MEETING MINUTES

PRIMARY CARE ACCESS, DELIVERY, AND PAYMENT TASK FORCE

May 5, 2026

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

Date of Meeting: May 5, 2026
Start Time: 2:00 PM
End Time: 4:00 PM

Primary Care Task Force Member	Present?	Vote: Approval of Minutes (April 8, 2026)
Dr. Kiame Mahaniah, Co-Chair	Y	Y
David Seltz, Co-Chair	Y	Y
Senator Cindy Friedman	A	A
Representative John Lawn	Y	Y
Dr. Wayne Altman	Y	Y
Dr. Laura Black	A	A
Dr. Jennifer Blewett	A	A
Alyson Bracken	A	A
Michael Caljouw	Y	M
Dr. Renee Crichlow	A	A
Suzanne Curry	Y	Y
Dr. Eric Dickson	A	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	Y	Y
Lora Pellegrini	Y	Y
Dr. Brenda Anders Pring	Y	Y
Barbra Rabson	Y	Y
Dr. Ryan Schwarz	Y	Y
Christina Severin	Y	2nd
Dr. Barbara Spivak	Y	Y
Caitlin Sullivan	Y	Y
Summary	**19 Members Attended**	

(M): Made motion; (2nd): Seconded motion; (ab): Abstained from Vote; (A): Absent from Meeting

Proceedings

A virtual meeting of the Primary Care Access, Delivery, and Payment Task Force (PCTF) was held on Tuesday May 5, 2026, beginning at 2:00 PM. 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); Representative John Lawn; Dr. Wayne Altman; Commissioner of Insurance Michael Caljouw; Ms. Suzanne Curry; Dr. Mark Friedberg; Dr. David Gilchrist; Mr. Jon Hurst; Dr. Stephen Martin; Dr. Judith Melin; Ms. Sarah Mills; Ms. Lora Pellegrini; Dr. Brenda Anders Pring; Ms. Barbra Rabson; Dr. Ryan Schwarz; Ms. Christina Severin; Dr. Barbara Spivak; and Ms. Caitlin Sullivan.

ITEM 1: Call to Order

Task Force co-chairs, Mr. David Seltz and Secretary Mahaniah called the meeting to order at 2:05 PM, welcomed members and members of the public viewing the livestream, shared brief opening remarks and reviewed the meeting agenda.

ITEM 2: Approval of Minutes: April 8, 2026 (VOTE)

Mr. Seltz introduced approval of the minutes from the PCTF meeting on April 8, 2026. Commissioner Caljouw made a motion to approve the minutes, and Ms. Severin seconded the motion. The minutes were approved as presented.

ITEM 3: Statutory Deliverable #5: Assess the Impact of Health Plan Design on Health Equity and Patient Access to Primary Care Service

Lois Johnson, HPC General Counsel, reviewed the proposed recommendation for Statutory Deliverable #5 (assess the impact of health plan design on health equity and patient access to primary care services), which was shared with members for review ahead of the meeting. Ms. Johnson reviewed the key elements of the deliverable: an introduction, a summary of PCTF deliberations on the deliverable, and the proposed recommendation. The proposed recommendation focuses on restructuring and reducing health plan cost sharing design to encourage patient use of primary care, minimizing patient and provider administrative burden, and coupling these efforts with measures to reduce overall health care costs.

Some members expressed concern that efforts to lower cost sharing would result in higher premiums and noted the impact of rising health care costs on employers, particularly small businesses. Members highlighted the limitations imposed by federal law and Affordable Care Act requirements, particularly for high-deductible health plans (HDHPs) and noted that HDHPs remain common due to broader affordability issues.

Other members said that reducing cost sharing, if combined with other efforts to reduce costs, such as reducing administrative complexity, does not necessarily lead to an increase in premiums. Several participants noted that primary care clinicians and staff often spend substantial unreimbursed time helping patients navigate coverage questions and estimate out-of-pocket costs, and patients often do not address health concerns with their clinician to out of fear they will be charged a co-pay or deductible. Members said efforts to remove cost sharing barriers to

primary care coupled with greater investment in primary care will lead to cost savings in the future and better health outcomes.

Members discussed the importance of ensuring that the recommendations encourage appropriate, evidence-based care, as some services and labs can be clinically inappropriate or even harmful to patients. Members also emphasized that improving health plan design alone will not solve access challenges if the Commonwealth does not address primary care workforce shortages. Members agreed that the recommendations should not contribute to increases in total health care spending and that affordability should remain a central consideration in the final deliverable.

ITEM 4: Statutory Deliverable #6: Monitor and Track the Needs of and Service Delivery to Residents of the Commonwealth

Kara Vidal, Director of the HPC's Office of Health Resource Planning (OHRP), presented the initial proposal for Statutory Deliverable #6 (monitor and track the needs of and services delivery to residents of the Commonwealth. The proposed recommendation focuses on identifying existing infrastructure for data collection that the state can leverage to improve and fill existing gaps in monitoring and tracking delivery of primary care services to residents. Examples of existing infrastructure reviewed by Ms. Vidal include the Primary Care Dashboard developed by the Center for Health Information and Analysis (CHIA) in partnership with Massachusetts Health Quality Partners (MHQP), the State Health Assessment (SHA) and State Health Improvement Plan (SHIP), the Primary Care Needs Assessment (PCNA), and the Health Professional Shortage Designations operated by the Department of Public Health (DPH), and the State Health Resources Plan being developed by OHRP. Ms. Vidal explained that the Commonwealth can leverage existing infrastructure to establish uniform access standards for assessments (e.g., drive times, wait times), to improve data collection on provider capacity (e.g., FTE estimates, patient panel sizes, and wait times), to track and measure services provided by concierge or direct primary care models, and to establish methods for measuring need based on population demographics and clinical profile and assessing the extent to which unmet need is due to insufficient provider supply or capacity.

Members agreed that leveraging existing data collection efforts and aligning data collection standards across agencies where possible to minimize administrative burden on providers is critical. Members emphasized that any monitoring framework should incorporate health equity measures, while noting that unmet primary care need extends beyond traditionally underserved populations, and may also affect middle-income and higher-income communities due to provider shortages. Members also agreed that that multiple measures may be necessary to fully understand workforce capacity and access challenges. Members suggested including additional measures, including secret shopper studies to better understand appointment wait times, measuring continuity of care, and assessment of unnecessary or avoidable care visits.

ITEM 5: Upcoming Meeting – June 17, 2026

Mr. Seltz described the process for refining Deliverables #5 and #6 and Deliverable Statutory Deliverable #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) which will be discussed at the next scheduled PCTF meeting on Wednesday, June 17, 2026, which will be in-person at the HPCs offices. PCTF leadership is assessing if additional meetings will be necessary.

ITEM 6: Adjourn

The Secretary providing closing remarks, thanking PCTF for their participation in the challenging work of the task force. The meeting adjourned at 3:55 PM.