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MTF Bulletin

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MTF Primary Care Conference Preview

On June 18th, the Senate passed S.3141, *An Act Relative to Primary Care for You,* addressing primary and other health care related policies. On July 30th, the House passed its own version of the bill, H.5630, *An Act strengthening primary care and advancing health care affordability*. The details of the proposals vary but each bill takes a similar approach to increasing investment in primary care by establishing spending targets for providers and insurers without increasing overall health care costs, supporting community health centers through higher reimbursement rates, and addressing the primary care workforce.

This memo provides a preview of the policies members of the House and Senate conference committees will need to negotiate in the coming months.

Overview of Policy Proposals

The Senate includes 32 total policy sections, comprised of 12 unique sections and 20 shared sections with the House. The House includes 74 total policy sections, comprised of 53 unique sections and 21 shared sections with the Senate. The major policies in the House and Senate versions of the bill are largely similar at a high level and each chamber included several of their own health care priorities.

Tracking Notable Health Care Policy Proposals

Policy	House	Senate
Primary Care Expenditure Target	✓	✓
Primary Care Spending Methodology	✓	✓
Advanced Primary Care Payment Model	✓	✓
CHC Reimbursement Rate Parity	✓	✓
Primary Care Spending Reporting	✓	✓
Primary Care Spending Oversight	✓	✓
Primary Care Workforce	✓	✓
Primary Care Prior Authorization Exemption	✗	✓
Mental Health Drug Access	✗	✓
AI Health Insurance Oversight	✓	✗
Pharmacy Deserts	✓	✗
Mobile Integrated Health Care	✓	✗
Sexual Abuse Statute of Limitations	✓	✗

Notable Shared Policies

Among the notable shared House and Senate policies is a focus on establishing a primary care expenditure target and payment model, increasing funding for community health centers, and addressing workforce needs.

- **Primary Care Expenditure Target** – Both the House and Senate propose establishing a primary care expenditure target which would require a certain percentage of total health care expenditures in the Commonwealth to be dedicated to primary care. Each chamber proposes a primary care expenditure target of 9 percent of total health care expenditures in the first year and increasing the target to at least 15 percent of total health care expenditures over time. The Senate proposes a more accelerated timeline by fully implementing the primary care expenditure target by 2030 while the House proposes a more gradual increase, fully implementing the primary care expenditure target by 2036. The House bill also intentionally avoids a specific target for the intervening years. Instead, spending during those years is tracked and reported to monitor the Commonwealth's progress toward the next applicable target. It is worth noting that the Senate also proposes establishing a primary care expenditure target specific to individual health care entities – mirroring the requirement for the Commonwealth as a whole – which would require the individual entities to meet the primary care expenditure target based on a percentage of their own total health care expenditures.

Primary Care Expenditure Target
Implementation Timeline

Year	House Target	Senate Target
2028	N/A	9%
2029	N/A	12%
2030	9%	15%
2031	N/A	≥ 15%
2032	N/A	≥ 15%
2033	12%	≥ 15%
2034	N/A	≥ 15%
2035	N/A	≥ 15%
2036	15%	≥ 15%

- **Advanced Primary Care Payment Model** – The House and Senate both require an advanced primary care payment model to be established that would provide prospective, capitated per-member-per-month payments for primary care. The main differences in the proposals are how they are developed and implemented. The Senate proposes requiring the Health Policy Commission (HPC) to develop a uniform statewide advanced primary care payment model that would be applied across commercial insurers and the Group Insurance Commission (GIC), with mandatory participation for certain larger provider organizations and includes a requirement that 90 percent of payments to providers are directly allocated and retained at the practice level. The House proposal does not establish a uniform payment model but instead requires the Division of Insurance (DOI) to establish a framework for a standard advanced primary care payment model to be adopted by commercial insurers. The

House also proposes requiring DOI to establish minimum standards for alternative payment models that commercial insurers could submit for approval. Under the House proposal, provider participation would be voluntary.

- **Community Health Center Reimbursement Rate Parity** – In an effort to increase financial support for Community Health Centers (CHCs), both the House and Senate propose requiring certain insurers, including the GIC, to reimburse CHCs for covered services at least at the same rate as MassHealth.
- **Primary Care Workforce** – While the House and Senate differ in their approach, both chambers elected to include provisions related to addressing the primary care workforce. The Senate proposal takes a targeted approach at increasing the number of primary care providers at CHCs by requiring Executive Office of Health and Human Services (EOHHS), in consultation with the Massachusetts League of Community Health Centers, to develop a graduate medical education payment program for post-grad residency and other training community-based primary care, behavioral health, and other areas of physician or provider shortage in community-based healthcare settings. The House expands the uses of the Health Care Workforce Transformation Fund to include education, training and career pathways and specifically requires, through 2036, 80 percent of expenditures from the fund to be used for the recruitment, training, retention of primary care providers.

Senate Policies

The Senate bill contains additional policy proposals primarily focused on prohibiting prior authorization or other requirements that may delay care.

- **Primary Care Exemption** – The Senate bill prohibits insurance carriers from requiring prior authorization for any primary care service provided by a primary care practice that receives payments from the advanced primary care payment model.
- **Mental Health Prescription Drug Access** – The Senate proposal prohibits the GIC and other insurers from imposing prior authorization requirements or delaying prescriptions for certain FDA approved drugs to treat mental health conditions.

House Policies

The House bill includes several proposals addressing health insurance coverage, including regulating the use of AI in claim reviews, and ensuring access to pharmacies,

- **AI Claims Review Oversight** – The House establishes requirements for insurance carriers that use or otherwise rely on AI or some form of software to conduct utilization reviews, including allowing only licensed providers or other licensed health care professionals to make adverse decisions related to submitted claims. The House also includes provisions to annually review the performance of any AI or software used by insurance carriers and requires carriers to submit annual reports related to AI use to DOI.
- **Pharmacy Deserts** - The House requires the HPC to conduct an assessment every 5 years on supply, distribution and capacity of pharmacy services and identify the number of existing and potential pharmacy deserts in the commonwealth and conduct an analysis of their potential impact on access. The House also establishes required notices any time an organization intends to close a pharmacy or pharmacy department, including notifying the Board of Registration in Pharmacy and local elected officials 60 days prior to the intended closure.

Unrelated to health care, the House also incorporates a series of provisions expanding civil remedies for childhood sexual abuse, including eliminating the statute of limitations for civil claims, establishing a two-year window to revive previously time-barred claims, and removing certain statutory liability caps and immunities.

Next Steps in the Legislative Process

On July 30th, the House passed its version of the primary care bill, moving the legislation to a conference committee ahead of the July 31st deadline. The House and Senate have each appointed three members to the conference committee to reconcile the policy differences. With the new legislative rules, policymakers have until the end of the legislative session on January 5th, 2027, to send the bill to the Governor's desk, giving policymakers four more months to act on a bill without requiring a unanimous vote in informal sessions.