

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

March 4, 2026

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

Date of Meeting: March 4, 2026
Start Time: 10:30 AM
End Time: 12:30 PM

Primary Care Task Force Member	Present?	Vote: Approval of Minutes (Jan. 14, 2026)
Dr. Kiame Mahaniah, Co-Chair	Y	Y
David Seltz, Co-Chair	Y	Y
Senator Cindy Friedman	Y	
Representative John Lawn	Y	Y
Dr. Wayne Altman	Y	Y
Dr. Laura Black	N	A
Dr. Jennifer Blewett	N	A
Alyson Bracken	Y	Y
Michael Caljouw (designee: Colby Dillion)	Y	ab
Dr. Renee Crichlow	Y	Y
Suzanne Curry	Y	Y
Dr. Eric Dickson	N	A
Dr. Mark Friedberg	Y	Y
Dr. David Gilchrist	Y	Y
Jon Hurst	Y	Y
Dr. Stephen Martin	Y	Y
Dr. Judith Melin	Y	Y
Sarah Mills	N	A
Lora Pellegrini	Y	Y
Dr. Brenda Pring	Y	Y
Barbra Rabson	Y	Y
Dr. Ryan Schwarz	Y	Y
Christina Severin	Y	
Dr. Barbara Spivak	Y	Y
Caitlin Sullivan	Y	Y
Summary	21 Members Attended	



Proceedings

An in-person meeting of the Primary Care Access, Delivery, and Payment Task Force (PCTF) was held on Wednesday, March 4, 2025, beginning at 10:30 AM. A recording of the meeting and the meeting materials are available on the [HPC Website](#).

Participating task force members who attended virtually were Secretary of the Executive Office of Health and Human Services (EOHHS), Dr. Kiame Mahaniah (Co-Chair); Executive Director of Health Policy Commission (HPC), Mr. David Seltz (Co-Chair); Senator Cindy Friedman; Representative John Lawn; Dr. Wayne Altman; Ms. Alyson Bracken; Dr. Renee Crichlow; Ms. Suzanne Curry; Dr. Mark Friedberg; Dr. David Gilchrist; Mr. Jon Hurst; Dr. Stephen Martin; Dr. Judith Melin; Ms. Lora Pellegrini; Dr. Brenda Pring; Ms. Barbra Rabson; Dr. Ryan Schwarz; Ms. Christina Severin; Dr. Barbara Spivak; and Ms. Caitlin Sullivan. First Deputy Commissioner of Insurance Colby Dillion attended the meeting as a non-voting participant on behalf of Commissioner of Insurance Michael Caljouw.

ITEM 1: Call to Order

Task Force co-chairs, Mr. David Seltz and Secretary Mahaniah called the meeting to order at 10:38 AM, welcomed members, shared brief opening remarks and reviewed the meeting agenda.

ITEM 2: Approval of Minutes: January 14, 2026 (VOTE)

Mr. Seltz introduced approval of the minutes from the PCTF meeting on January, 14 2026. Dr. Crichlow made a motion to approve the minutes, and Dr. Friedberg seconded the motion. The minutes were approved as presented.

ITEM 3: Overview: Health Care Affordability Working Group (HCAWG)

Mr. Seltz provided an overview of the Health Care Affordability Working Group (HCAWG), established by the Healey-Driscoll administration and co-chaired by the former Secretary of Health and Human Services, Kate Walsh, and Lisa Murry, President of Citizens Bank. He explained that the HCAWG will advance proposals to address the growing health care affordability challenges affecting residents and businesses across the Commonwealth and emphasized that the HCAWG will not duplicate the work of the Task Force but will instead rely on and amplify its recommendations.

ITEM 4: February 2026 Milbank Report: *Investing in Primary Care: The Missing Strategy in America's Fight Against Chronic Disease*

Mr. Seltz reviewed key findings from the February 2026 Milbank Report, [Investing in Primary Care: The Missing Strategy in America's Fight Against Chronic Disease](#), highlighting that the evidence and report recommendations align with the recommendations discussed by the task force, including increasing primary care investment and enacting payment reform to support advanced, team-based primary care and increase workforce capacity. Following this overview, members discussed the significant impact of strong primary care systems, including reductions in outcomes in which the Commonwealth is currently underperforming compared to other states, such as avoidable emergency room and hospital utilization, hospital readmission rates, and overall system costs. Members emphasized the role of primary care providers in providing continuity of care and coordinating complex patient needs, noting that while much of this work is not directly reimbursed, it contributes to lower overall expenditures.

ITEM 5: Statutory Deliverable #4: Propose Payment Models to Increase Public and Private Reimbursement for Primary Care Services

Mr. Seltz continued the discussion to review draft recommendations for PCTF Statutory Deliverable #4 (to propose payment models to increase public and private reimbursement for primary care services) informed by key priorities for primary care payment reform discussed by members during previous PCTF meetings. He introduced the proposed framework for the draft deliverable including an introduction, a brief summary of task force deliberations on the deliverable, and the recommendations, organized by four elements: advanced primary care payment model, payment model design considerations, multi-payer implementation, and monitoring and accountability. Members expressed broad support for the direction of the draft recommendations, noting that they reflect prior task force discussions.

Members expressed strong support for payment models that move away from traditional fee-for-service reimbursement toward prospective capitated payment model to better support advanced team-based primary care. Members stressed the importance of learning from past challenges with capitated payment models to ensure that new models do not inadvertently reduce payments as care improves. Members noted that other recommendations made by the task force, including increasing primary care spend and establishing mechanisms to ensure payments flow directly to primary care practices, will help prevent repetition of previous short-falls from past capitated payment model initiatives. The importance of multi-payer alignment was underscored throughout the discussion, especially related to reducing administrative burden caused by different reporting requirements from payers.

While members agreed on the importance of supporting enhanced care capabilities, there was broad agreement to avoid overly prescriptive requirements for practices. Instead, members suggested allowing practices to have flexibility to innovate and adapt as needed to meet the unique needs of their patient population. Members raised considerations regarding the different needs of independent primary care practices and those within larger health systems, noting that independent practices may face greater financial and resource challenges that could be more easily met with a prospective payment model. Equity considerations were also a key consideration for members, particularly in relation to risk adjustment and the incorporation of social determinants of health. Members emphasized the importance of designing payment models that do not exacerbate existing disparities and that appropriately account for differences in patient populations. Members further noted important distinctions between adult and pediatric primary care, emphasizing that payment and delivery models must account for these differences. Members also suggested that the recommendations provide time for practices to transition to the new payment model to support successful implementation. Members highlighted MassHealth's Primary Care Sub-Capitation Program as a strong model on which to establish alignment for the advanced primary care payment model design, including but not limited to the payment methodology and funds flow accountability, while allowing for appropriate adjustments reflecting different patient populations and program needs.

Members raised concerns about including self-funded ERISA plans in the advanced primary care payment model. While some members urged task force recommendations support the establishment of a primary care stabilization fund to pay for primary care, others cautioned that federal law limits state regulation of ERISA plans and prohibits further provider assessments. Members suggested the task force recommend encouraging self-funded plans to participant in the payment model voluntarily.

ITEM 6: Statutory Deliverable #5: Assess the Impact of Health Plan Design on Health Equity and Patient Access to Primary Care Services

Mr. Seltz told members that discussion of PCTF Statutory Deliverable #5, to assess the impact of health plan design on health equity and access to primary care services, will take place at the next PCTF meeting and encouraged members to reach out with additional input on this deliverable in advance.

ITEM 7: Adjourn

Mr. Seltz thanked members for their comments and noted that members are strongly aligned on a vision for strengthening primary care. He stated that the next step will be for staff to incorporate feedback from the meeting into a written draft of Deliverable #4, and circulate it to members for their review, with the goal of publishing the deliverable by the statutory deadline of March 15, 2026. He reviewed the upcoming task force meeting dates and noted that the task force is reaching the end of its legislative timeline. Mr. Seltz turned the floor to Secretary Mahaniah for final remarks. Secretary Mahaniah expressed appreciation for members' contributions to the meeting and acknowledged the work to be completed to strengthen primary care in the Commonwealth after the task force completes the publication of all its deliverables. The meeting adjourned at 12:27 PM.