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Statement by Lora Pellegrini, President and CEO of the Massachusetts Association of Health Plans, on Joint Committee on Health Care Financings Hearing on House Bill 1250/Senate Bill 799, *An Act to advance health equity* September 20, 2023

MAHP and our member plans believe that every resident of Massachusetts deserves affordable, equitable, high-quality health care and coverage. Our member plans are proud to serve some of the state's most vulnerable residents – populations that face significant health disparities, including low income adults, pregnant women, children, elderly adults, and people with disabilities. While these health disparities are not new, they were profoundly exposed during the COVID-19 pandemic, as people of color had higher rates of infection and death than others.

MAHP member plans are working every day to address the underlying causes of systemic inequities in health care and close gaps in health care delivery. Together with our community and provider partners, MAHP member plans are supporting our most vulnerable members through initiatives that will ensure better health outcomes, including addressing food insecurity, assisting with housing needs and transportation, and connecting members with vital community resources.

We applaud the work of the Health Equity Compact and their strong commitment to ensuring meaningful and systemic changes that will begin to close health equity gaps in the Commonwealth, including establishing an Executive Office of Health Equity, incorporating health equity into the mission of our health care agencies, and ensuring reporting on health disparities in annual state reporting. However, there are several provisions in the bill as currently drafted, that raise concerns relative to their impact on health care costs.

We have concerns with provisions of the bill that mandate telehealth payment parity. These provisions will increase costs for consumers and employers. We believe the market is working to address this issue, with some health plans paying the in-person rate, while others pay a percentage of the in-person rate. We agree with the Compact that we need to support increasing investments in primary care and behavioral health, but these investments must be done within the state's cost growth benchmark. We are pleased that coalition members were able to come to agreement on amended language relative to provisions dealing with cost-sharing.

We congratulate the Compact for their work to bring this important issue to the forefront. MAHP and our member plans stand ready to work with the Legislature, Compact members and our provider and community partners to advance health equity in the Commonwealth.

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