



FOR THE RECORD

COMMITTEE:	Joint Committee on Public Service
ISSUE:	House Bill 2918, An Act relative to mandatory coverage for certain health screenings for firefighters Senate Bill 1792, An Act relative to mandatory coverage for certain health screenings for firefighters
DATE:	June 2, 2025
POSITION:	Oppose

The Massachusetts Association of Health Plans (MAHP), and our 13 member health plans and one behavioral health organization which provide health care coverage to nearly 3 million Massachusetts residents, opposes House Bill 2918 and Senate Bill 1792, which would increase health care costs by expanding the level of mandated services already covered in accordance with state and federal requirements.

House Bill 2918 and Senate Bill 1792 would increase health care premiums for insured members by expanding the number of mandated health benefits and limiting cost sharing on the mandated services. Massachusetts state law already mandates that fully insured health plans provide coverage for 50 specific services, treatments, supplies and practitioners. These mandated benefits increase the cost of health insurance coverage in the merged market and remove flexibility in employer product design. In January 2022, CHIA calculated that existing state mandated benefits account for \$2.47 billion in health care spending annually, representing 17.3% of total commercial premiums paid in 2018. State mandates apply to fully insured policies only, specifically individuals who purchase coverage on their own or receive it through a small or medium-sized business. Due to preemption of ERISA, self-insured plans are not required to provide state mandated benefits. Therefore, the addition of new costly mandates encourages more employers to self-insure and avoid benefits required by the state, drawing membership from the small group market. As more employers self-insure, the costs of state laws mandating specific benefits and services impact an increasingly smaller portion of the privately insured marketplace.

Further, these bills are unnecessary as the Affordable Care Act (ACA) already requires health plans to provide coverage for preventive screenings based on evidence-based guidelines from the U.S. Preventive Services Task Force (USPSTF). Most Massachusetts health plans go even further, adhering to broader guidelines from Massachusetts Health Quality Partners. Imposing fixed screening methods or schedules in statute could conflict with federal law, lead to the coverage of less effective or unnecessary tests, and drive health care costs up without improving outcomes. It would also hinder providers' ability to adapt to advances in medical science, potentially locking patients into outdated care. Instead, relying on evolving clinical guidelines ensures access to the most current, effective, and medically appropriate screenings.

For these reasons, we **OPPOSE House Bill 2918 and Senate Bill 1792.**