



October 8, 2025

Senator Paul Feeney, Chair  
Joint Committee on Financial Services  
State House, Room 112  
Boston, MA 02133

Representative James Murphy, Chair  
Joint Committee on Financial Services  
State House, Room 254  
Boston, MA 02133

RE: 10/8 Joint Committee on Financial Services Legislative Hearing  
MAHP Oppose: House Nos. 1115, 1137, 1164, 1165, 1171, 1172, 1173, 1187, 1206, 1224, 1253, 1254, 1268, 1287, 1323, 1341, 1342, 1359, and Senate Nos. 683, 691, 692, 714, 754, 791, 803, and 817.

Dear Chairs Feeney and Murphy,

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 costs for small businesses and their employees. Health care affordability is the number one challenge facing individuals and small businesses in this state, 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.

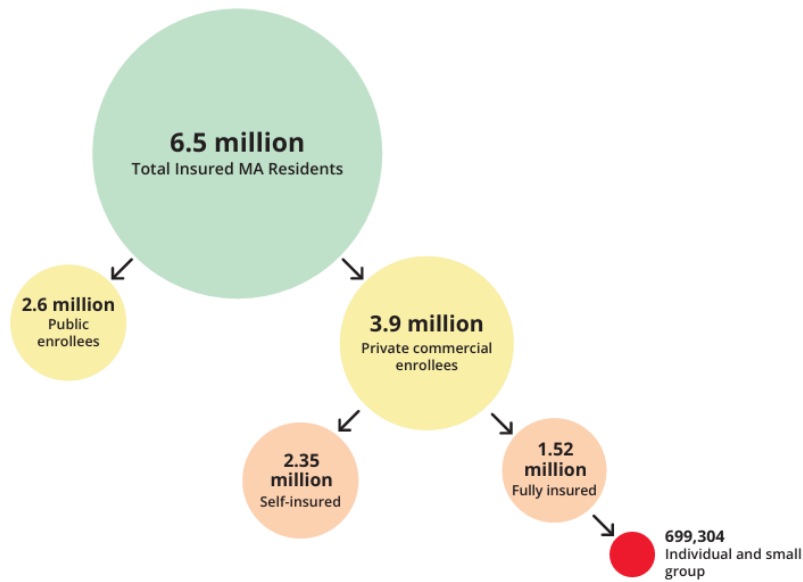
**State-Mandated Benefits Increase the Cost of Care and Disproportionately Impact Small Businesses**

**House Nos. 1115, 1137, 1164, 1165, 1171, 1172, 1173, 1187, 1206, 1224, 1253, 1254, 1268, 1287, 1323, 1341, 1342, 1359, and Senate Nos. 683, 691, 692, 714, 754, 791, 803, and 817** 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, the Center for Health Information and Analysis (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.

As state mandates apply to fully insured policies only, they disproportionately impact individuals and small businesses in the fully insured commercial market, which represents just 10% of the insured lives in the Commonwealth, with just 699,304 insured residents shouldering the cost of mandates. 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.

## Current Coverage Landscape

*Out of 6.5 million insured residents, 699,304 shoulder the cost of mandates*



Many of these bills would also eliminate or limit cost sharing for a broad range of services. MAHP and our member health plans recognize the challenges that employers and consumers face with the rising costs of health care. Health insurance premiums and medical costs are inextricably linked and the major contributing factor to the increases in premiums has been the rising cost of medical services charged by providers. Various cost-containment tools, including tiered and select networks, health savings accounts paired with deductibles, and different levels of cost-sharing such as copayments and coinsurance, are essential to managing health care costs and keeping monthly premiums as low as possible. Restricting or limiting cost sharing for selected benefits would eliminate the ability for employers and consumers to select health plans with these cost containment tools, increasing monthly premiums for all consumers and putting an additional financial strain on small businesses and working families.

In August 2002, the Massachusetts Legislature adopted a measure that requires an independent analysis examining the cost and efficacy of all proposed mandated health benefits. The analysis, now conducted by CHIA, has been working well, providing stakeholders with a more complete picture of the financial impact and clinical appropriateness of new mandates. Given the potential financial impact these mandated benefit bills present, we recommend those not yet analyzed be sent to CHIA for review.

Cost estimates on several of these bills have been developed through analysis by CHIA and are outlined below:

### **House No. 1165, An Act providing for certain health insurance coverage – Oppose**

H1165 would mandate health plans to cover enteral formula for home use, administered orally or via tube feeding. A 2016 CHIA mandated benefit review noted most carriers in Massachusetts cover enteral formulas for both oral and enteral administration, even though the current statute does not address the route of administration. Further, several carriers already cover enteral nutrition for the expanded diagnostic list, in both orally- and tube-administered forms. H1165 will significantly increase health care costs in Massachusetts, resulting in a **\$1.8 million** annual increase to health insurance premiums, for a total of **\$8.8 million over five years**.

### **House No. 1171, An Act concerning the safety of autistic and Alzheimer individuals – Oppose**

H1171 would mandate coverage for the cost of technology-assisted tracking (TAT) devices for patients with dementia, Alzheimer's disease, or autism spectrum disorder. A 2015 mandated benefit [review](#) conducted by CHIA found no research or data on the impact or medical efficacy of the use of TAT devices on the health outcomes of individuals with dementia, Alzheimer's disease, or autism spectrum disorder. Further, the CHIA mandated benefit review found that expanding mandated coverage for TAT devices will significantly increase health care costs to

consumers and small businesses in Massachusetts, resulting in an almost **\$400,000 annual increase** to health insurance premiums, for a total of **\$3.1 million over five years.**

**House No. 1224, An Act providing insurance coverage for biennial echocardiograms for persons under the age of 18 – Oppose**

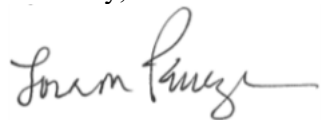
H1224 would mandate health plans to cover biennial echocardiogram and concussion analysis for persons between the ages of five and eighteen. A 2019 mandated benefit review conducted by CHIA concluded that “Given the low incidence of HCM and other heart defects in children (estimates range from 1 in 23,000 to 1 in 300,000), most experts do not recommend the use of echocardiograms to screen for SCD in asymptomatic children. Less intensive and less expensive screenings, such as reviewing the child’s personal and family histories and physical examination, the approach recommended by the AHA, are considered by experts to be a better way to identify children potentially at risk of SCD. Doctors may be reluctant to order significant testing for an asymptomatic child due to the expense and inconvenience to the family and lack of support in medical literature.” Under the ACA, echo and concussion analysis are considered essential health benefits (EHB), and are required for coverage, but only when medically necessary. CHIA estimated that mandated coverage under H1224 will significantly increase health care costs in Massachusetts, resulting in a **\$27.76 million** annual increase to health insurance premiums, for a total of **\$130.79 million over five years.**

Today, state mandates account for 17 cents of every premium dollar, with an estimated \$1 billion in additional premium costs anticipated in upcoming years resulting from the 7 new mandated benefit laws enacted in 2024. In the 2025-2026 legislative session, 188 state mandated benefit bills have been filed. To increase the affordability of health insurance in the Commonwealth and provide financial relief to employers and consumers, the Commonwealth should impose a moratorium on new mandated benefit legislation until statewide health spending aligns with the health care cost growth benchmark.

**For the above reasons, we oppose the following bills: House Nos. 1115, 1137, 1164, 1165, 1171, 1172, 1173, 1187, 1206, 1224, 1253, 1254, 1268, 1287, 1323, 1341, 1342, 1359, and Senate Nos. 683, 691, 692, 714, 754, 791, 803, and 817.**

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