Massachusetts Taxpayers Foundation

Senate	House	Short Title	Senate Summary	House Summary	MGL
1	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.	Amends MGL 6D:1 establishing definitions for the terms "aggregate primary care expenditures" and "aggregate primary care expenditure target" for the purpose of the HPC.	MGL 6D:1
3	2	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.	Amends MGL 6D:1 establishing definitions for the terms "primary care", "primary care expenditures", "primary care infrastructure support", and "primary care investment" for the purpose of the HPC.	MGL 6D:1
4	3	HPC Primary Care Definitions 4	Amends MGL 6D:1 establishing a definition for the term "primary care services" for the purpose of the HPC.	Amends MGL 6D:1 establishing a definition for the term "primary care services" for the purpose of the HPC.	MGL 6D:1
6	4	HPC Cost Growth Hearing 1	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.	Amends MGL 6D:8 requiring HPC's cost growth hearing to compare the growth in aggregate primary care expenditures to the aggregate primary care expenditure target.	MGL 6D:8
	5	HPC Cost Growth Hearing 2		Amends MGL 6D:8 requiring testimony from providers and provider organizations during the HPC cost growth hearing to include primary care.	MGL 6D:8
8	6	Aggregate Primary Care Expenditure Target	Amends MGL 6D requiring HPC to establish an aggregate primary care expenditure target and establishes the following targets for the following calendar years: (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. 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.	Amends MGL 6D requiring HPC to administer and monitor the aggregate primary care expenditure target as well as publish the aggregate primary care expenditure target and methodology used to calculate the target on its website. Establishes the following aggregate primary care expenditure targets for the following calendar years: (i) for calendar year 2030, 9% of total health care expenditures; (ii) for calendar year 2033, 12% of total health care expenditures; and (iii) for calendar year 2036 and beyond, 15% of total health care expenditures. Requires HPC, beginning in 2028, to monitor and annually report on progress toward the applicable target next due. Requires HPC, in collaboration with GIC and DOI, to monitor the implementation of the aggregate primary care expenditure target and ensure that any increase in primary care spending does not result in an increase in the growth of overall health care expenditure trends or any net new increase in health insurance premiums and cost-sharing.	MGL 6D:9A

Massachusetts Taxpayers Foundation

Senate	House	Short Title	Senate Summary	House Summary	MGL
	7	Health Care Entity Primary Care Spending Oversight 1		Amends MGL 6D:10 authorizing HPC, in any year HPC finds that the percentage change in total health care expenditures exceeded the health care cost growth benchmark and future aggregate primary care expenditure targets, to establish procedures to assist health care entities to improve efficiency, increase primary care investment, and reduce cost growth by requiring certain health care entities to file and implement a primary care commitment or a performance improvement plan. Authorizes HPC, after reviewing a health care entity's primary care investment, to require the health care entity to file a primary care commitment or a performance improvement plan.	MGL 6D:10
	8	Health Care Entity Primary Care Spending Oversight - Tech		Amends MGL 6D:10 making a technical edit updating a subsection reference.	MGL 6D:10
	9	Health Care Entity Primary Care Spending Oversight - Tech		Amends MGL 6D:10 making a technical edit.	MGL 6D:10

Massachusetts Taxpayers Foundation

Senate	House	Short Title	Senate Summary	House Summary	MGL
9	10	Health Care Entity Primary Care Spending Oversight 2	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. 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.	Amends MGL 6D requiring HPC to provide written notice, including CIHA's analysis, to any health care entity the HPC requires to propose a primary care commitment. Requires the health care entity to file a proposed primary care commitment with HPC, within 60 days of receiving such notice, detailing: (i) expected effect of the proposal on the quality of and access to primary care services for patients served; (ii) the amount by which the commitment is expected to increase the health care entity's primary care expenditures; (iii) how the commitment will address the factors contributing to the health care entity's growth in health status adjusted total medical expense. Establishes frameworks for providers, provider organizations, and payors to include in their proposal. Requires HPC to accept the proposed primary care commitment if HPC determines that it is reasonably likely to: (i) improve the access of patients and members; (ii) contribute to the attainment of the aggregate primary care expenditure target; and (iii) address the factors contributing to the health care entity's growth in health status adjusted total medical expense.	MGL 6D:10A
10	11	Provider Organization Registration Requirements	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 from payers to provider.	Amends MGL 6D:11 requiring provider organizations that provider primary care services to submit certain information to HPC upon registration or renewal, including: (i) each acquisition of or affiliation with a primary care practice; (ii) the number of full time PCPs. Nurse, NPs, PAs, and care coordinators; (iii) the organizations current primary care patient panel; (iv) information regarding provider capacity; (v) the site of service and whether the site is a licensed hospital, hospital satellite or outpatient department; and (vi)information about the movement of funds by the provider organization, such as distribution of claims from payers to provider.	MGL 6D:11

Massachusetts Taxpayers Foundation

Senate	House	Short Title	Senate Summary	House Summary	MGL
	11A	Pharmacy Deserts 1		Amends MGL 6D requiring the office of health resource planning, within HPC, to conduct an assessment every 5 years on supply, distribution and capacity of pharmacy and pharmacological services and identify the number of existing and potential pharmacy deserts in the commonwealth and conduct an analysis of their impact or potential impact on access. Requires the office of health resource planning to present its findings to the HPC board and file a report with the HPC, CHIA, DPH, and the legislature.	MGL 6D:22A
11	12	CHIA Primary Care Definitions 1	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.	Amends MGL 12C:1 establishing definitions for the terms "aggregate primary care expenditures" and "aggregate primary care expenditure target" for the purpose of CHIA.	MGL 12C:1
	13	CHIA Primary Care Definitions 2		Amends MGL 12C:1 establishing a definition for the term "independent primary care practice"	MGL 12C:1
12	14	CHIA Primary Care Definitions 3	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.	Amends MGL 6D:1 establishing definitions for the terms "primary care", "primary care expenditures", "primary care infrastructure support", "primary care investment", "primary care provider", and "primary care services" for the purpose of the HPC.	MGL 12C:1
14	15	CHIA Primary Care Spending Methodology	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.	Amends MGL 12C directing CHIA to promulgate regulations, relying on existing data submissions, establishing billing codes, providers types, and payment categories to identify expenditures across categories of primary care expenditures, including: (i) pediatric primary care expenditures; (ii) primary care expenditures by municipality and rural cluster; and (iii) primary care expenditures and total health care expenditures net of prescription drug rebates. Requires the regulations to be informed by and, to the extent appropriate, aligned with methodologies used in other states for cross-state comparison. Requires CHIA to develop a methodology for identifying, measuring and reporting non-claims payments, that support the delivery of primary care and primary care infrastructure.	MGL 12C:15A

Massachusetts Taxpayers Foundation

Senate	House	Short Title	Senate Summary	House Summary	MGL
15	16	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.	Amends MGL 12C:16 requiring CHIA to public the aggregate primary care expenditures together with the commonwealth's performance against the aggregate primary care expenditure target and aggregate, de-identified information regarding primary care investment analyses in its annual report.	MGL 12C:16
16	17	CHIA Primary Care Spending Analysis 1	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.	Amends MGL 12C:18 requiring CHIA to perform ongoing analysis and provide to HPC an analysis of any health care entity's primary care investment if the entity has an increase in health status adjusted total medical expense that is considered excessive and who threaten the ability of the state to meet the health care cost growth benchmark.	MGL 12C:18
	18	CHIA Primary Care Spending Analysis 2		Amends MGL 12C requiring CHIA to conduct an analysis of the primary care investment of each health care entity, without imposing new data collection requirements, evaluating: (i) such expenditures by or attributed to each entity; (ii) the entity's primary care expenditures expressed as a percentage of the entity's health status adjusted total medical expense; (iii) each entity's primary care infrastructure support, where applicable; and (iv) change in primary care expenditures for the previous 3 years. For providers and provider organizations, CHIA analysis must include: (i) entity's capacity to increase its primary care investment without material adverse effect; (ii) the extent that the attributed patient population experiences utilization that could be avoided through more accessible or more effective primary care; (iii) primary care needs of the population the entity serves; and (iv) the effect of the entity's conduct on the primary care market in which it operates. For payers, CHIA analysis must include: (i) the extent the payer's payment and administrative practices support the delivery of primary care; (ii) the trend in contracted rates paid by the payer for primary care; (iii) the extent that contracted providers elected to participate in a qualifying advanced primary care payment model; and (iv) how administrative requirements of the payer support or impeded access to care.	MGL 12C:18A

Massachusetts Taxpayers Foundation

Senate	House	Short Title	Senate Summary	House Summary	MGL
	19	Community Hospital Capital Access Fund 1		Amends MGL 23G establishing the Community Hospital Capital Access Fund, administered by MassDevelopment, to: (i) establish and maintain debt service reserve funds or other reserve accounts to support bonds or notes issued by or on behalf of a high public payer community hospital; (ii) provide grants and loans for construction, renovation or other capital expenditures for patient care activities at a high public payer community hospital; and (iii) pay reasonable costs of administering the fund. Requires MassDevelopment to report annually, on October 1, to the legislature detailing the activities of the fund and an assessment of the fund's effect on the availability and cost of capital for high public payer community hospitals.	MGL 23G:50
	20	Health Care Workforce Transformation Fund		Amends MGL 29:2FFFF requiring the Health Care Workforce Transformation Fund be used to: (i) expand education, training and career pathways; (ii) recruit and retain the health care workforce; (iii) improve equitable access to high-quality health care services; (iv) promote culturally competent and community-based care; and (v) support the attainment of the aggregate primary care expenditure target. Requires, through 2036, 80% expenditures from the fund in a given year to be used for the recruitment, training, retention or geographic distribution of primary care providers. Requires EOHHS report annually on the activities of the fund and any recommendations for future investments or legislative changes to the legislature.	MGL 29:2FFFF

Massachusetts Taxpayers Foundation

Senate	House	Short Title	Senate Summary	House Summary	MGL
	21	Commonwealth Federal Matching and Debt Reduction Fund 1		Amends MGL 29:2EEEEEE to include in the allowable uses of the Commonwealth Federal Matching and Debt Reduction Fund: (i) protecting the commonwealth from the elimination, reduction or material delay of federal funds if such delay would materially impact public health, safety or welfare or the fiscal stability of the commonwealth; (ii) transferring any amounts to the Health Safety Net Trust Fund; (iii) funding pay-as-you-go capital for any capital project or program up to the amount previously authorized by the legislature; and (iv) transferring any amounts in the fund to the Health Care Workforce Transformation Fund.	MGL 29:2EEEEEE
18	22	Community Health Center Reimbursement Rate Parity 2	Amends MGL 32A requiring the GIC to reimburse community health centers for covered services at rate equal to or greater than MassHealth. Requires DOI consult with MassHealth for technical assistance regarding the per visit payment rate for a given year.	Amends MGL 32A requiring the GIC to community health centers for covered services at a rate not less than the applicable MassHealth rate. Requires GIC consult with MassHealth for technical assistance regarding the rate and methodology for the applicable year.	MGL 32A:17BB (House) MGL 32A:36 (Senate)
	22	Mobile Integrated Health Care Programs 1		Amends MGL 32A prohibiting the GIC from denying, limiting or condition coverage of otherwise covered health care services on the basis that the service was delivered by a health care provider participating in a mobile integrated health care program approved by DPH and requires coverage for such services to be at the same rate as if they were provided in a health care facility.	MGL 32A:17CC
	22	Biomarker Testing 1		Amendment MGL 32A requiring the GIC to provide coverage for biomarker testing to any active or retired employee of the commonwealth who is insured under the GIC.	MGL 32A:17DD
18	23	Advanced Primary Care Payment Model Implementation 2	Amends MGL 32A requiring the GIC to implement the advanced primary care payment model developed by the office of primary care policy and payment within HPC.	Amends MGL 32A requiring the GIC to offer each contracted primary care provider a qualifying advanced primary care payment model and requires the GIC to report to DOI information and data necessary for compliance with the advanced primary care payment model.	MGL 32A:35
	23	Patient Prescription Drug Rebates 1		Amends MGL 32A requiring the GIC, along with any PBM, affiliated entity or third party administrator acting on the GIC's behalf, to make estimated rebates available to those receiving coverage from the GIC.	MGL 32A:36

Massachusetts Taxpayers Foundation

Senate	House	Short Title	Senate Summary	House Summary	MGL
	23A	Routine Childhood Immunization Payor Assessment		Amends MGL 111:24N establishing a routine childhood immunization assessment for payors. Caps an increase in the assessment at the percentage of the health care cost growth benchmark unless the commissioner of DPH submits a detailed report to the legislature explaining the need for an increase.	MGL 111:24N
	24	Community Hospital Capital Access Fund 2		Amends MGL 111:25C directing DPH to require applicants for a determination of need for a substantial capital expenditure to pay not less than 2% of the capital expenditure project amount as a condition of approval for the application. Requires DPH to deposit the amount collected into the Community Hospital Capital Access Fund.	MGL 111:25C
	25	Priority Review for Determination of Need Applications		Amends MGL 111 establishing a process for proposed projects by high public payer community hospitals, or their affiliates, that addresses a documented state or regional unmet health care need to receive priority review. Requires DPH to issue a decision on an application with priority review designation within 60 days of the initial filing. Authorizes DPH to set a reduced filing fee for high public payer community hospitals, or their affiliates, experiencing financial hardship.	MGL 111:25C 3/4
	25A	Provider Immunization Brand Choice		Amends MGL 111 requiring DPH to implement a provider immunization brand choice for the universal immunization program, routine childhood immunizations, and any other immunization program administered by the commonwealth.	MGL 111:251
	26	Mobile Integrated Health Care Programs 2		Amends MGL 111O:2 authorizing DPH to establish application and registration fees for mobile integrated health care programs and authorizes DPH to waive or reduce the fees for a mobile integrated health care program that primarily provide behavioral health services. Requires an approved mobile integrate health care program to notify and coordinate ongoing care with a patient's primary care provider not later than 72 hours after providing services. Authorizes a mobile integrated health care program to accept referrals from PCPs for chronic disease management, post-discharge follow up or preventive care services.	MGL 111O:2

Massachusetts Taxpayers Foundation

Senate	House	Short Title	Senate Summary	House Summary	MGL
	26A	Pharmacy Deserts 2		Amends MGL 112 requiring entities intending to close a pharmacy or pharmacy department to notify the Board of Registration in Pharmacy of the intended closure in writing 60 days prior and send a copy of the notice to the House and Senate members representing the municipality and the clerk of the municipality to distribute to appropriate local officials. Requires the Board of Registration in Pharmacy to conduct a review of the intended closing to determine whether the closing is likely to result in the creation of a pharmacy desert. Requires the board to conduct a public hearing 30 days prior to the intended closing if it determines a pharmacy desert is likely to be created and present information on alternative sources of pharmacy services available to impacted consumers and allow interested parties the opportunity to share comments and concerns about the proposed closure. Effective October 1, 2027.	MGL 112:38A
	27	Mobile Integrated Health Care Programs 3		Amends MGL 118E prohibiting MassHealth and its contracted affiliates from denying, limiting or conditioning coverage of otherwise covered health care services on the basis that the service was delivered through a mobile integrated health care program. Requires such services to be covered at the same rate as if they were provided in a health care facility.	MGL 118E:10BB
	27	Biomarker Testing 2		Amends MGL 118E requiring MassHealth and its contracted affiliates to provide coverage for biomarker testing to any active or retired employee of the commonwealth who is insured under the GIC.	MGL 118E:10CC
	28	Community Health Center Reimbursement Parity		Amends MGL 118E requiring MassHealth reimbursement for community health centers to be determined using the prospective payment system methodology that conforms with federal law and was in effect on January 1, 2025.	MGL 118E:13D 3/4
20	29	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.	Amends MGL 175 requiring certain insurers to reimburse community health centers for covered services at a rate not less than MassHealth.	MGL 175:47EEE

Massachusetts Taxpayers Foundation

Senate	House	Short Title	Senate Summary	House Summary	MGL
	29	Mobile Integrated Health Care Programs 4		Amends MGL 175 prohibiting certain insurers from denying, limiting or conditioning coverage of otherwise covered health care services on the basis that the service was delivered through a mobile integrated health care program. Requires such services to be covered at the same rate as if they were provided in a health care facility.	MGL 175:47FFF
	29	Biomarker Testing 3		Amends MGL 175 requiring certain insurers to provide coverage for biomarker testing to any active or retired employee of the commonwealth who is insured under the GIC.	MGL 175:47GGG
	29A	Small Business Family and Medical Leave Obligations		Amends MGL 175M:11 authorizing employers with 25 or less employees to submit a private plan meeting their obligations related to family and medical leave directly to the Department of Family and Medical Leave.	MGL 175M:11
21	30	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.	Amends MGL 176A requiring certain insurers to reimburse community health centers for covered services at a rate not less than MassHealth.	MGL 176A:8FFF
	30	Mobile Integrated Health Care Programs 5		Amends MGL 176A prohibiting certain insurers from denying, limiting or conditioning coverage of otherwise covered health care services on the basis that the service was delivered through a mobile integrated health care program. Requires such services to be covered at the same rate as if they were provided in a health care facility.	MGL 176A:8GGG
	30	Biomarker Testing 4		Amends MGL 176A requiring certain insurers to provide coverage for biomarker testing to any active or retired employee of the commonwealth who is insured under the GIC.	MGL 176A:8HHH
22	31	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.	Amends MGL 176B requiring certain insurers to reimburse community health centers for covered services at a rate not less than MassHealth.	MGL 176B:4FFF
	31	Mobile Integrated Health Care Programs 6		Amends MGL 176B prohibiting certain insurers from denying, limiting or conditioning coverage of otherwise covered health care services on the basis that the service was delivered through a mobile integrated health care program. Requires such services to be covered at the same rate as if they were provided in a health care facility.	MGL 176B:4GGG
	31	Biomarker Testing 5		Amends MGL 176B requiring certain insurers to provide coverage for biomarker testing to any active or retired employee of the commonwealth who is insured under the GIC.	MGL 176B:4HHH

Massachusetts Taxpayers Foundation

Senate	House	Short Title	Senate Summary	House Summary	MGL
23	32	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.	Amends MGL 176E requiring certain insurers to reimburse community health centers for covered services at a rate not less than MassHealth.	MGL 176E:15B
24	33	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.	Amends MGL 176G requiring certain insurers to reimburse community health centers for covered services at a rate not less than MassHealth.	MGL 176G:4XX
	33	Mobile Integrated Health Care Programs 7		Amends MGL 176G prohibiting certain insurers from denying, limiting or conditioning coverage of otherwise covered health care services on the basis that the service was delivered through a mobile integrated health care program. Requires such services to be covered at the same rate as if they were provided in a health care facility.	MGL 176G:4YY
	33	Biomarker Testing 6		Amends MGL 176G requiring certain insurers to provide coverage for biomarker testing to any active or retired employee of the commonwealth who is insured under the GIC.	MGL 176G:4XX
	33A	Health Screening Benefits 1		Amends MGL 176J:1 establishing a definition for the term "health screening benefits".	MGL 176J:1
	33B	Health Screening Benefits 2		Amends MGL 176J:1 authorizing accident only, hospital indemnity insurance policies, disability income insurance and specified disease insurance to offer health screening benefits.	MGL 176J:1
	33C	Health Screening Benefits 3		Amends MGL 176M:1 establishing a definition for the term "health screening benefits".	MGL 176M:1
	33D	Health Screening Benefits 4		Amends MGL 176M:1 authorizing accident only, hospital indemnity insurance policies, disability income insurance and specified disease insurance to offer health screening benefits.	MGL 176M:1
	33E	Health Screening Benefits 5		Amends MGL 176N:1 establishing a definition for the term "health screening benefits".	MGL 176N:1
	33F	Health Screening Benefits 6		Amends MGL 176N:1 authorizing accident only, hospital indemnity insurance policies, disability income insurance and specified disease insurance to offer health screening benefits.	MGL 176N:1

Massachusetts Taxpayers Foundation

Senate	House	Short Title	Senate Summary	House Summary	MGL
	34	AI Health Insurance Review Oversight		Amends MGL 176O requiring AI, algorithms, or software used to conduct, or relied upon to generate information for, utilization review based on medical necessity to base its output on medical and other relevant clinical information, the individual clinical circumstances presented by the provider, and other relevant clinical information contained in the medical or other clinical record. Prohibits AI, algorithms, or software from being the sole basis for and adverse determination. Requires insurance carriers and utilization review organizations to periodically review performance, use, and outcome of AI, algorithms, software that is used in utilization review and modify or discontinue use as necessary to improve accuracy and reliability. Requires such organizations to make available, upon request by DOI, criteria and guidelines applied to the tool, a description of the categories of data used to develop and train the tool, and the tool's intended use and the outcomes. Requires such organization to maintain records for such review for 6 years. Requires insurance carriers to report annually to DOI the number of requests for coverage reviewed by AI, algorithms, or software, the number of adverse determinations issued in connection with such review and the number of adverse determinations reversed. Establishes penalties for a violation of this section.	MGL 176O:12C

Massachusetts Taxpayers Foundation

Senate	House	Short Title	Senate Summary	House Summary	MGL
5	35	Advanced Primary Care Payment Model Program 1	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 insurance carriers; (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. 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 establish an advanced primary care payment model to be adopted by providers and provider organizations for implementation in contracts with insurance carriers. 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.	Amends MGL 176O establishing an advanced primary care payment model program and requiring DOI to: (i) approve 1 or more standard advanced primary care payment models; (ii) establish in consultation with the primary care payment collaborative, minimum standards and requirements for qualifying advanced primary care payment models; and (iii) approve alternative advanced primary care payment models submitted by carriers that meet certain requirements.	MGL 176O:31 (House) MGL 6D:3B (Senate)
5	35	Advanced Primary Care Payment Model Program 2	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. 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.	Amends MGL 1760 requiring DOI to monitor and evaluate the implementation of the advanced primary care payment model program.	MGL 176O:31 (House) MGL 6D:3B (Senate)

Massachusetts Taxpayers Foundation

Senate	House	Short Title	Senate Summary	House Summary	MGL
5	35	Advanced Primary Care Payment Model Program 3	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. 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.	Amends MGL 176O establishing a primary care payment collaborative to advise DOI in the development and administration of the advanced primary care payment model program. Requires the collaborative to develop 1 or more standard advanced primary care payment models for approval by DOI and advise DOI on minimum standards for qualifying advanced primary care payment models, best practices in primary care payment reform and the implementation and evaluation of the program.	MGL 176O:31 (House) MGL 6D:3B (Senate)
	35	Qualifying Advanced Primary Care Payment Models		Amends MGL 176O requiring a qualifying advanced primary care payment model include specific criteria, including, but not limited to: (i) capitation paid on a prospective, per-member per-month basis for primary care services; (ii) a methodology for attributing members to a participating provider; (iii) a risk adjustment for the clinical and social acuity and complexity of a participating provider's attributed member population; (iv) standards governing the exchange of data between a participating provider and carrier; (vi) integration of behavioral health services; and (vii) incentive payments for participating providers. Requires qualifying advanced primary care payment models to provide participating providers aggregate reimbursement not less than the amount the provider would have received un a fee-for-service methodology. Requires Insurers to adopt not less than 1 qualifying advanced primary care payment model approved by DOI. Requires insurers report annually to DOI demonstrating compliance. Requires insurers to make its approved advanced primary care payment model available to the sponsor of a self-insured health benefit plan it administers.	MGL 176O:31

Massachusetts Taxpayers Foundation

Senate	House	Short Title	Senate Summary	House Summary	MGL
	35	Patient Prescription Drug Rebates		Amends MGL 176O requiring insurers to apply at least 80% of prescription drug rebates they receive, or reasonably expect to receive, to reduce an insured's out-of-pocket cost-sharing. Authorizes PBMs to choose to provide cost-sharing reductions greater than 80%. Requires insurers to report annually, on April, with DOI demonstrating compliance. Establishes a penalty of $5K per day for noncompliance. Prohibits PBMs, affiliated entities and third party administrators from disclosing information regarding the actual amount of rebates an insurer receives.	MGL 176O:32
	36	Cost-Sharing Calculations 1		Amends MGL 176Y:1 establishing a definition for the term "affiliated entity".	MGL 176Y:1
	37	Cost-Sharing Calculations 2		Amends MGL 176Y:1 establishing a definition for the term "cost-sharing".	MGL 176Y:1
	38	Cost-Sharing Calculations 3		Amends MGL 176Y:1 establishing a definition for the term "third-party administrator".	MGL 176Y:1
	39	Cost-Sharing Calculations 4		Amends MGL 176Y requiring insurers to include any cost-sharing amount paid by or on behalf of an insured when calculating any applicable cost-sharing requirements and, for HSA qualified high deductible plans, only after the insured has met the minimum deductible with the exception of preventive care for which the requirement applies regardless of whether the deductible has been met. Prohibits insurers, PBMs, affiliated entities and third-party administrators from designing or administering health benefit coverage based on the availability or amount of prescription drug financial or product assistance.	MGL 176Y:5
	39A	Provider Transparency		Amends section 75 of chapter 260 of the acts of 2020 extending, from January 1, 2027 to January 1, 2029, the effective date for health care providers to provide advance notice of a provider's network status and expected costs before rendering non-emergency care.	Chapter 260 of the Acts of 2020
	40	Commonwealth Federal Matching and Debt Reduction Fund 2		Requires the comptroller, at the direction of ANF, to transfer $25M from the Commonwealth Federal Matching and Debt Reduction Fund to the Health Care Workforce Transformation Fund.	

Massachusetts Taxpayers Foundation

Senate	House	Short Title	Senate Summary	House Summary	MGL
	40A	Report - Pharmacy Deserts		Requires the office of health resource planning, within HPC, conduct a focused assessment of pharmacy deserts and submit its first report to HPC not later than September 1, 2027.	
	40B	Effective Date - Pharmacy Deserts		Requires section related to pharmacy deserts take effect on October 1, 2027.	
	41	CHIA Primary Care Spending Methodology		Requires CHIA to promulgate regulations related to primary care spending methodology not later than January 1, 2027.	
	42	HPC Regulations		Requires HPC to promulgate regulations related to the advanced primary care expenditure target and health care entity primary care spending oversight not later than April 1, 2027.	
	43	CHIA Primary Care Spending Analysis		Requires CHIA to promulgate regulations related to primary care spending analysis not later than July 1, 2027.	
31	44	Effective Date - CHC Reimbursement Parity	Requires DOI to promulgate regulations related to certain insurer reimbursement rates to community health centers for covered services at least the same rate as MassHealth not later than January 1, 2027.	Requires sections related to certain insurers reimbursing community health centers for covered services at the same rate as MassHealth to take effect for health benefit plans delivered, issued, or renewed on or after January 1, 2027.	
	45	Effective Date - Mobile Integrated Health Care Programs		Requires sections related to coverage for services by mobile integrated health care programs take effect for health benefit plans delivered, issued, or renewed on or after January 1, 2027.	
	46	Effective Date - Cost-Sharing Calculations		Requires a section related to cost-sharing calculations take effect for health benefit plans delivered, issued, or renewed on or after January 1, 2027.	
	47	Effective Date - Qualifying Advanced Primary Care Payment Models		Requires insurers to offer at least 1 qualifying advanced primary care payment model to each contracting primary care provider or provider organization not later than January 1, 2028.	
	48	Effective Date - Patient Prescription Drug Rebates		Requires sections related to patient prescription drug rebates take effect for health benefit plans delivered, issued, or renewed on or after January 1, 2029.	
	49	Effective Date - AI Health Insurance Review Oversight		Requires a section related to AI health insurance review oversight take effect on January 1, 2027.	
	50	Sexual Abuse Statute of Limitations 1		Amends MGL 260:4C authorizing civil actions alleging sexual abuse of a minor to be commenced at any time after the alleged abuse occurred.	MGL 260:4C

Massachusetts Taxpayers Foundation

Senate	House	Short Title	Senate Summary	House Summary	MGL
	51	Sexual Abuse Statute of Limitations 2		Amends MGL 260:4C 1/2 authorizing civil actions alleging someone negligently supervised a person who sexually abused a minor or alleging someone conduct caused or contributed to the sexual abuse of a minor to be commenced at any time after the alleged abuse occurred.	MGL 260:4C 1/2
	52	Sexual Abuse Statute of Limitations 3		Amends MGL 260 authorizes any civil claim regarding the sexual abuse of a minor that would otherwise be barred because the statute of limitations has expired to be revived and may be commenced at any time within 2 years of the effective date of this section. Establishes that there is no limit on liability or damages that would otherwise apply for revived civil actions related to sexual abuse of a minor under this section.	MGL 260:4C 3/4
	53	Sexual Abuse Statute of Limitations 4		Amends MGL 260:5B making a technical change to account for the changes in sections 50 to 52, inclusive.	MGL 260:5B
	54	Sexual Abuse Statute of Limitations 5		Amends MGL 231:85K making a technical change to account for the changes in sections 50 to 52, inclusive.	MGL 231:85K
	55	Sexual Abuse Statute of Limitations 6		Amends MGL 231:85V making a technical change to account for the changes in sections 50 to 52, inclusive.	MGL 231:85V
	56	Sexual Abuse Statute of Limitations 7		Amends MGL 231:85W making a technical change to account for the changes in sections 50 to 52, inclusive.	MGL 231:85W
	57	Sexual Abuse Statute of Limitations 8		Amends MGL 258:2 making a technical change to account for the changes in sections 50 to 52, inclusive.	MGL 258:2
	58	Sexual Abuse Statute of Limitations 9		Amends MGL 258:10 making a technical change to account for the changes in sections 50 to 52, inclusive.	MGL 258:10
	59	Criminal Prosecutions 1		Amends MGL 277:63 making a technical change.	MGL 277:63
	60	Criminal Prosecutions 2		Amends MGL 277:63 making a technical change.	MGL 277:63
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

Massachusetts Taxpayers Foundation

Senate	House	Short Title	Senate Summary	House Summary	MGL
5		Primary Care Quality and Outcome Measures	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. 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. Requires the office of primary care policy, 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.		MGL 6D:3B
5		Patient and Provider Assignment	Amends MGL 6D requiring the office of primary care policy, 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		Primary Care Reporting and Audits	Amends MGL 6D requiring the office of primary care policy, 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

Massachusetts Taxpayers Foundation

Senate	House	Short Title	Senate Summary	House Summary	MGL
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
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		Primary Care Expenditure Target	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. 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.		MGL 6D:9A
13		CHIA Data Collection	Amends MGL 12C:10 requiring private health insurers to submit information to CHIA on the expenses of administering prospective review and utilization review.		MGL 12C:10
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		Mental Illness Drug Access 1	Amends MGL 32A prohibiting the GIC from imposing prior authorization requirements or delaying prescribing for serious mental illness drugs approved by the FDA.		MGL 32A:67

Massachusetts Taxpayers Foundation

Senate	House	Short Title	Senate Summary	House Summary	MGL
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		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		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		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
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		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

Massachusetts Taxpayers Foundation

Senate	House	Short Title	Senate Summary	House Summary	MGL
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		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.		
29		Effective Date - CHIA Definition of Primary Care Expenditures	Requires CHIA to define "primary care expenditures" not later then June 30, 2027.		
30		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.		
32		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.		