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| 1 | HPC Primary Care Definitions 1 | Amends MGL 6D:1 establishing definitions for the terms "aggregate primary care baseline expenditures" and "aggregate primary care expenditure target" for the purpose of the HPC. | MGL 6D:1 |
| 2 | HPC Primary Care Definitions 2 | Amends MGL 6D:1 establishing a definition for the term "independent primary care practice" for the purpose of the HPC. | MGL 6D:1 |
| 3 | HPC Primary Care Definitions 3 | Amends MGL 6D:1 establishing definitions for the terms "primary care", "primary care baseline expenditures", and "primary care expenditure target" for the purpose of the HPC. | MGL 6D:1 |
| 4 | HPC Primary Care Definitions 4 | Amends MGL 6D:1 establishing a definition for the term "primary care services" for the purpose of the HPC. | MGL 6D:1 |
| 5 | Office of Primary Care Policy and Payment | <p>Amends MGL 6D establishing an office of primary care policy and payment within the HPC to: (i) study primary care access, delivery, and payment; (ii) develop a uniform primary care payment model across all commercial insurance carriers and the Group Insurance Commission; (iii) develop and issue regulations to strengthen the primary care system, improve workforce recruitment and retention, strengthen integration of primary care and behavioral health services, and increase financial investment in patient access; and (iv) develop recommendations to ensure increase in primary care expenditure do not add to overall health care spending.</p> <p>Requires the office of primary care policy and payment, in coordination with the primary care technical advisory council and in consultation with DOI, to establish an advanced primary care payment model to be adopted by large providers and provider organizations for implementation in contracts with commercial insurance carriers and the Group Insurance Commission. Requires 90% of payments to providers and provider organizations to be directly allocated and retained at the practice level and 10% of payments to be distributed at the system level for use in system-level services that benefit primary care practices in the system.</p> | MGL 6D:3B |
| 5 | Primary Care Technical Advisory Council | <p>Amends MGL 6D establishing a primary care technical advisory council within the HPC to advise the office of primary care policy and payment regarding the development of the advanced primary care payment model.</p> <p>Requires the primary care technical advisory council, in coordination with the office of primary care policy and payment and in consultation with DOI, to: (i) designate additional primary care services that may be included in the advanced primary care payment model; (ii) define services that comprise integrated behavioral health; and (iii) define allowable and nonallowable expenditures and clearly identify expenditures that directly support a primary care practice's direct services.</p> | MGL 6D:3B |

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| 5 | Primary Care Quality and Outcome Measures | <p>Amends MGL 6D requiring the statewide advisory committee on standard quality measures, in consultation with Massachusetts Health Quality Partners and CHIA and subject to review and approval by the office of primary care policy and payment, the primary care technical advisory council and DOI, to identify a limited set of primary care quality and outcome measures including at least 1 measure related to patient experience.</p> <p>Requires the office of primary care policy and payment, in consultation with the primary care technical advisory council and DOI, to: (i) develop standard measurement and reporting requirement for quality and outcome measures; (ii) develop separate annual retroactive payment methodology based on quality measures; and (iii) consider and seek to align measures with MassHealth quality indicators for managed care entities, the standard quality measure set, and the aligned measure set.</p> <p>Requires the office of primary care policy and payment, in coordination with the primary care technical advisory council and in consultation with DOI, to identify measures of clinical and social complexity that promote health equity and develop a standard rate adjustment methodology based on such measures.</p> | MGL 6D:3B |
| 5 | Patient and Provider Assignment | Amends MGL 6D requiring the office of primary care policy and payment, in coordination with the primary care technical advisory council and in consultation with DOI, to develop attribution methodology to assign patients to participating providers or provider organizations for adult and pediatric primary care under the advanced primary care payment model. Requires patients with existing primary care relationships to be matched according to the existing primary care relationship. | MGL 6D:3B |
| 5 | Enhanced Payments | Amends MGL 6D requiring the office of primary care policy and payment, in coordination with the primary care technical advisory council, and in consultation with DOI, to identify advanced primary care services and investments in primary care delivery that may qualify participating providers or provider organizations for enhanced payments under the advanced primary care payment model. | MGL 6D:3B |
| 5 | Primary Care Reporting and Audits | Amends MGL 6D requiring the office of primary care policy and payment, in coordination with the primary care technical advisory council, CHIA, and DOI, to develop and maintain reporting and audit processes for providers and provider organizations to ensure primary care payment under the advanced primary care payment model are directed to practice or supports that benefit primary care. | MGL 6D:3B |
| 5 | Prohibition on Prior Authorization | Amends MGL 6D prohibiting insurance carriers from requiring prior authorization for any primary care service provided by a primary care practice that receives payments from the advanced primary care payment model. | MGL 6D:3B |

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| 5 | Advanced Primary Care Payment Model Implementation 1 | <p>Amends MGL 6D requiring the office of primary care policy and payment, in coordination with the primary care technical advisory council and in consultation with DOI, to conduct ongoing monitoring and analysis of the implementation of the advanced primary care payment model and make adjustments pursuant to applicable regulations.</p> <p>Requires the office of primary care policy and payment, in coordination with the primary care technical advisory council and in consultation with DOI, to report annually on: (i) the implementation of the advanced primary care payment model; (ii) proposals to facilitate and improve such implementation; and (iii) primary care access and health equity disparities in primary care.</p> | MGL 6D:3B |
| 6 | HPC Cost Growth Hearing | Amends MGL 6D:8 rewriting the required topics that must be covered during HPC cost growth hearings and requiring the hearing to compare the growth in pediatric and adult primary care expenditures in the previous year to the aggregate primary care expenditure target established by HPC and examine factors that challenge the ability of the health care system to meet the health care cost growth benchmark and the aggregate primary care expenditure target. | MGL 6D:8 |
| 7 | HPC Cost Growth Annual Report | Amends MGL 6D:8 requiring HPC to include primary care spending trends in the commission's annual health care cost growth report. | MGL 6D:8 |
| 8 | Aggregate Primary Care Expenditure Target | <p>Amends MGL 6D requiring HPC to establish an aggregate primary care expenditure target which shall be: (i) for calendar year 2028, 9% of total health care expenditures; (ii) for calendar year 2029, 12% of total health care expenditures; (iii) for calendar year 2030, 15% of total health care expenditures; and (iv) for calendar years 2031 and beyond, if HPC determines an adjustment is necessary, not less than 15% of total health care expenditures.</p> <p>Requires HPC to monitor implementation of the aggregate primary care expenditure target to ensure any increase in spending does not result in an increase to overall health care expenditure trends or any new increase in health insurance premiums and cost-sharing. Requires HPC to hold a public hearing prior to making any recommended modification to the aggregate primary care expenditure target.</p> | MGL 6D:9A |

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| 8 | Primary Care Expenditure Target | <p>Amends MGL 6D establishing a primary care expenditure targets for expenditures attributable to an individual health care entity which shall be: (i) for calendar year 2028, 9% of total health care expenditures attributable to the entity; (ii) for calendar year 2029, 12% of total health care expenditures attributable to the entity; (iii) for calendar year 2030, 15% of total health care expenditures attributable to the entity; and (iv) for calendar years 2031 and beyond, if HPC determines an adjustment is necessary, not less than 15% of total health care. expenditures in the commonwealth.</p> <p>Requires HPC to monitor implementation of the primary care expenditure target to ensure any increase in spending does not result in an increase to overall health care expenditure trends or any new increase in health insurance premiums and cost-sharing. Requires HPC to hold a public hearing prior to making any recommended modification to the primary care expenditure target.</p> | MGL 6D:9A |
| 9 | Health Care Entity Primary Care Spending Oversight | <p>Amends MGL 6D requiring HPC to provide written notice to any health care entity that fails to meet the primary care expenditure target or has increased primary care spending that results in growth in overall health care expenditure trends or new increases in health insurance premiums or cost sharing, excluding pharmaceutical spending. Authorizes HPC to require such health care entity to file and implement a performance improvement plan and notify DPH of the requirement for the health care entity to file a performance improvement plan.</p> <p>Authorizes HPC to impose penalties and restrictions against a health care entity that has willfully neglected to file a performance improvement plan, failed to implement a performance improvement plan, or knowingly failed to provide or falsified information to the HPC.</p> | MGL 6D:10A |
| 10 | Provider Organization Registration Requirements | <p>Amends MGL 6D:11 requiring provider organizations submit certain information to HPC upon registration or renewal, including: (i) the number of full time PCPs. Nurse, NPs, PAs, and care coordinators; (ii) the organizations current primary care patient panel; (iii) information regarding provider capacity; and (iv) information about the movement of funds by the provider organization, such as distribution of claims and non-claims from payers to providers.</p> | MGL 6D:11 |
| 11 | CHIA Primary Care Definitions 1 | <p>Amends MGL 12C:1 establishing definitions for the terms "aggregate primary care baseline expenditures" and "aggregate primary care expenditure target" for the purpose of CHIA.</p> | MGL 12C:1 |
| 12 | CHIA Primary Care Definitions 2 | <p>Amends MGL 12C:1 establishing definitions for the terms "primary care", "primary care baseline expenditures", "primary care expenditure target", and "primary care services" for the purpose of CHIA.</p> | MGL 12C:1 |
| 13 | CHIA Data Collection | <p>Amends MGL 12C:10 requiring private health insurers to submit information to CHIA on the expenses of administering prospective review and utilization review.</p> | MGL 12C:10 |

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| 14 | CHIA Primary Care Report | Amends MGL 12C requiring CHIA to develop a methodology for measuring primary care spending based on reporting from commercial and public payers and report annually on primary care expenditures as a share of total statewide health care expenditures, delineated by member, municipality, rural cluster, insurance type, age ranger, payer, and managing clinician group. | MGL 12C:15A |
| 15 | CHIA Annual Report | Amends MGL 12C:16 requiring CHIA to publish the aggregate primary care baseline expenditures in its annual report and, in consultation with HPC, determine the primary care baseline expenditures for individual health care entities and report such baseline to the respective health care entity annually not later than October 1. Effective October 1, 2027. | MGL 12C:16 |
| 16 | CHIA Primary Care Spending Analysis | Amends MGL 12C:18 requiring CHIA to perform ongoing analysis to identify applicable providers or provider organizations whose expenditures fail to meet the primary care expenditure target or have increased primary care spending that results in growth in overall health care expenditure trends or new increases to health insurance premiums or cost sharing, and provide a list of these payers, providers, and provider organizations to the HPC. | MGL 12C:18 |
| 17 | Community Health Center Reimbursement Rate Parity 1 | Amends MGL 15A requiring certain insurers to reimburse community health centers for covered services at a rate equal to or greater than MassHealth. | MGL 15A:18A |
| 18 | Advanced Primary Care Payment Model Implementation 2 | Amends MGL 32A requiring certain insurers to implement the advanced primary care payment model developed by the office of primary care policy and payment within HPC. | MGL 32A:35 |
| 18 | Community Health Center Reimbursement Rate Parity 2 | Amends MGL 32A requiring certain insurers to reimburse community health centers for covered services at rate equal to or greater than MassHealth. | MGL 32A:36 |
| 18 | Mental Illness Drug Access 1 | Amends MGL 32A prohibiting certain insurers from imposing prior authorization requirements or delaying prescribing for serious mental illness drugs approved by the FDA. | MGL 32A:37 |
| 19 | Graduate Medical Education Payment Program | Amends MGL 118E requiring EOHHS, in consultation with the Massachusetts League of Community Health Centers, to develop a graduate medical education payment program for post-grad residency and other training community-based primary care, behavioral health, and other areas of physician or provider shortage in community-based healthcare settings. Requires the majority of residency placements in a given year to be in a community health center. | MGL 118E:88 |
| 20 | Advanced Primary Care Payment Model Implementation 3 | Amends MGL 175 requiring certain insurers to implement the advanced primary care payment model developed by the office of primary care policy and payment within HPC. | MGL 175:47DDD |
| 20 | Community Health Center Reimbursement Rate Parity 3 | Amends MGL 175 requiring certain insurers to reimburse community health centers for covered services at a rate equal to or greater than MassHealth. | MGL 175:47EEE |
| 20 | Mental Illness Drug Access 2 | Amends MGL 175 prohibiting certain insurers from imposing prior authorization requirements or delaying prescribing for serious mental illness drugs approved by the FDA. | MGL 175:47GGG |
| 21 | Advanced Primary Care Payment Model Implementation 4 | Amends MGL 176A requiring certain insurers to implement the advanced primary care payment model developed by the office of primary care policy and payment within HPC. | MGL 176A:8EEE |
| 21 | Community Health Center Reimbursement Rate Parity 4 | Amends MGL 176A requiring certain insurers to reimburse community health centers for covered services at a rate equal to or greater than MassHealth. | MGL 176A:8FFF |

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| 21 | Mental Illness Drug Access 3 | Amends MGL 176A prohibiting certain insurers from imposing prior authorization requirements or delaying prescribing for serious mental illness drugs approved by the FDA. | MGL 176A:8HHH |
| 22 | Advanced Primary Care Payment Model Implementation 5 | Amends MGL 176B requiring certain insurers to implement the advanced primary care payment model developed by the office of primary care policy and payment within HPC. | MGL 176B:4EEE |
| 22 | Community Health Center Reimbursement Rate Parity 5 | Amends MGL 176B requiring certain insurers to reimburse community health centers for covered services at a rate equal to or greater than MassHealth. | MGL 176B:4FFF |
| 22 | Mental Illness Drug Access 4 | Amends MGL 176B prohibiting certain insurers from imposing prior authorization requirements or delaying prescribing for serious mental illness drugs approved by the FDA. | MGL 176B:4HHH |
| 23 | Community Health Center Reimbursement Rate Parity 6 | Amends MGL 176E requiring certain insurers to reimburse community health centers for covered services at a rate equal to or greater than MassHealth. | MGL 176E:15B |
| 24 | Advanced Primary Care Payment Model Implementation 6 | Amends MGL 176G requiring certain insurers to implement the advanced primary care payment model developed by the office of primary care policy and payment within HPC. | MGL 176G:4WW |
| 24 | Community Health Center Reimbursement Rate Parity 7 | Amends MGL 176G requiring certain insurers to reimburse community health centers for covered services at a rate equal to or greater than MassHealth. | MGL 176G:4XX |
| 24 | Mental Illness Drug Access 5 | Amends MGL 176G prohibiting certain insurers from imposing prior authorization requirements or delaying prescribing for serious mental illness drugs approved by the FDA. | MGL 176G:4YY |
| 25 | Repeal - Primary Care Task Force | Repeals section 80 of chapter 343 of the acts of 2024. | Chapter 343 of the Acts of 2024 |
| 26 | Effective Date - CHIA Annual Report | Requires changes included in section 15 related to CHIA's annual report to take effect on October 1, 2027. | |
| 27 | Advanced Primary Care Payment Model Implementation 7 | Requires the office of primary care policy and payment, in coordination with the primary care technical advisory council and in consultation with DOI, to align the initial advanced primary care payment model with MassHealth's primary care-sub-capitation program. | |
| 28 | N/A | No section 28 included in bill. | |
| 29 | N/A | No section 29 included in bill. | |
| 30 | Report - Office of Pharmaceutical Policy and Analysis | Requires a report by the office of pharmaceutical policy and analysis, within HPC, to be submitted after the office of primary care policy and payment issues certain recommendations. | |
| 31 | Effective Date - CHIA Definition of Primary Care Expenditures | Requires CHIA to define "primary care expenditures" not later than June 30, 2027. | |
| 32 | Effective Date - DOI Guidance | Requires DOI to issue guidance on the implementation of the advanced primary care payment model not later than December 31, 2027. | |
| 33 | Effective Date - CHC Reimbursement Parity Regulations | Requires DOI to promulgate regulations related to certain insurers to reimburse community health centers for covered services at least the same rate as MassHealth not later than January 1, 2027. | |

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| 34 | Effective Date - Graduate Medical Education Payment Regulations | Requires EOHHS to promulgate any regulations necessary to implement the graduate medical education payment program within 180 days of the effective date. | |