



MASSACHUSETTS MEDICAL SOCIETY

Every physician matters, each patient counts.

**MASSACHUSETTS MEDICAL SOCIETY
TESTIMONY IN SUPPORT OF
H.1126, AN ACT TO STREAMLINE PATIENT DISCLOSURE REQUIREMENTS
BEFORE THE JOINT COMMITTEE ON FINANCIAL SERVICES
JULY 15, 2025**

The MMS is a professional association of over 23,000 physicians, residents, and medical students across all clinical disciplines, organizations, and practice settings. The MMS is committed to advocating on behalf of patients for a better health care system, and on behalf of physicians, to help them to provide the best care possible. As such, **the Massachusetts Medical Society (MMS) wishes to be recorded in support of H.1126.**

At the end of 2020, within a matter of weeks, 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 federal protections against surprise medical bills, including patient protections requiring providers to furnish patients with comprehensive disclosures regarding network status and good faith estimates of service costs. The Massachusetts' *Patients First Act* included updates to our related state disclosures requiring providers to disclose their network status and provide related cost information regarding services.

Both the state and federal law aim to ensure patients have sufficient information regarding their provider's network status and out-of-pocket cost obligations to enable patients to make informed decisions about their medical care. There is significant overlap between the state and federal requirements, and while they have the same overarching aims, each law takes slightly different approaches and contains different timeframes, making compliance with both sets of laws virtually impossible for physicians and health care systems and adds unnecessary administrative complexity to a well-intended provision. For that reason, and while the federal regulatory process was underway to lay out the rules for the federal requirements, Massachusetts wisely delayed implementation of the state provisions through January 1, 2027.

Putting aside the administrative complexities, there is real concern for the impact on patients. 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-mandated notices with conflicting information, which may vary every time they try to schedule a service, including routine medical appointments.

One example of how complying with both federal and state laws could easily result in confusion for patients is in the case of insured patients. For insured patients, the state law requires disclosure of the *allowed amount* and facility fees for the service to be rendered and gives patients the opportunity to obtain more information about out-of-pocket costs from their insurer. In practice, this requirement is not actually very helpful to patients – the allowed amount is the amount an insurer has agreed to pay a provider for a service and is not reflective



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of the amount a patient may owe out-of-pocket. As such, mandating disclosure of the allowed amount to the patient may be confusing and may actually deter them from seeking care by making it seem more unaffordable than it may truly be. In that same scenario for an insured patient using their benefits, the federal law requires providers to submit a Good Faith Estimate (GFE) to the patient's insurer, which includes the codes the provider intends to bill, and then insurer uses that information to generate an Advance Explanation of Benefits (AEOB) for patient, which contains more accurate information about the patient's actual cost-sharing obligations. The requirements of the NSA results in more relevant and accurate information being provided to the patient, which minimizes confusion.

While the underlying intent of the two laws is the same, the mechanisms for disclosure differ in complicated ways, making compliance with both laws unnecessarily burdensome for providers and confusing for patients. H.1126, *An Act to streamline Patient Disclosure Requirements* would resolve this challenge by aligning the state requirements with the federal requirements. Not only does the NSA provide Massachusetts patients with comprehensive protections against surprise medical bills, but it also requires robust disclosure requirements that ensure patients have all the information they need regarding the network status of their provider and how much their service may cost.

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 physicians' offices, already short staffed, are under immense strain and facing unprecedented financial disruption as a result of recent federal health care actions.

The MMS urges the Committee on Financial Services to report H.1126 out of committee favorably.