



FOR THE RECORD

COMMITTEE: Joint Committee on Health Care Financing
ISSUE: House Bill 1404, An Act to improve patient care through integrated electronic health records
DATE: June 18, 2025
POSITION: Support

The Massachusetts Association of Health Plans (MAHP), on behalf of our 13 member health plans and one behavioral health organization which provide health care coverage to nearly 3 million Massachusetts residents, supports House Bill 1404, which seeks to enhance interoperability and accessibility of patients' electronic health records.

Despite advances in health care technology, the lack of universal interoperability continues to be one of the most significant shortcomings of electronic health records currently in use, resulting in duplication in health care costs, increased clinical workload fatigue, and posing a risk to patient safety. This is especially problematic for patient populations with chronic conditions, those taking multiple medications, and those with comorbidities who are reliant on effective patient information sharing via electronic health records to facilitate their care.

House Bill 1404 would guard against these shortcomings by mandating that all health care entities in the Commonwealth participate in a statewide health information exchange and by directing a reconstituted Health Information Technology Council to advance recommendations from the Massachusetts Digital Health Council aimed at improving interoperability among health care entities. Under the legislation, the Commonwealth would establish a "public good" infrastructure for robust health care data exchange by broadening the Executive Office of Health and Human Services' oversight authority over health information exchange activities, providing patients easier access to their own health care data, and improving data sharing between and among providers.¹

As recommended by the Digital Health Council, the creation of a distributed data network (DDN) will allow hospitals, health systems, payers, and vendors using different platforms for collection and storage of patient health information to continue use of their existing platforms while feeding data into a centralized network. Under this framework, patient health information continues to be maintained by and reside behind the firewall of each individual platform, while being exchanged through the DDN. The Digital Health Council determined that the DDN can be

¹MA Digital Health Council Report. (July 2019) Available at: https://massdigitalhealth.org/sites/default/files/2022-04/MA%20Digital%20Health%20Council%20Report%20FINAL_WEB%2009102019.pdf

accomplished without the creation of an entirely new infrastructure by leveraging existing public and private sector services for pushing and pulling standardized information. Rather than mandating use of a single platform or tool, this approach would instead bridge existing gaps through a uniform certification process and oversight mechanism, ultimately serving the dual purpose of enabling patients to better access and control their health care information under a trusted framework, while improving care coordination.

One of the primary challenges to advancing interoperability has been the proprietary nature of the electronic health record platforms currently in use, which often differ from one hospital to another and were designed for the hospital being served. While a patient's health information may be distributed easily amongst providers within that hospital, that information is not interchangeable or accessible to another institution. Often a provider is unable to access a patient's medical record from another institution, even when the same platform is used or when the hospital is part of the same larger health system. Advancing the recommendations of the Digital Health Council through House Bill 1404 will only benefit patients, providers, and payers by improving the patient experience through better health service management, public health data collection, and quality and safety.

Advancing interoperability is also vital to addressing many of the administrative delays and time investments inherent in a siloed health care system. Prior authorization processes, quality measurement, and population health management will all be made materially easier and simpler with a centralized DDN, allowing providers and payers to seamlessly exchange patient health information. If we are to truly move towards a more coordinated health care system, it is vital that each component of the system is able to connect with the other and share vital patient information.

For these reasons, we strongly encourage you to **SUPPORT House Bill 1404.**