

MEETING MINUTES
PRIMARY CARE ACCESS, DELIVERY, AND PAYMENT TASK FORCE

September 17, 2025

**CO-CHAIRLED BY THE MASSACHUSETTS HEALTH POLICY COMMISSION AND THE EXECUTIVE OFFICE OF
HEALTH AND HUMAN SERVICES**

Date of Meeting: September 17, 2025
Start Time: 10:00 AM
End Time: 12:00 PM

Primary Care Task Force Member	Present?	Vote: Approval of Minutes (July 17, 2025)
Dr. Kiame Mahaniah, Co-Chair	X	X
David Seltz, Co-Chair	X	X
Senator Cindy Friedman	X	X
Representative John Lawn	X	X
Dr. Wayne Altman	X	X
Dr. Laura Black	X	X
Dr. Jennifer Blewett	A	A
Alyson Bracken	X	X
Michael Caljouw	X	2nd
Dr. Renee Crichlow	X	M
Suzanne Curry	X	X
Dr. Eric Dickson	A	A
Dr. Mark Friedberg	X	X
Dr. David Gilchrist	X	X
Jon Hurst	X	X
Dr. Stephen Martin	X	X
Dr. Judith Melin	X	X
Sarah Mills	A	A
Lora Pellegrini	X	X
Lauren Peters	X	X
Dr. Brenda Pring	X	X
Dr. Ryan Schwarz	X	X
Christina Severin	X	X
Dr. Barbara Spivak	X	X
Barbra Rabson	X	ab
Summary	22 Members Attended	

(M): Made motion; (2nd): Seconded motion; (ab): Abstained from Vote; (A): Absent from Meeting



Proceedings

An in-person meeting of the Primary Care Access, Delivery, and Payment Task Force (PCTF) was held on Wednesday, September 17, 2025, beginning at 10:00 AM. A recording of the meeting and the meeting materials are available on the [HPC Website](#).

Participating task force members who attended in person were Secretary of the Executive Office of Health and Human Services (EOHHS), Dr. Kiame Mahaniah (Co-Chair); Executive Director of Health Policy Commission (HPC), Mr. David Seltz (Co-Chair); Senator Cindy Friedman; Representative John Lawn; Dr. Wayne Altman; Dr. Laura Black; Ms. Alyson Bracken; Commissioner of Insurance, Mr. Michael Caljouw; Dr. Renee Crichlow; Ms. Suzanne Curry; Dr. Mark Friedberg; Dr. David Gilchrist; Mr. Jon Hurst; Dr. Stephen Martin; Dr. Judith Melin; Ms. Lora Pellegrini; Ms. Lauren Peters; Dr. Brenda Pring; Ms. Barbra Rabson; Dr. Ryan Schwarz; Ms. Christina Severin; and Dr. Barbara Spivak.

ITEM 1: Call to Order

Mr. David Seltz called the meeting to order at 10:00 AM and welcomed members. Task force co-chair, Secretary Mahaniah shared opening remarks. Mr. Seltz reviewed the meeting agenda.

ITEM 2: Approval of Minutes: July 22, 2025 (VOTE)

Mr. Seltz managed a vote to approve the minutes from the PCTF meeting on July 22, 2025. Dr. Crichlow made a motion to approve the minutes, and Commissioner Caljouw seconded the motion. Dr. Rabson abstained from the vote. The minutes were approved.

ITEM 3: Statutory Deliverable #1: Proposal for Defining Primary Care Services, Codes, and Providers

Task Force members discussed the final recommendations for the first statutory deliverable of the task force to define primary care services, codes, and providers. Mr. Seltz stated that the final version reflects the consensus developed by the task force through previous meetings and written feedback. Mr. Seltz said the goal for the meeting is to finalize the recommendations, which will be published on the HPC's website and that any other comments will be reflected on record.

Mr. Seltz reviewed the changes made to the proposed recommendation since the July PCTF meeting based on task force member feedback. Dr. Friedberg thanked the HPC for being responsive to member comments and had no additional changes to suggest but cautioned that changes in longitudinal primary care spending trends may be attributable to changes in the definition, and encouraged the Center for Health Information Analysis (CHIA) and the HPC to back calculate previous years with the new methodology to allow for true longitudinal comparisons over time.

Some members raised concerns about including health plans and health systems as voting members of the primary care advisory body outlined in the recommendations. Other members suggested that health plans provide valuable technical expertise and cautioned against excluding entities from primary care advisory group activities. After further discussion, members agreed that for the purposes of this deliverable, the proposal should include recommendations for the development of a primary care technical advisory body, including health plans and health systems, to provide technical input. Recommendations about a primary care advisory body to advise on policy and rule-making across state agencies will be put forth in future task force deliverables. Members also suggested additional small edits.

Mr. Seltz summarized the changes to make to the proposal per the discussion and told task force members they will receive the final recommendations for review after the meeting. After task force members review the final recommendations, the recommendations for the first statutory deliverable will be considered complete, published to the HPC's website and submitted to the Legislature.

ITEM 4: Statutory Deliverable #2: Developing a standardized set of data and reporting requirements for private and public payers, providers, and provider organizations

Mr. Seltz explained that the second statutory deliverable for the task force is closely related to the third statutory deliverable (establishing a primary care spending target) and the fourth statutory deliverable (to propose payment models to increase reimbursement for primary care services). He said the task force will extend the deadline for completing the second statutory deliverable and aim to work on all three deliverables together, completing as much as possible before the end of the calendar year.

ITEM 5: Statutory Deliverable #3: Establishing a Primary Care Spending Target

Mr. Seltz reviewed the three proposals for establishing a primary care spending target that are currently before the Legislature. He then introduced a proposal for the PCTF recommendations based on a hybrid model that establishes an improvement target of a one percent increase in primary care spending as a share of total medical spending every year through 2034 and an aggregate statewide target of 15% of total medical spending allocated to primary care by 2034, using the 2026 primary care spend as the baseline. This proposal relies on increasing primary care spending without increasing overall health care expenditures.

Some members suggested that allowing for eight years to reach 15% of total medical spending allocated to primary care is too long and suggested that primary care spending as a total share of medical expenditures should increase by two percent each year over the next four years. Additional suggestions included that the task force consider a target for the percentage of spending allocated to pediatric primary care and the importance of stratifying by patient groups (e.g. by age, comorbidities, etc.) in measuring progress towards increasing primary care spending.

Members suggested that increasing investment in primary care can happen sooner by reducing expenses for primary care practices by simplifying billing structures and other expensive administrative processes. Other members stressed that the task force will also need to consider models for transforming primary care delivery and ensure investment is directed to the necessary areas to successfully increase primary care spending without increasing overall health care expenditures. Senator Friedman stated that understanding exactly where health care expenditures are being invested now is important for understanding how to reallocate investment to primary care. She also stressed the need for stronger state oversight and authority over health care expenditures.

Mr. Seltz thanked members for their comments and stated that feedback will be incorporated into the proposal. The proposed recommendations for establishing a primary care spending target will continue to be discussed at future task force meetings.

ITEM 6: Open Discussion: Developing a Vision for Primary Care in Massachusetts

Secretary Mahaniah moderated an open discussion for task force members to engage in meaningful dialogue about their aspirations and ideals for the outcome of the task force's recommendations. Guided by a series of questions to spur conversation, task force members shared their expert thoughts and opinions on the vision for primary care in Massachusetts.

Members highlighted the importance of focusing on changing primary care delivery as a system, through addressing the workforce pipeline, payment reform, and practice re-design while centering health equity. They also suggested that measuring specific outcomes, such as reduction in patient wait-times, access to quality care, and other patient experience measures, in addition to measuring primary care spend, is important for tracking progress. Members offered several ideas for future task force consideration such as leveraging technology to address workforce burden, working with Massachusetts medical schools to train more primary care providers, and increasing support for private primary care practices and community health centers.

ITEM 7: Upcoming Meetings

Mr. Seltz told members the next meetings for the task force will be held on October 29, 2025 and December 3, 2025. He told members HPC staff will reach out to schedule additional PCTF workgroup meetings.

ITEM 8: Adjourn

The meeting adjourned at 11:55 AM.