BAY STATE SPECIALISTS AND DENTISTS GET MIXED REVIEWS ON PRICE TRANSPARENCY

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Pioneer Institute is an independent, non-partisan, privately funded research organization that seeks to improve the quality of life in Massachusetts through civic discourse and intellectually rigorous, data-driven public policy solutions based on free market principles, individual liberty and responsibility, and the ideal of effective, limited and accountable government.

This paper is a the Center for Health Care Solutions, which seeks to refocus the Massachusetts conversation about health care costs away from government-imposed interventions, toward market-based reforms. Current initiatives include driving public discourse on Medicaid; presenting a strong consumer perspective as the state considers a dramatic overhaul of the health care payment process; and supporting thoughtful tort reforms.

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Introduction

Imagine this: Your family needs a new TV and you go to several different retailers to make your selection. You budgeted up to $3,000 for the TV but you'd rather not spend it all. You look for a particular model in each store but there is one thing missing. No matter which retailer you go to, there is no price on any brand you look at. You tell a retail clerk you have $3,000 to spend and ask him the price of a particular model. The clerk tells you that about 30 days after you have received the TV, you get a statement detailing how much it cost and how much of the $3,000 you have left over for other purchases. Hard to imagine, right?

This would never pass muster for consumer service in any ordinary industry, yet this is exactly what happens every day in Massachusetts and across the country in the healthcare marketplace. Consumers with high-deductible health insurance plans and/or co-insurance have no idea what price they are going to be charged for medical services before obtaining those services, yet healthcare services are so much more important than a TV or any other consumer good. Consumers do not know that the price among providers can vary by huge amounts for the same procedures, such as routine office visits, a colonoscopy, or even a routine dental cleaning. Similarly, consumers have little idea about the quality of a service from any particular provider.

As we have seen healthcare reform unfold across the nation, consumers' voices have largely been left out of the conversation. Yet the high-deductible plans offered by many businesses, under which a consumer can spend up to $6500 or more in out-of-pocket costs, are growing increasingly common. As mentioned in our June Policy Brief on Hospital Transparency, a survey by the National Business Group on Health shows that roughly 32 percent of companies across the nation intend to offer only high–deductible plans to their employees in 2015. Whether or not this trend is the wave of the future, healthcare consumers need to be empowered now, through price transparency tools, so they can compare providers and find the best value for their care.

Interestingly, consumers themselves have a desire to be engaged in their health care. According to the Pew Research Center, 60 percent of American adults track their weight, diet, or exercise routine; one-third of American adults track health indicators or symptoms, such as blood pressure, blood sugar, headaches, or sleep patterns; one-third of caregivers track a health indicator for their loved ones; and 19 percent of smartphone owners have a health app on their phone. Consumers are demonstrating that they want to be good stewards of their health. Empowering healthcare consumers through price and information transparency leads to more informed decision-making, healthier lives, lower costs, and meets a demonstrated demand.

A March 2015 survey by Public Agenda showed that 74 percent of those with deductibles of $3,000 or more tried to find price information before getting care. And 64 percent of those in this national survey said they would find it helpful to get an estimate from office staff even after a doctor's appointment. Forty-three percent said they would choose less expensive doctors if they knew prices in advance. **Almost 40 percent of those surveyed said they tried to find out their out-of-pocket costs before seeing specialist doctors** (Emphasis added; source: *How Much Will It Cost*, a report by Public Agenda with support from the Robert Wood Johnson Foundation, March 2015).

In addition to benefiting consumers, price transparency is critical to the efficient functioning of any market. In any industry we rely on price to signal how resources should be allocated among competing uses. In healthcare, where prices are secret or difficult to ascertain, there is no objective way to measure if too many resources are allocated to a given provider or insurer. Providers themselves are often in the dark about prices and have no idea what treatments may cost patients.

Patients, of course, are for the most part totally in the dark about price and quality. This lack of transparency helps create a market where some providers receive more healthcare dollars than

others who may provide the same quality at a lower price. We know that transparency alone will not solve the problem of high healthcare costs, but it is an important next step in engaging consumers and getting a handle on costs.

In 2012, Massachusetts passed legislation to try to control ever-escalating healthcare costs. Bay State healthcare costs had been rising at rates that policymakers, the business community and consumer advocates felt was not sustainable. Indeed, Massachusetts is at or near the top in terms of state healthcare costs. One of the features of the 2012 legislation required that providers and carriers make prices available to prospective patients and members (Section 103 of Chapter 224 of the Acts of 2012 adding Section 228 to Chapter 111 of the Massachusetts General Laws).

As of January 2014, providers, including physicians, hospitals, clinics, dentists, and others, are required, upon request, to give prospective patients "the contractually agreed amount paid by a carrier to that health care provider" or the amount "charged… for the service or procedure, including the amount of any facility fee" within two business days.

The law also provides that "**…if a health care provider is unable to quote a specific amount in advance due to the health care provider's inability to predict the specific treatment or diagnostic code, the health care provider shall disclose the estimated maximum amount or charge" for the proposed procedure or service or facility fee** (emphasis added).

As of October 2014, insurers are required to give their members price and deductible information among in-network providers through online cost estimator tools. In July 2015, HealthCare for All in Massachusetts reviewed the cost estimator tools of three major health insurers in a report card format. The carriers all received low overall grades (Source: *Consumer Cost Transparency Report Card*, an assessment by Health Care for All, July 2015).

In our June Policy Brief, *Mass Hospitals Weak on Transparency*, we surveyed a sample of Massachusetts hospitals and stand-alone clinics to find out how easy or difficult it is for consumers who know about the law to obtain price information. The results of our survey were disappointing and we recommended steps the Massachusetts hospital industry should take to improve access to price transparency. At that time, we also said we would next survey Massachusetts physicians to measure how easy or difficult it is for a prospective patient to obtain information about price before the desired service. This Policy Brief reports on the results of those efforts.

What Kinds of Providers Did We Survey?

The reference above to the Public Agenda survey indicates that almost 40 percent of consumers would like to know how much it is going to cost them to visit a specialist. We conducted small samples of three types of commonly used specialists: Dermatologists (23), ophthalmologists (23), and gastroenterologists (25). We also surveyed a sample of dentists (25). All are covered by the Massachusetts law requiring price information to be disclosed upon request. A total of 96 physicians and dentists were surveyed from a cross section of locations around the state.

What Questions Did Our Surveyors Ask?

In conducting the surveys, we tried to keep the questions as simple as possible. Healthcare procedures can involve a number of variables and we sought to limit external complexities as much as possible. We were looking to see how easy or difficult it would be for an ordinary consumer to obtain price information from various specialists and from dentists. In all cases, we said we were self-pay to limit the need for providers to give out insurance-specific prices as is required by the law. Instead we sought price data that was not dependent on insurance coverage.

When calling dermatologists, our team asked for two pieces of information: the price of a routine office visit and the price of removing a wart. When we called ophthalmologists, we

asked for the price of a routine eye examination to update an eyeglass prescription. For dentists, we sought the price of a cleaning and exam. Matters became more complicated when we called gastroenterologists and asked for the price of a "routine screening" colonoscopy – one that would not involve the removal or biopsy of any polyps. A colonoscopy price involves anesthesiologist and hospital or clinic facility fees on top of the gastroenterologist's surgical fee. We learned that the fragmented nature of healthcare pricing makes obtaining an overall estimate for a colonoscopy very difficult, and in some cases impossible. This particular exercise also highlighted some shortcomings in the current law and the need for additional guidance and coordination from government agencies and professional associations.

Survey Results

Dentists:

In general we found that dentists were the most transparent among the providers surveyed. Prices for a cleaning and exam ranged from a low of $57 for a dental chain in Boston to a high of $245 for a private practice in Greenfield. Many offices were clustered between $150 to $200. There seemed to be little resistance or hesitation by dental office staff when they were asked for prices; only a few offices were reluctant to give out the information.

However, many offices were unwilling to break down the price between the cleaning and dental examination. Many said they were aware of the state law regarding price transparency, and some offered that even if they were ignorant of the law, they would still give out price information. There were also a number of offices where first-time patients were eligible for reduced prices. Generally, the calls were handled efficiently and promptly and our staff had to deal with only one person. Few callbacks were necessary and there was very little use of voicemail. It also appeared that most offices were not surprised by questions about the price of procedures.

The transparency of prices among dental offices is likely because many patients are either self-pay or have dental insurance that provides limited benefits. Dental patients are used to paying hefty out-of-pocket fees for root canals, implants, bridge work and the like. Most dental insurance coverage has a maximum benefit of $1,000 to $1,500 and a limit on the times certain procedures will be covered even if the maximum benefit has not been reached. This means that both consumers and dental offices are used to discussing prices and fees. We do note, however, that a number of offices seem unaware that transparency is now required by state law.

Dermatologists:

Our experience was quite mixed for the 23 dermatologists surveyed. A number of offices were taken aback by questions regarding the price of a routine exam and removal of a wart, and while others readily knew the price of an office visit, the price of wart removal was more difficult to obtain. A few were unsure they had authority to give out price information, some were reluctant to talk about price, and a few were simply rude on the subject.

The good news is that our team typically had to deal with only one person, and multiple transfers or voicemail messaging was not necessary. In general, however, it was not easy to get answers. Office staff were not used to questions about price and seemed confused about what to do. Ultimately, through persistence, we were able to extract information about the price of a routine exam.

The problem was that in many cases a broad estimate was all we could obtain. For example, one office in Holyoke told us the exam itself could range from $85 to almost $400, a difference of over $300. When we pressed that we were looking only for the routine exam price we were told that the exam price depended on what the doctor might find even if no additional medical treatment was provided. At other practices prices ranged from $200 to $300, from $310 to $575, from $100 to $400, and from $150 to $300.

Although our team tried their best to obtain specific estimates that were more helpful to an average consumer, we were not successful in most cases. It appears that the base level exam price is available if nothing is found by the dermatologist. If something is found, the base price changes regardless of whether any further medical treatment is obtained.

In addition to asking for the price of a basic screening exam, our team also asked how much it would cost to remove a wart from a toe. Here again, the process often proved to be difficult. One Brookline office flat out refused to give the price of the removal of a wart saying it was "unavailable." This office also said "it was impossible" to give the price of a routine exam because it depends on what the doctor finds. After being pressed with "assume nothing is found," the office said "at least a couple of hundred of dollars." They knew nothing about the Massachusetts transparency law and promptly hung up.

Other offices would provide only wide-ranging estimates of the cost of wart removal. At one Kenmore Square office it ranged from $760 to $1250, a difference of almost $500. Although this office was prompt, efficient and gave the price information readily, it was not possible to obtain reasons for such a wide-ranging estimate. Other ranges included $300 to $500, $425 to $625, and $310 to $623. Several offices, however, gave a flat fee for wart removal and prices ranged from $55 per wart to between $220 and $430. It was not clear if the higher numbers involved removal of more than one wart.

In general, we found that the dermatology offices we called were not well informed about the transparency law and did not have systems in place to provide this information to prospective patients. Some did seem to have systems set up to answer such questions efficiently and politely; these included Atrius in Kenmore Square and Skincare Physicians in Chestnut Hill. Overall, however, this group of specialists appears not to have devoted resources to training and educating office staff.

The wide-ranging price estimates we sometimes received are probably not very helpful to consumers who may be seeking to make decisions about where to obtain a routine skin examination. It also appears that a "routine" exam price is available only if nothing is found. This pricing system begs the question, what is the exam price for in the first place?

Ophthalmologists:

Our experience with the 23 ophthalmologist offices was not as good as the dentists, but not as poor as the dermatologists. While only nine of the 23 offices we called knew about the state law, we were able to obtain the price of a routine eye exam rather easily from most offices. One office in Andover thanked our staff for telling them about the state law, although another in Falmouth stressed that they don't usually give price information over the phone. One office worker complained that her manager had never told her about the law.

While most offices gave a minimum price for a routine eye examination, several provided price ranges with differentials of between $25 and $150. These differences were not clearly explained; rather our callers were told "if something goes wrong, the doctor may need to charge more," or "additional procedures could make price go up," but the "additional procedures" or things that could go wrong were not described.

Most, however, gave our team one price that ranged from a low of $80 in Chelmsford to a high of $327 in Wellesley. Most seemed to fall between $100 and $275, with many stressing that the quoted price could change depending on what the doctor saw.

In some cases, our team was transferred a number of times to get to the "billing department," and in most cases, we were asked asked about insurance status. Sometimes, the price was the same with or without insurance, but in a few instances prices were higher because we were self-pay. In one case, the fee jumped from $140 to $327 after the office was told the caller was self-pay. Many offices also

said the fee was due the day of the visit, and a couple of offices said a $300 deposit was required but that any amount leftover from the deposit would be refunded.

Gastroenterologists:

Up to this point in our survey work, we have intentionally kept our search for healthcare price information very simple. But not all medical procedures are as simple as skin or eye exams or dental cleanings. There are plenty of frequently used medical procedures that pose more complicated scenarios. We wanted to see how the healthcare system would respond to a slightly more complex set of facts, so we asked about the price of a "routine screening" colonoscopy, assuming no biopsies or polyp removals.

We selected 25 gastroenterologists from around the commonwealth. For a number of reasons, this particular survey was more arduous, time consuming and frustrating than any we have undertaken so far. As a result of this experience, we conclude that it is very difficult for an ordinary consumer to learn the price of a routine screening colonoscopy from Massachusetts providers within the two business days required by law. Most ordinary consumers would likely give up in frustration and not succeed in obtaining this important information.

Frontline office staff were sometimes puzzled by the request and not sure how to handle it. Our callers were sometimes greeted by responses such as "I have no idea" or "I really don't know." Our staff would press on and be transferred "upstairs," "down there," or to some other staffer. At that point, we would be told that a "routine screening" colonoscopy involves at least three different healthcare providers with separate fees: the gastroenterologist's surgical fee, the anesthesiologist's fee, and the hospital or clinic facility fee. Overall, while most of the 25 doctors' offices contacted were able to provide the surgeons' fees within the two business day requirement, 12 of the 25 directed consumers to contact the facility and the anesthesiology service providers separately to obtain an estimate of each fee. It was not uncommon for our staff to call the hospital or anesthesiology service, leave detailed voicemail messages about price and not hear back at all. Our staff had to follow up for days to pursue the information. These calls to multiple sources with attendant voicemail phone tag took three-to-10 business days before complete estimates were obtained. In two cases, even after repeated attempts, we were unable to obtain a complete estimate.

On a more positive note, 13 of the 25 gastroenterologists offices contacted were able to supply all three fees to an average consumer within two business days, although in many instances numerous calls were required.

Another obstacle in this survey was that many of the doctors, facilities and anesthesiology services aggressively require that an ordinary consumer provide the precise "current procedural terminology" (CPT) code before an estimate could be given. In some cases our callers were told to locate the code by asking their doctor; in others we pressed forward explaining that CPT codes are not required by the law for a provider to give an estimate to a consumer.

Most of the entities contacted in this part of our survey were unaware of the state law that requires price transparency and which does not require CPT codes. However, even some that were aware said state law did not matter, they had to follow their organization's procedure and continued to demand CPT codes. In one case where we were unable to obtain an estimate, the anesthesiology service refused to provide estimates unless we provided both the CPT code and the length of time for the procedure, even after we educated this service on the specifics of the law.

In at least half the cases, the quest to obtain these fees was convoluted, difficult and confusing as our team was bounced to multiple departments at various locations. The doctor often bills separately from the facility fee, which is billed by the hospital or clinic, and anesthesiologists' billing is often handled by third party groups that manage anesthesiology for many hospitals. None of these

separate billing offices coordinate well with each other, placing the burden on the consumer to track down each price and put together an overall estimate.

Some locations had no idea where to send a caller to obtain pricing for other parts of the bill, while some hospitals weren't even sure what is covered by their facility fee, such as anesthesiology services. There was more reluctance and push back from all these offices when it came to providing prices than was seen with the other specialties. Additionally, more office staff, especially among anesthesiologists, asked or demanded CPT codes before disclosing prices.

The fees we were able to obtain varied widely. Gastroenterologists' surgical fees ranged from under $500 to $2,000. There were also a number of offices that gave price ranges with differentials of $200 to $1,800. For example, one practice on the North Shore gave us a range of from $1,200 to $3,000 for a routine screening colonoscopy while a South Shore practice gave a range of $1,000 to $2,000. It was not clear what procedures would create such ranges in a routine screening assuming no biopsies or polyp removals.

Hospital facility fees ranged from a low of $950 for a Cape Cod facility to $4,000 for one on the South Shore. The anesthesiologists' fees ran from $400 on Cape Cod to a high of $2,000 in the Boston area. Overall our survey revealed that the total price for a routine screening colonoscopy, assuming no biopsies or polyp removals, could range between $1,300 to almost $10,000 – with both extremes in the Boston area.

The most efficient and easy to obtain response came from Dr. Harold Levine's office in Hyannis. After leaving a voicemail with the billing and administration line, we received a call back within the hour from the receptionist, who informed us that the center's fee was $950; the anesthesiologist's fee was $400; and the gastroenterologist's fee was $700. Thus, the total estimate was $2,050.

Compare this experience with a typical example when the consumer has to search for fees from all three providers. On July 9, the Pioneer surveyor called a gastroenterologist's office and asked the price of a "routine screening" colonoscopy. The office staff said they had no idea and that our caller should call his insurer. Our caller said he was self-pay. The office staff said in that case, they did not know the price. Our caller asked how he could find out and informed the staff of the law's requirements. He was told to call the billing department of the hospital where the doctor performed colonoscopies.

Our surveyor was transferred to hospital billing, left a detailed message with the designated person and never heard back. Eventually, our staff was able to obtain the facility fee and was then directed to an anesthesiology service to obtain its fee.

The anesthesiology service said giving our caller information on the price for the anesthesiologist would be a problem because the charge is based on how long the procedure takes. Our caller would need both the length of the procedure and the surgical code to get an estimate. Our caller informed the anesthesiology service staffer that the law does not require the code, at which point the staffer offered to call the surgeon's office to get the price information for anesthesiology.

Finally after 10 business days, our caller was able to obtain estimates for the surgeon's fee, facility fee and anesthesiologists charge. This 10-day turnaround with all its attendant frustrations and confusions was repeated in calls to some Boston area and Central Mass. offices. Seven business day turnarounds were encountered in a city south of Boston and on the South Coast. As noted, in 12 cases, it took from 3-to-10 business days to obtain all estimates, and in two cases, we were unsuccessful. Under these circumstances, it is likely that most ordinary consumers would give up the quest in frustration and disappointment.

This particular survey highlights certain shortcomings in state law and its implementation. The law refers to "providers" giving information on

prices, including any facility fees if required. Yet the law is unclear about which providers should be giving information on facility or anesthesiology fees – both of which are a likely part of any surgical procedure. Guidance on this issue or how to make it more consumer friendly has not been forthcoming from government healthcare agencies or professional medical or hospital associations. Yet about half of surveyed physicians' offices seemed able to help callers obtain all this information so that the quest for price was a one-stop shopping experience. Query: how do these offices accomplish this?

The other half of the offices required the caller to contact the facility and the anesthesiologists' administrative services company to find out their fees for this procedure. It seems highly unlikely that a consumer would persevere to the extent our staff did to obtain these prices. It is more likely that an ordinary consumer would give up in frustration and resign herself to the fact that obtaining price estimates for a routine colonoscopy is simply not feasible.

This result was predicted in a blog post on the Massachusetts Medical Society website that predated the effective date of the law. Dr. George Abraham proved to be prophetic when he wrote, "On paper it looks great. We've increased transparency, but in reality it's mired in red tape. It could take days for patients to get all the information they need. It's not user friendly." He also recognized the issue of patients having to call multiple sources.

Conclusions and Recommendations

With the exception of dentists and some ophthalmologists, it appears that the specialists we surveyed still have a long way to go before Massachusetts consumers can reap the benefits of state transparency laws. It is ironic that in an era of high deductible health plans, transparency is supposed to aid consumers in allocating scarce healthcare dollars. Yet the transactional cost burdens of obtaining transparent prices seem now to fall disproportionately on consumers. This is clearly a disincentive and barrier to achieving transparency in healthcare pricing. What can be done to improve this?

First, all specialists, including dentists, need to educate and train office staff on the state law and give staff the tools they need to answer price questions. Office staff should be trained and advised that consumers will call about price and such callers should be helped as much as possible instead of transferred as quickly as possible to sources that are not equipped to provide the requested information.

Changes in culture and attitude toward prospective patients who inquire about price is urgently needed. Such consumers should not be made to feel that their price inquiries are invasive or strange. Such callers should be treated with respect and their questions answered as accurately as possible. Provider staff need to be equipped with the information they need to accomplish this.

The broad ranges of price for an office visit to a dermatologist are not very helpful to a consumer who needs a basic exam and is trying to find the best value among competing providers. For too long the idea that healthcare prices cannot be known until after the fact has helped keep prices secret and resulted in many unpleasant financial surprises for consumers.

In dermatology, it is still far from clear what services are involved in the price of a basic skin examination. Our research seems to show that if any blemish or questionable mark is spotted, the exam is no longer routine, regardless of whether additional medical services are performed. This remains an area of some ambiguity which could be clarified by the creation of transparent price lists for various medical or diagnostic procedures used during an examination. This still begs the question of what exactly is involved in the lower limit of an examination fee.

The same can be said of ophthalmologists. Prospective patients should be informed about the medical services that are included in the price of a

basic eye examination. Similarly, medical services that will add to the price of an eye exam should be identified so consumers will not be surprised when they receive their bill.

In all cases of dentists, dermatologists, and ophthalmologists, procedures and protocols should be put in place so office staff can implement the state transparency law. Many offices have procedures for patients who may have difficulty paying deductibles or other out-of-pocket costs. Similarly, procedures for relaying the price of medical services to prospective patients should be instituted and implemented as part of medical office customer service protocols. In all cases, these medical offices should promote the issue of transparency among their patients and use the internet and other means to educate patients and prospective patients that price information is conveniently available.

With respect to the poor showing among many gastroenterologists, the survey shows they have a long way to go toward embracing a culture of price transparency that encompasses the total cost of the services they provide. But these particular surgical specialists are likely not alone in failing to provide price information about the total procedure. Some providers may read the law as requiring consumers to search and locate the price for each aspect of a procedure. Such a reading is of course an automatic roadblock to transparency. Yet our survey did find a number of doctors who offered a complete breakdown of price in one place – their own offices. If half the gastroenterologists we surveyed can do this, why can't others do the same? The answer that healthcare is complex and fragmented should not be used as an excuse not to improve coordination among providers to make price transparency a reality.

Gastroenterologists did not fare well in terms of their staffs' awareness of the state law. In particular, pricing requests that were sometimes treated with suspicion, and in some cases disrespect, require attention. Consumers are already timid about asking questions of medical offices; discouraging questions about price only re-enforces that timidity which is detrimental to doctors and patients alike. Although we asked for information about a more complicated procedure from this group, the obstacles for consumers seemed out of proportion to the complexity and banality of the procedure.

In all cases, education, training and efforts to simplify the process for consumers are warranted. The Massachusetts law is not overly prescriptive and leaves providers free to develop their own implementation protocols. Perhaps more guidance is necessary to encourage greater coordination among providers who work together on the same procedure. Providers, perhaps with the help of their professional associations, may be in the best position to develop their own internal systems to provide transparency to prospective patients. What is not helpful is over reliance on CPT codes which consumers do not have or simply referring patients to their insurers. Some consumers are uninsured and some are looking at out-of-network pricing. If there are ambiguities in the law that need addressing, or further guidance from state government, all stakeholders should come together sooner rather than later to improve healthcare price transparency in Massachusetts. The status quo with respect to provider transparency is neither smooth nor effective.

About the Authors

Barbara Anthony, lawyer, economist, and public policy expert, is a Senior Fellow in Healthcare at Pioneer Institute focusing on healthcare price and quality transparency. She is also a Senior Fellow at the Harvard Kennedy School's Center for Business and Government where she leads seminars and writes about Massachusetts healthcare cost containment efforts. She served as Massachusetts Undersecretary of the Office of Consumer Affairs and Business Regulation from 2009 to 2015 and has worked at the intersection of federal and state commercial regulation and the business community for many years. Among other positions, Anthony served as the Director of the Northeast Regional Office of the Federal Trade Commission in Manhattan, and was a top deputy to the Massachusetts Attorney General. She began her career as an Antitrust Trial Attorney at the U.S. Justice Department in Washington, D.C. Anthony is a well known consumer advocate and regularly appears as a media commentator on consumer protection and business regulation issues.

Scott Haller is a senior at Northeastern University in Boston where he is pursuing a degree in Political Science. He spent two years at the University of Connecticut before transferring and deciding on his major. Scott began working at Pioneer Institute through Northeastern's Co-op Program, and continues in a part-time role focusing on research and policy analysis. His last co-op position was at the Massachusetts Office of the Inspector General where he assisted the Bureau of Program Integrity with its review of the Massachusetts Department of Transitional Assistance. Scott is a member of the Northeastern Rock Climbing Team and is the founding president of the Northeastern University Cubing Association.

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