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**Statement by Lora Pellegrini, President and CEO of the Massachusetts Association of Health Plans, on House Bill 1154 and Senate Bill 726, *An Act Relative to Insurance Coverage of Mobile Integrated Health*.**

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The Massachusetts Association of Health Plans (MAHP), representing 13 health plans and one behavioral health organization that collectively provide coverage to nearly 3 million residents, is committed to ensuring access to innovative models of care that improve access, quality, and affordability.

We have significant concerns with House Bill 1154 and Senate Bill 726, *An Act Relative to Insurance Coverage of Mobile Integrated Health*. These bills would mandate health plan coverage of services delivered by a health care provider participating in a mobile integrated health (MIH) care program administered by the Department of Public Health (DPH) at the same rate as if the services were delivered in a health care facility. This mandate undermines the state's own goals for MIH programs, which under 105 CMR 173 are intended to reduce emergency department use, lower total health care spending, and improve cost effectiveness. Reimbursement should reflect the setting and intensity of services provided, not mirror the higher costs associated with facility-based care.

MIH is a developing care model that operates outside of hospitals and clinics. Mandating parity in reimbursement ignores the lower overhead and operational differences of these programs, undermining efforts to contain costs and shift toward value-based care. Paying the same rate regardless of setting would unnecessarily increase health care spending and premiums for Massachusetts consumers and employers, particularly small businesses.

MAHP is also concerned that the Center for Health Information and Analysis (CHIA)'s mandated benefit review of the bills significantly underestimates the financial and utilization impacts. The analysis is based on limited data, as the All-Payer Claims Database lacks standardized billing codes to identify MIH services. Additionally, the report does not project potential utilization increases due to uncertainty around program maturity, workforce availability, and consumer uptake, factors that are highly relevant to cost estimates.

Massachusetts has among the highest health care costs in the nation, and among the most coverage mandates, with fully insured commercial plans providing coverage for more than 55 specific services, treatments, supplies, and practitioners, accounting for 17.3% of total commercial premium spending. Mandating elevated reimbursement rates for new models of care without data-driven justification or assurance of improved outcomes only adds to this burden for small businesses and working families.

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