



# MASSACHUSETTS MEDICAL SOCIETY

*Every physician matters, each patient counts.*

April 18, 2024

BARBARA S. SPIVAK, MD  
*President*

HUGH M. TAYLOR, MD  
*President-Elect*

OLIVIA C. LIAO, MD  
*Vice President*

LYNDA G. KABBASH, MD, FAAAAI  
*Secretary-Treasurer*

LEE S. PERRIN, MD  
*Assistant Secretary-Treasurer*

MELODY J. ECKARDT, MD, MPH,  
FACOG  
*Speaker*

ELI C. FREIMAN, MD, FAAP  
*Vice Speaker*

LOIS DEHLS CORNELL  
*Executive Vice President*

860 WINTER STREET

WALTHAM, MA 02451-1411

TEL (781) 893-4610

TOLL-FREE (800) 322-2303

FAX (781) 893-9136

WWW.MASSMED.ORG

The Honorable Aaron Michlewitz  
Chair, House Committee on Ways & Means  
State House, Room 243  
Boston, MA 02133

Dear Mr. Chairman:

The Massachusetts Medical Society (MMS) appreciates your efforts, and those of the committee members and staff, to produce H.4600, the House Ways and Means budget for FY25. On behalf of over 25,000 MMS members, we commend the House's meaningful investments to advance the health and well-being of all people in Massachusetts during these challenging fiscal times.

We appreciate the inclusion of **OS 46** – increasing a single filling of certain schedule II and III prescriptions, including medications to treat opioid use disorder and ADHD, will increase access to evidence-based care for patients and reduce administrative burden for physicians and their practices. We also applaud the House's **\$1.5B investment** in making **early childhood education** more affordable and accessible for families across the Commonwealth.

We believe the following amendments would build upon the House's commitment to health care and we wish to be recorded in support of:

## **Amendment #780 – Physician Health Services (Cataldo)**

This amendment supports the viability of [Physician Health Services](#), a nonprofit that provides confidential consultation and support to physicians and medical students for concerns ranging from stress and burnout to mental health and substance use disorder. PHS provides education, prevention, assessment, referral to treatment, and monitoring.

For the first time, PHS reports that most services provided are driven by mental health needs as the toll of years of increasing burnout exacerbated by the pandemic takes hold. Recognizing the growing need for mental and behavioral health support for all clinicians, the legislature established a new program within and funded through DPH for monitoring the rehabilitation of licensed health care professionals ([C.112 § 65G](#)).

PHS provides the same services as the newly created state program and is an authorized diversionary program with BORIM, providing an essential monitoring function. Physician health programs significantly decrease overall malpractice risk, increase patient safety, mitigate burnout, and improve physician retention. Physician retention is especially critical as widespread burnout is leading many physicians to leave clinical practice, contributing to physician shortages.

Relying on charitable donations and grants to maintain PHS' operations has become increasingly unsustainable while demand for mental health services has increased alongside a legislative change expanding a reporting exemption to BORIM for physicians seeking mental health care. Many physician health

programs across the country are financially supported by state funding. Given the Commonwealth's recognition of the value in financially supporting these services for other clinicians, we respectfully request the inclusion of amendment #780, which will support the mission and critical services provided by PHS.

### **Amendment #908 – Price Transparency (Cassidy)**

This amendment would reconcile overlapping and redundant state and federal requirements and avert significant, unnecessary administrative burden for physicians and health systems at a time where practices and health systems are in serious distress and contending with historic workforce shortages.

Both Congress and the Massachusetts legislature passed laws establishing requirements for notice and disclosure of network status and price transparency. The federal No Surprises Act (NSA) passed in December 2020 and largely took effect January 1, 2022. In MA, implementation of the Patients First Act (PFA), [C. 260 of the Acts of 2020](#), notice requirements has been delayed until 1/1/25.

Both laws aim to ensure patients have sufficient information regarding their provider's network status and out-of-pocket cost obligations to enable informed medical decisions. However, the mechanisms for disclosure differ in complicated ways, making compliance with both laws duplicative and burdensome. The NSA requires robust disclosures to patients regarding network status and price transparency making the PFA requirements redundant and unnecessary, especially as new state-level provider directory requirements provide patients greater information and transparency about providers' network status.

The convoluted interplay between the state and federal laws will also be confusing and detrimental to patients. Should both laws be in effect simultaneously, patients will receive multiple notices and conflicting information every time they schedule a service, including routine medical appointments.

Accordingly, with the best interests of both patients and physicians in mind, we ask for the inclusion of amendment #908 to H.4600.

Lastly, the MMS would like to be recorded **in support** of amendments #559 (Digital Health Navigators), #854 (Roadmap to Health Care Safety), #1104 (Water Well Study), and #1447 (Medicaid Coverage for Doula Services), and **in opposition** to #1361 (Provider Choice).

Thank you for your attention to these comments.

Sincerely,

Barbara S. Spivak, MD

CC: Members of the House Committee on Ways & Means