



LEGISLATIVE PRIORITIES

194TH LEGISLATIVE SESSION



PRIOR AUTHORIZATION REFORM



TELEHEALTH PARITY & DIGITAL EQUITY



PRIMARY CARE ACCESS



OVERDOSE PREVENTION & HARM REDUCTION

PRIOR AUTHORIZATION REFORM

H.1136, An Act to Improve the Health Insurance Prior Authorization Process (Rep. Marjorie Decker)

S.1403, An Act Relative to Reducing Administrative Burden (Senator Cindy Friedman)

Health plans often require providers to obtain prior authorization to justify the medical necessity of treatments before medications or services can be delivered to a patient. When a prior authorization is denied, coverage is typically withheld, leading to delays or abandonment of treatment by the patient. In addition to clinical concerns on patient impact, the inefficiencies, overuse, and inconsistency of prior authorization practices create significant stress, unsustainable workloads, and financial waste for physician practices, hospitals, and health systems. Moreover, there is limited transparency among insurers regarding the frequency of prior authorization usage, the treatments it applies to, denial rates, the impact of reviews on patient care and costs, and the success rate of appeals in overturning denials. The Massachusetts Medical Society continues to lead efforts with coalition partners, including the Massachusetts Health & Hospital Association and Health Care for All, to push for comprehensive prior authorization reform. This legislation will improve timely access to care, ensure continuity of treatment for patients, reduce administrative burdens for providers, and promote transparency and fairness in prior authorization practices.

TELEHEALTH PARITY & DIGITAL EQUITY

**H.1130/ S.763, An Act Relative to Telehealth and Digital Equity for Patients
(Rep. Marjorie Decker & Senator Adam Gomez)**

This legislation re-establishes payment parity for all telehealth services and introduces initiatives to advance digital health equity, ensuring telehealth's sustainability as a key care delivery modality. The surge in telehealth utilization during the COVID-19 pandemic highlighted its crucial role in improving equitable access to health care by helping patients overcome traditional barriers to in-person visits. However, the expiration of the payment parity requirements for primary care and chronic disease management services delivered via telehealth (established in Chapter 260 of the Acts of 2020) at the end of 2022 caused some insurers to reduce reimbursement rates. This variation in payment policies creates confusion and instability for providers and limits patient access to care. Stable, long-term reimbursement policies are essential to ensuring predictability for both providers and patients.

PRIMARY CARE ACCESS

H.1370, An Act Relative to Massachusetts Primary Care for You (Rep. Richard Haggerty)

H.2537, An Act Relative to Primary Care Access (Rep. Greg Schwartz)

S.867, An Act Relative to Primary Care for You (Sen. Cindy Friedman)

The primary care system is in crisis, characterized by rising demand for services and a shortage of physicians, resulting in longer wait times and diminished access to care. This legislation will roughly double investment in the primary care system over four years. A key feature of this legislation is the shift to an all-payer sub-capitation model for primary care, which will prioritize patient outcomes and comprehensive health management. In addition to supporting the retention and recruitment of primary care physicians, this legislation will help strengthen the overall health care system, advancing equitable access to high-quality, timely care for all patients.

OVERDOSE PREVENTION & HARM REDUCTION

**H.2196/S.1393, An Act Relative to Preventing Overdose Deaths and Increasing Access to Treatment
(Reps. Marjorie Decker & John J. Lawn, & Senator Julian Cyr)**

The opioid epidemic continues to devastate communities across Massachusetts, underscoring the urgent need for a multifaceted response to save lives. Harm reduction is a vital part of this effort, complementing prevention, treatment, and recovery services to address the overdose crisis. This legislation allows the Department of Public Health to authorize harm reduction programs that offer a range of services, including a crucial new intervention—monitoring participants for signs of overdose and intervening to prevent or reverse them. This intervention has a proven evidence-base for preventing overdose deaths while enhancing community health and safety. Importantly, the legislation also ensures civil and criminal protections for staff, participants, and operators of these programs, ensuring these critical public health interventions can become a reality.