



For people with intellectual  
and developmental disabilities

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**Achieve with us.**

Brian Cusack  
President

Maura Sullivan, MPA  
Chief Executive Officer

January 26, 2026

Senator Cindy Friedman  
Chair, Joint Committee on Healthcare Financing  
Massachusetts State House  
24 Beacon St., Room 313  
Boston, MA 02133

Representative John Lawn  
Chair, Joint Committee on Healthcare Financing  
Massachusetts State House  
24 Beacon St., Room 236  
Boston, MA 02133

Dear Honorable Chairs:

We write to you today as a cross-sector coalition in support of H.242/S.149, *An Act to enhance standards of care for those with autism and intellectual and developmental disabilities* filed by Rep. Garballey, Rep. Barber, and Sen. Lewis. Backed by a diverse coalition of advocates and healthcare institutions, this bill provides a common-sense solution to systemic barriers that have historically marginalized the disability community.

Healthcare is a fundamental human right, yet gaps exist for those with intellectual and developmental disabilities (IDD) and Autism Spectrum Disorder (ASD). The life expectancy of individuals with intellectual and developmental disabilities is approximately 20 years less than the broader U.S. population. For Black and brown individuals with IDD or autism, this reality is even more stark.

One cause of these drastic numbers is a lack of training of healthcare providers. While there are many providers who treat this population appropriately, there simply aren't enough of them to meet the demand. A 2021 Harvard study found that only 41% of physicians felt confident that they could provide high-quality care to people with disabilities. Medical professionals report a lack of adequate training on how to interact with individuals who have intellectual or developmental disabilities, including autism.

This bill seeks to address this challenge by increasing training opportunities for healthcare providers. It requires that the Executive Office of Health and Human Services (EOHHS) create a state plan to train healthcare professionals on how to better care for individuals with intellectual and developmental disabilities, including autism. This plan would include appropriate continuing education credits and

oversight from a newly established advisory committee on intellectual and developmental disabilities. The committee will focus on intersecting identities and will include representation from patient advocates, family members, state officials, and other stakeholders.

This session, we added critical language to address emergency department boarding, which has unique impacts on this population. According to the [Autism Research Institute](#), 78% of children with autism have at least one co-occurring mental health condition, such as depression and anxiety. According to the [Massachusetts Health Policy Commission](#), nearly half of patients with behavioral health-related emergency department visits experienced boarding. Patients boarded during these behavioral health ED visits were more often covered by [MassHealth and part of the lowest income communities](#).

There is a fiscal value in this policy as well. As you well know, research shows that use of evidence-based preventive services, such as regular screenings and immunizations, can lead to better health outcomes and, in many cases, be more [cost-effective by reducing the incidence and severity of health conditions](#) before they progress. If patients with IDD and autism are unable to find providers who can see them and adequately treat them, preventable health conditions are more likely to spiral into severe, and costly, incidents.

Many of the nonprofits and healthcare entities on this coalition have addressed this challenge within their own walls—creating training programs for medical students, instituting hospital-wide initiatives, and more. But the time has come for a broader, systemic solution to ensure that healthcare providers across the Commonwealth have the tools to succeed, and that their patients are treated appropriately. Lack of provider training means a lack of access for patients who need care—including primary care and more specialized services. As providers gain the skills and confidence to care for this population, who on average have higher needs, there will be greater access to care for this community.

We are appreciative of the magnitude of challenges that are before this Committee. This bill represents a simple, cost-effective, and comprehensive solution to solve a fixable problem. This bill has been filed in previous sessions and has earned the support of the Healthcare Financing Committee. We are hopeful that this session, this bill is a top priority and becomes law. We look forward to working with you to accomplish that goal.

Sincerely,



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Chief Executive Officer  
The Arc of Massachusetts



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CC: Rep. Garballey, Rep. Barber, Sen. Lewis