



July 1, 2025

Senator Cindy Friedman, Chair  
Joint Committee on Health Care Financing  
State House, Room 313  
Boston, MA 02133

Representative John Lawn, Chair  
Joint Committee on Health Care Financing  
State House, Room 236  
Boston, MA 02133

RE: 7/1 Joint Committee on Health Care Financing Legislative Hearing  
MAHP Oppose: House Nos. 1351, 1379, and 1406 and Senate Nos. 871 and 844

Dear Chairs Friedman and Lawn,

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 the following bills before your committee that will raise health care costs in the Commonwealth. Health care affordability is the number one challenge facing the state, individuals and small businesses, driven by ever-increasing prices for prescription drugs, hospitals and providers. Without action to address the key cost drivers, the Commonwealth cannot make health care more affordable. We offer our feedback below.

**House No. 1351 / Senate No. 871, An Act ensuring equal access to medical treatments essential for people with a developmental disability, intellectual disability, or autism – Oppose**

H1351 and S871 would expand mandated coverage under MassHealth to include habilitative and rehabilitative services for adults (21 and older) diagnosed with an intellectual or developmental disability or autism spectrum disorder (ASD). Currently, Massachusetts law requires commercial carriers to cover Applied Behavior Analysis (ABA) therapy for individuals diagnosed with ASD. These bills would broaden the scope of MassHealth coverage to include coverage of treatments for adults with developmental conditions. While the intent is to improve access for vulnerable populations, this proposal has significant cost implications for the Medicaid program. It would increase MassHealth expenditures at a time when the Commonwealth faces substantial budget pressures and is focused on sustainability and targeted investments. Coverage decisions in MassHealth should be guided by clinical evidence, population need, and sound fiscal policy, with careful consideration of long-term affordability and program viability. Moreover, health plans participating in the program are already experiencing underfunding, and with anticipated changes in federal Medicaid funding and policy, now is not the time to add new mandates that could further strain program resources. **For these reasons, we OPPOSE House Bill 1351 and Senate Bill 871.**

**House No. 1379, An Act exempting medications used for the treatment of opioid use disorder from the prior approval process under the Massachusetts Medicaid program – Oppose**

H1379 would significantly limit the ability of MassHealth and contracted health plans to ensure safe, evidence-based, and cost-effective treatment for opioid use disorder (OUD) by prohibiting the use of prior authorization and step therapy protocols for all medications prescribed to treat OUD. This legislation removes key patient safety and utilization management tools that are essential to maintaining appropriate prescribing practices, preventing diversion, and supporting high-quality, coordinated care. Prior authorization and step therapy protocols are grounded in medical evidence, regularly updated, and overseen by licensed professionals to ensure treatment

aligns with the latest clinical guidelines. Removing these safeguards threatens program sustainability at a time when health care spending continues to climb in Massachusetts, exceeding \$78.1 billion in 2023, and outpacing inflation and income growth.

Other states have experienced the financial consequences of weakening utilization management. Texas's gold-carding law, enacted in 2021, increased premiums for small businesses and individuals by more than \$1 billion annually in the fully insured market, with consumers bearing nearly half the cost. At the federal level, the Congressional Budget Office estimates that restricting prior authorization in Medicare Advantage could increase costs by \$16 billion over 10 years. These cost pressures come alongside documented challenges of unnecessary and low-value care, which annually wastes billions and can cause harm to patients. Given the increasing financial pressure on the Medicaid program and the need to preserve both access and quality, H1379 undermines vital safeguards and threatens the responsible use of public resources. **For these reasons, we OPPOSE House Bill 1379.**

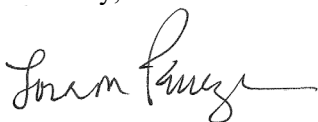
**House No. 1406 / Senate No. 844, An Act to improve continuity of care for MassHealth members with chronic conditions – Oppose**

H1406 and S844 would significantly weaken essential oversight mechanisms within the MassHealth program by requiring prior authorization periods of up to five years for community-based long-term care services for members with chronic conditions. While we recognize the importance of timely access to care and minimizing administrative burden, long-term authorization without periodic clinical reassessment increases the risk of misaligned services that may no longer reflect the member's current medical and functional needs. These bills could result in unnecessary or inefficient spending without improving care outcomes. Additionally, the legislation expands the authority of aging services access points (ASAPs) to issue prior authorizations for services they do not directly provide, without clear requirements for clinical oversight, quality standards, or alignment with existing utilization review protocols. This shift bypasses the established role of MassHealth and MassHealth-contracted plans in ensuring coordinated, high-quality, and cost-effective care. **For these reasons, we OPPOSE House Bill 1406 and Senate Bill 844.**

For these reasons, we **oppose** House Nos. 1351, 1379, and 1406 and Senate Nos. 871 and 844.

Thank you for the opportunity to share our concerns. Please do not hesitate to contact me for additional information or to discuss these bills further.

Sincerely,



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