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# MASSACHUSETTS MEDICAL SOCIETY

*Every physician matters, each patient counts.*

June 16, 2026

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Dear Members of the Conference Committee:

On behalf of the over 22,000 physician, resident, and student members of the Massachusetts Medical Society (MMS), thank you for your leadership on the FY27 conference committee and for your continued commitment to the health of the Commonwealth. We recognize the difficult choices involved in developing a final budget amid fiscal constraints, growing health care costs, and uncertainty surrounding federal funding and coverage policies.

As you work to craft a final budget, we respectfully urge your **support** for the following provisions:

### **H.5501 – Health Safety Net (OS 50, 54-60)**

These provisions provide critical support for the Health Safety Net at a time of growing need. In FY27, the program will face increased demand as approximately 36,000 low-income residents, all earning below the federal poverty level, lost ConnectorCare Type 1 coverage as of January 1, 2026 and now rely on the Health Safety Net for access to care. Without additional investment, health care professionals and institutions will be forced to absorb rising uncompensated care costs, placing significant strain on medical practices, hospitals, and community health centers.

The challenge is expected to grow substantially in the coming years. Federal policy changes could result in as many as 300,000 Massachusetts residents losing health coverage, potentially creating Health Safety Net funding shortfalls approaching \$900 million. Strengthening the Health Safety Net is essential to maintaining access to care for vulnerable populations while supporting the financial stability of the Commonwealth's health care delivery system.

### **H.5501– ConnectorCare Pilot (OS 48, 49, 52)**

These provisions will help maintain access to affordable health coverage by continuing the ConnectorCare pilot program, which extends eligibility for premium assistance and cost-sharing subsidies to individuals earning up to 500 percent of the federal poverty level. As health care costs continue to rise, the program has played an important role in reducing coverage gaps for moderate-income residents who do not otherwise qualify for assistance but continue to face significant health care affordability challenges. Extending the pilot for another year will help prevent coverage disruptions, promote continuity of care, and reduce the likelihood that individuals delay or forgo necessary medical services because of cost.

### **H.5501–HIV Prevention (OS 28, 36, 38, 40, 44 –46)**

These provisions will strengthen HIV prevention efforts by ensuring equitable and barrier-free access to pre-exposure prophylaxis (PrEP). PrEP is a highly effective, evidence-based tool that significantly reduces the risk of HIV transmission, yet cost-sharing requirements, prior authorization, and step

therapy protocols continue to create significant obstacles to timely access. Eliminating these barriers will help expand uptake among individuals at highest risk, improve health outcomes, and reduce long-term health care costs associated with HIV treatment.

**S.3100 – “Moms Matter Act” Grants (4590-1503)**

This earmark will support grants for community-based organizations addressing mental health and substance use disorders among perinatal individuals, consistent with *Chapter 186 of the Acts of 2024*. This funding is critical to expanding access to timely, culturally responsive care for individuals experiencing Perinatal Mood and Anxiety Disorders—the most common complication of childbirth — especially in historically marginalized and underserved communities.

**S.3100 – Healthy Incentives Program (4400-1004)**

This \$29.7M appropriation will support a proven investment in improving access to nutritious food, advancing health equity, and addressing social determinants of health that drive chronic disease and poor health outcomes. The proposed funding, combined with efforts to expand participation in underserved areas and to strengthen program accountability, will help ensure that all Massachusetts residents have meaningful opportunities to access healthy food and achieve better health.

**S.3100 – Endometriosis Task Force (OS 75)**

Endometriosis affects an estimated one in ten women and is frequently underdiagnosed, resulting in delayed treatment and significant impacts on quality of life. Establishing an Endometriosis Task Force will help advance a more coordinated and effective approach to addressing this often-overlooked chronic condition.

We would also like to be recorded in **opposition** to:

**H.5501 – Provider Choice (OS 35)**

This provision would effectively override the expert role of the Massachusetts Vaccine Program Advisory Council by mandating provider-specific vaccine brand choice and limiting the Department of Public Health's ability to manage vaccine purchasing based on clinical, operational, and fiscal considerations. By requiring the Commonwealth to make available any ACIP-recommended vaccine brand requested by participating providers and restricting DPH's ability to manage supply, the proposal would undermine the bulk-purchasing model that has helped Massachusetts maintain one of the nation's most successful and cost-effective universal childhood immunization programs.

Further, the provision would increase administrative complexity, make vaccine demand more difficult to forecast, heighten the risk of vaccine wastage from unused inventory and expiration, and diminish the Commonwealth's ability to negotiate favorable pricing. We are also concerned that it may constrain the flexibility recently afforded to DPH under state law to administer the vaccine program efficiently and effectively. For these reasons, we believe this provision would increase costs and weaken the Commonwealth's expert-driven vaccine purchasing framework without demonstrating a corresponding public health benefit.

Thank you for your consideration of our comments.

Sincerely,

Rebecca W. Brendel, MD, JD