



MASSACHUSETTS MEDICAL SOCIETY

Every physician matters, each patient counts.

**TESTIMONY IN SUPPORT OF H.1416/S.901
AN ACT TO ADVANCE HEALTH EQUITY
BEFORE THE JOINT COMMITTEE ON HEALTH CARE FINANCING
July 15, 2025**

The Massachusetts Medical Society (MMS) wishes to be recorded in strong support of H.1416/S.901, *An Act to advance health equity*.

The MMS is a professional association of over 23,000 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 provide the best care possible. The MMS recognizes that racism is a public health crisis, and we acknowledge that racism is pervasive in all sectors and industries, including health care. The Medical Society sees racism as a social determinant of health and root cause of significant health inequities and negative health outcomes, including illness and premature death. As an organization dedicated to advancing health equity and racial justice, we view this legislation as a critical step in strengthening physician workforce and improving access to high-quality care for all patients in the Commonwealth.

While Massachusetts has long been recognized as a national leader in expanding access to care, significant inequities persist across racial, ethnic, linguistic, and socioeconomic lines. The COVID-19 pandemic exposed these disparities with devastating clarity: Black and Hispanic/Latinx residents were more likely to contract and die from the virus, while inequities overall cost the Commonwealth billions

annually in avoidable spending, lost productivity, and premature deaths.^{1 2 3 4} These outcomes are not inevitable; they are the predictable result of systemic disparities that require systemic solutions.

This legislation offers a comprehensive framework to address these inequities and build a health care workforce that is sustainable, diverse, and responsive to community needs. There are numerous provisions that will promote access to high quality of care for patients, such as requiring payment parity for telehealth services and removing immigration status as a barrier to full access to MassHealth for all eligible individuals. Other provisions strengthen health equity leadership and oversight, establishing key structural frameworks to improve diversity and representation and ensure that health equity is central to all our efforts across government. We'd like to highlight three provisions that are particularly essential to this effort.

Graduate Medical Education (GME) Funding

Despite being home to some of the nation's premier teaching hospitals and residency programs, Massachusetts is one of only a handful of states that does not use Medicaid funds to support Graduate Medical Education (GME).^{5 6} The bill's proposal to reinstate targeted Medicaid GME funding is a forward-looking solution at a time when we face acute physician workforce shortages. By funding training opportunities in community health centers and safety-net hospitals, it places physicians-in-training directly in the very settings that care for large numbers of MassHealth patients and medically underserved populations. Research consistently shows that physicians are more likely to remain and practice in the communities where they train, making this an immediate strategy to strengthen access and a long-term investment in building a more equitable workforce.^{7, 8, 9}

¹ Massachusetts Department of Public Health. Population Data Stories. <https://www.mass.gov/info-details/covid-19-pandemic>

² Department of Public Health. CCIS Spotlight: Hispanic/Latinx Residents. <https://www.mass.gov/info-details/ccis-spotlight-hispaniclatinx-residents>

³ Blue Cross Blue Shield of Massachusetts Foundation. June 2023. The Time is Now: The \$5.9 Billion Case for Massachusetts Health Equity Reform. <https://www.bluecrossmafoundation.org/publication/time-now-59-billion-case-massachusetts-health-equity-reform>

⁴ Health of Boston 2023. The Provisional Report on Mortality and Life Expectancy. https://www.boston.gov/sites/default/files/file/2024/03/HOB_Mortality_LE_2023_FINAL_Corr_032524.pdf

⁵ The Boston Globe. Editorial Board. *Massachusetts isn't using a tool that could help tackle its shortage of primary care doctors.* <https://www.bostonglobe.com/2024/04/11/opinion/massachusetts-medicare-doctor-training-residency/#:~:text=Massachusetts%20today%20is%20one%20of,2020%20to%20GME%20programs%20nationwide.>

⁶ Ibid.

⁷ United States Government Accountability Office. Physician Workforce HHS Needs Better Information to Comprehensively Evaluate Graduate Medical Education Funding. 2021 <https://www.gao.gov/assets/700/690581.pdf>

⁸ Goodfellow A, Ulloa JG, Dowling PT, et al. Predictors of primary care physician practice location in underserved urban and rural areas in the United States: a systematic literature review. *Acad Med.* 2016;91(9):1313–1321. doi: 10.1097/ACM.0000000000001203. [DOI] [PMC free article] [PubMed] [Google Scholar]

⁹ Fagan EB, Finnegan SC, Bazemore A, Gibbons C, Petterson S. Migration after family medicine residency: 56% of graduates practice within 100 miles of training. *Am Fam Physician.* 2013;88(10):704. [PubMed] [Google Scholar]

We recognize, however, the implementation of such a measure would pose challenges given pending Medicaid cuts resulting from the passage of H.R. 1.¹⁰ Fiscal constraints will require careful prioritization and planning if we are to preserve coverage and protect health care access for our most vulnerable populations. Nonetheless, programs like Medicaid GME that expand the physician workforce in high-needs communities should be strengthened, as they not only reduce health disparities but yield long-term savings by bolstering system capacity.

Primary Care and Behavioral Health Investment

Primary care and behavioral health are the foundation of an effective and equitable health care system, yet both are chronically underfunded. The bill's establishment of expenditure targets for these areas is a critical step toward rebalancing our health system. Sustained and intentional investment will allow for more coordinated, patient-centered care that improves outcomes, reduces unnecessary hospitalizations, and lowers long-term costs. For patients living with multiple chronic conditions, and for those navigating increasingly complex behavioral health needs, such investments are essential. Without them, integrated care will remain out of reach for far too many. Massachusetts can and should lead by example, ensuring that every resident has access to comprehensive, coordinated primary care and behavioral health services.

Reimbursement for Interpreter Services

Effective communication is the cornerstone of safe, high-quality care. Yet today, many practices must absorb the cost of interpreter services, a burden that is often unsustainable and that creates a barrier to equitable access. This legislation requires MassHealth, commercial insurers, and Managed Care Organizations (MCOs) to reimburse for competent interpreter services, including both sign and spoken languages. Doing so will ensure that physicians can fulfill their ethical and clinical duty to communicate clearly with every patient, regardless of language, and that patients can fully engage in their care. Reimbursement will make these services more reliable and sustainable, removing a persistent inequity that undermines the physician-patient relationship.

Taken together, these provisions in H.1416/S.901 are responsive not only to current challenges, but transformative for the future of health care delivery in Massachusetts. By reinvesting in physician training in underserved settings, by committing to sustained funding for primary care and behavioral health, and by ensuring access to interpreter services, this legislation moves our Commonwealth closer to a health care system that reflects and serves all its residents equitably.

¹⁰ Kaiser Family Foundation. July 23, 2025. *Allocating CBO's Estimates of Federal Medicaid Spending Reductions Across the States: Enacted Reconciliation Package*. <https://www.kff.org/medicaid/issue-brief/allocating-cbos-estimates-of-federal-medicaid-spending-reductions-across-the-states-enacted-reconciliation-package/>

For these reasons, the MMS respectfully urges a favorable report on this legislation. Thank you for your consideration of our comments.