3197
WORCESTER	1157
LOWELL	1019
BROCKTON	1010
FRAMINGHAM	898
LYNN	875
CHELSEA	733
FALL RIVER	701
LAWRENCE	663
NEW BEDFORD	652
Refer to Appendix 1 for complete list of enrollment by city. * Boston includes: Allston, Boston, Brighton, Dorchester, East Boston, Hyde Park, Jamaica Plain, Mattapan, Readville, Roslindale, Roxbury, South Boston, W. Roxbury.	

CMSP plays a role in communities throughout the Commonwealth. As noted in the above table, Boston has over 3000 children enrolled in the program as of February, 2003. Three communities (Worcester, Lowell, and Brockton) each have over 1,000 children covered by CMSP. In Brockton, 3.5% of children get their health coverage from CMSP while in Chilmark almost 4% of its children are covered by the program.

C. MassHealth (Medicaid)

MassHealth, the joint federal and state health program also known as Medicaid, offers a broad range of health coverage, under several different programs, for almost 1,000,000 Massachusetts residents, including low-income and disabled children¹¹. Approximately 405,000 – one in four – children in Massachusetts are covered by MassHealth. MassHealth is a federal-state partnership program, with the federal government contributing 50% of the cost of insuring most enrollees and even more of the cost for some children. In 1996 and 1997, MassHealth expanded to cover nearly 300,000 additional residents, including 108,000 additional children—through the federal State Children’s Health Insurance Program (SCHIP) and Family Assistance program. This was accomplished using a dedicated tobacco tax and federal matching funds, with no additional contribution from the General Fund.

¹⁰ Massachusetts Department of Public Health. “Update on CMSP Survey and Evaluation: Investigating Churning and Crowd Out.” February 2002.

¹¹ For more information on MassHealth, see the following: Health Care For All, The Facts on MassHealth: What It Is. Why It Works; and Quigley K, Shelto A, Turnbull N, MassHealth: Dispelling Myths and Preserving Progress. Boston: Massachusetts Health Policy Forum, 2002.

CommonHealth, one of the MassHealth programs, is vital for families that have severely disabled children. It was established in 1988 as a part of the Universal Health Care Bill, with the recognition that families and employers were unable to afford the medical care or coverage that these children needed. CommonHealth was originally a fully state-funded program and provided coverage both for disabled children of working parents and for working disabled adults, either directly or by providing supplementary benefits to employer-based coverage. In 1997, with the support of then-Governor Weld and the Legislature, CommonHealth became part of MassHealth, which allowed the state to reduce the costs of the program by receiving federal matching funds.

D. School Nurses and School-Based Health Centers

School nurses and school-based health centers have played a large—and growing—role in providing medical care to Massachusetts students. Indeed, for many uninsured children, schools are the only source of care.

In 2002, before Governor Romney’s cuts, some 2400 school nurses served Massachusetts students, with both state and municipal funding. In the 2001-2002 school year, 567,000 students in 110 districts received care funded with state assistance.¹² School nurses not only handle emergencies, provide routine care and health education and administer medications, but also manage care for children with special health needs such as tube feeding or oxygen through a ventilator.

Massachusetts has also until recently had about 70 school-based health centers located in elementary, middle, and high schools. The school-based health centers offer primary care, and their staff can prescribe medications. School-based centers fill gaps in the children’s health care system where other sources of care are scarce and difficult to access, particularly in rural communities and smaller cities and towns.

III. The Erosion of Children’s Health Care: Causes and Consequences

A. Loss of Employer Coverage

Massachusetts is facing an economic recession. Estimates indicate that in the past two years, as the unemployment rate increased in Massachusetts, the number of uninsured people has increased by about 65,000.¹³ In February 2003 over 185,000 residents, or 5.3%, were unemployed.¹⁴ On average, two children are dependent on every one of these unemployed adults. The average cost to purchase health insurance for an unemployed family of four is more than \$8000 per year, a sum which puts coverage out of reach for many families.¹⁵

¹² Massachusetts Department of Public Health. “The Enhanced School Health Services Program Data Report 2001-2002.” February 2003.

¹³ Rosenbaum et al. Health Care Coverage in Massachusetts: Far to Go, Farther to Fall.

¹⁴ Gavin, “Number of Unemployed in Mass. Revised Upward;” and Gavin, “Feb. State Jobless Rate Rises to 5.3%.”

¹⁵ Massachusetts Division of Health Care Finance and Policy. “Findings from the 2001 Massachusetts Employer Health Insurance Survey.” Estimate takes into account insurance premium growth rates of 10% or more for the year 2002.

The Medical Security Plan is available to unemployed persons and their families below 400% of the federal poverty level, but only while they are eligible for unemployment benefits.

Until recently, the safety net ensured that children would not go without needed health care if their parent were laid off or otherwise lost benefits. This safety net for working families is quickly unraveling, however, just at the time when families in Massachusetts need it most.

B. Loss of CMSP Services

The Children’s Medical Security Plan’s ability to serve as a needed safety net is being destroyed. In November 2002, enrollment for CMSP was capped at approximately 26,000. Many people are losing their employer-based coverage as they lose their jobs, and the CMSP waitlist has swelled to almost 4000 children. Children on the waitlist must wait over six weeks before being enrolled. In addition, in early December 2002, emergency room coverage was eliminated for all children on CMSP. Children needing emergency care must apply for free care from the already overburdened Uncompensated Care Pool.

Governor Romney has proposed a number of other changes to CMSP in his Fiscal Year 2004 budget. In November 2002, the state capped enrollment in the Children’s Medical Security Plan, and as a result nearly 4000 children are now on its waiting list. The Governor’s proposal would eliminate CMSP outpatient surgery, radiology services, dental, vision and mental health coverage. It would also quadruple the monthly premiums for low- to moderate-income families. This would turn an affordable quality health program into a cost-prohibitive one that only covers well- and sick-child visits in the doctor’s office. This increased cost-sharing and decreased benefits, if approved by the Legislature, would reduce the number of children insured by CMSP by 4000 children – by the administration’s own estimate.¹⁶

CMSP Waitlist by City/Town (top ten)		
City	Waitlist	Percentage
BOSTON*	504	13.6
LAWRENCE	143	3.97
BROCKTON	136	3.77
WORCESTER	130	3.61
LYNN	127	3.52
LOWELL	113	3.14
CHELSEA	91	2.52
SPRINGFIELD	90	2.5
NEW BEDFORD	78	2.16
FALL RIVER	68	1.89

Refer to Appendix 2 for complete list of enrollment by city.

* Boston includes: Allston, Boston, Brighton, Dorchester, East Boston, Hyde Park, Jamaica Plain, Mattapan, Readville, Roslindale, Roxbury, South Boston, W. Roxbury.

The consequences of lack of insurance for children are documented. Uninsured children use fewer medical and dental services and are less likely to receive routine preventive

¹⁶ Massachusetts Executive Office of Health and Human Services. “HHS Quick Facts on Budget and Caseload.” March 2003.

check-ups and immunizations. In 2002, 30% of uninsured children did not visit a physician, compared to 8% of insured children.¹⁷ Readily treatable childhood conditions such as ear infections that can affect hearing and language development are more likely to go undetected in uninsured children.¹⁸ The proposed cuts will not save money in the long run, and in the meantime will imperil children’s health and their ability to succeed in school.

If the Legislature approves these cuts to CMSP, the impact of the cutbacks will be amplified by the fact that children are losing access to health care from other sources as well. Just as children are starting to fall out of employer-based and MassHealth coverage, the health security that the Children’s Medical Security Plan has provided is disappearing.

C. Loss of MassHealth Services

During the past year, most cuts to MassHealth have avoided harming children directly, except for the recent premium increases to Family Assistance and CommonHealth (the program for disabled children and adults). The Governor’s new proposals for FY04, however, would have an immediate effect on children’s health coverage—and would in some cases eliminate their coverage entirely.

The Governor proposes freezing enrollment in CommonHealth, for disabled persons, and Family Assistance, for families at 150-200% of the federal poverty level.¹⁹ Thus nobody could newly enroll in these programs, including children, regardless of need.

The Governor also proposes imposing premiums for everyone on MassHealth. This would require a federal waiver as well as legislative approval. How high the premiums would be is unknown and depends on the number of people who would be charged. Paying premiums would be a financial burden on the low-income people who need MassHealth—potentially pushing many of them out of coverage entirely. Imposing premiums is especially dangerous in conjunction with freezing enrollment: a member who cannot pay her premium could lose coverage, and then due to the enrollment freeze could not re-enter the program.

D. Loss of School-Based Health Centers and School Nurse Services

School nursing services were hard hit by the Governor’s January 30 cuts: 38% of the state funding for school nursing programs was eliminated. As a result of these cuts and town budget crises, nearly 500 school nurses have already been laid off. In the

¹⁷ Massachusetts Division of Health Care Finance and Policy. Health Insurance Status of Massachusetts Residents: Third Edition. January 2003.

¹⁸ Institute of Medicine. A Shared Destiny: Effects of Uninsurance on Individuals, Families, and Communities. March 2003.

¹⁹ Language in Governor Romney’s “MassHealth Reform Bill” indicated that his proposed freeze on enrollment in the MassHealth CommonHealth and Family Assistance programs would impact children. The administration has stated that the bill would not impact children, but the actual outcome is at best unclear. The adverse effects of closing enrollment to health programs have been demonstrated by the capping of CMSP enrollment.

Governor’s FY04 budget proposal, all state funding for school nurses has been eliminated. Cuts in local aid can be expected to further decrease the ranks of school nurses.

Funding for school-based health centers has also been reduced, and many school health centers are closing or at risk of closing.

The consequences for Massachusetts students will be severe. Students will be at medical risk without access to school nurses to give them their medications on the correct schedule. Without care from school nurses, special education students may be forced into much more expensive special education settings so that their daily health needs can be met. Children with conditions such as asthma and diabetes may not be able to see school nurses when emergencies arise, and will face dangerous delays in treatment. Students will receive far less education on sexual health and drug use, with predictable consequences.

At a time when school health services are weakened and threatened with further cuts, it is all the more important to maintain health coverage for vulnerable children by protecting the Children’s Medical Security Plan and MassHealth.

IV. Economic Consequences of the Cuts

The cost to insure a child is small. **Children and parents together make up 62% of MassHealth enrollment, yet they account for less than 25% of expenditures.**²⁰ Eliminating health coverage for a child, however, has a significant price. Just as lack of insurance cuts down on worker productivity for adults, it results in poorer academic performance for children. Uninsured children are 25% more likely to miss school than insured children.²¹ About half of the uninsured have reported struggling to pay expenses such as food and rent, and the vast majority (70%) were forced to deplete their savings to pay medical bills.²²

Ms. S. from Framingham works for a company that does not offer health insurance. She lost MassHealth coverage for her two daughters in January because she was over-income due to a small increase in her wages. Her daughters are eligible for CMSP, but due to the enrollment cap both children were placed on the waiting list and are currently without coverage. When her 13 year old daughter suffered from a fever of 104 degrees in February, Ms. S did not know what to do. She was referred to the emergency department of her local hospital.

Children who cannot access preventive care may develop much more serious conditions which will need costly emergency department or hospital care. For example, it is

²⁰ Health Care For All. The Facts on MassHealth: What It Is. Why It Works.

²¹ Florida Healthy Kids Corporation. Healthy Kids Annual Report. February 1997. As reported in Rosenbaum et al. Health Care Coverage in Massachusetts: Far to Go, Farther to Fall.

²² Duchon L, Schoen C, Doty M, Davis K, Strumpf E, Bruegman S. Security Matters: How Instability in Health Insurance Puts U.S. Workers at Risk. New York: The Commonwealth Fund, December 2001. As reported in Rosenbaum et al. Health Care Coverage in Massachusetts: Far to Go, Farther to Fall.

estimated that at least \$13 is saved for each \$1 spent on the measles-mumps-rubella vaccine in the United States each year.²³

Mrs. M. from West Roxbury in Boston is going through a divorce and her estranged husband has left the country, ending the family’s health insurance coverage and leaving her without any financial support. Mrs. M. and her 15 year old daughter cannot get MassHealth coverage because Mrs. M.’s \$40,000 annual income puts her over the income limits. Her daughter is on the CMSP waitlist. This winter Mrs. M.’s daughter suffered from a severe cold for several weeks. Visits to the private doctor are very expensive and Mrs. M. was sometimes forced to let her child go untreated.

The impact of having no insurance weighs heavily on parents and the workforce. One Texas study found that working parents of uninsured children missed 550,000 more days of work than those with insured children, costing Texans more than \$20 million in lost wages.²⁴

Finally, health centers and hospitals that continue to take care of newly uninsured children will seek reimbursement from the already overburdened Uncompensated Care Pool. The Pool covers hospital and emergency room services for the uninsured. It is funded by fixed contributions from hospitals, insurers and the state, and is already in fiscal crisis. As the uninsured population increases, the Pool falls further into deficit and pays less and less for care provided to the uninsured. It will not be able to afford the influx of uninsured people who will need care as they lose employer-based, MassHealth, or CMSP coverage.

“The costs to the state and its health care delivery system are far greater when people do not get primary and preventive care such as vaccines and good asthma, seizure and diabetes management and medications. CMSP and MassHealth are crucial for ensuring that children can access such care. It would be both fiscally foolish and medically disastrous to decrease access to care by cutting these programs.”
- Sean Palfrey, President, Massachusetts Chapter of the American Academy of Pediatrics

V. Recommendations

We call on the Legislature not to retreat from Massachusetts’ commitment to ensuring that every child has access to some form of health insurance coverage. We recommend that the Legislature:

1. Reject Governor Romney’s proposals to cut Children’s Medical Security Plan benefits and to make premiums prohibitively expensive.

²³ Heard, Marian and Gifford, Chad. “We Can’t Let Our Children’s Health Slide.” The Boston Globe, December 7, 2002.

²⁴ Ibid.

2. Fully fund the Children’s Medical Security Plan (line item 4590-0906) to cover more children in need. In FY03 it was funded at approximately \$15 million. Level funding would ensure that the current capped enrollment of 26,000 children and the comprehensive benefits could remain in place. An additional \$5 million would allow another 10,000 children to be covered.
3. Pass the *Act to Ensure Children’s Access to Basic Health Care* (HD#2794 – lead sponsor Representative Kathleen Teahan) to ensure that all eligible children can enroll in the Children’s Medical Security Plan regardless of budget constraints.
4. Maintain affordable co-payments and premiums for MassHealth programs that cover children, and not freeze or cap enrollment for these programs.
5. Provide adequate funding for school nurses and school-based health centers.

VI. Conclusion

Massachusetts has a strong history of providing health care coverage, particularly for children. Few states could have claimed a 97% insurance rate for all its children. The Commonwealth is slipping dangerously from its commitment to provide core services to its neediest residents. The nature of childhood is to rely on others – parents, schools, communities and the state – to provide for a healthy and safe life. Let us restore the Commonwealth’s commitment to a healthy life by providing health care access to all of our children.

Appendices

- 1) Children’s Medical Security Plan Enrollees, by City
Source: Massachusetts Department of Public Health. “CMSP City Demographics 02/01/03 – 02/28/03.” March 2003.
- 2) Children’s Medical Security Plan Waitlist, by City
Source: Massachusetts Department of Public Health. “CMSP Waitlist 3/3/03.” March 2003.

Appendix 1.

CMSP Enrollment by City - February 2003

Note: in some cases enrollment is reported by neighborhood, not by city. For example, Newton, West Newton and Chesnut Hill are listed as separate entries.

<i>City</i>	<i>Enrollment</i>	<i>City</i>	<i>Enrollment</i>
ABINGTON	59	BOSTON	3197
ACTON	56	<i>ALLSTON</i>	117
ACUSHNET	34	<i>BOSTON</i>	426
ADAMS	26	<i>BRIGHTON</i>	177
AGAWAM	40	<i>DORCHESTER</i>	723
AMESBURY	55	<i>E.BOSTON</i>	608
AMHERST	90	<i>HYDE PARK</i>	187
ANDOVER	37	<i>JAMAICA PLAIN</i>	168
ARLINGTON	86	<i>MATTAPAN</i>	188
ASHBURNHAM	7	<i>READVILLE</i>	2
ASHBY	11	<i>ROSLINDALE</i>	231
ASHFIELD	2	<i>ROXBURY</i>	212
ASHLAND	78	<i>S. BOSTON</i>	97
ASHLEY FALLS	8	<i>W. ROXBURY</i>	61
ASSONET	6	BOURNE	8
ATHOL	24	BOXBORO	7
ATTLEBORO	107	BOXBOROUGH	2
AUBURN	7	BOXFORD	9
AUBURNDALE	3	BOYLSTON	1
AVON	17	BRADFORD	34
AYER	26	BRAINTREE	76
BALDWINVILLE	9	BRANT ROCK	4
BARNSTABLE	5	BREWSTER	47
BARRE	8	BRIDGEWATER	50
BECKET	11	BRIMFIELD	3
BEDFORD	20	BROCKTON	1010
BELCHERTOWN	21	BROOKFIELD	8
BELLINGHAM	43	BROOKLINE	101
BELMONT	44	BROOKLINE VILLAGE	2
BERKLEY	9	BURLINGTON	34
BERLIN	6	BUZZARDS BAY	26
BERNARDSTON	6	BYFIELD	7
BEVERLY	133	CAMBRIDGE	197
BILLERICA	81	CANTON	39
BLACKSTONE	22	CARLISLE	3
BLANDFORD	7	CARVER	24
BOLTON	4	CATAUMET	3
BONDSVILLE	6	CEDARVILLE	2

“Small Savings, Big Losses”

City	Enrollment	City	Enrollment
CENTERVILLE	57	EAST TAUNTON	5
CHARLEMONT	2	EAST WAREHAM	9
CHARLESTOWN	64	EAST WEYMOUTH	22
CHARLTON	15	EASTHAM	18
CHARLTON DEPOT	2	EASTHAMPTON	44
CHATHAM	9	EASTON	4
CHELMSFORD	28	EDGARTOWN	68
CHELSEA	733	ELMWOOD	3
CHERRY VALLEY	2	ERVING	1
CHESHIRE	1	ESSEX	10
CHESTERFIELD	2	EVERETT	418
CHESTNUT HILL	29	FAIRHAVEN	60
CHICOPEE	133	FALL RIVER	701
CHILMARK	7	FALMOUTH	19
CLARKSBURG	7	FEEDING HILLS	41
CLINTON	70	FISKDALE	4
COHASSET	4	FITCHBURG	270
COLRAIN	7	FLORENCE	22
CONCORD	6	FORESTDALE	16
CONWAY	2	FORT DEVENS	3
COTUIT	18	FOXBORO	33
CUMMAQUID	1	FRAMINGHAM	898
CUMMINGTON	3	FRANKLIN	29
DALTON	27	FREETOWN	7
DANVERS	58	GARDNER	38
DARTMOUTH	8	GAY HEAD	2
DEDHAM	55	GEORGETOWN	13
DEERFIELD	3	GILBERTVILLE	3
DENNIS	11	GILL	2
DENNISPORT	25	GLOUCESTER	137
DIGHTON	3	GOSHEN	3
DOUGLAS	14	GRAFTON	5
DOVER	4	GRANBY	22
DRACUT	109	GREAT BARRINGTON	9
DUDLEY	14	GREEN HARBOR	7
DUNSTABLE	2	GREENFIELD	32
DUXBURY	14	GROTON	8
E.BRIDGEWATER	17	GROVELAND	13
E.BROOKFIELD	3	GT BARRINGTON	21
E.DOUGLAS	1	HADLEY	7
E.FALMOUTH	55	HALIFAX	28
E.FREETOWN	15	HAMILTON	5
E.LONGMEADOW	6	HAMPDEN	19
E.ORLEANS	2	HANCOCK	2
E.OTIS	5	HANOVER	10
E.SANDWICH	6	HANSON	24
E.TAUNTON	17	HARVARD	4
E.TEMPLETON	4	HARWICH	42
E.WALPOLE	1	HARWICHPORT	12
E.WAREHAM	4	HATFIELD	7
E.WEYMOUTH	14	HAVERHILL	208
EAST BRIDGEWATER	12	HAYDENVILLE	1
EAST BROOKFIELD	1	HINGHAM	16
EAST DENNIS	1	HINSDALE	16
EAST DOUGLAS	13	HOLBROOK	39
EAST FALMOUTH	52	HOLDEN	9
EAST FREETOWN	5	HOLLAND	6
EAST LONGMEADOW	15	HOLLISTON	18
EAST ORLEANS	3	HOLYOKE	116
EAST OTIS	1	HOPEDALE	13
EAST SANDWICH	6	HOPKINTON	16

“Small Savings, Big Losses”

City	Enrollment	City	Enrollment
HOUSATONIC	7	MILLVILLE	19
HUBBARDSTON	10	MILTON	32
HUDSON	93	MINOT	1
HULL	16	MONPONSETT	1
HUNTINGTON	11	MONSON	21
HYANNIS	309	MONTAGUE	3
INDIAN ORCHARD	14	MONTEREY	2
IPSWICH	45	MONUMENT BEACH	5
KINGSTON	20	N.CHATHAM	2
LAKEVILLE	31	N.ADAMS	20
LANCASTER	24	N.ANDOVER	25
LANESBORO	6	N.ATTLEBORO	35
LAWRENCE	663	N.BILLERICA	3
LEE	41	N.BROOKFIELD	9
LEEDS	2	N.CHATHAM	1
LEICESTER	8	N.CHELMSFORD	8
LENOX	14	N.DARTMOUTH	21
LENOX DALE	2	N.DIGHTON	4
LEOMINSTER	335	N.EASTHAM	3
LEVERETT	1	N.EGREMONT	2
LEXINGTON	33	N.FALMOUTH	7
LEYDEN	7	N.GRAFTON	3
LINCOLN	6	N.PEMBROKE	1
LINWOOD	5	N.QUINCY	12
LITTLETON	10	N.READING	15
LONGMEADOW	21	N.TRURO	2
LOWELL	1019	N.UXBRIDGE	2
LUDLOW	52	N.WEYMOUTH	4
LUNENBURG	25	NAHANT	3
LYNN	875	NANTUCKET	62
LYNNFIELD	24	NATICK	58
MAGNOLIA	1	NEEDHAM	26
MALDEN	363	NEW BEDFORD	652
MANCHAUG	3	NEW BRAINTREE	2
MANCHESTER	1	NEW MARLBORO	1
MANCHESTER BY THE S	7	NEW SALEM	1
MANOMET	14	NEWBURY	7
MANSFIELD	48	NEWBURYPORT	31
MARBLEHEAD	25	NEWTON	114
MARION	13	NEWTON CENTRE	2
MARLBORO	269	NEWTONVILLE	4
MARLBOROUGH	148	NORFOLK	4
MARSHFIELD	47	NORTH ADAMS	10
MARSTONS MILLS	50	NORTH ANDOVER	29
MASHPEE	55	NORTH ATTLEBORO	23
MATTAPOISETT	22	NORTH BILLERICA	12
MAYNARD	37	NORTH CARVER	1
MEDFIELD	14	NORTH CHELMSFORD	6
MEDFORD	143	NORTH DARTMOUTH	30
MEDWAY	22	NORTH EASTHAM	1
MELROSE	42	NORTH EASTON	15
MENDON	10	NORTH EGREMONT	2
MERRIMAC	14	NORTH FALMOUTH	6
METHUEN	179	NORTH GRAFTON	3
MIDDLEBORO	97	NORTH HATFIELD	1
MIDDLETON	12	NORTH OXFORD	4
MILFORD	188	NORTH QUINCY	14
MILL RIVER	6	NORTH READING	10
MILLBURY	18	NORTH TRURO	4
MILLERS FALLS	3	NORTH UXBRIDGE	1
MILLIS	18	NORTH WEYMOUTH	5

“Small Savings, Big Losses”

City	Enrollment	City	Enrollment
NORTHAMPTON	38	S.WEYMOUTH	11
NORTHBORO	14	S.YARMOUTH	46
NORTHBOROUGH	3	SAGAMORE	4
NORTHBRIDGE	10	SAGAMORE BEACH	9
NORTHFIELD	5	SALEM	221
NORTON	35	SALISBURY	20
NORWOOD	123	SANDISFIELD	2
OAK BLUFFS	43	SANDWICH	32
OAKHAM	3	SAUGUS	77
ONSET	7	SCITUATE	28
ORANGE	12	SEEKONK	19
ORLEANS	23	SHARON	34
OSTERVILLE	14	SHEFFIELD	9
OTIS	1	SHELBURNE FALLS	6
OXFORD	19	SHELDONVILLE	1
PALMER	24	SHERBORN	4
PAXTON	5	SHIRLEY	18
PEABODY	225	SHREWSBURY	67
PELHAM	1	SHUTESBURY	3
PEMBROKE	35	SOMERSET	42
PEPPERELL	37	SOMERVILLE	430
PERU	1	SOUTH BARRE	1
PETERSHAM	4	SOUTH CHATHAM	4
PITTSFIELD	132	SOUTH DARTMOUTH	22
PLAINFIELD	1	SOUTH DEERFIELD	1
PLAINVILLE	10	SOUTH DENNIS	23
PLYMOUTH	191	SOUTH EASTON	10
PLYMPTON	13	SOUTH EGREMONT	1
POCASSET	6	SOUTH GRAFTON	6
PRINCETON	4	SOUTH HADLEY	21
PROVINCETOWN	9	SOUTH HAMILTON	4
QUINCY	214	SOUTH HARWICH	3
RANDOLPH	149	SOUTH LANCASTER	8
RAYNHAM	20	SOUTH LEE	1
RAYNHAM CENTER	1	SOUTH ORLEANS	1
READING	31	SOUTH WELLFLEET	3
REHOBOTH	14	SOUTH WEYMOUTH	19
REVERE	449	SOUTH YARMOUTH	30
RICHMOND	4	SOUTHAMPTON	18
ROCHDALE	5	SOUTHBORO	7
ROCHESTER	11	SOUTHBOROUGH	4
ROCKLAND	64	SOUTHBRIDGE	37
ROCKPORT	26	SOUTHFIELD	3
ROWE	2	SOUTHWICK	37
ROWLEY	17	SPENCER	21
ROYALSTON	8	SPRINGFIELD	393
RUSSELL	2	STERLING	12
RUTLAND	5	STOCKBRIDGE	3
S.ATTLEBORO	11	STONEHAM	43
S.CARVER	1	STOUGHTON	134
S.DARTMOUTH	12	STOW	9
S.DEERFIELD	5	STURBRIDGE	7
S.DENNIS	19	SUDBURY	8
S.EASTON	7	SUNDERLAND	6
S.GRAFTON	2	SUTTON	4
S.HADLEY	19	SWAMPSCOTT	30
S.HAMILTON	10	SWANSEA	41
S.LANCASTER	5	TAUNTON	208
S.LAWRENCE	4	TEATICKET	3
S.WALPOLE	1	TEMPLETON	3
S.WELLFLEET	1	TEWKSBURY	41

“Small Savings, Big Losses”

<i>City</i>	<i>Enrollment</i>	<i>City</i>	<i>Enrollment</i>
THORNDIKE	2	WESTBORO	37
THREE RIVERS	9	WESTBOROUGH	28
TISBURY	2	WESTFIELD	103
TOPSFIELD	8	WESTFORD	34
TOWNSEND	14	WESTHAMPTON	1
TRURO	3	WESTMINSTER	7
TURNERS FALLS	17	WESTON	5
TYNGSBORO	26	WESTPORT	45
UPTON	16	WESTWOOD	14
UXBRIDGE	29	WEYMOUTH	93
VINEYARD HAVEN	79	WHATELY	7
W.BARNSTABLE	7	WHITINSVILLE	18
W.BOYLSTON	6	WHITMAN	38
W.BRIDGEWATER	5	WILBRAHAM	11
W.BROOKFIELD	7	WILLIAMSBURG	4
W.CHATHAM	2	WILLIAMSTOWN	18
W.DENNIS	4	WILMINGTON	24
W.HARWICH	3	WINCHENDON	27
W.HATFIELD	2	WINCHESTER	12
W.NEWBURY	3	WINTHROP	60
W.NEWTON	8	WOBURN	95
W.SPRINGFIELD	59	WOLLASTON	20
W.STOCKBRIDGE	2	WOODS HOLE	2
W.TISBURY	14	WORCESTER	1157
W.TOWNSEND	6	WORONOCO	3
W.WAREHAM	3	WORTHINGTON	6
W.WARREN	5	WRENTHAM	27
W.YARMOUTH	58	YARMOUTH	2
WAKEFIELD	36	YARMOUTHPORT	34
WALES	13		
WALPOLE	20		
WALTHAM	252		
WAQUOIT	2		
WARE	17		
WAREHAM	46		
WARREN	10		
WARWICK	4		
WATERTOWN	81		
WAYLAND	4		
WEBSTER	46		
WELLESLEY	11		
WELLFLEET	32		
WENDELL	2		
WENHAM	10		
WEST BARNSTABLE	18		
WEST BRIDGEWATER	6		
WEST BROOKFIELD	3		
WEST CHATHAM	7		
WEST DENNIS	5		
WEST HARWICH	4		
WEST HYANNISPORT	2		
WEST NEWBURY	3		
WEST NEWTON	10		
WEST OTIS	1		
WEST SPRINGFIELD	38		
WEST STOCKBRIDGE	1		
WEST TISBURY	11		
WEST TOWNSEND	3		
WEST WAREHAM	9		
WEST WARREN	3		
WEST YARMOUTH	34		
		State Total	26114

Appendix 2.

CMSP Waitlist by City - February 2003

Note: in some cases enrollment is reported by neighborhood, not by city. For example, Newton, West Newton and Chesnut Hill are listed as separate entries.

<i>City</i>	<i>Waitlist</i>	<i>%</i>	<i>City</i>	<i>Waitlist</i>	<i>%</i>
ABINGTON	2	0.06	BOXBORO	1	0.03
ACTON	5	0.14	BOXBOROUGH	1	0.03
ACUSHNET	2	0.06	BRADFORD	4	0.11
ADAMS	8	0.22	BRAINTREE	8	0.22
AGAWAM	8	0.22	BRANT ROCK	3	0.08
AMESBURY	5	0.14	BREWSTER	13	0.36
AMHERST	13	0.36	BRIDGEWATER	6	0.17
ANDOVER	1	0.03	BROCKTON	136	3.77
ARLINGTON	8	0.22	BROOKLINE	28	0.78
ASHBURNHAM	3	0.08	BURLINGTON	3	0.08
ASHBY	2	0.06	BUZZARDS BAY	3	0.08
ASHLEY FALLS	1	0.03	BYFIELD	2	0.06
ASSONET	2	0.06	CAMBRIDGE	41	1.14
ATHOL	9	0.25	CANTON	6	0.17
ATTLEBORO	21	0.58	CARVER	6	0.17
AUBURN	5	0.14	CENTERVILLE	1	0.03
AYER	1	0.03	CHARLEMONT	1	0.03
BALDWINVILLE	3	0.08	CHARLESTOWN	4	0.11
BEDFORD	3	0.08	CHARLTON	7	0.19
BELCHERTOWN	10	0.28	CHATHAM	5	0.14
BELLINGHAM	5	0.14	CHELMSFORD	5	0.14
BELMONT	4	0.11	CHELSEA	91	2.52
BERKLEY	2	0.06	CHERRY VALLEY	3	0.08
BERLIN	4	0.11	CHESHIRE	1	0.03
BEVERLY	24	0.67	CHESTER	3	0.08
BILLERICA	18	0.5	CHESTNUT HILL	2	0.06
BOLTON	2	0.06	CHICOPEE	35	0.97
BOSTON	504	13.6	CLINTON	11	0.31
<i>ALLSTON</i>	<i>15</i>	<i>0.42</i>	COHASSET	1	0.03
<i>BOSTON</i>	<i>59</i>	<i>1.64</i>	COLRAIN	2	0.06
<i>BRIGHTON</i>	<i>10</i>	<i>0.28</i>	CONCORD	1	0.03
<i>DORCHESTER</i>	<i>164</i>	<i>4.55</i>	DALTON	3	0.08
<i>E.BOSTON</i>	<i>78</i>	<i>1.78</i>	DANVERS	8	0.22
<i>HYDE PARK</i>	<i>31</i>	<i>0.86</i>	DEDHAM	5	0.14
<i>JAMAICA PLAIN</i>	<i>17</i>	<i>0.47</i>	DENNIS PORT	2	0.06
<i>MATTAPAN</i>	<i>29</i>	<i>0.8</i>	DENNISPORT	3	0.08
<i>READVILLE</i>	<i>3</i>	<i>0.08</i>	DIGHTON	2	0.06
<i>ROSLINDALE</i>	<i>27</i>	<i>0.75</i>	DOUGLAS	2	0.06
<i>ROXBURY</i>	<i>39</i>	<i>1.08</i>	DRACUT	10	0.28
<i>S.BOSTON</i>	<i>21</i>	<i>0.58</i>	E.BRIDGEWATER	12	0.33
<i>W.ROXBURY</i>	<i>11</i>	<i>0.31</i>	E.BROOKFIELD	6	0.17

“Small Savings, Big Losses”

City	Waitlist	%	City	Waitlist	%
E.FALMOUTH	7	0.19	LEE	7	0.19
E.LONGMEADOW	2	0.06	LEICESTER	1	0.03
E.ORLEANS	1	0.03	LENOX	1	0.03
E.SANDWICH	2	0.06	LEOMINSTER	35	0.97
E.TAUNTON	2	0.06	LEXINGTON	6	0.17
E.WALPOLE	2	0.06	LITTLETON	3	0.08
E.WEYMOUTH	6	0.17	LOWELL	113	3.14
EAST DENNIS	2	0.06	LUDLOW	4	0.11
EAST WEYMOUTH	2	0.06	LUNENBURG	3	0.08
EASTHAM	3	0.08	LYNN	127	3.52
EASTHAMPTON	5	0.14	LYNNFIELD	5	0.14
EASTON	1	0.03	MALDEN	44	1.22
EDGARTOWN	5	0.14	MANCHESTER	2	0.06
ESSEX	6	0.17	MANCHESTER BY THE SEA	1	0.03
EVERETT	57	1.58	MANSFIELD	10	0.28
FAIRHAVEN	14	0.39	MARLBORO	34	0.94
FALL RIVER	68	1.89	MARLBOROUGH	4	0.11
FALMOUTH	2	0.06	MARSHFIELD	3	0.08
FEEDING HILLS	10	0.28	MARSTONS MILLS	4	0.11
FITCHBURG	29	0.8	MASHPEE	19	0.53
FLORENCE	4	0.11	MATTAPOISETT	1	0.03
FORESTDALE	4	0.11	MAYNARD	2	0.06
FOXBORO	5	0.14	MEDFORD	24	0.67
FRAMINGHAM	54	1.5	MEDWAY	2	0.06
FRANKLIN	3	0.08	MELROSE	5	0.14
GARDNER	16	0.44	MENDON	2	0.06
GEORGETOWN	1	0.03	MERRIMAC	5	0.14
GILBERTVILLE	1	0.03	METHUEN	24	0.67
GILL	4	0.11	MIDDLEBORO	12	0.33
GLOUCESTER	9	0.25	MIDDLETON	4	0.11
GRANVILLE	2	0.06	MILFORD	18	0.5
GREAT BARRINGTON	1	0.03	MILL RIVER	1	0.03
GREENFIELD	14	0.39	MILLIS	1	0.03
GROTON	1	0.03	MILLVILLE	2	0.06
GROVELAND	1	0.03	MILTON	9	0.25
GT BARRINGTON	3	0.08	MONSON	4	0.11
HALIFAX	5	0.14	MONTAGUE	1	0.03
HANCOCK	3	0.08	MONTGOMERY	1	0.03
HANOVER	2	0.06	N.ADAMS	12	0.33
HANSON	8	0.22	N.ANDOVER	4	0.11
HARWICH	5	0.14	N.ATTLEBORO	12	0.33
HAVERHILL	36	1	N.BROOKFIELD	2	0.06
HINGHAM	2	0.06	N.CHELMSFORD	2	0.06
HINSDALE	5	0.14	N.DARTMOUTH	4	0.11
HOLBROOK	14	0.39	N.EASTHAM	3	0.08
HOLDEN	5	0.14	N.EASTON	2	0.06
HOLLAND	1	0.03	N.FALMOUTH	1	0.03
HOLYOKE	18	0.5	N.QUINCY	2	0.06
HOUSATONIC	3	0.08	N.READING	1	0.03
HUBBARDSTON	3	0.08	N.WEYMOUTH	1	0.03
HUDSON	8	0.22	NAHANT	1	0.03
HULL	4	0.11	NANTUCKET	2	0.06
HUNTINGTON	2	0.06	NATICK	4	0.11
HYANNIS	15	0.42	NEEDHAM	2	0.06
INDIAN ORCHARD	7	0.19	NEW BEDFORD	78	2.16
IPSWICH	3	0.08	NEWBURYPORT	1	0.03
JEFFERSON	1	0.03	NEWTON	12	0.33
KINGSTON	6	0.17	NORFOLK	3	0.08
LAKEVILLE	4	0.11	NORTH DARTMOUTH	4	0.11
LANESBORO	7	0.19	NORTH QUINCY	2	0.06
LAWRENCE	143	3.97	NORTH WEYMOUTH	2	0.06

“Small Savings, Big Losses”

<i>City</i>	<i>Waitlist</i>	<i>%</i>	<i>City</i>	<i>Waitlist</i>	<i>%</i>
NORTHAMPTON	3	0.08	STURBRIDGE	3	0.08
NORTHBRIDGE	2	0.06	SUDBURY	3	0.08
NORTON	9	0.25	SUTTON	2	0.06
NORWOOD	14	0.39	SWAMPSCOTT	4	0.11
ONSET	4	0.11	SWANSEA	5	0.14
ORLEANS	7	0.19	TAUNTON	30	0.83
OTTER RIVER	1	0.03	TEATICKET	2	0.06
OXFORD	4	0.11	TEMPLETON	2	0.06
PALMER	3	0.08	TEWKSBURY	10	0.28
PEABODY	27	0.75	THORNDIKE	1	0.03
PEMBROKE	6	0.17	THREE RIVERS	5	0.14
PEPPERELL	6	0.17	TOPSFIELD	1	0.03
PINEHURST	1	0.03	TOWNSEND	7	0.19
PITTSFIELD	20	0.55	TRURO	1	0.03
PLAINVILLE	4	0.11	TURNERS FALLS	4	0.11
PLYMOUTH	26	0.72	TYNGSBORO	4	0.11
POCASSET	2	0.06	UPTON	5	0.14
QUINCY	39	1.08	UXBRIDGE	5	0.14
RANDOLPH	20	0.55	VINEYARD HAVEN	16	0.44
RAYNHAM	6	0.17	W.BOYLSTON	3	0.08
READING	6	0.17	W.BROOKFIELD	2	0.06
REVERE	50	1.39	W.CHATHAM	2	0.06
ROCHDALE	3	0.08	W.DENNIS	1	0.03
ROCHESTER	3	0.08	W.FALMOUTH	1	0.03
ROCKLAND	14	0.39	W.NEWTON	1	0.03
ROCKPORT	5	0.14	W.SPRINGFIELD	16	0.44
ROWE	2	0.06	W.YARMOUTH	4	0.11
ROWLEY	4	0.11	WAKEFIELD	4	0.11
RUSSELL	1	0.03	WALPOLE	5	0.14
S.ATTLEBORO	8	0.22	WALTHAM	27	0.75
S.CARVER	4	0.11	WARE	1	0.03
S.DARTMOUTH	9	0.25	WAREHAM	6	0.17
S.DENNIS	8	0.22	WARREN	2	0.06
S.EASTON	1	0.03	WATERTOWN	16	0.44
S.HADLEY	3	0.08	WEBSTER	12	0.33
S.HAMILTON	2	0.06	WELLESLEY	2	0.06
S.WEYMOUTH	7	0.19	WELLFLEET	3	0.08
S.YARMOUTH	7	0.19	WEST BARNSTABLE	1	0.03
SAGAMORE	1	0.03	WEST BRIDGEWATER	2	0.06
SALEM	35	0.97	WESTBORO	6	0.17
SALISBURY	4	0.11	WESTBOROUGH	1	0.03
SANDISFIELD	1	0.03	WESTFIELD	13	0.36
SANDWICH	5	0.14	WESTFORD	4	0.11
SAUGUS	5	0.14	WESTMINSTER	3	0.08
SEEKONK	3	0.08	WESTON	7	0.19
SHARON	7	0.19	WESTPORT	9	0.25
SHEFFIELD	4	0.11	WESTWOOD	1	0.03
SHELBURNE FALLS	2	0.06	WEYMOUTH	19	0.53
SHIRLEY	4	0.11	WHITINSVILLE	6	0.17
SHREWSBURY	11	0.31	WHITMAN	6	0.17
SHUTESBURY	1	0.03	WILBRAHAM	2	0.06
SOMERSET	3	0.08	WILLIAMSBURG	1	0.03
SOMERVILLE	37	1.03	WILMINGTON	2	0.06
SOUTH BARRE	1	0.03	WINCHENDON	4	0.11
SOUTHAMPTON	1	0.03	WINCHESTER	3	0.08
SOUTHBORO	1	0.03	WINTHROP	4	0.11
SOUTHBOROUGH	1	0.03	WOBURN	16	0.44
SOUTHBRIDGE	15	0.42	WOLLASTON	2	0.06
SOUTHWICK	5	0.14	WORCESTER	130	3.61
SPENCER	17	0.47	WRENTHAM	5	0.14
SPRINGFIELD	90	2.5	YARMOUTHPORT	3	0.08
STONEHAM	3	0.08	TOTAL	3604	100
STOUGHTON	16	0.44			

Acknowledgements

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The Children’s Health Access Coalition

Founded in 1995, the Massachusetts Children’s Health Access Coalition (CHAC) includes consumers, providers, insurers, teachers and business representatives. This broad-based coalition has played a role in all child health access legislation since 1996, including the “Chapter 203” legislation. This legislation made every child in Massachusetts eligible for at least some form of health coverage as well as expanding programs for parents, unemployed people, people with disabilities, and seniors.