The Massachusetts Medical Society (MMS) wishes to be recorded in support of House bill 1247 and Senate bill 782, An Act to ensure more affordable care. The MMS is a professional association of over 25,000 physicians, residents, and medical students across all clinical disciplines, organizations, and practice settings. The Medical Society is committed to advocating on behalf of patients for a better health care system, and on behalf of physicians, to help them to provide the best care possible. MMS has established as strategic priorities a desire to improve the affordability of health care, with special attention to patients from communities of color, as well as a priority to address racial disparities in health care. This legislation aims to make health care more affordable for individuals, families, and small businesses, by reducing financial barriers to care including co-pays and deductibles, and lowering premiums. In doing so, it specifically endeavors to reduce cost sharing for conditions that disproportionately impact communities of color and low-income communities, an important policy step in addressing racial disparities in health care.

MMS offers its strong support of this legislation as a whole, but wishes to focus written comments on the importance of the “no-copay” or value-based insurance design provisions. Specifically, this section would eliminate co-pays and cost sharing for certain health care services and treatments for seven types of chronic conditions that disproportionately impact communities of color and low-income communities: diabetes, asthma/COPD, hypertension, coronary artery disease, congestive heart failure, opioid use disorder, and bipolar disorder/schizophrenia.

Actuarial estimates of this proposal produced by Gorman Actuarial show that people with chronic conditions requiring a specialist visit and medication could save between $500 and $1,400 a year if it were implemented. The analysis also estimated that approximately 50% of residents in the state have one of the seven types of chronic conditions targeted by the proposal and would see these benefits. The range of savings depends on the type of insurance plan they have, and the analysis modeled three scenarios for different types of plans. The prescription drug cost savings ranged from $700 to $1,100 a year, and the savings on specialist visits ranged from $75 to $300 according to the estimates depending on the type of plan.
Despite high rates of insured persons in Massachusetts, we know that affordability of medical care is a significant issue. In April, CHIA released a report showing nearly 1 in 10 insured residents with family medical debt owed $8,000 or more, and 81% of those residents attributed the debt to deductibles, copays and/or coinsurance under their health plan.

MMS members regularly report seeing these statistics bear out in their individual patients. MA physicians regularly raise concern about how affordability challenges of their patients impede providing the best clinical care for their patients. Too-high deductibles could be the difference between a pediatric patient with asthma who can afford the proper inhaler and is thus healthy and thriving at school-- versus a patient who cannot afford the medication, and whose uncontrolled disease leads to school absence, inactivity, and depression and anxiety.

Affordability is not just a concept of dollar and cents, it is the difference between a patient receiving the optimal treatment and thriving in their life and in society, versus avoidable sickness and disability due to suboptimal or forgone care.

Health care affordability is a health equity matter, as there are well documented racial disparities in affordability barriers to health care. Black and Latinx families are more likely to report having unmet needs for medical or dental care than white families. Black and Latinx families are also more likely to report challenges paying medical bills. And of course, we saw the burden that these same communities felt during COVID-19, where they were more likely to contract, be hospitalized for, and die from COVID-19.

If we want to strive as a state to meaningfully address racial disparities in health, we need to look at the data of where barriers exist to obtaining necessary medical care. This bill is designed to eliminate cost sharing for the chronic conditions that disproportionately impact communities of color and low-income communities. Incentivizing high-value care has proven to lead to better health outcomes, and has in certain settings, showed an ability to control long term costs by helping avoid unnecessary exacerbations in sickness and thus in more expensive care and higher cost settings. There is still much work to do beyond this legislation to address the systemic drivers of these inequalities, but this legislation is an important first step toward increasing access to high-value care.

Thank you for your consideration, the Medical Society respectfully urges a favorable report on H.1247/S.782.