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The Honorable Aaron Michlewitz
Chair, House Ways and Means
State House, Room 243
Boston, MA 02133

Dear Chair Michlewitz:

Thank you for your efforts to produce a fair and equitable FY'27 House budget in these challenging times.

I am writing to respectfully request inclusion of H.1126, *An Act Relative to Streamlining Notice and Disclosure* as an outside section of the House budget. H.1126 is a priority of the Medical Society and is needed to avoid unnecessary administrative complexities that were created when the legislature and Congress inadvertently established overlapping requirements related to surprise medical bills in 2020. H.1126 would align state disclosure requirements with similar provisions in place on the federal level. This will avoid duplicative administrative requirements on physicians, practices, and health systems and streamline communication of simplified information to patients.

As background, at the end of 2020 the federal government and the Commonwealth passed laws protecting patients and enhancing transparency of health care costs. The federal *No Surprises Act* (NSA) became effective January 1, 2022, and established protections against surprise medical bills, including disclosure requirements to notify patients of a provider's network status, as well as good faith estimates of service costs. Around the same time, the Massachusetts *Patients First Act* updated our related state law, directing providers to disclose their network status and provide similar cost information.

Both the state and federal law aim to ensure patients have sufficient information regarding a provider's network status and out-of-pocket cost obligations to enable patients to make informed decisions about their medical care. While they have the same overarching aims, the laws take divergent approaches, including different timeframes and distinct disclosure mechanisms. This makes compliance with both sets of laws virtually impossible for physicians and health care systems and adds unnecessary administrative complexity to a well-intended policy. For that reason, and while the federal regulatory process was underway, Massachusetts has wisely delayed implementation of the state provisions through January 1, 2027, making H.1126 timely and necessary and ripe for inclusion in the budget.

There is real concern for the impact on patients if these discrepancies are not rectified. Despite the good intentions of each law, having two different and at times conflicting disclosure requirements would be confusing and detrimental to patients. Patients would receive multiple notices with conflicting information

every time they try to schedule a service, including routine medical appointments. This confusion could lead patients to delay or decline needed care.

H.1126 will resolve the conflicts between these well-intended laws, streamlining disclosures, simplifying information for patients, and eliminating unnecessary administrative burden at a time when hospitals and physician offices, already short staffed, face enormous stress and constraints in the wake of recent federal health care actions. With the current January 1, 2027, deadline in mind, the MMS is respectfully requesting the inclusion of the provisions of H.1126 in the House budget to resolve this conflict.

We thank you for your consideration of this request. We would be happy to answer any questions you or your staff may have. Please feel free to reach out at your convenience.

Sincerely,

Olivia C. Liao, MD, FACS