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Statement by Lora Pellegrini, President and CEO of the Massachusetts Association of Health Plans, regarding House Bill 1311/Senate Bill 761, House Bill 1227/Senate Bill 809, House Bill 1309/Senate Bill 764

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“The Massachusetts Association of Health Plans (MAHP) and our member plans remain committed to providing access to high-quality, cost-effective, and equitable health care for all Massachusetts residents. However, we have serious concerns that House Bill 1309, Senate Bill 764, House Bill 1227, and Senate Bill 809 will drive up health care premiums for small businesses and individuals at a time when affordability is the Commonwealth’s most urgent health care challenge.

Each of these bills would impose new requirements solely on the fully-insured market—made up primarily of small businesses and individuals—exacerbating affordability challenges without reducing overall system costs. Because of federal law, including the Employee Retirement Income Security Act (ERISA), these additional costs are not required to be covered by self-insured companies, which make up close to 60% of the market. Additionally, nearly 43% percent of commercially insured Massachusetts residents are enrolled in high-deductible health plans, where federal regulations prohibit eliminating cost-sharing for most services. As a result, the coverage requirements included in these bills would impact only a small subset of insured residents, raising their premiums and putting health care coverage out of reach.

Last session, the Legislature passed seven mandated benefits bills that would cost over a billion dollars over five years. If we hope to keep health care affordable, we need to cease passing mandated benefit bills on small businesses, individuals and working families.

We have concerns with the following bills before the committee:

- **House Bill 1309 and Senate Bill 764** would mandate coverage of all outpatient office and clinic visits without cost-sharing. Health plans already cover medically necessary outpatient care consistent with state and federal laws. Eliminating cost-sharing entirely, however, would significantly drive up premiums. MAHP urges policymakers to defer action on these bills until the Center for Health Information and Analysis (CHIA) completes a full cost impact analysis.
- **House Bill 1227 and Senate Bill 809** would require broad coverage of biomarker testing without sufficient standards for clinical efficacy or value. CHIA has estimated that this mandate could increase health care costs by up to \$35 million annually, with a five-year total expenditure surpassing \$168 million. While biomarker testing holds promise in specific cases, health plans already provide cost-free coverage of evidence-based tests under the Affordable Care Act (ACA) guidelines.

- **House Bill 1311 and Senate Bill 761** would eliminate cost-sharing for pregnancy and maternal health services, though well-intentioned, would increase premium costs by \$55.4 million annually according to CHIA. Health plans today already offer robust coverage of maternity services, including a wide array of prenatal and postpartum services exempt from cost-sharing under the ACA.

Massachusetts is at a critical crossroads on health care affordability. With premiums continuing to rise, adding new mandates that increase costs for working families and small businesses takes us in the wrong direction. MAHP urges the Legislature to protect affordability and oppose House Bill 1309, Senate Bill 764, House Bill 1227, and Senate Bill 809.”

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