



**TESTIMONY IN SUPPORT OF H.1081 and S.647,
AN ACT RELATIVE TO PRESERVING PREVENTIVE SERVICES WITHOUT COST
SHARING
BEFORE THE JOINT COMMITTEE ON FINANCIAL SERVICES**
May, 2, 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 supports comprehensive coverage that provides universal access to equitable, high-quality, continuous, affordable health care. For that reason, the Medical Society stands in support of **House bill 1081 and Senate bill 647, An Act Relative to Preserving Preventive Services Without Cost Sharing**, which will enshrine into state law critical Affordable Care Act (ACA) protections for preventive services that were recently struck down by a federal district court ruling in *Braintree Management Inc. v. Becerra*. H.1081/S.647 will ensure that over 3 million Massachusetts residents can continue to access affordable, high-value preventive services that help them live long, healthy, and productive lives.

In addition to diagnosing and treating illness once it occurs, physicians have a professional commitment to preventing disease and promoting health and well-being for their patients and the community.¹ Preventive care includes services aimed at the early detection and treatment of potentially life-threatening conditions and chronic illnesses, and services aimed at encouraging patients to adopt healthy lifestyles.² Preventive care can therefore “help people avoid acute illness, identify, and treat chronic conditions, prevent cancer or lead to earlier detection, and improve health”.³ The ACA significantly expanded access to preventive care by eliminating cost-sharing requirements for vital, evidence-backed preventive services. In doing so, “the ACA transforms the

¹ Opinion 8.11, Health Promotion & Preventive Care, AMA Code Med. Ethics, <https://codemedical-ethics.ama-assn.org/sites/default/files/2022-08/8.11.pdf>

² *In the United States District Court for the Northern District of Texas ...* (n.d.), from <https://www.ama-assn.org/system/files/braintree-management-v.-becerra-northern-district-of-texas-brief.pdf>

³ Access to Preventive Services without Cost-Sharing: Evidence from the Affordable Care Act, Ass't Sec'y for Plan. & Evaluation, U.S. Dep't of Health & Human Servs. 1 (Jan. 11, 2022), <https://aspe.hhs.gov/sites/default/files/documents/786fa55a84e7e3833961933124d70dd2/preventive-services-ib-2022.pdf>

U.S.'s public and private health care financing systems into vehicles for promoting public health.”⁴ The ACA's preventive-care requirements enabled millions of Americans to obtain no-cost preventive care and improved utilization of these critical services nationwide.

The public health implications of the *Braidwood Management Inc. v. Becerra* ruling, should it stand, would be significant, as demonstrated in a recent national poll, which found that 2 in 5 adults said they would forgo 11 of 12 preventive health screenings covered by the Affordable Care Act if they were required to pay out-of-pocket.⁵ Requiring patients to pay out-of-pocket for preventive services, even if the cost is relatively low, can stop them from seeking care altogether. Moreover, it can lead to more complex and more costly health conditions, like HIV, where a lifetime of treatment and care can cost between \$420,285-\$1,079,999.⁶ By detecting serious conditions early, people can also be treated more effectively. For instance, when colorectal cancer is found at an early stage, the five-year survival rate is about 90%. Survival rates are much lower once the cancer has spread.⁷ Physicians know that preventive care can mean the difference between catching a patient's cancer early or catching it after it is too late; between a patient taking PrEP (pre-exposure prophylaxis) and getting HIV; and between a child being immunized and a measles outbreak. Identifying and treating conditions before they worsen, or preventing the onset of disease entirely, yields better outcomes for patients and saves money for the health care system overall.

Health care affordability is fundamentally a health equity issue. In Massachusetts, 75% of Black adults and 68% of Hispanic/Latino adults face affordability challenges that can lead to delays in care, compared with only 46% of white adults.⁸ Therefore, it is important to recognize that the ACA's preventive care requirements are not a panacea; substantial reforms are still needed to

⁴ John Aloysius Cogan Jr., The Affordable Care Act's Preventive Services Mandate: Breaking Down the Barriers to Nationwide Access to Preventive Services, 39 J.L. Med. & Ethics 355, 355 (2011), <https://journals.sagepub.com/doi/10.1111/j.1748-720X.2011.00605.x>.

⁵ Ricky Zipp, Many Americans are Likely to Skip Preventive Care if ACA Coverage Falls Through. Morning Consult, <https://morningconsult.com/2023/03/08/affordable-care-act-polling-data/>

⁶ Bingham A;Shrestha RK;Khurana N;Jacobson EU;Farnham PG; Estimated lifetime HIV-related medical costs in the United States, U.S. National Library of Medicine, <https://pubmed.ncbi.nlm.nih.gov/33492100/>

⁷American Cancer Society, Can Colorectal Polyps and Cancer Be Found Early? <https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/detection.html#:~:text=When%20colorectal%20cancer%20is%20found,rectum%2C%20survival%20rates%20are%20lower.>

⁸ Altarum HealthCare Value Hub. Massachusetts Residents Struggle to Afford High Healthcare Costs; Worry About Affording Care, Leading to Support for Government Actions to Address High Healthcare Costs, <https://hcfama.org/wp-content/uploads/2021/09/Hub-Altarum-Data-Brief-No.-97-Massachusetts-Healthcare-Affordability-1.pdf>

reduce barriers to care and improve health outcomes, particularly for vulnerable populations and communities of color. However, if this vital component of the ACA is not codified into state law, the Commonwealth risks further barriers, making it even more difficult for physicians and other health care providers to deliver the requisite care their patients need.

Despite commendable pledges from many insurance providers in the Commonwealth to preserve coverage of preventive services, residents may still be affected by the confusion that emerges if these protections are not codified into state law. For the first time in over a decade, these patients will need to scrutinize insurance plans to determine what preventive services they cover, and at what out-of-pocket cost. As litigation proceeds in *Braidwood Management Inc. v. Becerra*, we have an opportunity in Massachusetts to guarantee a future of no-cost preventive care that is fully accessible to every patient.

It is for these reasons that the Medical Society respectfully urges a favorable report on **H.1081/S.647, An Act Relative to Preserving Preventive Services Without Cost Sharing**.