



# MASSACHUSETTS MEDICAL SOCIETY

*Every physician matters, each patient counts.*

April 22, 2026

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The Honorable Aaron Michlewitz  
Chair, House Committee on Ways & Means  
State House, Room 243  
Boston, MA 02133

Dear Chair Michlewitz,

On behalf of the over 23,000 physician, resident, and student members of the Massachusetts Medical Society (MMS), we thank you and the members and staff of the House Committee on Ways and Means for your leadership in developing H.5500 during a time of continued fiscal uncertainty. We recognize the significant challenges inherent in balancing competing priorities while working to advance and protect the health and well-being of residents across the Commonwealth.

The MMS appreciates the committee's thoughtful inclusion of several outside sections that will strengthen access to care and stabilize critical components of the Commonwealth's health care system. In particular, we are grateful for the provisions supporting the Health Safety Net, which will help ensure continued access to essential services for vulnerable populations and provide much-needed financial stability for safety-net providers (**Outside Sections 50, 54, 55, 56, 57, 58, 59, 60**). We also commend the extension and funding of the ConnectorCare pilot program, which is essential for promoting affordable coverage and continuity of care for low- and moderate-income residents (**Outside Sections 48, 49, 52**). Finally, we support the comprehensive measures to expand access to HIV prevention, including the elimination of cost-sharing and utilization barriers across coverage types for pre-exposure prophylaxis drugs and the inclusion of pre-release access to HIV prevention services in correctional settings (**Outside Sections 28, 36, 38, 40, 44 -46**). Together, these provisions will strengthen the Commonwealth's health care infrastructure and help ensure stable, accessible care for patients across the Commonwealth.

We also support robust funding for the **Healthy Incentives Program (4400-1004)**, which plays a vital role in improving access to nutritious foods, supporting preventive health, and enabling physicians to better address diet-related concerns that drive long-term health outcomes.

**We believe the following amendment would build on the House's commitment to health system efficiency and improved patient care, and would like to be recorded in support of amendment #1288, Streamlining Disclosure Requirements.**

We appreciate the Legislature's prior action to delay implementation of certain state patient disclosure requirements until January 1, 2027, recognizing the need to better align with evolving federal standards under the No Surprises Act (NSA). As that deadline approaches, it is critical to adopt a permanent solution to avoid

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the unnecessary administrative complexity and patient confusion that would otherwise result. In that spirit, we respectfully request the adoption of Amendment #1288, which aligns with H.1126, *An Act to streamline Patient Disclosure Requirements*.

At the end of 2020, both the federal government and the Commonwealth enacted laws to protect patients from surprise medical bills and improve transparency around health care costs. While these laws share the same goal of ensuring patients have clear, actionable information about their clinician's network status and expected out-of-pocket costs, they take different approaches, including distinct timelines and disclosure mechanisms. Duplicative and conflicting administrative requirements will make simultaneous compliance with both frameworks virtually impossible for physicians, practices, and health care systems. More importantly, this misalignment would have real consequences for patients: individuals could receive multiple, inconsistent notices when scheduling care, potentially leading to confusion, misunderstanding of financial responsibility, and even delays or avoidance of needed services.

This amendment offers a timely and practical solution by aligning state requirements with the federal framework established under the NSA. Doing so would streamline disclosure processes, reduce unnecessary administrative burden on already strained physicians and other clinicians, and ensure that patients receive clearer, more consistent, and more meaningful information about their care. With the 2027 implementation deadline approaching, inclusion of this provision in the FY27 budget is both appropriate and necessary to resolve these conflicts and support a more efficient, patient-centered system of care.

We also wish to be recorded in **support** of **amendments #551, Increase Access to Menstrual Products** and **#1063, Moms Matter Act**” **community-based perinatal support program grants**.

Additionally, we wish to be recorded in **opposition** to **amendment #931, Provider Choice**, which would override the expert-driven vaccine selection process led by the Massachusetts Vaccine Purchasing Advisory Council, undermining a system that has achieved high immunization rates. By mandating provider choice, the amendment would also increase program costs and risk inefficiencies, threatening the sustainability of the Commonwealth's successful universal childhood vaccine program.

Thank you for your consideration of our comments. Please do not hesitate to contact us if you have any questions.

Sincerely,

Olivia C. Liao, MD, FACS