



**TESTIMONY IN SUPPORT OF H.2550/S.1576
AN ACT RELATIVE TO CULTURALLY COMPETENT AND EFFECTIVE HEALTH
CARE &
S.1480 AN ACT RELATIVE TO PHYSICIAN WORKFORCE DATA COLLECTION
BEFORE THE JOINT COMMITTEE ON PUBLIC HEALTH**

July 10, 2025

The Massachusetts Medical Society is a professional association of over 25,000 physicians, physicians-in-training, 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 with a health care system that will best suit their needs, and on behalf of physicians, to help them deliver care of the highest quality and greatest value. The Medical Society appreciates this opportunity to provide comment and support for **H.2550/S.1576 *An Act Relative to Culturally Competent and Effective Health Care***, and **S. 1480, *An Act Relative to Physician Workforce Data Collection***.

The Medical Society recognizes, and research shows, the important role a diverse physician workforce plays in improving patients' access to care, patients' perceptions of the care they receive, and their health outcomes, particularly for patients of color.¹ The Medical Society is actively engaged in efforts to improve diversity within the physician workforce. We know that racial, ethnic, and cultural concordance improves patient health outcomes. In short, patients do better when they have a physician who understands them on deeper levels. We also know that the converse is true: a lack of diversity in the physician workforce can have negative impacts on health outcomes.² A diverse physician workforce brings a wide range of perspectives, allowing providers to understand, communicate, and treat all patients more effectively.

Enhancing diversity within the physician workforce requires an understanding of the current makeup of the physician workforce. To this end the Medical Society supports the collection of racial and ethnic data regarding the physician workforce, starting from medical school through

¹ Does Diversity Matter for Health? Experimental Evidence from Oakland, Marcella Alsan, Owen Garrick & Grant Graziani, AMERICAN ECONOMIC REVIEW, VOL. 109, NO. 12, DECEMBER 2019, <https://www.aeaweb.org/articles?id=10.1257/aer.20181446>

² Addressing Workforce Diversity — A Quality-Improvement Framework, Lisa S. Rotenstein, M.D., M.B.A., Joan Y. Reede, M.D., M.P.H., M.B.A., and Anupam B. Jena, M.D., Ph.D, N Engl J Med 2021;384:1083-1086, <https://www.nejm.org/doi/full/10.1056/NEJMp2032224>

to professional practice. Further, the Medical Society promotes the tracking and reporting of demographic information pertaining to underrepresented groups in medicine, including expansion of the Medical Society's own voluntary member demographic collection efforts. However, assembling a more complete picture of the physician workforce in Massachusetts requires robust participation of multiple health care stakeholders.

H.2550/S.1576 and S.1480 would require the Board of Registration in Medicine (BORIM) to collect data and information regarding the cultural, ethnic, linguistic, and education composition of the physician workplace, and provide such data to the Center for Health Information and Analysis, to be made publicly available for the purposes of evaluating the impact of physician workforce diversity and health outcomes in the Commonwealth of Massachusetts. BORIM shall request all licensees when renewing their license, provide demographic information, including but not limited to race, ethnicity, and gender identity; linguistic information; medical specialty/subspecialty; primary and secondary practice location; duration of practice in Massachusetts; and employment status. Participation in data collection will be voluntary, and any data collected shall be aggregated, deidentified and shall not be sold. Collecting this workforce data and making it public will create a valuable tool for medical schools, hospitals, and physician practices to create programs to expand recruitment and retention of a more diverse physician workforce. It will additionally inform public policies designed to support the creation of a more diverse physician workforce that can address patient needs more appropriately.

The urgency to collect and disseminate this data is only rising. Less than fifteen percent of active medical residents in the U.S. identify as Black or Hispanic, less than half that of the U.S. population who identify as such,³ underscoring the inadequacy of current physician career pathways. However, more data is needed to understand the makeup of the Massachusetts physician workforce and to craft policy solutions that will diversify the Commonwealth's workforce with the end goal of producing better health outcomes for our patients.

While collection of this data is vitally important, we would encourage the committee to explore mechanisms for data collection that will streamline administrative efficiencies and avoid potential redundancies. For example, the Board of Registration in Medicine through its biennial

³ Association of American Medical Colleges, 2022-2023 Report on Residents, <https://www.aamc.org/data-reports/students-residents/data/report-residents/2023/table-b5-md-residents-race-ethnicity-and-specialty>.

medical license renewal process currently collects demographic data for physicians. Rather than creating a new data reporting process, perhaps the BORIM data collection efforts could be enhanced and then coordinated and shared with CHIA for purposes of analysis.

The collection of this data represents a critical first step toward advancing the Commonwealth's goal of reducing racial and ethnic health disparities and improving health equity. For these reasons, we therefore ask the Committee to report H.2550/S.1576 and S.1480 out favorably. Thank you very much for your consideration of these important issues. We appreciate the opportunity to offer these comments.