

Good morning, Commissioners and colleagues. My name is Katherine Gergen Barnett and I am a family medicine physician. For the past twenty years, I have had the honor of caring for patients at Boston Medical Center and training the next generation of physicians. The words that I am sharing today are shaped by the stories of my patients and the direct insights I have from my decades on the front lines of primary care and, while these are deeply shaped by Boston Medical Center, I am speaking today in my own capacity and not as a representative of BMC.

Serving as a family medicine physician is a true gift. I have patients as young as a few weeks old whom I have cared for while they were in utero, multi-generation families where I learn the family history of illness and strength and love and trauma not just from questions asked but through my care for each member of the family, I have patients whom I have shepherded into hospice and those who have crawled back onto the shores of wellness from sickness. Practicing at the largest safety net hospital in New England poses its own set of opportunities and challenges but, until recently, it has been a deeply rewarding profession.

However, the path to providing high quality, whole person primary care built on continuity and trust is in grave danger. Today, I would like to speak to two of the gravest dangers facing the health of citizens of Massachusetts. The first is

access, payment, and burnout in primary care and the second is the looming crisis of Medicaid enrollment.

As many of you know, studies consistently show a relationship between better primary care and improved health outcomes, including lower all-cause mortality, heart disease mortality, stroke mortality, infant mortality, and increased life expectancy. However, access to this foundation of health is crumbling. In Massachusetts, the percentage of residents with a usual source of care has dropped from 88% before the pandemic to just 83% in 2023. Wait times for new patients have soared —now averaging 63 days in Boston, among the longest in the country. These gaps are not distributed equally. People of color, those with Medicaid, and low-income residents are the most likely to lack consistent primary care relationships — precisely the people who benefit most from longitudinal, preventive, and trust-based care.

Primary care further suffers from the economics of undervaluation, where only about 6.9% of total healthcare spending in Massachusetts goes to primary care. This is a fraction of what is needed to keep people healthy and prevent expensive downstream care. Systems investing 10–12% in primary care deliver better outcomes and lower total costs. Yet our fee-for-service structure continues to undervalue relationship-based, preventive care. It rewards volume over value, visits over continuity, and throughput over trust.

I have witnessed first-hand talented primary care colleagues with years of wisdom leaving the workforce early - headed for an early retirement, a more lucrative position not involving clinical care, or a concierge practice with reduced scope. I have also trained many talented residents who leave some of their primary care skills behind, deciding instead to specialize on the higher paid procedures in order to make ends meet after the high tuition of medical schools. My direct experiences mirror what we see in the statistics for the Commonwealth. More than half of Massachusetts primary care clinicians report burnout and the top causes are all too familiar: administrative burden, EHR overload, unrealistic productivity demands, and the moral injury of knowing what patients need but not having the time or system support to provide it. One in three primary care clinicians plans to reduce hours or leave the workforce within five years. If we want to protect access, we must protect the people who deliver the care.

I am extremely grateful to Senator Friedman in her tireless advocacy for primary care and the championing by Governor Healey for Primary Care for MA. I am also grateful for the creation of the "Primary Care Access, Delivery, and Payment Task Force" spearheaded by the HPC to define services, create data/reporting, set spending targets, propose payment models, and improve workforce conditions. But this work is far from done.

Compounding the fractured delivery of primary care is the looming crisis of profound losses in ConnectorCare Coverage in 2026 and MassHealthCoverage in 2027. BCBS Foundation and the Urban Institute recently reported that the estimated number of people who will lose Medicaid coverage in Massachusetts will range from 141K-203K. I know that behind each of these numbers is a human with a story, a family, a community. When I had patients lose Masshealth in the unwinding of the pandemic coverage, I saw the direct, profound impact on their health and the health of their family. I penned a piece for the Globe sharing the story of one of my patients, a middle-aged gentleman who, when I first met him over ten years ago, had undiagnosed diabetes, high blood pressure, anxiety, and depression. He established primary care with me and we worked to find creative solutions to increase his physical activity, healthy foods, sleep, and new medications in his life already complicated by multiple jobs to support his family. Slowly, his physical health and mood improved. Over the years, however, he started to miss appointments and, when he did come, his diabetes and blood pressure numbers were high. Each gap in care was one when he had fallen off the Medicaid rolls and was not able to get his medications or access care. Each time, we were able to assist in reenrolling him, getting medications delivered to his home, and ensuring that he had the support he needed both physically and emotionally. However, these long lapses of high sugars and high blood pressures took a massive toll on his body and his kidneys deteriorated to the level that he is now on dialysis several

times a week. His insurance churn left him physically and emotionally vulnerable and financially strained and has probably been far more costly to our state and country than if he had been able to maintain his Medicaid insurance. His story will be more common than not if we sit aside and do not act immediately to address the loss of Medicaid for our state's most vulnerable.

We have done hard and heroic things as a State and have learned many lessons in healthcare the hard way, most recently during the pandemic. Kudos to leaders like Amy Rosenthal who deployed Healthcare for All and developed a roadmap for our state funded COVID-vaccine outreach program as well as Medicaid redetermination . We do not need to re-invent the wheel to help the citizens of Massachusetts continue their Medicaid coverage. We must use the same tactics which we know have worked in the past, including trusting the experts in the community, adjusting communications strategies, show up where people live, play, learn, and worship, building on the public-private partnerships, and using the power of stories. We cannot understand what we have not lived. State leaders must listen carefully and thoughtfully to those in our communities who have experienced the devastating impacts of insurance loss and use their stories to continue to drive this critical work.

Here in Massachusetts, where we pride ourselves on universal coverage, this moment tests our values. We must ensure outreach, assistance, and policy flexibility so no one falls through the cracks.

The path to a healthier Massachusetts requires **five urgent commitments**:

1. **Invest at least 10–12% of healthcare spending in primary care.** Treat it as infrastructure, not an afterthought.
2. **Expand value-based and team-based models** that support clinicians and patients alike
3. **Reduce administrative burden in primary care** by streamlining and simplifying the number of value based metrics required
4. Improve the **pipeline of primary care physicians** by adopting a loan free medical training path for residents committing to a career in primary care
5. **Protect coverage continuity** for every resident, especially as we navigate the MassHealth work requirements

And perhaps while none of what I am saying to you today is new information, I very much hope that you are able to hear it anew. This is not a business as usual moment. Primary care and the health of Massachusetts depends on urgent action. None of us can do this work alone. But, to the members of the HPC, without your active participation we cannot move forward.

Thank you again for your time. I am eager to learn from each of you here today and answer any questions you may have for me.