MASSACHUSETTS MEDICAL SOCIETY
Every physician matters, each patient counts.

TESTIMONY IN SUPPORT OF H.1309/S.764
AN ACT ENSURING PROMPT ACCESS TO HEALTH CARE
BEFORE THE JOINT COMMITTEE ON FINANCIAL SERVICES
April 29, 2025

The Massachusetts Medical Society (MMS) wishes to be recorded in support of H.1309/S.764, *An Act ensuring prompt access to health care*.

The MMS is a professional association of over 24,000 physicians, residents, and medical students across all clinical disciplines, organizations, and practice settings. The Medical Society is committed to advocating on behalf of patients, to provide them a better health care system, and on behalf of physicians, to help them to provide the best care possible. The MMS strives to achieve comprehensive health coverage that provides universal access to equitable, high-quality, continuous, and affordable health care. H.1309/S.764, *An Act ensuring prompt access to health care*, aligns with this mission by eliminating unnecessary financial barriers to essential outpatient health care services.

As health care costs continue to be a top concern for Massachusetts residents, the MMS is focused on policies that promote affordability without compromising access. A primary challenge is the rising enrollment in high-deductible health plans (HDHPs). In 2023, over 1.9 million Massachusetts residents (45.1%) were enrolled in HDHPs with individual deductibles of at least $1,500—a trend that has increased annually since 2014.[1] While these plans offer lower premiums, they often lead to affordability challenges, which vary across populations. For example, although enrollment rates in HDHPs are similar across racial and ethnic groups, 39.7% of non-Hispanic Black and 35.7% of Hispanic enrollees reported medical debt or difficulty paying medical bills, compared to 20.3% of non-Hispanic White enrollees.[2] Nearly one in three non-Hispanic Black and Hispanic residents with HDHPs also reported unmet health care needs due to cost.[3]

[1] Center for Health Information Analysis. Annual Report 2025. https://www.chiamass.gov/assets/2025-annual-report/2025-Annual-Report.pdf
[2] Ibid.
[3] Ibid.

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Though HDHPs are intended to promote cost-conscious decision-making, research shows they often discourage patients from seeking both low- and high-value care, including critical chronic disease management. This results in poorer health outcomes, increased disparities, and greater long-term system costs. Preventive and basic problem-based care should not be subject to cost-sharing, as these services are essential to maintaining health and controlling overall health expenditures. Even with access to price transparency tools, patients rarely "shop" for care; instead, they often forgo needed services altogether.

Cost-sharing disproportionately burdens low-income individuals and those with complex health needs—populations for whom out-of-pocket expenses can quickly exceed available resources. Contrary to popular belief, many forms of preventive care beyond annual wellness visits are still subject to deductibles. Chronic conditions such as asthma, diabetes, and heart disease—which disproportionately affect communities of color—require ongoing management. When patients avoid routine care due to cost, preventable complications develop, resulting in worse health outcomes and higher downstream expenses.

Additionally, the growing financial responsibility placed on patients has affected physicians, many of whom struggle with collecting payments from those enrolled in HDHPs. Patients may not fully understand their financial obligations or lack the resources to meet them, and unpaid balances contribute to bad debt, threatening the sustainability of medical practices.

H.1309/S.764 directly addresses these concerns by requiring that insurers include outpatient evaluation and management (E/M) services—specifically those provided by primary care providers—in basic benefits packages exempt from cost-sharing through deductibles. These services account for a small portion of overall spending but yield substantial long-term value. By expanding access to high-value care, the bill would also reduce financial strain and administrative burden on physician practices.

Importantly, this legislation includes a provision that maintains compliance with federal requirements for preserving the tax-exempt status of qualifying plans, ensuring that implementation does not conflict with federal law.

For all these reasons, the MMS urges a favorable report on H.1309/S.764. Ensuring timely, affordable access to essential outpatient care is critical to advancing public health, reducing disparities, and creating a more effective and equitable health care system for the Commonwealth. Thank you for your consideration of our comments.