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

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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

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General Counsel Lois Johnson at HPC-Testimony@mass.gov or lois.johnson@mass.gov.

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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

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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?

Recent and ongoing federal policy actions are creating significant uncertainty for community health centers and the broader Massachusetts health care system. Proposed and enacted changes to Section 330 funding, the 340B Drug Pricing Program, and Medicaid and Medicare eligibility threaten the financial stability of the "three-legged stool" of health center funding that underpins care for low-income and historically underserved populations. These shifts have profound implications for affordability, access, quality, and equity across the Commonwealth.

At Edward M. Kennedy Community Health Center (Kennedy Community Health), we believe health care is a right, not a privilege. That's why we provide comprehensive, integrated, and compassionate care to all, regardless of insurance status or ability to pay. As a Federally Qualified Health Center (FQHC), we serve as a safety net for many in our community including those who are underserved, underinsured, or uninsured, and often at higher risk for chronic conditions and poor health outcomes.

Kennedy Community Health was founded in 1972, when seven courageous women, our founding mothers, living in Great Brook Valley public housing in Worcester came together with a simple demand: better health care for their families. What started as a small initiative to serve one housing complex has grown exponentially. Today, we

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operate four full-service health centers and five school-based health centers in Worcester, Framingham, Milford, and surrounding communities.

Each year, more than 35,000 patients of all ages come through our doors. We use a family practice model of care, meaning patients receive everything from primary and urgent care to dental, optometry, behavioral health, pharmacy, medical specialties, nutrition counseling, enabling services, and more, all under one roof. We are proud to be recognized by the National Committee for Quality Assurance as a patient-centered medical home, a model that emphasizes coordination, technology, and most importantly: patient engagement.

Our patients reflect the diversity of the communities we serve: according to our most recent Uniform Data System (UDS) data reported to the Health Resources and Services Administration. In 2024, 13% of our patients, over 4,500 individuals, lived in public housing; nearly 90% of our patients lived at or below 200% of the Federal Poverty Level; and 31% were uninsured, 40% were covered by MassHealth, and just 9% had private insurance. Over half (56%) self-identify as Hispanic or Latino. Of those who reported their race, 10% are Black or African American, 3% Asian, 1% Pacific Islander or Native Hawaiian, and 0.2% American Indian or Alaska Native. One-third identify as White, and nearly half identify as multiracial. Incredibly, 72% of our patients are best served in a language other than English, and we provide services in 69 different languages.

This diversity, these stories, and these numbers all speak to the critical role Kennedy Community Health plays every single day. We are committed to honoring our founding mothers' vision and continuing to ensure that everyone in our communities, regardless of their background, has access to high-quality, affordable care. However, this mission is becoming more difficult to fulfill. Federal actions reducing Medicaid and Marketplace coverage are projected to cause a significant increase in the uninsured population; statewide, CHCs already serve 131,000 patients without insurance, representing two-thirds of the Commonwealth's uninsured population. With an anticipated increase of 92,000 to 171,000 uninsured CHC patients by 2034, the resulting rise in uncompensated care will further stretch already thin margins and threaten the financial sustainability of CHCs.

As of now, Section 330 funding covers only a fraction of per-patient costs, contributing to a national $5 billion annual gap from uncompensated care. Nationwide, nearly half

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of CHCs operate with fewer than 90 days of cash on hand, and one in four report negative operating margins. For health centers like ours, this financial pressure risks reducing the scope of essential services and exacerbating disparities in access to care especially for patients who are uninsured, immigrants, or living in rural and historically underserved communities.

At the same time, proposed changes to Medicaid eligibility and the introduction of six-month redeterminations could increase coverage "churn" and reduce continuous access to care. CHCs will continue to see all patients regardless of ability to pay, but the combination of revenue loss and administrative burden will limit our ability to expand preventive services and invest in care innovation. Immigration-related policy changes have also produced a chilling effect, deterring patients from seeking care, including preventive services such as vaccines.

Federal funding instability is further compounding an already critical workforce shortage. Many CHCs rely on federal loan forgiveness and workforce incentive programs to recruit and retain clinicians, but proposed changes and funding uncertainty have reduced the attractiveness of primary care careers in community health. As a result, CHCs are struggling to compete with higher-salary employers, even as rising costs force us to invest more heavily in employer-sponsored health benefits and other retention strategies. Workforce shortages directly threaten patient access and quality of care, particularly in primary care, behavioral health, and dental services.

The 340B program remains an essential pillar of CHC financial sustainability. At Kennedy Community Health, the 340b program generates approximately $3 million in revenue each year. This funding is essential to sustaining critical services such as our interpreter program. Nearly three-quarters of our patients are best served in a language other than English, representing 72 different languages. Providing linguistically and culturally competent care is a cornerstone of our model and fundamental to ensuring equity and quality in every patient encounter. However, interpretation services are not directly reimbursable and cost our organization nearly $2 million each year.

Under the proposed federal rebate 340b pilot, CHCs will be required to make large upfront pharmaceutical purchases, creating substantial cash flow challenges. If the rebate model proceeds across all ten targeted drugs, our health center's upfront annual costs are projected to increase significantly. These funds would otherwise support

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critical patient services, like interpreter services, among many other non-reimbursed aspects of our care delivery model.

In addition, commercial payers in Massachusetts currently reimburse CHCs less than MassHealth for the same services. Per the January 2025 Health Policy Commission report, reimbursement rates for CHCs are also less than rates for other office-based primary care providers for identical visit types. This structural underpayment creates a major barrier to financial parity and long-term stability. A commercial reimbursement floor aligned with the Prospective Payment System rate would provide a lifeline, helping CHCs close persistent funding gaps, support workforce retention, and sustain essential programs that promote health equity.

Kennedy Community Health is taking proactive steps to safeguard stability and mitigate harm to our workforce and patients to ensure continued access to high quality and responsive health care services, regardless of an individual's background or ability to pay. We are exploring opportunities for shared services and partnerships with our sister CHCs to reduce administrative costs and optimize clinical operations to improve efficiency and expand access to care across our communities.

In addition, Kennedy Community Health is expanding our outreach and enrollment capacity to help patients and community members maintain or regain Medicaid coverage. As a certified Mass Health Connector Navigator site, we see the tremendous need for expanded access to these services, particularly in this changing environment. We strongly encourage the state to invest in shared outreach and enrollment infrastructure and technology and to convene regular stakeholder engagement opportunities, particularly for special populations such as individuals experiencing homelessness and those with limited English proficiency. At the policy level, we are advocating for state protections to community health center funding streams through the enactment of H.1107/S.819, which would safeguard the 340B program, and H.1096/S.711, which would establish a commercial rate floor. These measures would stabilize community health center finances at no cost to the state and ensure that health centers remain a vital safety net for all Massachusetts residents.

To protect the Massachusetts health care system against the risks posed by federal policy shifts, we urge policymakers and stakeholders to take coordinated and sustained action. This includes maintaining state investment in MassHealth and community health center infrastructure to ensure continuous coverage and access to care, as well

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as pursuing legislative action to establish reimbursement parity for community health centers through a commercial Prospective Payment System (PPS) floor. The state should also prioritize the protection and modernization of the 340B program to prevent cash flow disruptions and preserve patient access to affordable medications. Additionally, support for workforce development through state funded loan repayment, housing assistance, and pipeline programs for clinicians serving in community health centers will be essential to ensuring a strong and stable health care workforce. Finally, expanded data and technology investments are needed to improve outreach, enrollment, and care coordination for vulnerable populations.

Federal policy changes affecting Medicaid, the 340B program, and Section 330 funding not only place community health centers and the patients we serve at significant risk, but it jeopardizes the delicate healthcare ecosystem in the state. Without decisive state and local action to protect community health center funding and address systemic reimbursement inequities, Massachusetts risks losing ground on its longstanding position as a leader in healthcare and its commitments to affordability, access, quality, and equity. A coordinated response that focuses on protecting funding streams, strengthening partnerships, and ensuring fair reimbursement will be critical to preserving the health care safety net that millions of Massachusetts residents depend on.

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 across the Commonwealth, Kennedy Community Health continues to experience significant workforce challenges driven by ongoing provider shortages, competitive labor markets, and rising costs. To sustain access to high-quality, equitable care, we have prioritized investments in recruitment, retention, and workforce development that create long-term career pathways and opportunities for advancement.

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Kennedy Community Health has implemented a variety of initiatives to attract and retain both clinical and non-clinical staff. These efforts include career pipeline and on the job training programs that enable existing employees to advance into higher level clinical and administrative roles while maintaining employment. We have also developed grant funded programs that support staff in attaining professional licenses or credentials, promoting upward mobility and reducing barriers to entry for individuals from the communities we serve. In addition, we have established partnerships with local academic institutions to offer internships, preceptorships, and residency opportunities that expose students to community health careers and encourage long-term engagement in primary care and underserved settings. Our organization also engages in advocacy and policy work related to the Physician's Pathway Act, which seeks to expand equitable access to medical education and licensing for internationally trained providers, helping to diversify the health care workforce and strengthen care capacity. Together, these strategies have helped us build a more resilient workforce and expand access to linguistically and culturally competent care.

We see opportunities to enhance these existing recruitment and retention efforts through investments in training infrastructure and restoration of loan forgiveness programs that are vital to nonprofit employers. As the state prepares for the renewal of the 1115 waiver, it will be essential to establish new, sustainable supports at the state level.

We recommend that the Commonwealth take the following actions to help support CHCs and other health care providers in the state:

- Leverage the Medicaid Graduate Medical Education (GME) program to expand primary care residency slots through legislation such as H.1393/S.711, ensuring more training opportunities in community-based settings.
- Increase investment in and promotion of the Massachusetts Loan Repayment Program (MARepay) and support expansion through H.1410/S.891, providing financial relief to clinicians committed to serving in health centers and high-need areas.
- Strengthen workforce pipeline programs between schools and CHCs for critical support roles such as medical assistants, dental assistants, and dental hygienists.
- Ensure reimbursement for Community Health Worker (CHW) services, recognizing their essential role in care coordination, prevention, and addressing social determinants of health.

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- Maintain and expand access to telehealth and hybrid care models, which improve flexibility for both providers and patients while supporting work-life balance.
- Leverage the Primary Care Task Force to continue efforts that stabilize and strengthen the primary care delivery system through improved payment models and workforce development strategies.

Kennedy Community Health also encourages the state to explore innovative initiatives that make community-based health careers more sustainable and attractive, such as:

- Providing housing stipends or assistance, particularly for entry-level and early-career providers.
- Offering childcare benefits or subsidies to support working parents in the health care field.
- Developing apprenticeship programs that combine paid employment with structured training, helping to build a diverse pipeline of skilled health care workers.

The health care workforce is the foundation of access, quality, and equity in Massachusetts. Kennedy Community Health is deeply committed to growing and supporting a diverse workforce that reflects the patients and communities we serve. By aligning state policy, payment reform, and targeted investment with on-the-ground workforce realities, Massachusetts can ensure that community health centers and the broader health care system remain strong, sustainable, and capable of meeting the evolving needs of all residents.

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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 remains one of the most significant drivers of inefficiency, burnout, and inequity in the Massachusetts health care system. Excessive and duplicative administrative requirements, from insurance authorization to credentialing, billing, and patient navigation, divert valuable staff time away from patient care, add unnecessary cost, and create barriers to timely and equitable access to services.

For Kennedy Community Health, as well as other CHCs, administrative complexity creates a tremendous burden and carries acute effects. Our mission driven focus on caring for all patients regardless of insurance or ability to pay means we routinely engage with multiple payers, benefit designs, and regulatory frameworks. Each additional administrative step, whether verifying eligibility, renewing coverage, or navigating referral requirements, creates friction that impacts both the patient experience and our operational sustainability.

Given this firsthand experience in navigating these obstacles, we encourage policymakers and payers to work collaboratively to simplify and standardize the referral process across systems. Today, the lack of interoperability and uniform referral protocols between payers and providers creates significant administrative burden and delays patient access to care. Establishing shared electronic referral platforms or statewide referral standards would reduce redundant paperwork, minimize delays, and free up clinical staff time to focus on direct patient care.

In addition, investing in care navigation infrastructure, including insurance enrollment and renewal assistance, is critical to reducing complexity for patients and providers alike. As coverage redeterminations and eligibility changes increase under federal Medicaid policy shifts, patients often need additional help maintaining coverage and accessing the right services. Dedicated funding for Navigators and outreach and enrollment services would reduce churn, prevent coverage gaps, and lessen the

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administrative workload for health centers, which currently shoulder much of this effort without adequate reimbursement.

The current credentialing process for clinicians and other licensed professionals is lengthy, duplicative, and varies by payer, delaying onboarding and reducing access to care. In an environment where we already face enormous challenges in recruitment and retention, this compounds access issues in the communities we serve. We support state led initiatives to create a centralized, standardized credentialing system that all payers could use, an approach that would significantly reduce time to hire, ease workforce shortages, and reduce administrative costs for health centers. Streamlined credentialing would allow clinicians to begin seeing patients sooner and would help alleviate provider burnout linked to administrative delays and inefficiencies.

Reducing administrative complexity would directly lower Kennedy Community Health's operational costs and improve care delivery. Each hour of staff time currently spent on redundant documentation, prior authorization, or coverage verification is an hour diverted from other work to advance patient care and outcomes. Streamlining referrals, improving credentialing, and supporting navigators would reduce this administrative overhead, enhance staff satisfaction, and enable us to reinvest savings into frontline care, workforce development, and expanded patient services. Furthermore, simplifying administrative processes would also benefit our patient population, many of whom already face barriers to accessing care and for whom navigating the health care system can be especially daunting. Fewer administrative hurdles mean faster access to care, improved continuity, and better health outcomes.

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?

High quality, accessible primary care is the cornerstone of an effective and equitable health care system. As a community health center, Kennedy Community Health's integrated care model demonstrates the importance of having a usual source of primary care. Health centers like ours provide relationship-based care that addresses

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everything from preventive health to chronic disease management and care coordination with specialists. We combine medical, behavioral health, and dental services with enabling services such as care coordination, case management, outreach, enrollment assistance, transportation, and translation. These services remove barriers to care and address social drivers of health, which are essential to achieving equitable outcomes. This model not only improves health outcomes but also lowers total health care costs by reducing unnecessary emergency department visits and hospitalizations.

In spite of the proven success of the community health center model of care delivery, the most significant barrier to expanding patient access continues to be provider vacancy rates. To address this challenge, we have invested in dedicated clinical and general recruiter roles to help fill open positions and stabilize our workforce. We have also enhanced our compensation packages through market rate adjustments and additional employee benefits to make our organization more competitive with hospitals and private health care practices.

At the same time, we are investing in infrastructure improvements that streamline administrative processes and enhance workflows across the Health Center. These efforts include optimizing the use of technologies to improve coordination, productivity, and patient experience. While these initiatives require upfront investment, they create long-term sustainability by allowing us to do more with fewer resources. Support from state and other partners is critical to modernizing these systems and ensuring continued operational efficiency.

We also continue to engage in robust advocacy for fairer reimbursement rates for CHCs. As previously mentioned, current payment structures do not adequately reflect the true cost of delivering comprehensive, team-based primary care that includes needed services to reduce barriers to access, including interpreter services, as well as integrating other clinical and non-clinical services to provide a true medical home for patients. Improved reimbursement would allow CHCs to compete more effectively for providers and sustain the high quality, equitable care our patients depend on.

Through participation in the MassHealth ACO Primary Care Sub Capitation Model and other value-based care initiatives, we are tracking both clinical outcomes and cost savings. Data consistently shows that health center patients have 24 percent lower medical expenditures compared to other patient populations, while achieving equal or better performance on quality measures, even when serving higher risk populations.

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To strengthen primary care and sustain access to affordable, high-quality services, we recommend that policymakers and payers:

- Invest in primary care infrastructure at community health centers to support modernization of health IT systems and administrative streamlining.
- Expand reimbursement models to include currently non-reimbursed but essential services such as interpreter and community health worker led services, which improve engagement and reduce long term health care costs.
- Leverage the Primary Care Task Force to establish a primary care spending target for both private and public payers and to develop new payment models that appropriately value and support primary care.
- Ensure sustained funding for integrated care and enabling services that drive equitable access and positive outcomes for vulnerable populations.

Throughout their 60-year history, CHCs have demonstrated that high-quality, person-centered, team-based primary care delivers better outcomes at lower cost. Continued investment in this model is essential to strengthening the primary care foundation of Massachusetts health care system and advancing health equity across the Commonwealth.

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?

As health care costs in Massachusetts continue to rise, CHCs play a critical role in ensuring access to affordable, high quality, and comprehensive care while helping to control overall system costs. By design and by mission, community health centers provide care to all residents of their service areas regardless of insurance status or ability to pay, and they reinvest every dollar of revenue back into the communities they serve. Health centers deliver high quality care for pennies on the dollar compared to other settings, saving the Massachusetts health care system an estimated $1.5 billion

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each year through reduced emergency department utilization and more appropriate use of specialty and hospital care.

By focusing on prevention, retention, and whole-person care, CHCs keep patients healthier and out of high-cost settings, like emergency rooms. This helps to sustain the larger healthcare system and keeps total costs down. Our integrated model, which combines medical, behavioral health, dental, optometry, pharmacy, specialty care, and enabling services under one roof, ensures that patients receive coordinated, relationship-based care that prevents complications and avoids unnecessary costs. Every dollar that comes into our Health Center is reinvested locally, driving economic, physical, and mental health in the communities we serve. CHCs act as economic engines, creating stable jobs, training opportunities, and partnerships that strengthen local infrastructure while advancing health equity.

Kennedy Community Health continues to expand access to preventive and inclusive care to help patients manage chronic and acute conditions before they require costly emergency or inpatient treatment. Through robust care coordination, case management, and enabling services such as transportation, translation, and insurance navigation, we help patients stay engaged in care and help prevent or mitigate the impact of chronic health conditions that lead to poor health outcomes for our patients and our communities.

In light of the ongoing changes to Medicaid and Marketplace coverage, and as a certified Navigator site that provides insurance enrollment and assistance to tens of thousands of individuals and families each year, Kennedy Community Health is strengthening our outreach and enrollment support to help patients maintain coverage and minimize gaps in care. We are also closely monitoring trends in uncompensated care to ensure that we can sustain access for all patients who lose coverage, despite the growing financial burden this represents.

Like many health care providers, we face the challenge of balancing the rising costs of employee health insurance with our commitment to offering competitive, comprehensive benefits. We continuously assess our health insurance offerings to maintain affordability for our staff while also exploring cost saving measures such as plan redesign, wellness initiatives, and participation in cooperative purchasing models when feasible. Supporting a stable and healthy workforce is essential to maintaining the continuity and quality of care our patients deserve.

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To meaningfully address the rising cost of health care and insurance premiums in Massachusetts, collaboration among policymakers, payers, and providers is essential. Increasing investment in community-based primary care is a proven strategy to reduce overall health spending and improve outcomes. Ensuring stable and predictable funding for CHCs will allow health centers to continue providing high value, preventive care to everyone regardless of insurance status or ability to pay. It is also critical to support initiatives that strengthen the safety net, including funding for outreach and enrollment services to maintain coverage continuity and avoid delayed care. Finally, equitable payment reform that recognizes the full value of community health centers' contributions to cost containment and health equity will be key to long term system sustainability.

Community health centers are a vital part of the solution to Massachusetts' growing health care cost crisis. By delivering comprehensive, efficient, and patient centered care, FQHCs help families avoid unnecessary medical debt, reduce the need for high-cost services, and ensure that care remains accessible and affordable for everyone. With continued investment and collaboration across the health care system, Massachusetts can build a more sustainable and equitable health care landscape that truly works for all residents.

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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**	97	
	Q2		
	Q3		
	Q4		
CY2024	**Q1**	670	
	Q2		
	Q3		
	Q4		
CY2025	**Q1**	525	
	Q2		
	TOTAL:	1,292	

We have the same workflow for inquiries that come through written or verbal routes; all request are filtered to our Director of Patient Accounts for follow up. The above figures represent the total number of inquiries made on an annual basis.

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The undersigned is legally authorized and empowered to represent Edward M. Kennedy Community Health Center for the purposes of this testimony and this document is signed under the pains and penalties of perjury.

10 / 31 / 2025

Stephen J. Kerrigan
President & CEO

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