

# Primary Care Access, Delivery, and Payment Task Force

May 5, 2026



**MASSACHUSETTS**  
HEALTH POLICY COMMISSION



**EOHHS**

# Agenda



Call to Order



## **UP NEXT: Approval of Minutes: April 8, 2026 (VOTE)**

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

Statutory Deliverable #6: Monitor and Track the Needs of and Service Delivery to Residents of the Commonwealth

Upcoming Meeting

Adjourn

# VOTE

## Approval of Minutes from the April 8, 2026 Primary Care Access, Delivery, and Payment Task Force Meeting

### MOTION

That the Primary Care Access, Delivery, and Payment Task Force hereby approves the minutes of the meeting held on April 8, 2026, as presented.

# Primary Care Access, Delivery, and Payment Task Force Membership



**Kiame Mahaniah, MD**, Secretary of Health and Human Services, Massachusetts Executive Office of Health and Human Services

**David Seltz**, Executive Director, Massachusetts Health Policy Commission

**Senator Cindy Friedman**, Chair, Joint Committee on Health Care Financing

**Representative John Lawn**, Chair, Joint Committee on Health Care Financing

**Michael Caljouw, JD**, Massachusetts Commissioner of Insurance

**Caitlin Sullivan**, Deputy Executive Director, Health Informatics & Reporting, Center for Health Information and Analysis

**Ryan Schwarz, MD, MBA**, Chief, Office of Accountable Care and Behavioral Health, MassHealth

**Wayne Altman, MD, FAAFP**, Founder, MAPCAP (MA Primary Care Alliance for Patients); Professor and Chair of Family Medicine, Tufts University School of Medicine; Vice President, Massachusetts Academy of Family Physicians; President, Family Practice Group (The Sagov Center for Family Medicine)

**Laura Black, DNP, FNP-C**, President, Massachusetts Coalition of Nurse Practitioners; Nurse Practitioner, BrightStar Health and Wellness; Owner, Integrated Health Partners

**Jennifer Blewett, DSW, LICSW, DCSW, CGP**, Clinician and Assistant Director for Community Outreach and Engagement, West End Clinic, Department of Psychiatry, Massachusetts General Hospital; Member, Massachusetts State Board, National Association of Social Workers

**Alyson Bracken, PA-C, MPH**, Senior Manager, Primary Care Center of Excellence, Brigham and Women's Hospital

**Renee Crichlow, MD, FAAFP**, Chief Medical Officer, Codman Square Health Center; Vice-chair of Health Equity, Department of Family Medicine, Boston University

**Suzanne Curry**, Director of Policy Initiatives, Health Care For All

**Eric Dickson, MD, MHCM, FACEP**, President and CEO, UMass Memorial Health; Former Board Chair, Massachusetts Health & Hospital Association

**Mark Friedberg, MD, MPP**, Senior Vice President, Performance Measurement & Improvement, Blue Cross Blue Shield of Massachusetts

**David Gilchrist, MD, MBA, FAAFP**, Past President, Massachusetts Academy of Family Physicians

**Jon Hurst**, President, Retailers Association of Massachusetts

**Stephen Martin, MD, EdM, FAAFP, FASAM**, Professor, Department of Family Medicine and Community Health, UMass Chan Medical School; Staff Physician, Barre Family Health Center

**Judith Melin, MA, MD, FACP**, Governor, Massachusetts Chapter of the American College of Physicians; Internal Medicine, Beth Israel Lahey Health

**Sarah Mills, MPH**, Vice President of Government Affairs, Associated Industries of Massachusetts

**Lora Pellegrini, JD**, President and CEO, Massachusetts Association of Health Plans

**Brenda Anders Pring, MD, FAAP**, President, Massachusetts Chapter of the American Academy of Pediatrics; Pediatrician, Beth Israel Deaconess Medical Center; Chief Medical Officer, Essential Pediatrics; Instructor Harvard Medical School

**Barbra G. Rabson, MPH**, President and CEO, Massachusetts Health Quality Partners

**Christina Severin**, President and CEO, Community Care Cooperative

**Barbara Spivak, MD**, Past President, Massachusetts Medical Society; Internist, Watertown

# Completed PCTF Statutory Deliverables



DELIVERABLE		STATUTORY DEADLINE
	1 Define primary care services, codes, and providers (complete)	September 15, 2025
	2 Develop a standardized set of data and reporting requirements for private and public payers, providers and provider organizations	September 15, 2025
	3 Establish a primary care spending target for private and public health care payers that reflects the cost to deliver evidence-based, equitable and culturally competent primary care (complete)	December 15, 2025
	4 Propose payment models to increase public and private reimbursement for primary care services	March 15, 2026
	5 Assess the impact of health plan design on health equity and patient access to primary care services	March 15, 2026
	6 Monitor and track the needs of and service delivery to residents of the Commonwealth	May 15, 2026
	7 Create short-term and long-term workforce development plans to increase the supply and distribution of and improving working conditions of primary care clinicians and other primary care workers	May 15, 2026

# Agenda



Call to Order

Approval of Minutes: March 4, 2026 (VOTE)



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

Statutory Deliverable #6: Monitor and Track the Needs of and Service Delivery to Residents of the Commonwealth

Upcoming Meeting

Adjourn

## Statutory Deliverable #5: Assess the impact of health plan design on health equity and patient access to primary care service

- Pursuant to Chapter 343 of the Acts of 2024, the PCTF is charged with reporting findings and recommendations to the Massachusetts legislature to **assess the impact of health plan design on health equity and patient access to primary care services.**
- The PCTF Co-Chairs have developed a proposed draft of this deliverable for discussion, including:
  - An Introduction
  - Summary of Task Force Deliberation of Statutory Deliverable #5
  - Task Force Recommendations
  - Summary of HPC Findings: Trends in Cost Sharing and Opportunities to Improve Benefit Design in Massachusetts

- **Health care affordability ranks as a top concern** among Massachusetts residents.<sup>1</sup>
- As health care costs continue to rise, **growth in health insurance premiums and cost sharing** – two key features of health insurance benefit design – **is straining household budgets.**<sup>2</sup>
- If these costs pose a financial challenge, consumers may **forgo care, incur medical debt, or cut back on other necessities.**
- Efforts to constrain or reduce cost sharing **should be paired with policy reforms to address the underlying drivers of health care spending** to ensure that premiums do not increase.
- As part of this recommendation for [Statutory Deliverable #4](#), the PCTF advised that **there is an opportunity to pair primary care payment reform with changes to commercial health plan benefit design**, such as patient cost sharing, particularly to “improve patient access and experience.”

1. Blue Cross Blue Shield of Massachusetts. Massachusetts residents cite high costs as the most important issue in health care. Mar 20, 2024. Available at: <https://newsroom.bluecrossma.com/2024-03-20-MASSACHUSETTS-RESIDENTS-CITE-HIGHCOSTS-AS-THE-MOST-IMPORTANT-ISSUE-IN-HEALTH-CARE>

2. Insurers' approved rate increases in the individual and small group markets averaged 11.5% for 2026. See: <https://www.mass.gov/info-details/2026-healthinsurance-rates#final-merged-market-rates-effective-for-2026/>. Massachusetts family premiums were highest in the U.S. in 2024 at \$28,151 annually. See <https://datatools.ahrq.gov/meps-ic/>

- At the PCTF Data and Research Workgroup meeting on [November 18, 2025](#), workgroup members reviewed key findings and policy recommendations from the Health Policy Commission (HPC) [2025 Health Care Cost Trends Report](#).
- At the PCTF meeting on [April 8, 2026](#) the full task force membership was also briefed on key findings and policy recommendations from the HPC's research. After the presentation, task force members engaged in discussion about the impact of cost sharing (co-pays and deductibles) on patient access to primary care services, with members noting:
  - Experiences of **consumers rationing care** for themselves and/or their families due to cost sharing.
  - The **inverse relationship between cost sharing and premiums** and difficult trade-offs
  - **High underlying health care spending trends** have increasingly resulted in individuals and employers selecting high-deductible health plans (which are subject to federal requirements)
  - Some payers are implementing innovative plan designs that **redistribute cost sharing from deductibles to copays**.

The Commonwealth should continue its efforts to improve health care affordability, including addressing the underlying growth in health care spending, and should promote health plan benefit designs that minimize barriers to primary care, are consumer-friendly, and are less burdensome for providers.

- **Cost sharing design should encourage patient use of primary care.** To encourage and empower patients to access primary care when needed and discuss medical concerns with their primary care providers, deductibles and co-insurance for primary care services should be minimized, and redistributed in the form of predictable, episode-based copayments. In addition, plans should minimize cost sharing for services commonly associated with a preventive care visit (e.g., labs, imaging) and integrated behavioral health in alignment with the Massachusetts Health Connector Authority's efforts and federal requirements. The Legislature should consider requiring carriers to prohibit cost-sharing for services covered by the advanced primary care payment model.

- **Plan design should minimize patient and provider administrative burden.** In addition to considering the patient user experience, plan designs should aim to reduce administrative burdens on primary care providers, by reducing prior authorization for primary care services (in line with DOI guidance), reducing and standardizing prior authorization requirements for other services, and easing referral management. Further recommendations for reducing administrative burden and complexity will be addressed in Statutory Deliverable #7 (create short-term and long-term workforce development plans to increase the supply and distribution of and improve the working conditions of primary care clinicians and other primary care workers).
- **Efforts to reduce cost sharing must be coupled with measures to reduce overall health care costs.** To ensure that consumer-friendly reforms to cost sharing benefit design do not increase premiums or the total cost of care, they should be paired with reforms that address health care costs and health care affordability.

# Primary Care Task Force Statutory Deliverables



DELIVERABLE		STATUTORY DEADLINE
✓ 1	Define primary care services, codes, and providers (complete)	September 15, 2025
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✓ 3	Establish a primary care spending target for private and public health care payers that reflects the cost to deliver evidence-based, equitable and culturally competent primary care (complete)	December 15, 2025
✓ 4	Propose payment models to increase public and private reimbursement for primary care services	March 15, 2026
<b>5</b>	<b>Assess the impact of health plan design on health equity and patient access to primary care services</b>	<b>March 15, 2026</b>
6	Monitor and track the needs of and service delivery to residents of the Commonwealth	May 15, 2026
7	Create short-term and long-term workforce development plans to increase the supply and distribution of and improving working conditions of primary care clinicians and other primary care workers	May 15, 2026

# Agenda



Call to Order

Approval of Minutes: April 8, 2026 (VOTE)

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



**UP NEXT: Statutory Deliverable #6: Monitor and Track the Needs of and Service Delivery to Residents of the Commonwealth**

Upcoming Meeting

Adjourn

# Primary Care Task Force Statutory Deliverables



DELIVERABLE		STATUTORY DEADLINE
	1 Define primary care services, codes, and providers (complete)	September 15, 2025
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<b>6</b>	<b>Monitor and track the needs of and service delivery to residents of the Commonwealth</b>	<b>May 15, 2026</b>
	7 Create short-term and long-term workforce development plans to increase the supply and distribution of and improving working conditions of primary care clinicians and other primary care workers	May 15, 2026

## Statutory Deliverable #6: Monitor and track the needs of and service delivery to residents of the Commonwealth

- Pursuant to [Chapter 343 of the Acts of 2024](#), the PCTF is charged with reporting findings and recommendations to the Massachusetts legislature to **monitor and track the needs of and service delivery to residents of the Commonwealth.**
- The co-chairs are developing a proposed draft of this deliverable for submission, including:
  - An Introduction
  - A summary of task force deliberations for Statutory Deliverable #6
  - Analysis of existing infrastructure in the commonwealth to monitor and track service delivery needs
  - Task force recommendations

## CHIA in partnership with MHQP

- **CHIA**, in partnership with **Massachusetts Health Quality Partners (MHQP)** developed the **Massachusetts Primary Care Dashboard**.
- The dashboard is updated regularly and includes metrics across the following domains: **Finance, Capacity, Care, Access, Equity**.
- The next edition of the dashboard will be released in **June 2026**.

## Department of Public Health

- **The Massachusetts Department of Public Health (DPH)** operates programs to support the health care workforce, provide public data and information, and assess the needs of and access to primary care, including: the **State Health Assessment (SHA)** and **State Health Improvement Plan (SHIP)**, the **Primary Care Needs Assessment (PCNA)**, and the **Health Professional Shortage Designations**.

## Health Policy Commission

- Pursuant to [Chapter 343 of the Acts of 2024](#), the HPC's **Office of Health Resource Planning (OHRP)** is responsible for developing a **State Health Resource Plan**, which will provide a broad overview of supply, capacity, utilization, and need across several service and provider types, including primary care.

- Massachusetts has **the necessary authority and infrastructure in place to monitor primary care needs and utilization.**
  - DPH and HPC are explicitly charged with undertaking assessments of primary care supply, capacity, need, and utilization.
  - Both agencies, along with CHIA and MassHealth, have prioritized assessments of primary care access and utilization in the context of their work.

**The Commonwealth lacks uniform access standards** (e.g., drive times, wait times) to serve as normative guidelines for such assessments, and against which the agencies can assess access patterns regionally and over time.

➤ **Massachusetts has datasets that help measure the supply of primary care providers**, including:

- Massachusetts Registration of Provider Organizations (MA-RPO) dataset
- MHQP Massachusetts Provider Database
- Other federal datasets

➤ The MA-RPO dataset captures information on **physicians, Advanced Practice Providers, and select behavioral health clinicians** and includes important variables such as:

- Site(s) of practice
- Medical group and system affiliation
- PCP status, pediatrician status
- License number and NPI for linking

Primary care supply datasets allow the Commonwealth to estimate PCP counts by geography but **often lack critical detail on provider capacity** (e.g., FTE estimates, patient panel sizes, wait times).

These datasets also may not capture providers working in **concierge or direct primary care models**, which may undercount actual supply levels.

- **Massachusetts has robust data assets for measuring primary care utilization and some elements of access**, such as:
  - The All-Payer Claims Database
  - The Massachusetts Health Insurance Survey
  - Several federal data assets
  
- **CHIA's uniform methodology for defining primary care services can be leveraged to assess utilization and spending on primary care.**

The Commonwealth lacks established methods for measuring **need based on population demographics and clinical profile** and for assessing the extent to which **unmet need is due to insufficient provider supply or capacity.**

## UNIFORM ACCESS STANDARDS



- The Legislature should direct the Office of Health Resource Planning, in consultation with the primary care advisory body, to develop **uniform time, distance, wait time, and provider-to-population ratio standards for primary care access.**
- Such standards would **set clear benchmarks for access** against which the Commonwealth could measure its efforts to measure its progress to improve primary care over time.
- The standards consider relevant federal and other state **standards.**

## WAIT TIMES DATA



- HPC should explore methods to **collect data on appointment wait times by provider specialty, insurance type, and office location.**
- Such data will enhance the Commonwealth's **ability to measure access against the uniform access standards** regionally and statewide, over time.

## CAPACITY AND ACCESS INDICATORS



- State agencies and other interested stakeholders should **develop methods for collecting or estimating other key indicators of primary care capacity and access**, such as:
  - Primary care provider full-time equivalent (FTE) counts
  - Patient panel size
  - Patient barriers to access
  - Efforts to collect this information should not increase administrative burden on primary care providers

## REPORTING FROM DIRECT/CONCIERGE PRACTICES



- The Legislature should **require direct and concierge primary care practices to register with the MA-RPO program**, allowing the Commonwealth to have greater transparency into:
  - Corporate structures
  - Locations where care is delivered
  - Rosters of physicians and APPs
  - Financial information of organizations.

# Agenda



Call to Order

Approval of Minutes: March 4, 2026 (VOTE)

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

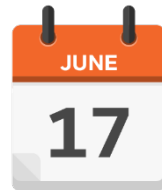
Statutory Deliverable #6: Monitor and Track the Needs of and Service Delivery to Residents of the Commonwealth



## **UP NEXT: Upcoming Meeting**

Adjourn

# Upcoming Meeting



## **Primary Care Task Force Meeting**

**Wednesday, June 17, 2026**

10:00 AM – 12:00 PM (in-person at the HPC)