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Every physician matters, each patient counts.

Advocacy in Action
MMS State and Federal Advocacy Update
Tuesday, June 17, 2025

Presented by:

Olivia Liao, MD, MMS President

Leda Anderson, Director, Advocacy & Gov't Relations

Jeff Perkins, Leg. and Reg. Affairs Counsel

Jessie Brunelle, Government Relations Advisor

Casey Rojas, Fed. Relations & Health Equity Manager



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Opening Remarks

Olivia Liao, MD

President,

Massachusetts Medical Society



ADVOCACY COMMUNICATION HIGHLIGHTS

Session Overview

18 Media Interviews

13 Statements

**1 Published Opinion
Piece**

MMS Grassroots Action Center

How you can get involved!!



Advocacy Resources:

Meeting with your legislator
Testifying at a legislative hearing
Becoming a social media
advocate
State Government 101



Grassroots Advocacy Campaigns:

Medicare Payment Cuts
Medicaid Cuts
Primary Care Reform
Vaccine Exemptions

MMS Standing Firm in our Mission

Responding to a Changing Federal Landscape

- Establishment of an MMS Response Team
- Federal Response Actions & Resources





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Federal Update

Casey A. Rojas, JD, MBE

Federal Relations and Health Equity Manager

Federal Updates: Executive Actions Impacting Health Care

- ❖ Immigration Reform
- ❖ Gender Affirming Care
- ❖ CDC Removal of Data
- ❖ NIH Funding Cuts
- ❖ HHS Personnel Cuts
- ❖ WHO Withdrawal
- ❖ Global Public Health Funding
- ❖ Mexico City Policy
- ❖ Geneva Consensus Declaration
- ❖ ACIP Panel

Federal Updates: Continuing Resolution



What's in

Telehealth flexibilities

GME funding

Work GPCI floor

Medicare Hospital at Home program, CHC funding



What's out

Prior authorization reform

Medicare payment fix

Federal Updates: Budget Reconciliation

House Bill

~\$800B in cuts to Medicaid

- New work requirements
- More restrictive eligibility
- Narrowed enrollment window
- Eligibility verification
- Limits on provider taxes

~\$290B in cuts to SNAP

~\$350B in cuts to student loans

Senate Considerations

- Change Medicaid cuts
 - Provider taxes
 - Medicaid expansion
- Preserve some student loans
- Roll back some SNAP cuts
- Medicare Advantage

MMS Advocacy on Medicaid Cuts

- National Advocacy Conference in Washington, D.C.
- 50-state letter to Congressional leaders
- Individual letters to MA Congressional Delegation
- Signed on to letter to AMA Board of Trustees
- Grassroots advocacy engagement
- Coalition of State Medical Societies letter to Senate Leadership

Federal Updates: Other Legislation

H.R.879 – Medicare Patient Access and Practice Stabilization Act

S.4532 – Improving Seniors' Timely Access to Care Act

H.R. 2483 – SUPPORT Act Reauthorization

H.R.929/S.266 – Dr. Lorna Breen Health Care Provider Protection Act



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***Leda Anderson, Esq. Director
Advocacy and Government Relations***

Massachusetts Legislature

194th General Court

- **Session Overview**
- **State response to the federal administration**
- **MMS Legislative Priorities**
 - Primary Care
 - Prior Auth Reform
 - Overdose Prevention



ADVOCACY HIGHLIGHTS

Session Overview

7000 bills filed

**Monitoring over
600 health care
bills**

**20 pieces of
written
testimony**

**Physician
experts testified
at 6 hearings**

**March 2025 –
State House
Legislative
Briefing**

**600 messages
were sent to
state lawmakers
since January**



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LEGISLATIVE PRIORITIES

194TH LEGISLATIVE SESSION



**PRIOR
AUTHORIZATION
REFORM**



**TELEHEALTH PARITY &
DIGITAL EQUITY**



**PRIMARY
CARE
ACCESS**



**OVERDOSE
PREVENTION &
HARM REDUCTION**

KNOW YOUR RIGHTS: SHIELD LAW

Shielding Massachusetts Providers, Seekers, and Helpers
from Out-Of-State Legal Actions

IN MASSACHUSETTS, YOUR RIGHT TO ACCESS REPRODUCTIVE AND SEXUAL HEALTH CARE SERVICES,
INCLUDING ABORTION, GENDER-AFFIRMING CARE, AND CONTRACEPTION, IS SECURED BY THE
CONSTITUTION AND LAWS OF THE COMMONWEALTH.



- **Chapter 127 of the Acts of 2022 – “Shield Law”**
- ***S.2522, An Act Strengthening Health Care Protections in the Commonwealth***
 - Medical Record Segmentation
 - Protecting Sensitive Information in the Prescription Monitoring Program
 - Prescription Labeling Flexibilities



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Primary Care

Primary Care Dashboard



FINANCE

**METRICS FOCUSED
ON SPENDING FOR
PRIMARY CARE
SERVICES**

[EXPLORE](#) ►

In 2022, MassHealth MCO and ACO-As had the highest percentage of spending on primary care (7.5%), as well as the highest use of alternative payment methods.

Medicare Advantage plans had the lowest primary care spending (4.2%) compared with other insurance categories in 2022.



PERFORMANCE

**METRICS FOCUSED
ON ACCESS AND
CARE**

[EXPLORE ACCESS](#) ►
[EXPLORE CARE](#) ►

In 2023, 41.2% of residents reported difficulty obtaining necessary health care in the past 12 months, an increase from 33.0% in 2021.

Between 2018 and 2022, cervical cancer screening rates dropped by 5.2 percentage points.



CAPACITY

**METRICS FOCUSED
ON THE PRIMARY
CARE WORKFORCE
AND PIPELINE**

[EXPLORE](#) ►

In 2021, 5.6% of physicians left primary care in Massachusetts, an increase from 3.1% in 2019.

In 2023, 22% of Massachusetts medical school graduates were practicing in primary care six to eight years after graduation.



EQUITY

**METRICS FOCUSED
ON ASSESSING
INEQUITIES IN THE
SYSTEM**

[EXPLORE](#) ►

There were substantial racial and ethnic disparities in access to and utilization of primary care.

In 2023, compared with other racial and ethnic groups, Hispanic residents reported lower rates of having a preventive care visit and higher rates of avoidable emergency department visits.

A Dire Diagnosis: The Declining Health of Primary Care in Massachusetts and the Urgent Need for Action



1 Primary care is a relatively low-reimbursed medical field, which can:

- Disincentivize new graduates from entering
- Make primary care practices hard to sustain
- Disincentivize the health industry from investing in primary care
- Limit the hiring and retention of support staff

2 Impacts of administrative burden:

- Can make the work of primary care more time-consuming, less rewarding, and more frustrating, leading to burnout
- Contributes to providers' reduction in patient care hours or even leaving the field

S. 867 AN ACT RELATIVE TO PRIMARY CARE FOR YOU

Sponsor: Senator Cindy Friedman

H. 2537, AN ACT RELATIVE TO PRIMARY CARE ACCESS

Sponsor: Representative Greg Schwartz

HB1370 AN ACT RELATIVE TO MASSACHUSETTS PRIMARY CARE FOR YOU

Sponsor: Representative Rich Haggerty

- **Doubles investment in primary care services**
- **Improves access to & affordability of primary care**
- **Eliminates co-pays for primary care services**





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Prior Authorization Reform

*Jeff Perkins, Esq., Legislative and
Regulatory Affairs Counsel*

Prior Authorization Impact

Patient Harms

- **CARE DELAYS** - 93% of physicians report that PA led to delays in accessing care
- **TREATMENT ABANDONMENT** - 82% said PA results in their patients abandoning treatment.
- **OUT-OF-POCKET COSTS** - 80% said PA led to patients paying out-of-pocket for medication
- **SERIOUS ADVERSE EVENTS** - 82% of physicians reported that PA led to a serious adverse health event

Clinician Impact

- **UNNECESSARY WASTE** - Providers and staff spend an average of 14 hours a week just dealing with prior authorizations.
- **BURNOUT**
 - 55% of physicians reported experiencing symptoms of burnout.
 - Prior authorization was identified as a top stressor contributing to that burnout.

S. 1403, AN ACT RELATIVE TO REDUCING ADMINISTRATIVE BURDEN

Sponsor: Senator Cindy Friedman

H. 1136, AN ACT TO IMPROVE THE HEALTH INSURANCE PRIOR AUTHORIZATION PROCESS

Sponsor: Representative Marjorie Decker



THE SOLUTION

When PA determinations override evidence-based decisions and recommendations of medical professionals, quality of care is reduced, costs go up, and waste is increased. To reduce administrative burden and promote timely access to quality care, this legislation will maintain PA but introduce meaningful reforms to accomplish the following:



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> Improve Timely Access to and Continuity of Care for Patients

- Requires PA to be valid for the duration of treatment, or at least one year
- Requires insurers to honor the patient's PA from another insurer or maintain coverage when a drug is removed from a plan's formulary for at least 90 days
- Establishes a 24-hour response time for urgently needed care

> Promote Transparency and Fairness in the PA Process

- Requires public PA data from insurers documenting what services, items, or medications are subject to PA, as well as data on approvals, denials, appeals, wait times, and more
- Prohibits retrospective denials for preauthorized care
- Regulates the use of artificial intelligence (AI) in PA programs, including prohibiting the use of AI as the sole basis for denial of authorization for care

> Improve Administrative Efficiency

- Establishes a task force to study the use of PA and make recommendations for simplification and standardization
- Directs the Division of Insurance (DOI) to develop rules and regulations to simplify prior authorization standards and processes
- Requires insurers to adopt software to facilitate automated, electronic processing of PA and DOI to implement standardized PA forms



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Overdose Prevention Centers
*Jessie Brunelle, Government Relations
Advisor*

What is an OPC?

An evidence-based public health intervention proven to save lives by monitoring participants for signs of overdose and intervening to prevent overdose death.

As one component of substance use harm reduction programs, they provide connections to community while also treating individuals with dignity and respect.

These services are available to anyone in the community without any barrier to entry.



Services Provided

- ✓ Safe, stigma-free setting where anyone can engage in health care services
- ✓ Emergency response to overdose
- ✓ Counseling, medical, & behavioral health services
- ✓ Substance use treatment at a critical intervention point
- ✓ Connection to services
- ✓ Drug checking to increase safety
- ✓ Exchange & disposal of sterile supplies

2017: MMS RECOMMENDS OPC IMPLEMENTATION

In 2017, the MMS became the first state medical society in the country to support OPCs after a year-long comprehensive review of the robust international academic literature assessing these facilities.

The evidence-base continues to grow. **OPCs save lives, link people to treatment, and increase access to health care services.**



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Establishment of a Pilot
Medically Supervised Injection
Facility in Massachusetts

Report of the Task Force on Opioid Therapy and Physician Communication

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Establishment of a Pilot Medically Supervised Injection Facility in Massachusetts, Massachusetts Medical Society Task Force on Opioid Therapy and Physician Communication (April 2017), <http://www.massmed.org/Advocacy/State-Advocacy/SIF-Report-2017/>.

We Need State Action

The Grim Reality

- For 8 straight years, more than 2,000 people have died from opioid overdose in MA each year
- In 2022, the annual death toll rose to a record high of 2,357 deaths
- Racial disparities are growing. DPH data show Black & Native American residents are disproportionately impacted

- Several communities across the state are interested in providing comprehensive harm reduction programs including overdose prevention services, but legislation is needed to establish the legal and regulatory framework for them to do so successfully.
- Municipalities need to know the state will not stand in the way of local, evidence-based public health efforts.
- Providers need to know working at a center will not jeopardize their professional license.
- Clients need to know they will not go to jail for getting help.

H.2196/S.1393, An Act preventing overdose deaths and increasing access to treatment

Sponsors: Rep. Marjorie Decker, Rep. John Lawn, & Senator Julian Cyr

What the Bill Does

- **Defines harm reduction programs, describing a range of services that include monitoring participants for signs of overdose and intervening to prevent overdose death**
- **Gives regulatory authority to the Department of Public Health**
- **Includes legal protections for staff, clients, and operators of DPH-approved programs**
- **Requires data collection to better inform public health efforts**

Closing Remarks: A Call to Action



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MASSACHUSETTS PHYSICIANS
**HELP
PASS
STRONG
VACCINE
LAWS**

TAKE ACTION NOW



SCAN ME



H.2554/S.1557:

- Closes loophole for school-based immunization requirements
- Improves childhood vaccine data
- Retains medical exemption
- Prevents public health emergencies

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The background of the slide is a teal color with a repeating pattern of white question marks. Each question mark is contained within a white, speech-bubble-like shape that has a pointed tail. The shapes are arranged in a staggered, overlapping grid.

Questions?

Stay In Touch & Get Regular Updates

- Advocacy Inquiries can be sent to Advocacy@mms.org



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