



# MASSACHUSETTS MEDICAL SOCIETY

*Every physician matters, each patient counts.*

**TESTIMONY IN SUPPORT OF H.1250/S.799 AN ACT TO ADVANCE HEALTH EQUITY  
BEFORE THE JOINT COMMITTEE ON HEALTH CARE FINANCING  
SEPTEMBER 20, 2023**

The Massachusetts Medical Society (MMS) is a professional association of over 25,000 physicians, residents, and medical students across all clinical disciplines, organizations, and practice settings. The Medical Society is committed to advocating on behalf of patients, to provide them a better health care system, and on behalf of physicians, to help them to provide the best care possible. The Medical Society is committed to working for the best possible health care for every patient in the Commonwealth. To that end, the Medical Society strives to increase access to medical care for marginalized populations, and this bill will help accomplish that by promoting health equity and increasing accountability.

Massachusetts is a leader in health care and access to health care services; however, significant gaps and inequities remain. During the outbreak of COVID-19, Black and LatinX individuals were two to three times more likely to contract COVID-19 and three times more likely to die from it. A [2023 Report](#) from Blue Cross Blue Shield of Massachusetts Foundation found that the health inequity among people of color costs the state \$5.9 billion per year, including \$1.5 billion in avoidable health care spending, \$1.4 billion in lost labor productivity, and \$3 billion in costs from premature deaths. Furthermore, the Boston Public Health Commission [found](#) a wide gap in life expectancy between white populations and Black and LatinX populations. The negative health impacts of systemic racism continue to show up in disparities such as these.

The Massachusetts Medical Society recognizes that racism is a public health crisis, and we acknowledge that racism is pervasive in all sectors and industries, including health care. The Medical Society sees racism as a social determinant of health and root cause of significant health inequities and negative health outcomes, including illness and premature death. As the Medical Society is committed to working to promote equity and racial justice, we support this legislation, which seeks to make government more equitable, to hold our health care system accountable, and to improve access to and quality of care.

This comprehensive legislation offers numerous proposals that will work toward the goal of advancing health equity. Critically, it seeks to increase investment in primary care and behavioral health by 30 percent over three years. The Medical Society strongly supports the intent of this proposal. We share the perspective that thoughtful investments in primary care can drive higher quality and lower cost care across the health care system. As we face an increasingly aging population with high rates of chronic disease, the medical care provided by primary care and the role of primary care as the coordinator of care in an ever-complex health care system are paramount. The importance of investing in primary care is perhaps only outweighed by the need to strengthen the behavioral health system in Massachusetts. We recognize the promise of behavioral health care that is better integrated and more highly coordinated, but a lack of investment has limited its uptake, leaving patients with challenges in accessing such care.

In 2010, the Rhode Island Office of the Health Insurance Commissioner required commercial insurers to increase the percentage of their overall medical spending dedicated to primary care by 1 percentage point per year for five years. As a result, spending on primary care grew 37% from 2008 to 2012, while total medical spending fell 14%. While Rhode Island's positive experience lends support for this approach in Massachusetts, as outlined in House bill 1250, many important details about this proposal remain unanswered. How will 'primary care' be defined? What will be the source of these increased investments? Could the provisions in this legislation unintentionally penalize current systems that have a much higher primary care spending baseline?

While legislation commonly lacks some detail—detail often derived through the regulatory process—the questions unanswered in this proposal are fundamental to understanding the impact that this policy will have on the health care delivery system. For example, if this expenditure increase results in a zero-sum game with no additional investments, then certain high-value services would likely need to be cut. MMS cannot support a proposal that robs a high-value specialty service to pay even the most deserving of primary care or behavioral health initiatives. The bill also provides insufficient detail regarding how the increased expenditure are to be invested. It is important to note that any target of spending increase is only as valuable as the evidence-base for the investment. Further detail is needed regarding how the money should be invested and, perhaps most importantly, how the investments are evaluated. Any such proposal to increase spending in primary care and behavioral health should be accompanied with a plan for patient-centered evaluation. Additionally, the Medical Society recognizes that there are other proposals for health reform before this committee. No matter which path forward is chosen, it is essential for the physician voice to be included in these conversations. The Massachusetts Medical Society stands ready to serve as a resource for the legislature in this regard.

The Medical Society applauds this legislation's provisions relating to promoting gender, racial, and ethnic diversity in state government. By creating positions such as a Secretary of Equity and Chief Health Equity Officer at an Executive Office of Equity and the Health Policy Commission, respectively, this legislation ensures that health equity comes not as a byproduct of shifts in focus for work already underway but rather as the focal point of numerous professionals across a wider system.

Additionally, the Medical Society commends Sections 21 through 23, which require provider organizations to comply with National Culturally and Linguistically Appropriate Services standards that of the United States Department of Health and Human Services. We understand that it is vital to communicate responsibly and effectively with our patients. We caution, however, about the impact these requirements may have on practices that are facing significant financial and capacity challenges, exacerbated by severe workforce shortages, but which play a critical role in their patient's access to care. It is important to allocate resources to support these practices and therefore their ability to comply with important standards. As always, it will be important to tailor these requirements so as to achieve the ends desired without jeopardizing patients' care.

The Medical Society supports evidence-based proposals and acknowledges the need for better health equity data reporting. In order to achieve targeted solutions, it is imperative to be equipped with the most informative and accurate data. The Medical Society understands that data are essential for identifying disparities and deploying efforts and resources toward remediating inequity. We also note that continued data collection is necessary for tracking the effectiveness and impact of interventions. Accordingly, we support the provisions of this legislation that take steps toward standardizing and improving data collection and reporting. We note, however, that increased reporting requirements can be costly and time-consuming for physician practices, so we want to highlight the need for ensuring that practices will have resources available to them to support the increased administrative task of any such reporting.

Importantly, this legislation also addresses the workforce challenges that physicians, and all health care providers, are facing. The Medical Society has been very focused on not only growing, but diversifying, the physician workforce, and we support the programs proposed in this bill that have similar aims across the entire health care workforce. The effect of a workforce that is more representative of its patient population is supported by numerous studies finding improved outcomes aligning with increased racial concordance between patient and provider. Furthermore, we note that the quality of care is only so good as it is accessible, so we believe it is necessary to implement structural

change in the ways we recruit and retain health care workers in Massachusetts. In addition to improving pathways to careers in health care, it is important to provide appropriate training to health care workers who may need continuing education with regard to health equity.

Similar to the workforce provisions contained in this bill, the telehealth provisions also work to promote patients' access to care. The Medical Society strongly supports the sections of this bill that aim to restore reimbursement parity for primary care and chronic disease management care delivered via telehealth. Telehealth services provided during the COVID-19 Public Health Emergency were proven to be effective at delivering care to patients who may have otherwise deferred or foregone doctor visits. Telehealth improves access to physicians and health care teams, which is especially important for health promoting and cost-saving services such as primary care and behavioral health. Restoring reimbursement parity is essential to ensuring that telehealth remains a viable, sustainable care delivery modality for patients, as Massachusetts physicians continue to provide care to their patients both in person and virtually.

*An Act to advance health equity (H.1250/S.799)* would bring Massachusetts to the forefront on promoting health equity. For a state such as ours, it is incumbent upon us to lead the way in reimagining health care delivery structures and health care systems management. This legislation moves us in that direction and allows Massachusetts to better serve all our residents.

Thank you for your consideration, the Medical Society respectfully urges a favorable report on H.1250/S.799 *An Act to advance health equity*.