



July 3, 2025

William J. Driscoll, Jr., Chair
Joint Committee on Public Health
State House, Room 507
Boston, MA 02133

Marjorie C. Decker, Chair
Joint Committee on Public Health
State House, Room 130
Boston, MA 02133

RE: 6/25 Joint Committee on Public Health Legislative Hearing – S.1493 (Support)

Dear Chairs Driscoll and Decker,

On behalf of the Massachusetts Association of Health Plans and our 13 member health plans and one behavioral health organization, providing health insurance coverage to nearly 3 million Massachusetts residents, we appreciate the opportunity to share feedback on Senate No. 1493, *An Act for improving patient outcomes across the continuum*. MAHP and our member plans strongly support the state's continued efforts to coordinate patient care across the health care ecosystem by advancing smart solutions that foster collaboration and accountability.

Senate No. 1493 does just that, by building on the foundation established in Chapter 343 of the Acts of 2024, which enhanced the state's oversight of provider market transactions. This bill takes the next step by strengthening the Commonwealth's ability to promote accountability and promote patient outcomes across the health care system. The bill directs the state to implement a real-time Admission-Discharge-Transfer (ADT) feed for post-acute care providers, modeled after the successful ED boarding tracking system – the Behavioral Health Treatment and Referral Platform. As seen in the Expedited Psychiatric Admissions space, this tool ensures timelier, coordinated transitions of care and helps to reduce delays in discharge – an issue that hospitals consistently point to as driving capacity challenges. In addition, by requiring both hospitals and post-acute facilities to support 24/7 admissions and discharges, the bill ensures timely care transitions and prevents care delays that drive up costs and erode patient experience.

S.1493 also aligns the state's resource planning and market oversight processes by updating the charge of the Statewide Health Resource Planning Council to include new responsibilities for assessing oversupply, which is crucial for effective Determination of Need (DoN) review and for ensuring that health care investments match actual system needs. It is vital that the Commonwealth consider the needs of patients and communities when approving significant market changes through the DoN process or the Health Policy Commission's (HPC) Material Change Notice process. Without this linkage, we will continue to see mergers, acquisitions, consolidations and expansions that increase costs without a measurable improvement in quality or access.

Finally, while unit price remains the leading driver of health care costs in Massachusetts, unnecessary utilization of services, including low-value care, continues to contribute to unsustainable medical spending. As the HPC has reported, Massachusetts spent over \$131 million between 2018 and 2023 on care deemed inappropriate or lacking clinical value. S.1493 addresses this by requiring hospitals to file

plans to reduce the use of duplicative diagnostics, prevent avoidable readmissions, and eliminate low-value care.

Together, these reforms represent a pragmatic, patient-centered strategy to reduce avoidable costs, strengthen care coordination, and ensure that patients receive the right care, in the right setting, at the right time. For these reasons, we **support Senate Bill 1493**.

Thank you for the opportunity to share our feedback. Please do not hesitate to contact me for additional information or to discuss this bill further.

Sincerely,

A handwritten signature in black ink, appearing to read "Lora M. Pellegrini", with a long horizontal flourish extending to the right.

Lora M. Pellegrini, President and CEO
Massachusetts Association of Health Plans