



July 14, 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: 7/14 Joint Committee on Public Health Legislative Hearing
MAHP Oppose: House Nos. 1400, 2430, and 2480, and Senate Nos. 1530, 1552, 1553, and 1573

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 the following bills before your committee that will raise costs for small businesses and their employees and/or impact the quality of patient care. 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.

Maintenance of Certification

House No. 1400, An Act relative to maintenance of certification – Oppose

H1400 would remove a vital health plan tool that ensures patient safety by prohibiting health plans from requiring contracted network physicians to obtain a Maintenance of Certification (MOC) in order to remain credentialed. MAHP supports allowing health care professionals to practice to the full extent of their licenses with the assurance that the professionals have the education and training necessary to provide health care services in a safe and effective manner. Health plans traditionally contract with credentialed licensed providers. Through selectively contracting with licensed providers, health plans create networks that include only those physicians that meet established quality and educational standards. Continuing education programs that measure core competencies in the practice of evidence-based medicine and surgery have been approved by nationally recognized accrediting organizations as an important tool for use by health plans to ensure that members receive the highest quality of care in accordance with up-to-date practice standards. The existing process works well to improve professional knowledge and competency among the provider community and guarantee that insured individuals receive the highest quality of care. In fact, the American Medical Association notes that physicians themselves support MOC as they feel it improves physician knowledge and demonstrates a commitment to lifelong learning. In turn, removing the ability for health plans to require contracted physicians to obtain an MOC in order to remain credentialed would remove the vital health plan tool that ensures members receive the most up-to-date, safe, and effective health care services. **For these reasons, we OPPOSE House Bill 1400.**

Market Conduct

Senate No. 1553, An Act relative to the determination of need of new technology – Oppose

S1553 would exempt certain high-cost health care services and technologies from the Commonwealth's Determination of Need (DoN) review process. The DoN process is one of the few tools the state has to promote cost-effective, equitable, and coordinated care. By requiring oversight before hospitals and provider organizations can add expensive technologies or facilities, DoN ensures that new services align

with community need, promote delivery system transformation, and do not unnecessarily increase health care costs. This past legislative session, the Legislature opted to strengthen the DoN process, rather than dilute it. Senate Bill 1553 takes the opposite approach and would instead undercut this vital oversight by exempting widely used diagnostic technologies, like CT scanners, from DoN review.

The Health Policy Commission (HPC) has repeatedly documented the impact of high-cost imaging and outpatient services on commercial spending growth in Massachusetts. For example, the average price for a CT scan of the chest with contrast in Massachusetts is over 25% higher than the U.S. average, and more than twice as expensive when performed in a hospital outpatient department compared to a non-facility setting. These site-of-service price variations and excessive charges have contributed significantly to the \$3 billion in excessive commercial spending identified by the HPC in 2021 alone.

Exempting diagnostic imaging and other high-cost services from the DoN process will only exacerbate existing price variation, drive up premiums for employers and families, and deepen disparities in access to affordable care. Without a robust and comprehensive DoN review, Massachusetts risks losing one of its most important cost containment tools at a time when affordability is a top concern for residents and businesses alike. **For these reasons, we OPPOSE Senate Bill 1553** and instead support efforts to preserve the integrity of the Determination of Need program as a vital safeguard for affordability, access, and equity.

State-Mandated Benefits Increase the Cost of Care and Disproportionately Impact Small Businesses
House Nos. 2430 and 2480, and Senate Nos. 1530, 1552 and 1573 would increase health care premiums for insured members by expanding the number of mandated health benefits. 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. 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.

Newborn Screening

House No. 2430, An Act including Krabbe Disease in newborn screening – Oppose

Senate No. 1530, An Act improving newborn screening tests – Oppose

Senate No. 1552, An Act relative to expanding the newborn screening panel – Oppose

Senate No. 1573, An Act relative to newborn screenings for congenital cytomegalovirus – Oppose

House No. 2430 and Senate Nos. 1530, 1552 and 1573 would increase health care premium costs for consumers and small businesses by expanding mandated health screenings beyond evidence-based federal guidelines. The Recommended Uniform Screening Panel (RUSP), the list of disorders that the federal Secretary for the Department of Health and Human Services recommends for states to screen as part of their universal newborn screening programs, is developed based on evidence that supports the medical efficacy of screenings and the availability of effective treatments. The RUSP establishes a standardized list of disorders that have been supported by the Advisory Committee on Heritable Disorders in Newborns and Children, and are part of the comprehensive preventive health guidelines supported by Health Resources and Services Administration for infants and children under section 2713 of the Public Health Service Act.

Of the 4 mandated benefits bills, one has received a cost and efficacy analysis from CHIA. **S1573** would mandate health plans in Massachusetts to provide coverage for newborn screenings for congenital cytomegalovirus beyond federal RUSP guidelines. A 2023 mandated benefit [review](#) by CHIA estimates that S1573 will increase premium costs by **\$24 million over the next five years.**

Registered Nurse First Assistants

House No. 2480, An Act regarding registered nurse first assistants – Oppose

H2480 would require health plans to reimburse registered nurses who provide surgical first assisting services at the higher rate of reimbursement provided to providers. While we appreciate the value that registered nurses bring to the health care system, we are concerned about the prospect of mandating specific rates of reimbursement for the provision of first assistant services. Increases in reimbursement and compensation rates should remain linked to both services provided and performance. Mandating reimbursement for registered nurse first assistant services without any accountability could undermine incentives to improve the quality of care and keep costs down. Health plans' provider networks are an effective tool to provide members access to high quality and high performing providers. Through selectively contracting with well-credentialed providers, health plans contract with and create networks that include only those physicians that meet established quality and educational standards. The rate of reimbursement established during contract negotiations between health plans and providers reflects the technical skill, educational background, and clinical experience of health care professionals. House Bill 2352 would ultimately require health plans to reimburse registered nurses regardless of need and potentially without consideration of the quality standards in place to protect patients, resulting in increased administrative burdens and significantly higher health care costs. **For these reasons, we OPPOSE House Bill 2480.**

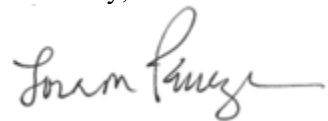
Given the additional potential financial impact these bills present, we strongly recommend that the mandated benefit bills before this Committee not yet analyzed be sent to CHIA for review. Cost estimates provide vital information to policymakers regarding how a bill will affect spending, for the state, employers, and consumers. In addition to assessing the financial impact of a mandate, CHIA will explore the current evidence-based guidelines to determine medical efficacy.

Keeping health care affordable is a challenge facing all stakeholders in the health care system. As premiums reflect the cost of care, MAHP and our member plans are deeply concerned about legislative efforts to expand the scope of services covered by fully insured health plans, which will raise costs for small businesses and their employees.

For the above reasons, we **OPPOSE** House Nos. 1400, 2430, and 2480, and Senate Nos. 1530, 1552, 1553, and 1573.

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