

Primary Care Access, Delivery, and Payment Task Force

June 17, 2026



Agenda



Call to Order



UP NEXT: Approval of Minutes: May 5, 2026 (VOTE)

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

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

Primary Care Task Force Next Steps

Adjourn

VOTE

Approval of Minutes from the May 5, 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 May 5, 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, Director of Medicaid and Assistant Secretary for 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

Agenda



Call to Order

Approval of Minutes: May 5, 2026 (VOTE)



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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

Primary Care Task Force Next Steps

Adjourn

Primary Care Task Force 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

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 Primary Care Task Force (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 have developed a recommendation for this deliverable, including:
 - An introduction
 - A summary of task force deliberations on Statutory Deliverable #6
 - Recommendations
 - An analysis of existing infrastructure in the Commonwealth to monitor and track service delivery needs

- As the Commonwealth considers increasing the share of health care spending on primary care, **it is imperative that it has the ability to monitor and track the primary care needs of and service delivery to residents** so that providers, payers, and policymakers can direct investments **to the geographies and communities with greatest unmet need.**
 - In this deliverable, the PCTF evaluates the Commonwealth's current ability to undertake such assessments and **makes recommendations to strengthen the available tools and data assets.**
- Massachusetts has the **necessary authority and infrastructure** in place to monitor primary care needs and utilization through the Department of Public Health (DPH), the HPC's Office of Health Resource Planning (OHRP), the Center for Health Information and Analysis (CHIA), and MassHealth.
 - These agencies should **engage in ongoing collaboration and coordination** to ensure alignment and prevent duplication of efforts.
- Massachusetts has **robust data assets** for measuring primary care supply and access, including: (1) All-Payer Claims Database (APCD); (2) Massachusetts Health Insurance Survey (MHIS); (3) Public Health Data Warehouse; (4) Massachusetts Registration of Provider Organizations (MA-RPO) dataset; and (5) Federal and private data assets.
 - Additional data on provider capacity and patient access (e.g., FTE estimates, patient panel sizes, wait times) is necessary to quantify the gap between supply and need.

- **Health Planning Focused Assessment.** The HPC Office of Health Resource Planning (OHRP) should build on the Commonwealth's existing efforts, using available data and seeking new data assets, to conduct a focused assessment of primary care need, supply, and access.
- **Capacity and Access Indicators.** State agencies and other interested stakeholders should **identify evidence-based methods for collecting or estimating other key indicators of primary care capacity and access** (e.g., primary care provider full-time equivalent (FTE) counts and patient panel size, as well as data on after-hours care and language accessibility).
- **Wait Times Data.** OHRP should **collect data and report on appointment wait times.** Data should be segmented by provider specialty, insurance type, and office location. Such data will enhance the Commonwealth's ability to assess access against OHRP's access standards regionally and statewide, over time.
- **Primary Care Employment and Ownership Reporting.** The Commonwealth should prioritize capturing and reporting information on primary care employment and ownership information to **more closely track trends in private equity acquisitions, concierge medicine, and direct primary care.**

Deliverable #6 will be finalized and available online shortly.



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	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



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Approval of Minutes: May 5, 2026 (VOTE)

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









UP NEXT: 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

Primary Care Task Force Next Steps

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Primary Care Task Force Statutory Deliverables



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Statutory Deliverable #7: Create Short-Term and Long-Term Workforce Development Plans and Improve Working Conditions

- Pursuant to [Chapter 343 of the Acts of 2024](#), the PCTF is charged with reporting findings and recommendations to the Massachusetts legislature to **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.**
- The co-chairs have developed a recommendation for this deliverable, including:
 - An introduction
 - A summary of discussions from the PCTF Workforce Workgroup
 - Recommendations, including:
 - To increase spending for primary care and reform primary care payment
 - Reduce sources of administrative burden and burnout for primary care clinicians
 - Support team-based care models and improve care coordination
 - Strengthen the primary care provider pipeline and workforce retention

- In January 2025, the HPC published a special report on primary care workforce, access, and spending trends, [*A Dire Diagnosis: The Declining Health of Primary Care in Massachusetts and the Urgent Need for Action*](#), which calls attention to the **numerous challenges affecting the well-being and sustainability of the Commonwealth's primary care workforce** impacting providers and patients.
- The report states that primary care physicians **experience lower pay compared to specialist physicians and high levels of administrative burden requiring a substantial amount of work outside of regular hours**. These factors:
 - Discourage medical students from choosing to go into primary care;
 - Drive current physicians to reduce their hours or leave practice altogether; and
 - Negatively impact the provider pipeline, increase patient panels, and reduce patient access to timely primary care.
- Nurse practitioners (NPs) and physician assistants (PAs) are subject to the same payment and administrative burden challenges, and the same disincentives to enter or remain in the field.
- As employers, community health centers (CHCs) face an exacerbated version of these challenges.

Workforce Workgroup Member Reflections: Deliberation on Deliverable #7



Sources of Administrative Burden and Suboptimal Working Conditions

Reflections on sources of administrative burnout including prior authorization, quality measure reporting, credentialing, and more.



Barriers to Implementing Team-Based Care Models, Care Coordination, and Behavioral Health Integration

Reflections on strengthening primary care practices' ability to implement team-based based care models, enhance care coordination, and reinforce behavioral health integration.



Strengthening the Primary Care Provider Pipeline and Workforce Retention

Reflections on reducing barriers to practice, including those for advanced practice providers, and increasing workforce retention.

Primary Care Task Force Recommendation: Statutory Deliverable #7

The PCTF recommends the Massachusetts Legislature, state agencies, public and private payers, and health care delivery organizations take the following actions to bolster, increase, and improve working conditions for the primary care workforce.

- **Increase Spending for Primary Care and Reform Primary Care Payment.** A core driver of many of the primary care workforce challenges is that the current health care system generally undervalues and overburdens primary care.
 - To address this foundational imbalance, the PCTF reiterates its baseline recommendation put forth in [Statutory Deliverable #3](#) and [Statutory Deliverable #4](#) for **increased spending for primary care and the deployment of aligned, multi-payer primary care payment models.**
 - Together, these policies will enable practices to build and sustain team-based care delivery approaches, reduce administrative burden, and to adequately support the current workforce and increase the workforce pipeline for the future.
- As the Commonwealth considers increasing investment and reforming payment for primary care, it must also **prioritize additional complementary efforts to address primary care workforce challenges.**

PCTF Statutory Deliverable #7 Recommendation: Reduce Sources of Administrative Burden and Burnout for Primary Care Clinicians



Reducing sources of administrative burden and burnout for primary care clinicians is critical for improving working conditions, increasing provider capacity, and driving down administrative costs. The PCTF makes the following recommendations to ease identified sources of administrative burden:

- **Credentialing Process.** The Legislature should authorize the establishment of a unified credentialing authority to make the process quicker and less resource intensive for providers.
- **Referral Practices.** Health plans should issue, and update regularly, clear and transparent guidelines to providers on appropriate use of referrals in order to reduce unnecessary referral requests.
- **Prior Authorization.** While prior authorization, when appropriately applied, remains a useful measure for ensuring the delivery of needed, efficient care, the PCTF also recommends the Legislature support efforts to streamline prior authorization, including reducing prior authorization requirements for routine, evidence-based services ordered by primary care providers.
 - The PCTF supports the recent **Division of Insurance (DOI) regulatory changes**, which went into effect on June 5, 2026, and limit the use prior authorization to reduce administrative waste and increase transparency. The ongoing implementation, monitoring, and enforcement of these regulatory changes is critical to ensure it achieves its intended goal.

PCTF Statutory Deliverable #7 Recommendation: Reduce Sources of Administrative Burden and Burnout for Primary Care Clinicians



- **Claims Submission Practices.** The PCTF supports the **updates to DOI's regulation to improve claims submission practices**, which, allow insurers to promote financial incentives to providers to reduce the submission of inappropriate and duplicate claims. DOI should continue its efforts to **direct insurers to address high administrative denial rates and expand outreach** to providers, with the use of targeted data analysis, to better streamline claim submission processes.

- **Pay for Performance Quality Measures.** The PCTF supports the efforts of the new Statewide Quality Advisory Committee (SQAC) and makes the following recommendations to promote quality measure reporting requirements that are **more meaningful and patient-centered and less burdensome**:
 1. Prioritize quality measures for clinical outcomes that focus on improvement rather than on absolute numbers (e.g., decrease in blood pressure).
 2. Include patient experience measures in quality reporting.
 3. Ensure adequate expert clinician and health plan representation on technical advisory groups (TAGs) advising the SQAC.
 4. Payers should align and standardize quality measure and reporting requirements as defined by the mandatory, *statewide quality measure set* (SQMS) endorsed by the SQAC
 5. Define a clear pathway to moving all quality measures to Electronic Clinical Quality Measures (eCQM) no later than 1/1/2030.

PCTF Statutory Deliverable #7 Recommendation: Reduce Sources of Administrative Burden and Burnout for Primary Care Clinicians



- **Artificial Intelligence.** As use of Artificial Intelligence (AI), is expanding in clinical settings, there are early indicators that it presents an opportunity for positive impact, including taking on certain administrative tasks.
 - However, strategic action is necessary to **provide guardrails ensuring that use of AI delivers meaningful change** in primary care and **protects against potential unintended consequences**.
 - Specifically, the PCTF recommends that the Commonwealth take the following actions to support primary care practices to ethically implement AI tools to improve workflows and enhance care delivery:
 1. Establish a state advisory body to develop clear standards and best practices for the evaluation and oversight of the use of AI in health care in the Commonwealth.
 2. Consider explicit pathways in the advanced primary care payment model recommended in [Statutory Deliverable #4](#) for asynchronous, continuous, AI-supported care, including to support preventive care and care coordination.

PCTF Statutory Deliverable #7 Recommendation: Support Team-Based Care Models and Improve Care Coordination



The PCTF recommends the following actions to support primary care practices to effectively implement team-based care models and behavioral health integration, support non-licensed professionals in the primary care workforce, and measure use of the direct primary care model:

- **Support Team-Based Care Models and Behavioral Health Integration in Primary Care.** Payers should shift away from fee-for-service payment models to prospective, capitated Per Member Per Month (PMPM) payment models for primary care to **provide the financial stability to primary care practices necessary** to implement care delivery transformation, behavioral health integration, and leverage team-based care models. (See [Statutory Deliverable #4](#))
- **Improve Support and Integration of Non-Licensed Professionals to Address Health-Related Social Needs.** The Commonwealth should support training and workforce development opportunities and **promote appropriate financial compensation for the non-licensed professional workforce**, including community health workers, patient navigators, peer specialists, and other non-licensed professionals. Primary care payment models should encourage practices to integrate these professionals into care teams to address social determinants of health, support clinicians, and improve care coordination.

PCTF Statutory Deliverable #7 Recommendation: Strengthen the Primary Care Provider Pipeline and Workforce Retention



Reducing barriers to practice, including those for advanced practice providers, is of particular importance for underserved areas and populations. The PCTF recommends the following actions to increase the primary care provider pipeline:

- **Medicaid Graduate Medical Education Funding for Primary Care.** The Legislature should consider **new appropriations to resume Medicaid funding for graduate medical education (GME)** with a specific focus on training for primary care clinicians in community-based settings, including community health centers.
- **Expand Family Medicine Residency Programs and Support for Nursing Preceptorships.** The Commonwealth should work with large health systems, academic medical centers, and community-based settings to **expand the number of family medicine residencies**. The Commonwealth should implement investments and initiatives that support health care education in the wake of recent federal policy changes to student loans.
- **Increase Workforce Diversity.** The Commonwealth should invest in state and/or payer supported employer-academic partnership programs that **off-set the cost of tuition for undergraduate students or entry level primary care staff from low-income and/or historically underserved communities** to earn their master's or doctoral degree and pursue licensure.

PCTF Statutory Deliverable #7 Recommendation: Strengthen the Primary Care Provider Pipeline and Workforce Retention



- **Provide Sustainable Support for Workforce Development** Payers should consider providing supplemental or bundled payments for community practices (in addition to PMPM) **dedicated to workforce needs**.
- **Improve Retention of AAPs in Primary Care.** Care delivery organization should ensure internal policies enable **the fullest use of primary care NPs**, and that payer and care delivery organizations are aligned on requirements to facilitate full independent practice and reimbursement for APRNs. Massachusetts should create pathways to **ensure PAs can continue delivering services in their primary care setting within their full scope of practice**, even during times that their supervising physician has decided to leave the primary care setting.
- **Invest in Rural Health Training** Investment in training focused on strengthening and increasing a sustainable workforce in the Commonwealth's rural communities is critical for improving health care access and patient outcomes in underserved areas. The state should continue to prioritize the use of federal funding from the **Rural Health Transformation Fund** to support the primary workforce practicing in rural communities.
- **Use of Fair Share Revenue for Health Care Education.** The PCTF recommends that the Legislature consider designating a portion of Fair Share tax revenue dollars for public educational initiatives designed to expand the pipeline for the health care workforce, including primary care, nurses, and the workforce for community-based and behavioral health care.

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UP NEXT: Primary Care Task Force Next Steps

Adjourn

Primary Care Task Force: Next Steps and Reflections

- **Thursday, June 18, 2026:** Senate debate on S.3116, *An Act relative to primary care for you*
- **Next Week:**
 - The PCTF Co-Chairs will finalize and publish Statutory Deliverable #6.
 - Updated draft of Statutory Deliverable #7 will be distributed to members for final review. Feedback from members via email is welcome.
- **June-July 2026:**
 - The PCTF Co-Chairs will finalize and publish Statutory Deliverable #7.
 - The PCTF Co-Chairs and HPC staff will develop a compendium of all seven Statutory Deliverables to publish and submit to the Legislature.

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UP NEXT: Adjourn