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David Seltz
Executive Director
Health Policy Commission
50 Milk St., 8th fl.
Boston, MA 02109

October 31, 2025

RE: 2025 Written Testimony for Cost Trend Hearings

Dear Mr. Seltz:

Attached please find the testimony of Dana-Farber Cancer Institute, signed under the pains and penalties of perjury, in response to the questions submitted by the Health Policy Commission and the Office of the Attorney General.

As President and Chief Executive Officer of Dana-Farber Cancer Institute, I am duly authorized to represent the organization for the purposes of this testimony. Should you have any questions or require additional information, please contact Margret Cooke, Vice President of Regulatory Affairs, at Margret_Cooke@dfci.harvard.edu.

Sincerely,

Benjamin L. Ebert, M.D., Ph.D.
President and CEO

MASSACHUSETTS
HEALTH POLICY COMMISSION

2025 Pre-Filed Testimony
PROVIDERS

As part of the
Annual Health Care
Cost Trends Hearing

Massachusetts Health Policy Commission
50 Milk Street, 8th Floor
Boston, MA 02109

INSTRUCTIONS FOR WRITTEN TESTIMONY

If you are receiving this, you are hereby required under M.G.L. c. 6D, § 8 to submit written pre-filed testimony for the 2025 Annual Health Care Cost Trends Hearing.

On or before the close of business on **Friday, October 31, 2025**, please electronically submit testimony as a Word document to: HPC-Testimony@mass.gov. Please complete relevant responses to the questions posed in the provided template. If necessary, you may include additional supporting testimony or documentation in an appendix. Please submit any data tables included in your response in Microsoft Excel or Access format.

We encourage you to refer to and build upon your organization's pre-filed testimony responses from 2013 to 2024, if applicable. If a question is not applicable to your organization, please indicate that in your response.

Your submission must contain a statement from a signatory that is legally authorized and empowered to represent the named organization for the purposes of this testimony. The statement must note that the testimony is signed under the pains and penalties of perjury. An electronic signature will be sufficient for this submission. All submissions are public record and will be posted to the HPC's website.

You may receive questions from both the HPC and the Office of the Attorney General (AGO). If you have any difficulty with the templates or have any other questions regarding the pre-filed testimony process or the questions, please contact relevant staff at the information below.

HPC CONTACT INFORMATION

For any inquiries regarding HPC questions, please contact: General Counsel Lois Johnson at HPC-Testimony@mass.gov or lois.johnson@mass.gov.

AGO CONTACT INFORMATION

For any inquiries regarding AGO questions, please contact: Assistant Attorney General Sandra Wolitzky at sandra.wolitzky@mass.gov or (617) 963-2021.

THE 2025 HEALTH CARE COST TRENDS HEARING: PRE-FILED TESTIMONY

The Massachusetts Health Policy Commission (HPC), along with the Office of the Attorney General (AGO), holds the Health Care Cost Trends Hearing each year to examine the drivers of health care costs and consider the challenges and opportunities for improving the Massachusetts health care system.

The 2025 Health Care Cost Trends Hearing offers a critical opportunity to discuss the pressing issues challenging the stability and sustainability of the Commonwealth's health care system. These include mounting affordability issues, workforce constraints, financial volatility, increasing prescription drug costs, and threats to health care access and coverage – and the ongoing efforts to address them.

Recent federal action has created uncertainties about the health care landscape in Massachusetts. It will require a renewed commitment among stakeholders and policymakers to work together towards a health care system that is more affordable, accessible, and equitable for all residents. The 2025 Health Care Cost Trends Hearing will convene industry leaders, clinicians, and community members to reflect on recent policy actions and invite further collaborative action in Massachusetts, advancing the Commonwealth's health care goals and values.

Amid the federal activity, Massachusetts is still contending with existing affordability hardships facing the Commonwealth's residents. Massachusetts now has the highest family health insurance premiums in the country. In 2024, the average annual cost of health care for a family exceeded $31,000 (including out-of-pocket spending). As health care spending grows as a portion of household income, more and more families incur medical debt and avoid using needed care. These rates become particularly dire when health care premiums and out-of-pocket spending reach 25% of total income – a reality that 41% of Hispanic families and 26% of Black families in Massachusetts faced in 2023 compared to 9% of white families. Furthermore, the average annual cost sharing per person grew from $849 in 2019 to $1,049 in 2023 (a 29% increase), and residents paying $5,000 or more annually in cost sharing doubled from 2019 (1.5%) to 2023 (3.1%).

This is the first cost trends hearing since the enactment of two significant health care laws earlier this year (Chapters 342 and 343 of the Acts of 2024), which strengthen the health care market, address rising prescription drug costs, and enhance the public transparency and accountability of the Commonwealth's health care system – including requiring additional health care market participants to provide public testimony. As the HPC, the AGO, and other state agency partners continue implementation of these new laws, the 2025 Health Care Cost Trends Hearing will focus on working together to safeguard the Commonwealth's commitment to health care affordability, access, and equity.

The pre-filed written testimony affords the HPC and the AGO, on behalf of the public, an opportunity to engage with a broad range of Massachusetts health care market participants. In addition to pre-filed written testimony, the public hearing features in-person testimony from leading health care industry executives, stakeholders, and consumers, with questions posed by the HPC's Board of Commissioners about the state's performance under the Health Care Cost Growth Benchmark and the status of public and industry-led health care policy reform efforts.

1. Recent and ongoing federal policy actions are changing health care in Massachusetts. What do you anticipate will be the most significant implications of these federal actions on your organization's strategies to address health care affordability, quality, access, and equity? How is your organization working to ensure stability and mitigate any negative impacts on health care workers, patients, and patient care? What specific actions should health care market participants, policymakers, and the public consider to safeguard the Massachusetts health care system against potential risks from federal policy shifts?

Dana-Farber is dedicated to its mission of groundbreaking research and an unwavering commitment to provide the best care for all of our patients regardless of shifts in policy at the federal-level. However, the width and breadth of these policy developments have real impacts on Dana-Farber, our care and research model, and our patients and families. The recent shutdown of the federal government adds yet another level of uncertainty that we and other providers must navigate. Below we outline just a few of those impacts related to biomedical research funding, Medicaid cuts, and federal immigration policy shifts.

Dana-Farber Cancer Institute's research enterprise is dependent on funding from the National Institutes of Health (NIH), especially the National Cancer Institute. NIH funds approximately a third of our total research expenses supporting basic science, translational research, training, and clinical trials. Government shutdowns and overall uncertainty in the grant funding process will slow decisions, interrupt the flow of awards, and delay the funding of new science. Delays in funding decisions impact our labs, clinical trials, training programs and create stress on the entire research community. These delays ultimately can impact patients who are waiting for new therapies. We note that for a significant number of cancer patients who have exhausted standard therapy, clinical trials offer the best therapeutic option. We are doing everything we can to minimize the impact to our research community, through budget planning and optimization strategies.

Under long Continuing Resolutions (CRs), agencies operate at last year's funding levels. Fewer applications are deemed eligible for funding, and many awards are issued for a shorter period or often at a reduced percentage of the committed level. Competitive renewals and new programs wait in line, sometimes delayed for many months.

This uncertainty also impacts the scientific workforce. Delays in funding can create gaps in salary and project continuity. In addition, hiring and recruitment slow because laboratories cannot commit to offers without clarity on multi-year support.

For institutions like Dana-Farber, these funding delays due to shutdowns and CRs mean that institutional support must be used to continue vital research and to prevent loss of critical

research. Research cores and centers often face shortfalls when federal funds are delayed or issued at reduced levels, forcing higher recharge rates or increased institutional subsidies. This is not sustainable for the long term.

For patients, these disruptions create real impacts with the potential loss of opportunities to access innovative therapies through trials. For cancer patients in particular, clinical trials are often part of the treatment plan, and sometimes a last resort. Any threat to clinical trials - which are part of the research enterprise - threatens direct patient care.

To address the funding difficulties associated with the federal government shutdown, Dana-Farber has provided three months of bridge funding for those individuals who have lost federal funding, with the opportunity to apply for additional funds if other funding cannot be secured. We continue to undertake scenario planning and operational safeguards to ensure that we are able to react in a timely manner to any reductions or shifts in funding sources.

According to the NCI, advancing age is the most important risk factor for cancer overall and for many individual cancer types. Therefore, a significant plurality of Dana-Farber's patients, nearly 50%, are enrolled in Medicare.[1] Medicare pays providers on a rolling cycle in which most of the payments received in a given month reflect the prior month's dates of service. Because the federal shutdown began in October, Dana-Farber has not yet seen the full cash impact. If the shutdown persists and CMS/our Medicare Administrative Contractor (NGS) do not process October claims in November, Dana-Farber could experience a significant cashflow impact (on the order of tens of millions of dollars) beginning in November.

Furthermore, cuts to Medicaid and new bureaucratic requirements passed as part of the One Big Beautiful Bill will undoubtedly impact access to cancer care in Massachusetts. We know when cancer patients are uninsured or underinsured their quality of life, outcomes, and survivorship declines[2].

Since the passage of the Affordable Care Act and the Medicaid expansion, we have seen greater access to cancer care earlier in a cancer diagnosis when better outcomes and lower costs are possible. In addition, we have seen, overall, a higher uptake of cancer screenings and preventive services. For instance, colorectal and breast cancer screenings among low-income adults rose in Medicaid expansion states like Massachusetts compared to non-expansion states[3]. Medicaid expansion was also associated with an increase in the 2-year survival rate for patients with HR-negative, HER2-positive breast cancer, an aggressive cancer type for which prognosis largely depends on access to effective treatment[4].

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[1] Age and Cancer Risk, NAT'L CANCER INST (last updated October 27, 2025), https://www.cancer.gov/about-cancer/causes-prevention/risk/age.

[2] Marlow NM, Pavluck AL, Bian J, et al. The Relationship Between Insurance Coverage and Cancer Care: A Literature Synthesis [Internet]. Research Triangle Park (NC): RTI Press; 2009 May. Available from: https://www.ncbi.nlm.nih.gov/books/NBK542737/ doi: 10.3768/rtipress.2009.rr.0005.0905

[3] Fedewa SA, Yabroff KR, Smith RA, Goding Sauer A, Han X, Jemal A. Changes in Breast and Colorectal Cancer Screening After Medicaid Expansion Under the Affordable Care Act. Am J Prev Med. 2019 Jul;57(1):3-12. doi: 10.1016/j.amepre.2019.02.015. Epub 2019 May 22. PMID: 31128952.

[4] hi KS, Ji X, Jiang C, et al. Association of Medicaid Expansion With Timely Receipt of Treatment and Survival Among Patients With HR-Negative, HER2-Positive Breast Cancer. *J Natl Compr Canc Netw*. 2024;22(9):593-599. doi:10.6004/jnccn.2024.7041.

Erosions in health care coverage for residents of Massachusetts will undoubtedly mean erosions in the ability to catch cancer early when treatment is more successful and less costly overall. Hospitals will therefore see cancer patients at a later stage which will increase overall costs across the Commonwealth and lead to poorer outcomes.

Dana-Farber's Medicaid mix is largely determined by the cancer-specific demographics of our patient population. Although our overall Medicaid mix is smaller in comparison to safety net hospitals (approximately 7%), nearly 28% of Dana-Farber's pediatric patients are covered by MassHealth. In addition, financial instability for the system, as a whole, will impact the ability of Dana-Farber to provide timely care to patients.

The shift to revalidate Medicaid eligibility every 6 months is particularly disruptive to cancer patients and their providers. The revalidation process leads to additional administrative coordination during treatment, when patients and their families should be focused on their treatment and not unnecessary bureaucratic stressors.

For children with cancer and their families, Medicaid provides a particularly important lifeline. Many children with complex medical needs, like childhood cancer, are only able to receive the specialty care and supportive services they need due to the Medicaid program, even children with private insurance as their primary payer.

Research has shown that pediatric patients who experience disruptions in their Medicaid coverage are more likely to have advanced-stage disease and worse survival rates than patients without disruptions.[5] For instance, as compared to adolescent and young adult patients continuously enrolled in Medicaid, those with newly gained Medicaid were 54% more likely to present with stage IV lymphoma, while those with other sporadic Medicaid enrollment patterns were 18% more likely to present with this late stage cancer.[6] This research shows that Medicaid coverage plays a key role in catching and treating cancers in children early. [7]

For all these reasons, Dana-Farber is committed to working with all sectors in Massachusetts to prepare and work to mitigate the worst possible outcomes that the passed federal legislation may have for our patients and their families as well as the entire ecosystem.

Finally, shifts in immigration policy have also impacted our patients and families as well as our workforce. Our patients continue to express fear about Immigration and Customs Enforcement (ICE) raids and detention when leaving their home, including traveling to and from the Institute. The fear is felt across patients with varied immigration statuses – not just those that may be undocumented.

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[5] Xin Hu et al., Association Between Medicaid Coverage Continuity and Survival in Patients With Newly Diagnosed Pediatric and Adolescent Cancers. JCO Oncol Pract 0, OP.24.00268 DOI:10.1200/OP.24.00268

[6] Zhang, Xinyue Elyse, Sharon M. Castellino, K. Robin Yabroff, Wendy Stock, Patricia Cornwell, Shasha Bai, Ann C. Mertens, Joseph Lipscomb, and Xu Ji. "Medicaid Coverage Continuity Is Associated with Lymphoma Stage among Children and Adolescents/Young Adults." *Blood Advances* 9, no. 2 (January 16, 2025): 280–90. https://doi.org/10.1182/bloodadvances.2024013532.

[7] Barnes JM, Neff C, Han X, Kruchko C, Barnholtz-Sloan JS, Ostrom QT, Johnson KJ. The association of Medicaid expansion and pediatric cancer overall survival. J Natl Cancer Inst. 2023 Jun 8;115(6):749-752. doi: 10.1093/jnci/djad024. PMID: 36782354; PMCID: PMC10248835.

Whenever possible, clinics are working around the patient's preferred schedule – patients are tracking reports of raids and ICE presence to help make scheduling decisions. These reports are often shared on social media and are not reliable. Nonetheless, patients are deferring or foregoing care due to this fear and are basing decisions on potentially inaccurate information.

Patients and family members are also missing work due to fear of leaving their home, compounding the financial impact of a cancer diagnosis and leading to the inability to meet basic needs like food and shelter.

Questions about deportation and/or self-deportation and the continuation of care also impact our patients and families. For example, patients ask if they can still be treated by Dana-Farber via virtual visit once they leave Massachusetts. They also ask if Dana-Farber can send patients needed medications out of state. Providers have advised that, unfortunately, such steps often are not possible. Patients considering self-deportation are often learning that the treatment they are receiving here is not available in their native countries or is not an approved treatment for their disease through their government's insurance (i.e. Brazil, where treatment may have been initially approved for one type of cancer but not for additional cancers for which it has become the standard of care in the US).

Dana-Farber is also seeing the "chilling effect" of immigrants not accessing state and federal benefits for which they are eligible, for fear that they will face deportation or will jeopardize their residency if they apply for or receive government assistance. This is impacting immigrants' willingness to apply for Medicaid and SNAP among other support programs.

Patients present these fears and worries at appointments when providers ask how the patient is doing and, routinely, have become part of patient care. Immigrant patients report very high levels of anxiety. Both patients and providers have expressed frustration and desperation about not knowing what to do next and/or how to help. Some patients have asked for and providers have offered letters documenting that a patient is currently in care and outlining current treatment details. The hope is that ICE will take into consideration the humanitarian need of a cancer patient to continue care even if in detention.

Like most providers, Dana-Farber has tried to ensure that our staff has the information and training that may be needed to address a law enforcement visit to one of our sites related to immigration status. Again, the uncertainty and fear for our patients, families, and staff is real and creates anxiety that we have tried to address through a variety of different communication channels.

2. Many Massachusetts health care providers continue to face significant workforce challenges. What strategies has your organization successfully implemented to improve recruitment and retention of clinical and/or non-clinical workers? What policy, payment, or health care system reforms does your organization recommend to better sustain, strengthen, and diversify the health care workforce more broadly in Massachusetts?

Like many health care providers, Dana-Farber faces workforce challenges which, as described above, are at times exacerbated by recent shifts in federal policies. Nonetheless, Dana-Farber recognizes that to provide world class cancer care we must sustain, strengthen, and diversify the Commonwealth's healthcare workforce. We seek to achieve these goals by building internal and external talent pipelines; expanding research and experiential learning opportunities; leveraging innovative earn-and-learn-models; and deepening partnerships with local colleges and universities, community-based organizations and Boston Public Schools. Our overall strategy includes competitive and comprehensive benefits; opportunities for career growth and mobility; and, proactive sourcing and diverse outreach.

Dana-Farber regularly benchmarks both clinical and non-clinical roles across the Boston and regional market to ensure competitive compensation. Additionally, Dana-Farber has recently completed a multi-year career architecture project which helps to retain workforce members by providing pathways to career growth and mobility. For roles that are particularly challenging to fill, Dana-Farber offers sign-on bonuses and targeted incentives.

Dana-Farber is acutely aware of the need to recruit and retain highly skilled and expert nursing talent. Nursing recruitment pipelines with Northeastern University, UMass Boston and other colleges of nursing across the Commonwealth create pathways for diverse new graduates into the field of oncology nursing. A specific partnership with Northeastern University formed in 2025 has resulted in adding 4 Dana-Farber PhD prepared nurse researchers to the Northeastern faculty to support expansion of their ability to train nursing students with a focus on the oncology specialty. Additionally, we have created tuition scholarship programs for Dana-Farber employees interested in earning nursing degrees, a structured 1-year residency program for newly licensed BSN-prepared nurses which provides experiences in adult / pediatric inpatient and outpatient settings and clinical trials and research nursing.

We rely on a strong employee referral program, which in FY2024, drove 13% of new hires and 12% of hires this past fiscal year. Early career engagement opportunities, recruiting at colleges in and beyond New England and community events and virtual career events additionally help to address workforce challenges.

Highlights of efforts used by Dana-Farber include the Workforce Development (WFD) program, the purpose of which is to create pathways into clinical, research, and administrative roles and expand academic advancement within the Institution. WFD provides comprehensive education, paid work experience, and mentoring that lead to Dana-Farber employment or advancement for current staff. To that end, we partner with the Boston Public Schools, JVS, MassHire, Year Up, and Massachusetts community colleges creating pathways to positions such as clinical researcher, clinical assistant, patient representatives and pharmacy technicians. WFD serves a majority population of women and people of color. In this program 60% of the participants are Black/African American; 62% are multi-lingual; and 24% are foreign-born. An example of WFD success is the Patient Access Workforce Initiative (PAWI) — a Commonwealth Corporation earn-and-learn grant with Boston Children's Hospital, Beth Israel Lahey Health, and Franklin Cummings Tech. Through PAWI 100% of the inaugural cohort completed training and 75% moved into full-time roles at Dana-Farber.

Dana-Farber understands that much of the workforce that will staff our Institute of tomorrow are still in school today and, therefore, has invested in and developed our Continuing Umbrella of Research Experience (CURE) Program. This program prepares future cancer researchers from high-school to postbaccalaureate through mentored training, skills development, college/graduate coaching, and supportive peer networks — empowering young scientists committed to improving cancer care. Over the last two years, CURE has served a median of 78 trainees per year.

Together, these strategies allow us to hire, retain, and advance a diverse, culturally competent healthcare workforce across Massachusetts.

3. Administrative complexity in the health care system can burden clinicians and patients and contribute to burnout, reduce timely and equitable access to care, and add unnecessary costs to the system. What policies or strategies should policymakers and/or other market participants consider to reduce administrative complexity that provides little value in the Massachusetts health care system? How would such changes impact your organization's administrative costs of providing care?

Administrative complexity in the health care system frequently creates delays in care that burden all patients, but which can disproportionately affect cancer patients who often have complex and acute illnesses. Dana-Farber Cancer Institute has particularly noted that many health plans today are using prior authorization in ways that lead to delays in care, dictate suboptimal treatments, and create unnecessary stress for both patients and clinicians.

Dana-Farber's clinical regimens are FDA-approved and recommended by the National Comprehensive Cancer Network (NCCN), a Medicare-approved clinical compendium. Less than 2% of Dana-Farber's prior authorization denials occur because of clinical reasons; however, health plans are often unwilling to develop robust "notify-only" policies or exemptions for treatments and medications that have strong evidence-based support with low denial rates. Policies such as those which allow providers with a 90% prior authorization approval rate over six months for certain services to be exempt or 'gold carded' would reduce administrative costs and benefit patients, providers, and insurers.

At Dana-Farber, the administrative burden and physician burnout from prior authorization requirements are real and undeniable. Every day, Dana-Farber staff spend hours navigating the authorization and appeal processes for different health plans. For cases that require peer-to-peer consultation, it is common for health plan representatives to schedule consultations that require our physicians to allocate two-hour windows of time, diverting them from patient care.

Prior authorization requirements are not always clear and vary significantly between payers or even within payers, depending on the plan or employer group. Adding to this complexity, health plans regularly outsource prior authorization for oncology, which forces Dana-Farber to invest additional time and resources into coordinating with the outsourced vendor in addition to the payer. The Institute has seen repeated delays and denials for essential supportive medications, such as anti-nausea drugs, which help cancer patients recover and maintain their treatment schedule. These disruptions often arise from confusion and lack of coordination between the insurer and its vendor, who struggle to navigate between oncology and non-oncology care for medications related to cancer treatment.

Although all health care providers likely deal with prior authorization requirements, Dana-Farber

is particularly impacted by their administrative complexity, especially for drug treatment within the clinical setting as health plans continue to expand both the volume of drugs requiring prior authorization and their use of vendors to manage this process. Dana-Farber routinely submits urgent prior authorization for essential oncology treatments and waits days or even weeks for an insurer determination.

Even when authorization is approved or the insurer decides that the service does not require approval, the claim can still be denied due to missing authorization. Dana-Farber experiences 30–50 denied claims a month in which insurers are unable to correct the issues that cause claim denials. Dana-Farber then bears the burden of appealing and, hopefully, overturning the denial, requiring decoding additional insurer policies, lengthy phone calls, and duplicative paperwork efforts.

Dana-Farber is sensitive not to delay care, given that cancer patients are clinically complex and understandably anxious about diagnostic tests and receiving treatment. Dana-Farber is routinely at risk of absorbing the cost of essential cancer treatments as it navigates the fine line between preventing delayed care and waiting for prior authorization, which can take weeks to resolve. In many cases, Dana-Farber has chosen not to delay care for patients while we continue to evaluate and determine how to manage the approval. However, long term, this approach is unsustainable.

Dana-Farber urges the Health Policy Commission to continue evaluating opportunities to reduce barriers to care for patients and the costs associated with administrative burdens borne by both providers and insurers, as described in its 2024 policy recommendation.

> *"Related to workforce challenges, administrative complexity that does not add value permeates the U.S. health care system. These administrative and operational burdens on providers contribute to burnout, accelerate retirements, and influence provider decisions to pursue mergers, sales, or arrangements with management services organizations. Pursuing opportunities to reduce unnecessary administrative complexity for providers, such as in non-standardized prior authorization protocols, will further reduce the appeal of affiliation with potentially predatory actors."*[1]

Additionally, Dana-Farber strongly recommends that the Commission support, and the Legislature pass S.1403, *An Act relative to reducing administrative burden and* its companion legislation, H.1136. The bill establishes the necessary framework for standardized rules to reduce or eliminate prior authorizations for services with low variation, low denial rates, or strong evidence-based support.

The evidence is overwhelming for the need for timely prior authorization reforms. A recent study by the American Medical Association found that prior authorizations delay access to care for patients and interfere with medically necessary treatment protocols, leading to adverse clinical outcomes.[2] It is critical that health plans maintain straightforward and easy-to-administer prior authorization processes for their covered members and their health care providers

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[1] *2024 Annual Health Care Cost Trends Report and Policy Recommendations.*

2 *AMA survey results: Prior authorization wreaks havoc on patient care*. ISMS. (n.d.). https://www.isms.org/newsroom- categories/priorauthorization/jun-28-2024-ama-survey-results-prior-authorization.

4. High-quality, accessible primary care is foundational to an effective and efficient health care system. If your organization includes primary care providers, what activities or investments are you pursuing to enhance access to affordable, high-quality, person-centered primary care (including integrated behavioral health services) for your patients? How are you tracking the impact of these activities or investments? What policy, payment, or health care system reforms does your organization recommend to enhance equitable access to high-quality primary care services?

N/A

5. Massachusetts now has the highest family health insurance premiums in the United States. In 2024, the average annual cost of health care for a family exceeded $31,000 (including out of pocket spending). This reflects the growth in underlying health care costs. As health care spending grows as a portion of household income, more and more families incur medical debt and avoid using needed care. Collaborative, urgent action across market participants is needed to reverse these trends. How can your organization contribute to this effort?

Dana-Farber shares the Commonwealth's concern about the affordability crisis facing families and employers. While cancer care is costly relative to other healthcare services, Dana-Farber is committed to maintaining outstanding outcomes and patient experience, while simultaneously containing cost growth. To that end, there are several strategies we are pursuing to reduce avoidable costs, align incentives around value, and protect patients from financial harm.

Dana-Farber has focused efforts to move complex inpatient care to the less costly ambulatory setting where clinically appropriate. For example, since 2019, Dana-Farber has shifted stem cell transplants from inpatient to outpatient care. We have completed 365 ambulatory transplants, increasing from two in 2019 to 104 in 2024. Our internal analysis estimates this shift avoided approximately 1,800 inpatient bed days and saved payers about $13.6 million per year. We have also expanded outpatient immune effector cell (IEC) therapies: our outpatient CAR-T treatments have increased from zero in 2022 to an average of eight per month in 2025. While this strategy can make outpatient unit costs appear higher relative to hospitals that only offer these services inpatient, the episode-level impact is clear: reduced infection risk; fewer inpatient days; better patient experience; and, lower total cost to the health system.

Key to moving complex treatment to ambulatory settings is building infrastructure that makes ambulatory delivery safe. We employ rigorous patient selection and prehabilitation; 24/7 triage and nurse navigation; same-day access to urgent oncology care; rapid infusion capabilities; remote monitoring; and, close follow-up. These investments are essential to keeping patients safely out of the hospital and avoiding costly complications and readmissions.

Dana-Farber further incorporates cost-effectiveness into treatment planning. Our Pathways program, an electronic roadmap of best available treatments for each cancer and disease stage, explicitly weighs cost alongside safety and efficacy. Pathways promotes guideline-concordant care, preference for generics and biosimilars where appropriate, and de-implementation of low-value practices. This reduces unwarranted variation and helps clinicians choose the most effective therapy at the lowest reasonable cost.

Dana-Farber's clinical care models reduce avoidable utilization. Through robust symptom management, same-day access, and coordinated care plans, including our innovative acute care clinic, we aim to prevent emergency department visits and readmissions, manage complications in the ambulatory setting whenever safe, and reduce length of stay when hospitalization is necessary.

In addition to total lower cost care, Dana-Farber collaborates with payers on payment models that reward value, not site of care and will continue to work with payers to develop episode-based or bundled payments for ambulatory transplants and IEC therapies that reflect the full savings of avoiding inpatient days. Dana-Farber further supports benefit designs that share savings with patients through lower cost-sharing for high-value, outpatient-delivered services and that ensure parity for coverage of complex cancer care delivered outside the hospital.

Efforts to increase clinical trial enrollment, where appropriate, keep healthcare premiums down because the sponsor covers the cost of the trial treatment rather than charging the insurance or the patient for the trial portion of the treatment.

Dana-Farber is dedicated to affordability-focused and lifesaving health policy. We partnered with and championed The Massachusetts Breast Cancer Bill, signed in November 2024, which mandates that insurers cover medically necessary follow-up breast cancer screenings without out-of-pocket costs for patients. This law aims to eliminate cost barriers for individuals with dense breasts or abnormal mammograms, improving access to early detection and saving lives by ensuring financial costs do not prevent necessary diagnostic exams. We continue this collaborative work with Legislators supporting the Patient Access to Biomarker Testing bill and are committed to support reforms that remove barriers to timely and equitable access to cancer care. To this end Dana-Farber has strengthened financial protection and navigation for patients. We additionally recognize the importance of proactive screening for financial assistance, zero-interest payment plans and real-time cost estimates. We strive to connect patients to manufacturer and philanthropic assistance. We further address non-clinical cost drivers (transportation, lodging, and caregiving support) that can impede outpatient care and contribute to medical debt.

Finally, Dana-Farber recognizes that advanced prevention, early detection and equitable access not only save lives but reduce the costs of care. Investing in outreach, screening, and navigation – especially for communities facing disproportionate cancer burden and financial strain — improves outcomes and avoids later-stage, more expensive care. As possible, we will continue to expand telehealth and satellite access to reduce travel and time costs for patients. Treating patients where they live not only reduces costs but allows patients to treat where they are most comfortable, thereby improving outcomes.

QUESTIONS FROM THE OFFICE OF THE ATTORNEY GENERAL

1. Chapter 224 requires providers to make price information on admissions, procedures, and services available to patients and prospective patients upon request. In the table below, please provide available data regarding the number of individuals that sought this information.

Health Care Service Price Inquiries Calendar Years (CY) 2023-2025			
Year		Aggregate Number of Written Inquiries	Aggregate Number of Inquiries via Telephone or In-Person
CY2023	**Q1**	0	1
	Q2	3	7
	Q3	2	4
	Q4	4	10
CY2024	**Q1**	6	13
	Q2	3	7
	Q3	1	3
	Q4	2	6
CY2025	**Q1**	2	6
	Q2	3	6
	TOTAL:	26	63