MASSACHUSETTS MEDICAL SOCIETY
Every physician matters, each patient counts.

June 17, 2026

Senator Michael J. Rodrigues
Chair, Senate Ways and Means
State House, Room 212
Boston, MA 02133

Dear Chair Rodrigues:

On behalf of the over 22,000 physician, resident, and student members of the Massachusetts Medical Society (MMS), we thank you and the committee members and staff for your hard work in advancing S.3116, *An Act relative to primary care for you*. A strong primary care system is foundational to improving health outcomes, expanding access to care, and controlling long-term health care costs. Accordingly, we commend the Senate for its commitment to increasing investment in primary care, strengthening community health centers, and supporting the next generation of primary care physicians. The reforms in S.3116 will help address many of the access and workforce challenges facing patients and physicians throughout the Commonwealth.

In addition to the amendments discussed below, **we note our opposition to mandatory participation in the advanced care model for providers and provider organizations registered through the Health Policy Commission's Registered Provider Organization (RPO) program**. While we strongly support efforts to increase investment in primary care and encourage innovation in payment and care delivery models, we do not believe participation in a newly established advanced payment model should be mandatory.

The Primary Care Task Force contemplated a voluntary approach to participation for RPOs. As many experienced through entry into the MassHealth ACO sub-capitation model, participation requires significant build and infrastructure work to meet the level of specificity of the baseline requirements, which is incredibly resource-intensive for practices. Mandating participation without any initial financial support may be impractical or unrealistic for some provider organizations. Preserving provider choice would allow practices to evaluate whether the model is appropriate for their patient populations, operational capabilities, and financial circumstances, while still encouraging broad adoption where the model demonstrates value. Notably, not all organizations registered under the RPO program provide primary care services. Some RPO entities provide behavioral health care only, laboratory services, or surgical services. For these reasons, we respectfully urge the Senate to maintain a voluntary participation framework.

We appreciate the opportunity to provide input on the bill and respectfully request that the Society be recorded **in support** of the following amendments, which we believe will further strengthen the legislation's goals of improving access to high-quality primary care services:

Amendment #16:

860 WINTER STREET
WALTHAM, MA 02451-1411
TEL (781) 893-4610
TOLL-FREE (800) 322-2303
WWW.MASSMED.ORG

We strongly support Amendment #16, which would restore a primary care physician seat on the Health Policy Commission (HPC) Board—after its elimination in Chapter 343 of the Acts of 2024—and add a seat for an individual with expertise in representing community health centers. Given the HPC's significantly expanded role under this legislation, including oversight of the Office of Primary Care and new authority related to setting and enforcing primary care spending targets, it is essential that the Board include the perspective and expertise of a physician actively engaged in delivering primary care. Community health centers are a cornerstone of our primary care system and serve patients most affected by access challenges. Adding a seat for the health center perspective would provide important insight into safety-net care, health equity, workforce shortages, behavioral health integration, and the operational realities of community-based primary care. Together, these additions would help ensure the HPC Board has the expertise necessary to effectively oversee and implement primary care reforms.

Amendment #5
This amendment would establish a default surrogate consent process for certain incapacitated patients who have not designated a health care proxy or other authorized decision-maker. Under current law, physicians often must seek court-appointed guardians for patients who lack decision-making capacity, resulting in delays in care and prolonged hospital stays. Adoption of this amendment would promote patient-centered care, improve hospital throughput, and reduce unnecessary administrative and judicial burdens, while ensuring that medical decisions are made by those most familiar with the patient's wishes and best interests.

Amendment #12
This amendment would remove barriers for existing patients with Direct Primary Care (DPC) arrangements and authorize physician in-office dispensing of medications. By ensuring that referrals from DPC physicians are recognized by health plans, the amendment would improve patient access to specialty care while reducing redundant visits, unnecessary utilization, and administrative and patient burden.

This amendment would also expand access to prescription medications through physician in-office dispensing. As pharmacy closures continue to create access challenges across the Commonwealth particularly in underserved communities, allowing physicians to dispense certain medications directly to patients can reduce barriers to treatment, improve medication adherence, and promote more timely care.

The Medical Society additionally wishes to be recorded in **support** of the following amendments: #51 (Enforcing standards of care for those with autism and intellectual and developmental disabilities) and #55 (Access to Care).

The Medical Society wishes to be recorded in **opposition** to the following:

Amendment #7— Physician Assistants
This amendment would significantly expand scope of practice for physician assistants by removing essential physician supervision and oversight requirements. While we share the goal of improving access to care, this amendment does not address the root causes of the Commonwealth's primary care workforce challenges. Experience in Massachusetts and other states

suggests that expanding independent practice authority for nonphysician practitioners does not reliably increase access to primary care in underserved communities or address workforce shortages. The current legislation promotes physician-led team-based care and advances proven strategies that strengthen the primary care workforce while preserving physician supervision, clinical collaboration, and patient safety protections that are foundational to high-quality care.

Amendment #15— Provider Choice
This amendment 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.

Again, we appreciate the Senate’s thoughtful work on this important legislation. We look forward to continuing our partnership with you in strengthening access to high-quality, sustainable care for all Massachusetts patients. Thank you for your consideration of our comments.

Sincerely,

Rebecca W. Brendel, MD, JD
President