

Anne Klibanski, M.D.
President & Chief Executive Officer

October 31, 2025

David Seltz
Executive Director
Health Policy Commission
50 Milk Street
8th Floor
Boston, MA 02109

Submitted via HPC-testimony@mass.gov

Dear Mr. Seltz:

Enclosed you will find the pre-filed testimony for Mass General Brigham as requested for the upcoming Health Policy Commission Cost Trends Hearings.

By my signature below, I certify that I am legally authorized and empowered to represent Mass General Brigham for the purposes of this testimony, and acknowledge it is signed under the pains and penalties of perjury.

Please direct any follow-up questions to Chris Philbin, Vice President of Government Affairs, Mass General Brigham (cphilbin@mgb.org; 857-282-5151).

Sincerely,



Anne Klibanski, M.D.
President & Chief Executive Officer

QUESTIONS FROM THE HEALTH POLICY COMMISSION

- 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 federal actions will have a destabilizing impact on our finances due to a decline in Medicaid reimbursement, an increase in costs for caring for those who are uninsured, and an increase in supply costs due to tariffs and inflation. As a labor-intensive healthcare organization (60% of our costs are labor) that provides clinical care, medical training, and research, we have fewer levers for reducing expenses than other organizations. To stabilize our finances, we are looking to shift to domestic suppliers where possible, reduce expenses, consolidate programs, and eliminate unnecessary or outdated programs, while still staying true to our mission of providing high quality, safe care to all who seek it. We are preparing our financial counselors for the increased caseload with new requirements for MassHealth eligibility under H.R.1 to help minimize individuals losing coverage simply due to paperwork issues. We are working with our social workers so that they are prepared for the increased demand for their services as newly uninsured patients seek community-based services and other supports. But the reality remains hospitals face growing financial uncertainty, and low-income patients face increasing uncertainty around access to affordable to health care.

We urge state policy makers to do four things to mitigate these impacts:

1. Fix the broken Health Safety Net. In FY25, even before the impact of H.R.1, the Health Safety Net was already under extreme strain and underfunded by \$280M. According to a recent report from Blue Cross Blue Shield Foundation, the Massachusetts uninsured population is estimated to grow between 312,000 to 374,000 individuals in FY26, upwards of 64% growth. This amount of newly uninsured will be devastating to both patients and hospitals if the Health Safety Net (HSN) program is not fixed. Mass General Brigham estimates that the HSN program will reach \$970M in annual expenditures in FY2028, with hospitals having to absorb

an HSN shortfall of \$630M. This is particularly challenging given the small operating margins of hospitals and health systems. The most recent data from the Center for Health Information and Analysis shows the median operating margin for hospital health systems was -0.2% as June 30, 2025. We strongly recommend policy makers conduct a full review of the HSN program to examine the overall funding structure of the program to address the financial sustainability of the program and fully close the shortfall.

2. Fund the gap left by the federal Medicaid cuts. We urge policy makers to find state funds to fill the gap left by federal cuts under H.R.1 to the MassHealth program. MassHealth is critical to providing equitable access to care for Massachusetts residents. The state is estimated to lose up to \$1.7B annually when the federal cuts are implemented in FY 2028, according to the Mass Taxpayers Foundation. In particular cuts due reductions in the state provider taxes and state-directed payments under H.R.1, could result in downstream impacts on providers and health plans if the state chooses to cut reimbursement rates. Such cuts would be devastating at a time when many hospitals, other health care providers, and Medicaid plans are already facing significant financial challenges and Medicaid rates have failed to keep up with the cost of medical inflation.
3. Invest in the necessary IT infrastructure and outreach programs to meet new Medicaid Eligibility Requirements. H.R.1 has many new eligibility requirements for MassHealth members including redeterminations every 6 months and work requirements. In order to ensure that otherwise eligible individuals do not lose coverage for failure to comply with the demands of new reporting requirements, we urge policy makers to make needed investments now in new technology systems, hire and train enrollment coordinators, and develop a public outreach campaign to help individuals comply with these new requirements and remain covered.
4. The interdependence of the biomedical, healthcare, and academic sectors requires policy makers to support the life sciences ecosystem in Massachusetts as well, which is also facing federal funding threats. Governor Healey's DRIVE Initiative is an important part of that conversation, and we encourage policy makers to continue to find ways creative ways to support the life sciences economy. Many hospitals in the state not only provide important care to their patients but also are provide cutting edge research that discovers the next generation of cures and treatments for patients here in Massachusetts and across the nation. These future cures and treatments are also at risk due to uncertainty at the federal level.

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 Massachusetts providers, we continue to face workforce shortages across both clinical and non-clinical roles. To improve recruitment and retention, we have expanded our recruitment capacity by adding recruiters, enhancing marketing outreach, and participating in numerous career fairs. We now take a systemwide approach to hiring for these roles. We talk to applicants about the breadth of opportunities for roles type across Mass General Brigham, not just the one they applied for. This has allowed us to build stronger candidate pipelines and more effectively match talent with organizational needs.

To address nursing shortages in certain geographies and disciplines, we have increased the hiring of new graduate nurses, providing them with robust residency programs to reduce vacancy rates and build the next generation of nurses. We have partnered with external training providers through the federal government's Good Jobs Challenge to create pathways into healthcare for Personal Care Assistants (PCAs) and Medical Assistants. In addition, we collaborated with Bunker Hill Community College to launch surgical technologist and radiologic technologist training programs. We have also partnered with the University of Massachusetts Boston to expand its nursing program. Mass General Brigham committed \$10 million in funding that the University of Massachusetts of Boston matched. These funds helped to recruit 400 nurses from local communities into programs and jobs primarily at Mass General Brigham.

In January 2024, in collaboration with Boston Mayor Wu, Boston Public Schools, Boston's Edward M. Kennedy Academy for Health Careers (EMK) Academy, and Bloomberg Philanthropies, we announced a \$37.8 million grant — the largest philanthropic investment in the Boston Public School system's history — a new partnership that will expand and transform the EMK, the City's health career-focused public high school, into a national model of career-connected learning. It will allow EMK to double in size to 800 students; add new health career pathways in surgery, medical imaging, and biotech/medical lab science to complement existing pathways in nursing and emergency services; and offer work-based learning, summer and after-school placements, and career counseling to every student. Graduates will have the

opportunity to pursue higher education or graduate straight into a well-paying career within the Mass General Brigham system.

To sustain and strengthen the healthcare workforce across Massachusetts, we recommend several systemic reforms:

- Increased funding for training programs and clinical placements – Expanded investment in workforce development programs and subsidies for students pursuing healthcare careers.
- Support for preceptor capacity – Funding for experienced clinicians who provide on-the-job training, a current bottleneck to scaling new workforce pipelines.
- Enhanced partnerships with educational institutions – Streamlined accreditation, program expansion, and alignment of curricula with real-world health system needs. Focus on course schedules that can support increased clinical placement capacity and those that support working adults and apprenticeship.
- Payment and policy reforms that support retention – Ensuring reimbursement structures recognize the costs of workforce development, while funding programs that support career advancement and employee well-being.
- Targeted efforts to recruit and retain candidates from our community, including community-based pathways and wraparound supports to reduce barriers to entry.

In addition to these systemic reforms, we also continue to advocate in support of specific bills that seek to 1) incentivize the next generation of caregivers to enter the medical profession; 2) work with the legislature to pass legislation that increased the penalties on violence against healthcare workers; 3) streamline licensure and credentialing processes and allow clinicians to more easily practice across states; 4) eliminate outdated regulatory requirements that inhibit team-based care, and 5) enable us to expand our care teams to better serve vulnerable and hard-to-reach patients in community settings. The following are among the workforce-related legislative proposals that we believe merit favorable consideration this session:

- An Act expanding loan repayment assistance for primary care physicians (HB2205/SB1385)
- An Act relative to the primary care workforce development and loan repayment grant program at community health centers (HB1410/SB891)

- An Act requiring health care employers to develop and implement programs to prevent workplace violence (HB2655/SB1718)
- An Act relative to healthcare worker and first responder safety (HB2406/SB1495)
- An Act relative to genetic counselors (HB274/SB208)
- An Act authorizing Massachusetts entry into the Interstate Medical Licensure Compact (HB2393)
- An Act relative to physician assistant interstate compact (HB2531/SB1608)
- An Act establishing the psychology interjurisdictional compact (HB2528/SB1487)
- An Act removing barriers to care for physician assistants (HB2371/SB1502)
- An Act enabling physician assistants to authorize psychiatric holds and ensure adequate training on their use (HB2206/SB1387)
- An Act relative to anesthesiologist assistants (HB2482/SB1499)
- An Act regulating surgical assistants (HB327/SB1511)
- An Act relative to health equity and community health workers (HB359/SB251)
- An Act to establish a perinatal behavioral health care workforce trust fund (HB2208/SB1411)
- An Act relative to insurance coverage of mobile integrated health (HB4336)

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?*

Prior authorization is one of the major contributors to administrative burden for clinicians and it also has consequences for patient care. Prior authorization often delays patient access to necessary care or leads to treatment abandonment, thereby worsening health outcomes and putting patients at risk. State policies aimed at streamlining prior authorization would benefit both patient and clinician satisfaction. Specifically, we recommend policies that address the following principles with regard to allowing prior authorization:

- Rare: Reserved for services and pharmaceuticals where there is a demonstrated need due to over utilization or a serious safety concern.
- Transparent: Publishes its process for patients and clinicians.

- **Standardized:** Align with a universal set of information and submission criteria to enable the efficient processing of authorizations by both payers and health systems focusing on reducing unnecessary care instead of on paperwork and administrative burden. Consider requiring providers and payers to use the same health information technology to manage prior authorization. For example, many providers already have the same medical record platform that has a prior authorization module that all payers could use instead of building their own systems.
- **Timely:** Prior authorization decisions should take place within 24 hours for urgent issues and a few days for not urgent matters.
- **Accountable:** Statistics should be made available on how well deadlines on prior authorization are met, number of appeals overturned, when clinical staff regularly meets criteria for prior authorization, and gold-carding processes should be in place.
- **Trackable:** Provide a real-time tracking system for patients and clinicians to track the status of a prior authorization request via phone or web-based format.
- **Accessible:** Clinicians schedules are busy, and they do not have time to wait on the phone for 30 minutes or have the flexibility to meet last minute when that would mean cancelling on a patient. In addition, patient care is occurring seven days a week; health plans who operate prior authorization processes should be required to staff 24/7 and 365 days a year to address urgent needs.
- **Expert Opinions:** Decisions regarding prior authorizations should be made by appropriate clinicians with expertise in the appropriate field of medicine.

In addition to prior authorization, there are other areas of payer-provider operations that have high degrees of variability with low value-add, increasing costs and administrative burden. We recommend that a panel is established to evaluate standardizing protocols across commercial and MassHealth plans, focused on:

- 1) Quality measures in pay for performance contracts
- 2) Provider credentialing
- 3) Claims appeal standards and timeliness

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?

In May 2025 we announced a \$400M investment in primary care to continue to enhance primary care at Mass General Brigham.

As part of that initiative we have transformed our ambulatory, population health-based care coordination efforts. The program formerly called Integrated Care Management Program (iCMP) is now called CARE Compass- an enhanced clinical program that meets patients physically where they are to ensure they receive the right care, at the right time, in the right place. Our new program utilizes regional, primary care-based multi-disciplinary teams made up of nurses, social workers, pharmacists and complex care coordinators, who work together with our primary care teams to ensure the highest-quality care and best outcomes for our patients. We focus on preventive, holistic complex care management to keep patients healthy and at home. Our clinical team members now support patients in the emergency department, inpatient, community, and home settings to ensure we are providing longitudinal care across settings, while maintaining a strong team presence in the primary care practice. CARE Compass supports all of our ACO populations (Medicaid, Commercial and Medicare) and connects to additional population health programming related to central quality and equity support, condition-specific programming, post-discharge follow-up etc. We are implementing rigorous metrics of performance, with a focus on reducing unnecessary inpatient admissions, readmissions and emergency department visits. A key component of this model is expanded behavioral and mental health access across our Primary Care network, both in terms of embedded resources, as well as night and weekend access.

We have also embarked on a comprehensive, clinician-driven process aimed at identifying challenges and developing and scaling solutions to improve adult primary care. It focuses on five areas:

- **Technology & Innovation:** Mass General Brigham has leveraged the latest technological solutions to ease the administrative burden on clinicians. Ambient documentation is now available to all primary care physicians and Advanced Practice Providers (APPs), and over 92% are utilizing it. In addition to supporting more human-centered care delivery, clinicians surveyed shared that they have been able to reclaim time and establish a better work-life balance.

- **Staffing Support in our Ambulatory Practices:** Mass General Brigham has embedded additional support resources in our ambulatory practices – including adult Primary Care – as guided by our Clinician Experience work. After completing a cross-practice assessment this Spring, Mass General Brigham created an additional 180 primary care support staff roles across our system including Medical Assistants, Medical Access Coordinators, Resource Specialists, Clinical Social Workers, and more. Dedicated recruiting resources and innovative strategies enabled us to fill 77% of these new positions within four months. Mass General Brigham has redefined the scope of responsibilities and standardized competencies for key roles. We also continue to provide incremental funding to support the recruitment and retention of APPs in our primary care and specialty care ambulatory practices.
- **Prescription Refills and Prior Authorizations:** Mass General Brigham has expanded successful medication management programs across the system to alleviate the burden prescription refills and prior authorizations place on Primary Care Physicians. Mass General Brigham has hired more than 40 Medication Access Coordinators to manage this work. We launched a centralized GLP-1 Prior Authorization Hub, our first medication-class-based Hub to manage the increasing volume of GLP-1s. This work has led to improved turnaround times for refill requests, decreased inbox volumes, and increased satisfaction for providers and patients.
- **Specialty Access:** Recognizing that specialty care access is a critical need for both patients and referring primary care clinicians, we created a Specialty Access Taskforce that is charged with providing recommended strategies to improve bi-directional access between primary care and specialty care. Additionally, we made some changes to the eConsults program this year to ensure its long-term sustainability. eConsults help offset low acuity in-person visits, reduce ambulatory wait-times, and improve patient access to specialty care. The changes we made will enable eConsults to be a valuable tool for primary care clinicians into the future.
- **Direct Clinician Support:** Our system is taking steps to ensure that patients have access to high-quality care when there is a temporary coverage gap, while not overburdening clinicians. We have expanded our float pool programs to cover leaves of absences, vacancies and other extended needs. In this model, a dedicated pool of providers "float" between multiple locations and are

dispatched to a practice on any given day based on need. We also continue to invest in and expand remote In-Basket support programs as another solution for providing coverage for leaves and vacations in addition to alleviating the administrative demands on PCPs and improving the patient experience. Last, Mass General Brigham Medical Group will continue to expand its “Primary Care Connect” program to support leaves, vacancies, and continuity for primary care patients.

With regard to mental health, mental health providers are being embedded in our Primary Care settings, with particular emphasis at our Community Health Centers. We have expanded our ability to deliver collaborative care via a partnership with Concert Health to integrate licensed behavioral health clinicians and psychiatric consultants into primary care teams. This model allows patients to receive support for depression, anxiety, and related conditions within the primary care setting, reducing wait times and improving coordination between physical and mental health care.

Efforts have also been made to enhance Mass General Brigham Health Plan benefit designs to include expanded behavioral health coverage, women’s health programs, virtual options, and care coordination services, which helps reduce individual costs and improves continuity of care across all primary care service providers.

Finally, we have recently announced two innovative partnerships to help address the primary care shortage and meet the needs of our patients. We have partnered with CVS MinuteClinic® to expand access to community-based primary care services across Massachusetts, pending regulatory review. Through this affiliation patients seeking to establish a primary care provider will have access to 37 MinuteClinic locations and more than 80 primary care providers statewide. Each site will offer APP-led, longitudinal care with extended evening and weekend hours. APP-led care has been shown to have a positive impact on patient satisfaction, waiting times, control of chronic disease, and cost-effectiveness compared to usual care practices (Int J Nurs Stud Adv 2021).

This initiative is intended to improve access to preventive care and chronic disease management, reduce unnecessary emergency department visits, and support community health. This affiliation prioritizes expanding access to primary care in communities facing long wait times, limited provider availability, and persistent barriers to timely care. Each APP will support a panel of ~1,500 patients, adding

capacity for up to 120,000 adult patients statewide. This affiliation will support regions with demonstrated provider shortages and high avoidable emergency department use. By shifting low-acuity and follow-up care from hospitals to MinuteClinic sites, this will help reduce unnecessary utilization of emergency departments and improve the overall patient experience.

This care model is completely distinct from urgent care. It is a full primary care service model. Each APPs will have an assigned patient panel that they see for regularly scheduled wellness and chronic disease visits. The care team will reach out proactively as needed and maintain longitudinal relationships. Care will be supported by centralized population health tools, referral coordination, and analytics to manage panel demands. Panel sizes will be adjusted as needed to maintain quality, equity, cost efficiency, and provider/patient experience.

We have also launched Mass General Brigham Care Connect - an initiative that offers virtual primary care to patients through an AI-enabled mobile platform. Launched in September 2025, Care Connect serves as a continuity-of-care option for patients whose primary care provider (PCP) has recently left the practice and cannot be immediately replaced. Patients may choose to use Care Connect as a temporary solution while awaiting assignment to a new PCP or may opt to establish a long-term relationship with a Care Connect virtual provider. Patients will retain access to in-person primary care when needed through six strategically located physical hubs planned across the Mass General Brigham network (PC Connect). All Care Connect physicians are credentialed and fully integrated within the Mass General Brigham system including our electronic health record, ensuring coordinated, seamless care and 24/7 access for enrolled patients. Future enhancements will include same-day virtual visits for episodic needs for all patients and expanded access to long-term, panel-based primary care for those patients desiring a predominantly virtual experience.

In terms of policy changes we encourage policymakers to think more creatively about this issue, as we are in an environment where primary care physicians and health care spending is highly constrained, and yet we need to access to primary care. We suggest the following:

- Greater incentives to move toward value-based care models for primary care, including the total cost of care over time. Such models create the incentives for providers to invest in the necessary infrastructure to support coordinated care management, keep patients healthy, manage specialty care, and high-quality lower cost care.

- Invest in technology, including telehealth and AI, especially for providers that lack the resources to do so on their own. These tools can alleviate some of the administrative workload of primary care providers.
- Reduce regulatory hurdles with regards to primary care access. Given the current crisis, there should be a temporary pause in some of the existing regulatory hurdles for with regard to licensure of physicians, allied health professionals and nurses working in primary care. Also, with regard to Determination of Need applications regarding primary care services. Legislators should look for opportunities to expand scope of practices to ensure that clinical professionals are working at the top of their licenses are able to be fully contributing to care teams to expand the reach of all care providers.

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?*

According to the latest data from the Commonwealth Fund Massachusetts does not have the highest health insurance premiums. In fact, if adjusted for median income, a true measure of affordability, Massachusetts ranks among the best in the nation. Massachusetts is the 3rd lowest state in terms of health insurance premiums as a percentage of median income. This metric has been relatively stable and has not increased over time. The same is true for out-of-pocket expenses (defined as deductible and employee premium contribution). Massachusetts is the 4th lowest state in terms of out-of-pocket expenses as a percentage of median income, according to the Commonwealth Fund. This metric has also been relatively stable and has not increased over time.

Still there is always more we can do to improve access to affordable, high-quality healthcare. A major component of our strategy is making investments in primary care, which we have outlined in the previous question. Primary care is critical to transforming the healthcare system away from one that incentivizes only sick care and instead rewards preventive care and treating the whole patient. We are confident this approach will result in better outcomes and lower costs. Towards that goal we continue to work

with payers to enter into risk payment models for primary care for the total cost of care. This allows us to align incentives and provides us with the necessary funding to support team-based care and to provide the necessary coordinated care for our patients.

Another key pillar of our strategy is to focus on moving care out of our hospitals and towards ambulatory sites that are lower cost and closer to our patients' homes. Care has evolved and many services/procedures that once required hospital settings no longer do. Hospitals should be reserved for those services that are complex or for patients who truly need it. But for those that don't we need to be able to offer alternative sites and our regulatory framework should be updated to reflect that. As the Health Policy Commission's own 2023 Cost Trends Report has shown, Massachusetts lags behind other states in Ambulatory Surgery Centers (ASC). Massachusetts is ranked as the 6th lowest among all the states with regard to ASC capacity. We encourage policymakers to examine the state's existing statutory and regulatory framework, with an eye towards eliminating barriers that inhibit the development of alternative sites of care and remove barriers that impede access to care at such sites.

Question from the Office of the Attorney General

- 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	34,362
	Q2	0	19,005
	Q3	0	7,658
	Q4	0	7,399
CY2024	Q1	0	7,938
	Q2	0	8,147
	Q3	0	10,830
	Q4	0	14,009
CY2025	Q1	0	24,814
	Q2	0	28,732
TOTAL:	0	162,894	

Please note the numbers in this table have been revised from prior years and are slightly less than originally reported. The data more accurately reflect actual patient requests. Prior to November 2024, Mass General Brigham’s IT system automatically generated patient estimates when a patient had \$0 responsibility and those automatic patient estimates were included in our prior counts. Those estimates were never requested by the patient and were never sent to the patient. The table above does not include any of those automatically generated estimates in the data.