PIONEER HEALTH

Direct Health Care Agreements: A New Option for Patient-Centered Care That Costs Less and Reduces Provider Burnout

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Executive Summary

The Massachusetts health care system has been shaken with the challenges of battling a pandemic. In response, large swathes of the system were shut down to prioritize emergency and COVID-19-related care. Yet one area of medicine was largely unaffected: direct primary care (DPC) practices.

DPCs are examples of direct health care (DHC) agreements under which patients pay practices a set monthly fee. Prior to the pandemic, DHCs were already widely using telehealth, emails, and text messages to stay in regular contact with their patients. These DHC models have many benefits for patients and providers. Given our unsustainable overly expensive status quo, Massachusetts should embrace them as an additional healthcare option.

Innovative DHC models should be copied in other forms of care, not just primary care, as they are more patient centered and directly address so many of the health care issues that have vexed state policymakers for decades. These concerns include ever-higher costs, uncoordinated care, poor management of diseases, lack of focus on primary care, increased wait times, access issues, provider burnout, and surprise bills.

Massachusetts has the unfortunate distinction of being home to some of the nation's most expensive health insurance premiums. Family insurance premiums are often the second or third most expensive in the country. Since 2000, general price inflation has gone up 50 percent, yet employees are paying 276 percent more toward their health insurance premiums.[1] According to the Health Policy Commission, for every additional $1 earned in the Commonwealth, $0.39 is going toward health care, and that number is expected to continue to grow.[2]

Pre-pandemic, Governor Baker had filed a health care bill that attempted to prioritize primary care. The logic behind the proposal was that with better primary care services, more serious future illness and disease could be prevented or reduced. Not only can DHCs such has DPCs best address those situations, but proposed federal rules make these arrangements accessible to more residents.[3]

This paper aims to explain the possible benefits of DHCs, often using DPCs as an example, as they have built a successful record around the country and in Massachusetts. DPCs are often credited with delivering more patient-centered care at affordable prices and serving as an effective model to increase access to care for those who are uninsured, underinsured, and even those on public programs who have access issues.

At least 35 states have laws that exempt direct primary care from being considered insurance, and many are moving to expand those to include all kinds of direct health care arrangements. Massachusetts should embrace DHC in the following four ways:

1. The Division of Insurance should update its guidance to allow any form of direct care arrangements making it clear that it is not insurance. If there is clear legislative support, the General Court should pass a law to codify this standard.
2. The Group Insurance Commission (GIC) should embrace direct health care arrangements for public employees and offer it as a lower-cost option.
3. MassHealth should explore DHC arrangements, especially for some of the sickest patients on the program.
4. The General Court could consider requiring that insurance companies offer at least one product to consumers that wraps around direct health care arrangements, especially direct primary care.

What are direct health care (DHC) relationships?

Direct health care (DHC) relationships are payment agreements—like a YMCA membership or cell phone contract—but between a healthcare provider and a patient, covering a prearranged list of services.[4] For a set monthly or annual fee, the agreements allow patients to have unrestricted access to specified services offered by the DHC provider.[5] There are no copays, deductibles, or third-party insurance claims charged for the services. The price is transparent, and there are no surprise bills.

The most common form of DHC today is direct primary care (DPC). Since the mid-2000s, the DPC model has proliferated around the country, strengthening the provider-patient relationship.[6] According to one source, there are over 1,200 direct primary care practices throughout the United States, including at least 16 in Massachusetts.[7] DPC patients begin by choosing a provider and then purchase a complementary insurance plan well suited for that primary relationship. In practice, this often means that patients can save considerable amounts on health insurance coverage because they can purchase a plan with a higher deductible as they have access to so many basic services through the DPC plan.

DPC agreements are not the same as the high-end concierge medicine of the past.[8] Every DPC plan is slightly different but typically allows open enrollment all year long.[9] Services provided by DPC agreements often include:[10–11]

- unlimited office visits;
- home visits;
- same-day or next-day appointment availability;
- immediate rooming (no stops in traditional waiting rooms);
- extended visit durations (normally around an hour);
- access to telemedicine visits, email, and text messages;
- annual physical examinations;
- vaccinations;
- routine laboratory tests;
- stitches; splinting or casting of fractured or broken bones;
- help navigating the rest of the health care system if additional care is needed; and
- 24/7 emergency triage support.

Some DPC memberships include access to generic prescription drugs near wholesale cost and blood tests. These additional benefits often cost 70–90 percent less than within traditional insurance arrangements.[12]

In 2018, nearly 80 percent of monthly DPC subscription fees were between $51–$99 per member.[13] Unlike most other prices in health care, these costs have been stable. In 2015, median monthly costs were $75 a month, with the average being $93.[14] For comparison, the monthly cost of cell phone service was on average roughly $100 per month per person, making DPC arrangements comparable or, in many cases, even less expensive than cellular service.[15] Affordability matters, as approximately 60 percent of the patients who belong to a DPC practice have a combined annual household income of $95,000 or less.[16]

DPC is not a risk-transfer relationship like traditional health insurance and should therefore not be regulated like insurance companies. As such, 35 states have passed DPC laws defining direct primary care as a medical service outside of state insurance regulation, with around eight or nine allowing other direct contracting as well.[17] Moving beyond primary care, DHC agreements can be advantageous for services such as physical therapy, behavioral and mental health, and dentistry, for example.

The Affordable Care Act partly envisioned the expansion of direct care in Sec 10104, which authorized the U.S. Department of Health and Human Services to "permit a qualified health plan to provide coverage through a qualified direct primary care medical home plan."[18] While the federal individual mandate is no longer in effect, Massachusetts' individual mandate is. State policymakers would be wise to allow DPC and DHC practices to be paired with insurance plans to satisfy this requirement.

While DPC arrangements cover the bulk of primary care and follow-up care needs, these relationships are not a complete substitute for traditional health insurance, which covers

Case study: Cornerstone Family Medicine

Dr. Michele Parker is a DPC physician at Cornerstone Family Medicine in Gardner, MA. She has co-owned and operated a direct primary care practice since January 2019 with her husband, Dr. Michael Mutchler. Previously, she worked in a traditional fee-for-service healthcare model for 16 years. Dr. Parker compares her DPC practice to a gym membership, Netflix membership, or IT contract, where monthly fees pay for services as needed.

She and her husband each have approximately 600 patients—from newborn to geriatric. Monthly membership fees at Cornerstone are $25 for students, $60 for an individual, $80 for a couple, and $100 for a family. Those receiving Medicare receive a discount and pay $40 per month. Approximately 100 of their patients are "scholarship" patients on MassHealth. These patients have been vetted for financial need and pay $5 per month for individuals and $10 per month for families.

Dr. Parker's DPC membership includes, but isn't limited to, annual physicals; 12 visits per year; same-day appointments; telemedicine options; in-office testing for flu, pregnancy, urinalysis, and diabetic tests; chronic care management for diabetes, obesity, depression; and minor procedures, like splinting and suturing. She also performs home visits, nursing home visits, hospital visits as appropriate, and offers a free monthly nutrition class.

For patients Dr. Parker wishes to see in her office rather than by video or phone, visits typically last between 30 minutes and an hour. Besides her regular business hours, she answers texts and often goes in on weekends to help someone avoid urgent care or the emergency room.

Dr. Parker says she started her DPC practice after she could no longer maintain her former practice due to the intense requirements of the standard insurance model such as the ever-expanding administrative duties, high IT costs, and the consistent increase in the need to conduct "checkbox" assessments, that she felt did little to serve the patient.

Dr. Parker cares for many patients who are considered vulnerable or underinsured in the healthcare system. She says she spends 80 percent of her time with the 20 percent of her practice with the most needs, saving them time and money. For example, she visited a 90-year-old patient experiencing pain in her side at home and was able to test for infection and start her on antibiotics. The immediate care prevented complications from infection and from an unnecessary visit to the emergency room.

In another instance, Dr. Parker saw a patient experiencing anxiety and heart palpitations on a Saturday. She performed an EKG that ruled out serious conditions and saved the patient a $500 emergency room copay.

Without the DPC model, Dr. Parker says she would have likely joined the increasing number of doctors who leave clinical medicine. She finds that within the DPC model, she has more time to spend with patients and can provide personalized, team-based care. She can better get to know her patients and their health, while also coordinating care to provide her patients with the most economically and medically sound choices. In the words of Dr. Parker, "It's everything that patients want, and it's everything a caring physician aspiring to practice medicine dreams of doing."

emergency and catastrophic services. That is why individuals and small businesses can tailor other insurance coverage around their DHC arrangements, balancing their unique needs and saving significantly on health insurance premiums.

Benefits of direct health care arrangements

While each individual and family should weigh the benefits of direct health care arrangements, DHC offers numerous benefits for those looking to return to a 'patient-centered' approach to health care.

Patients gain an advocate and guide

DPC or other DHC providers can serve as an advocate and help navigate the entire health system for their patients. DHC arrangements can ease some of or much of the angst Americans feel about interacting with the health care system by providing guidance and unconflicted advice.

DHC providers shared numerous stories with us of weekend calls with patients to avoid costly ER visits, consulting with other providers in real-time as they provide supplemental care to avoid medication complications, or helping choose the best path of care since they know the patient's health history better than the specialist.

More preventative care to reduce extra spending

Reducing the cost of care has been long been a priority for patients and businesses. A review of claims for 1,000 patients found that spending for those seeing a DPC was 20 percent less per patient when compared to 1,000 patients on traditional health insurance.[19] That study found that the savings "were driven by a marked reduction in expensive emergency room visits, inpatient care, specialist visits, and advanced radiology, which more than made up for the higher investment in primary care."[20] While DPC models are less expensive, the savings does not come at the expense of patient satisfaction. In fact, DPC patients feel more satisfied with their care.[21]

Additionally, some practices help save their patients money by negotiating discounted rates for prescription drugs and ancillary care.[22]

Kevin Boyd fell on his stairs in Wichita and broke three ribs. Instead of going to the emergency room, he called his DPC physician, who had him come into his office. His doctor dispensed pain medications in the office and referred him nearby for an x-ray. The total cost was $70.[23] This same patient fell previously and broke several ribs. At the time, he used his traditional health insurance during a visit to the ER, a radiologist for his MRI, and received shots for the pain. The total bill was $14,000, and he paid $2,600.[24]

Better price transparency for patients

The lack of transparent pricing is one cause of the ever-increasing cost of healthcare. Patients with traditional health insurance coverage typically leave doctors' offices without knowing what services their insurance will be billed or how much everything will cost. Due to this opacity, even insured patients often choose not to go to the doctor, because they cannot or may not be able to afford it.[25]

DHC removes the cost uncertainty because patients know the monthly cost ahead of time. Understanding these costs upfront allows patients to make better healthcare decisions with their provider and get the care they need.

Example Comparison of Pricing Differences Between a Hospital and a DPC

Hospital		DPC
Service	Price	Price
Lab charges	$38	$8
Hematology	$1,783	$15
Urology	$232	$4.50
Chest x-ray	$491	$18
CT Scan	$10,955	$185

Source: Dr. Lee Gross[26]

Lower prescription drug costs

There are other advantages to payinxg for health care directly as well. Some DHC arrangements offer negotiated prescription drug prices and discounted lab costs as well. For those with limited or no prescription drug coverage, a 2018 study found that "almost one-quarter of filled pharmacy prescriptions (23%) involved a patient copayment that exceeded the average reimbursement paid by the insurer by more than $2.00."[27] In other words, a patient's copay amount is greater than the cost of the drug nearly 25 percent of the time. In some cases, that cost can be substantial.[28]

Many DHC practices can get their patients access to common drugs that are 70–90 percent less costly than would be available from a traditional provider billing an insurance plan.

More time with patients resulting in better care and better management of diseases

DHC arrangements allow providers to spend more time with patients because providers are not forced to spend time filling out and filing insurance paperwork. Looking at evidence from DPC practices, patients spend an average of 35 minutes with their physicians and average roughly four visits per year.[29] Patients in typical fee-for-service practices spend, on average, 15 minutes less with their provider per visit and average 1.66 visits per year.[30]

DPC providers are thus able to spend more time gathering patient history and developing a more comprehensive care plan, which means fewer referrals to specialists, emergency room visits, and unnecessary hospital visits.[31]

Less administrative expense and paperwork encourage DPC providers and other DHC specialists to focus on providing more coordinated and preventative care, which in turn helps them better manage patients' chronic conditions.

Some DHC practices have the flexibility to serve patients where they are and when they need care, including home visits. Patients with significant mobility impediments can remain in their homes and have their providers diagnose and treat them there.[32]

Shorter wait times

Pre-pandemic, spending long periods of time in a waiting room after waiting weeks for an available appointment with a provider was the norm. In fact, it takes over 50 days, on average, to obtain an appointment to see a physician in Boston, the longest of the 15 large metro areas surveyed.[33] Even with telehealth making appointments more convenient, wait times will remain high.

By contrast, the average wait time at a DPC practice is less than 10 minutes.[34] Direct primary care patients usually have access to same-day and next-day visits, which can range between 30 to 1-hour appointments. Many direct care providers have been utilizing telehealth for years. In addition, DPC providers often give out their cell phone numbers so patients can call and text them directly at any time. At times, DPC providers can diagnose a patient via a picture or video over text and prescribe medication without ever meeting in person.[35] Providers in traditional fee-for-service practices do not typically provide as much accessibility because it's difficult to bill within traditional health insurance plans.

Reduces provider burnout

Provider burnout—defined as "emotional exhaustion, feelings of cynicism and detachment from work, and a low sense of personal accomplishment"—costs the U.S. health care system roughly $4.6 billion a year.[36] This estimate only takes into account lost work hours and physician turnover. It is likely a conservative one when you factor in that physicians experiencing burnout are more likely to make medical mistakes, get sued for malpractice, and have less satisfied patients.[37] According to a 2018 survey of Massachusetts physicians, 78 percent, an increase of 4 percent from 2016, said they experience feelings of professional burnout at least sometimes.[38] And this estimate is only for physicians.

Increased paperwork, administrative costs, and bureaucracy are the leading causes of work-related stress and burnout among physicians.[39] Providers are spending more time on non-face-to-face activities than with patients and nearly a third of their day on administrative tasks.[40]

Direct health care arrangements can help relieve many of the factors related to burnout based on how the models are structured. DHC providers often comment that the model allows them to practice medicine in a manner that is most like the reason they went into medicine. The payment structure is not based upon daily patient visits, which in turn increases the provider's focus on patient care. Because most DHC models do not take insurance, they also spend less time filling out and filing paperwork to third-party payers, eliminating the wait time for reimbursement.

With less burnout, these providers are more likely to put off retirement or leave medicine altogether, which helps address the growing provider shortage in the Commonwealth.

Consumer Reports Survey of One-Month Supply of Common Drugs, Plus DPC Pricing[41]

	Pioglitazone Actos Diabetes	Celecoxib Celebrex Painkiller	Duloxetine Cymbalta Antidepressant	Atorvastatin Lipitor High Cholesterol
Plum Health DPC	$4.30	$6.47	$7.04	$2.09
HealthWarehouse.com	$12	$22	$13	$10
Costco	$16	$26	$35	$13
Independents	$19	$34	$31	$15
Sam's Club	$20	$38	$31	$20
Walgreens	$167	$204	$251	$65
Rite Aid	$255	$194	$170	$128
CVS/Target	$270	$187	$195	$135

Are there concerns about DHC?

Some critics have expressed concerns that DHCs might cherry-pick patients, but in reality, patients with chronic conditions often benefit the most under these arrangements and are drawn to them as some have been dropped by other providers in the status quo medical system that don't have the time to invest for proper "high-touch" care or education around lifestyle changes. Additionally, in most states that have direct health care or direct primary care laws, the laws make it clear that practices can't turn away a patient based on health status.

Others have expressed concerns that DHCs might attract too many sick patients and overwhelm the provider by requiring too much care for the monthly fee. But direct care providers have more flexibility under a direct arrangement and often come to know their patient's health history and health goals far better than a provider who only spends 15 minutes with a patient once a year. This relationship often results in better coordination of care that saves thousands of dollars in improper utilization of the health system, or avoidable complications.

Who can be helped by DHC?

As health insurance costs become ever-more expensive and navigating the traditional insurance system gets more complicated, direct health care membership arrangements offer a different path. Several patient groups stand to benefit from DHC's affordability and accessibility, especially working class individuals and families with high out-of-pocket costs, MassHealth enrollees, the elderly, the chronically ill, undocumented immigrants, small businesses, and those buying unsubsidized health insurance.

Working class or those with high out-of-pocket responsibility

Individuals facing high deductibles and cost-sharing would stand to benefit from DHC agreements. Instead of going without care because of uncertainty about costs, DHC agreements offer cost predictability. Many DPC practices have sliding scales based on age and income, offering discounted or free DPC care through scholarships or other means.

MassHealth enrollees

Access to providers has been a historical issue for MassHealth patients, as many providers do not accept Medicaid.[42] With same-day or next-day appointments, DHC arrangements give low-income and other Medicaid enrollees more access and options for coverage. Many of the DPC providers we spoke with for this paper served MassHealth patients, offering them sliding scale membership.

Older adults on Medicare

Older patients have good reasons to utilize DHC arrangements, among them difficulty finding transportation to the doctor's office, more personal management of chronic illnesses, and gaps in coverage for those on Medicare.

A study published in the *American Journal of Managed Care* reported a decrease in preventable hospital use in New York, Florida, Virginia, Arizona, and Nevada of $119.4 million because of direct care arrangements versus a large group not utilizing such an arrangement.[43] Over 90 percent of the savings—$109.2 million or $2,551 per patient—came from Medicare patients.[44]

The same study also found positive health outcomes as the providers "have the time to focus on all relevant health issues (acute, chronic, and preventive)."[45] The study concludes that this focus "increased physician interaction" and "resulted in lower hospital utilization and ultimately lower healthcare costs."[46]

Chronically ill

With typical primary care practices often feeling rushed, many patients with complicated and intensive illnesses require deeper and more extensive care management to effectively treat diseases or conditions. Under the status quo, "The majority of patients with diabetes, hypertension, and other chronic conditions do not receive adequate clinical care, partly because half of all patients leave their office visits without having understood what the physician said."[47] DHC arrangements can provide for longer patient visits to ensure comprehension, allow more discussion, and adequate follow-up.

Undocumented immigrants

Due to their immigration status, undocumented immigrants have limited access to and options for health care coverage and are more likely to be uninsured.[48] They have limited access to employer-sponsored insurance and are barred from participating in Medicare, Medicaid, the Affordable Care Act (ACA) marketplaces, and the Children's Health Insurance Program (CHIP).[49]

As a result, undocumented immigrants and their families often go without or delay seeking care, and when care is eventually provided, it is often in an emergency room. DHC arrangements offer an alternative means to access care more frequently for a predictable and affordable rate.

Small and mid-sized businesses

Small businesses struggle to offer health insurance due to ever-increasing premiums, and many have had to shift costs to their employees for the plans that are still offered.

However, DHC models offer an innovative approach for small businesses to reorient health care coverage for their

employees. For example, a small business owner with 12 employees in Kansas pays a DPC practice $50 per employee per month for primary care services and also purchases customized major medical insurance.[50] The total cost is $375 per month per employee.[51] The owner says, "Traditional employer insurance would have been double or triple the cost."[52]

Superior Packaging & Finishing in Braintree, MA saved $370,000 in a year when the company switched to offering a direct primary care plan and self-funding coverage for its employees.[53] That translates to savings of over $4,300 per employee enrolled in the health plan.[54] In addition to the savings, Superior Packaging & Finishing employees received good access to primary care doctors, and according to company owner Donald Charlebois, his employees also received better direction in navigating the healthcare system.[55]

A May 2020 study by the Society of Actuaries evaluated the claims costs of a mid-sized company with approximately 1,000 employees that evenly divided employees and their families between a traditional health insurance plan and an alternative plan that included a DPC option.[56] The study found an 8 percent reduction in claims costs for the DPC cohort versus the traditional cohort, and a 13 percent reduction in demand for healthcare.[57] In fact, the DPC cohort came in with lower claims costs in five of six categories. The study associated being part of the DPC cohort with a 41 percent reduction in emergency department usage, a 20 reduction in hospital admission rates, and a 20 percent reduction in hospital admission rates. And for prescription drug claims, the DPC cohort had 16 percent lower estimated claim costs than the traditional cohort.[58]

How Massachusetts can embrace DHC

Massachusetts should follow the lead of many other states by embracing direct health care arrangements. The state could do this in at least four ways.

5. Division of Insurance guidance should be updated to say that any form of direct care will not be regulated like insurance, because it is not insurance. If there was clear legislative support, the General Court could pass a law to codify this standard.
6. The Group Insurance Commission (GIC) should embrace direct health care arrangements for public employees and offer it as a lower-cost option.
7. MassHealth should explore DHC arrangements, especially for some of the sickest patients on the program. Local companies such as Iora Health would be good candidates to compete to offer a scaled-up program.
8. The General Court could consider requiring that insurance companies offer at least one product to consumers that wraps around direct health care arrangements, especially direct primary care. This reform would introduce a new option for consumers that is less expensive, as the product would have a higher deductible than most plans currently offered in the Commonwealth.

	Plan	Monthly Premium	Deductible	DPC cost	Total monthly cost	Unlimited primary care	Co-pays for routine labs, etc
Traditional Insurance	Gold PPO	$720	$1,500	N/A	$720	No, co-pays every visit post wellness	Yes
	Silver PPO	$615	$4,250	N/A	$615	No, co-pays every visit post wellness	Yes
DPC Paired with Plan	Silver HSA + DPC	$607	$3,000	$65/ month	$672	Yes	No
	Bronze HSA + DPC	$484	$5,800	$65/ month	$549	Yes	No

Source: Options given to a small employer in Maine provided by a health insurance broker to the authors as an illustration.

Case study: Gold Direct Care

Dr. Jeffery Gold is a DPC physician at Gold Direct Care in Marblehead, MA. He opened GDC in 2015 after leaving the Partners HealthCare system. His practice serves 700 patients. He sees approximately five or six patients in-clinic per day, but he additionally communicates with many other patients on a daily basis by phone, text, or email.

GDC charges membership fees based on age brackets, with costs ranging from $40 to $135 per month. Membership includes, but is not limited to, annual physical exams, up to 12 sick visits throughout the year, guaranteed same-day or next-day appointments, unlimited communications via cell phone and email, online consultations through Skype or FaceTime, no copayments, discounted labs and procedures, and negotiated prescription discounts. Office visits typically last between 30 minutes and an hour, and the practice holds regular business hours as well as after-hours availability.

Dr. Gold shared many stories of how his practice had saved patients considerable amounts of money. One example included a 29-year-old man who had been using the emergency room for primary care when he could no longer ignore his many symptoms, which he had done in part due to inability to pay. After hearing about Dr. Gold, he joined his practice. When Dr. Gold examined him, he found the man had a large testicular growth, which upon further tests was identified as metastasized cancer. Dr. Gold helped to coordinate his care to minimize costs. The man received immediate care at a price he could afford and made a full recovery.

Dr. Gold treated a 63-year old male with unmanaged diabetes with insurance through his wife's insurance at a Boston-based law firm with a high deductible. The patient was in need of a nuclear stress test due to a high coronary calcium CT score to determine if there was a risk of coronary artery disease. Dr. Gold consulted with a cardiologist through RubiconMD, an online secure specialty consultant service that his practices pays $250 a month to use and is included for members in their membership fee. The patient received a quote from his insurance for the recommended test at a cost of $3,200. Dr. Gold secured the same test for him for $1,200, which means the patient saved enough money to pay for the DPC membership for two years in one afternoon. The test was negative.

Dr. Gold's partner Dr. Carmela Mancini shared the story of an uninsured 30-year-old man who pays $648 a year for access to the direct primary care practice. Normally he would receive his healthcare from the emergency room. Since joining their practice the patient has suffered from a serious sinus infection, recurrence of cellulitis with abscesses that required draining, had multiple musculoskeletal injuries due to a car crash, and was in need of an x-ray for a possible femur fracture. The only additional cost to the patient for treatment of all these ailments was a $60 x-ray and inexpensive antibiotics. All other care was provided for under the $648. If he had sought care just once at the emergency room for any of these ailments, his bill for one visit would have been two or three times that amount.

Before opening his direct health care practice, Dr. Gold felt he was practicing insurance, not medicine. He was distressed that, within the traditional insurance-based system, he could not give the holistic, individualized primary care he knew his patients deserved. Within the DPC system, he feels like he is finally practicing medicine again by getting to know his patients more personally and subsequently providing better quality care that is more tailored to individual needs.

Conclusion

The future of healthcare should include more direct healthcare arrangements as they focus on providing higher quality care for less without the repetitive box-checking required in most health settings today to be in compliance with government, insurance or health system regulations. They directly combat many of the most challenging problems that stump policymakers and result in more satisfied patients and providers.

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Pioneer Institute develops and communicates dynamic ideas that advance prosperity and a vibrant civic life in Massachusetts and beyond.

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Success for Pioneer is when the citizens of our state and nation prosper and our society thrives because we enjoy world-class options in education, healthcare, transportation and economic opportunity, and when our government is limited, accountable and transparent.

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Pioneer believes that America is at its best when our citizenry is well-educated, committed to liberty, personal responsibility, and free enterprise, and both willing and able to test their beliefs based on facts and the free exchange of ideas.

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