MASSACHUSETTS
HEALTH POLICY COMMISSION

# 2022 Pre-Filed Testimony
# PROVIDERS

## As part of the
## *Annual Health Care Cost Trends Hearing*

Massachusetts Health Policy Commission
50 Milk Street, 8th Floor
Boston, MA 02109

## INSTRUCTIONS FOR WRITTEN TESTIMONY

If you are receiving this, you are hereby required under M.G.L. c. 6D, § 8 to submit written pre-filed testimony for the 2022 Annual Health Care Cost Trends Hearing.

On or before the close of business on **Monday, October 24, 2022**, please electronically submit testimony to: HPC-Testimony@mass.gov. Please complete relevant responses to the questions posed in the provided template. If necessary, you may include additional supporting testimony or documentation in an appendix. Please submit any data tables included in your response in Microsoft Excel or Access format.

We encourage you to refer to and build upon your organization's pre-filed testimony responses from 2013 to 2021, if applicable. If a question is not applicable to your organization, please indicate that in your response.

Your submission must contain a statement from a signatory that is legally authorized and empowered to represent the named organization for the purposes of this testimony. The statement must note that the testimony is signed under the pains and penalties of perjury. An electronic signature will be sufficient for this submission.

You are receiving questions from both the HPC and the Attorney General's Office (AGO). If you have any difficulty with the templates or have any other questions regarding the pre-filed testimony process or the questions, please contact either HPC or AGO staff at the

### HPC CONTACT INFORMATION

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## ASSESSING EFFORTS TO REDUCE HEALTH CARE COST GROWTH, PROMOTE AFFORDABLE, HIGH-QUALITY CARE, AND ADVANCE EQUITY

a. Reflecting on the past ten years of the Massachusetts health care cost containment effort, and the additional context of ongoing COVID-19 impacts, please identify and briefly describe the top (2-3) concerns of your organization in reducing health care cost growth, promoting affordability, and advancing health equity in future years.

Mass General Brigham continues to experience significant financial pressures, which all hospitals and health systems across Massachusetts are experiencing, driven by three external factors: cost inflation, workforce shortages, and capacity constraints. While these challenges are widespread across all sectors of the economy, healthcare providers are particularly affected. Unlike other business, providers cannot cut back on hours, they cannot relocate to lower cost areas, and few jobs can be outsourced to less expensive labor markets. Hospital revenue is also constrained. The majority of a hospital's revenue is set by state and federal governments. Hospitals cannot simply raise their prices in response to inflation. And yet, in the midst of these financial pressures, hospitals continue to address the human and economic toll that healthcare disparities and the mental health crisis continue to take on the lives of their patients, their communities, and on the cost of healthcare.

**Inflation** – The unprecedented inflation rate of 8.1% far exceeds the annual rate updates Mass General Brigham receives from public and commercial payers (U.S. Labor Bureau of Labor Statistics, New England Region). Currently, Mass General Brigham is experiencing cost increases of about 8% on clinical supplies and other expenses largely beyond its control (Mass General Brigham FY2022 Q3 Financials). Expenses are expected to continue to outpace revenue well into next year.

While all businesses are affected by inflation, healthcare providers are unique in that they cannot raise their prices to keep pace with rising costs. The last time providers experienced this level of inflation, they were paid based on their actual costs plus an added factor. Today, the majority of a hospital's revenue is set by the state and/or federal government and they are paid a fixed amount based on a set of services (e.g., Diagnosis-Related Group). The remaining source of revenue is determined through negotiations with commercial private insurers. These contracts are complex and typically span several years.

Despite these financial challenges, Mass General Brigham committed to $90M in rate reductions as part of $127.8M in annual spending reductions in its Performance Improvement Plan. Mass General Brigham is also committed to improving the affordability of care by transitioning its care model to one based on value rather than volume. This includes launching a zero premium Medicare Advantage plan and moving 140,000 Medicaid members into the full risk Model A.

In the context of the external pressure on cost, continuing with the cost growth benchmark will be a major challenge for providers. Providers performance under the cost growth benchmark relies on data that is at least 2 years old, sometimes even 3 years or more, when holding an individual provider accountable. When inflation was relatively constant, data lags were easier to overlook, but in today's economy it is difficult to hold providers accountable to a standard from 2 years ago that has no relationship to the financial stress providers are currently experiencing. Given the current market dynamic, it is expected that most providers will be over the benchmark for 2022 largely due to factors beyond their control, yet they will also have significant losses from their operations.

Workforce Shortages – Labor costs are also escalating rapidly. Unlike other businesses, hospitals cannot relocate to lower cost areas, few jobs can be outsourced, and hours and staff cannot be reduced. The necessary skills and licensure of healthcare providers precludes training/onboarding shortcuts or outsourcing to lower cost labor markets. In fact, outsourcing to agency providers, which is often the only solution to critical staffing shortages, multiplies labor cost by two to three times, or more. The pandemic has taken a significant toll on the healthcare workforce due to its increasing demands. As a result, many are burned out and have decided to cut back on hours or leave the field all together. Massachusetts also has its own particular challenges with the latest data showing there are two jobs for every unemployed person (Massachusetts Taxpayers Foundation, August 2022).

Mass General Brigham is facing workforce shortages across all types of positions. Fifty percent of a hospital's budget is labor and benefits costs (American Hospital Association, April 2022). Mass General Brigham's labor costs are up 11% due to the use of temporary staffing, overtime costs, and market wage adjustments to encourage retention and compete for new hires (Mass General Brigham FY2022 Q3 Financials). Mass General Brigham remains committed to paying all employees fairly despite financial challenges and regularly reviews its compensation structure to ensure equity.

Capacity Constraints – Despite the fact that COVID discharges are waning, Mass General Brigham hospitals are still experiencing significant capacity challenges. Over the past 6 weeks, Brigham and Women's Hospital has been on capacity status about 75% of the time, and Mass General Hospital has been on capacity status nearly 100% of the time. Capacity status ranges from Code Help to Capacity Disaster and is driven by the volume in the Emergency Department (ED) as a percentage of the total potential patient care space available in each site ED. For example - Capacity Disaster at Mass General Hospital is triggered when more than 60 patients are in admitted status waiting for an inpatient bed to become available. This represents a reduction of over 50% of the Mass General Hospital ED licensed bed capacity to care for acute, incoming patients, as the beds are occupied by boarding, admitted inpatients.

This trend is not unique to the academic medical centers. All the hospitals in the Mass General Brigham system have been at, or above, 100% operational occupancy, on average.

This reduces operational capacity, which reflects the number of beds patients can be placed in based on the physical plant and the number of staff (nurses and physicians, etc.) available to care for patients, to functionally zero.

This severe demand-supply mismatch is in part due to deferred care resulting in sicker patients and longer lengths of stay; increased boarding for behavioral health and pediatric patients; difficulty in finding post-acute placements, caused by capacity constraints and staffing shortfalls at post-acute care facilities; and the lack of safe and appropriate medical transport to post-acute placements. For example, the extreme shortage of staffed post-acute care beds in the state requires acute care hospitals to continue to provide care to patients far beyond their period of acute medical need, creating patient backlogs, emergency department boarding, and adverse revenue effects.

**Healthcare Inequities** – Healthcare disparities both in access and outcomes are well documented, with COVID being the most recent and salient example. The root causes of disparities are also well known but not easily addressed: structural racism, environmental injustices, lack of safe and affordable housing, food insecurity, poverty, and violence. Healthcare disparities contribute to increased morbidity and mortality for patients and increase costs for healthcare providers and insurers, particularly MassHealth.

**Behavioral Health** – The pandemic exacerbated the number of people needing mental health support. Emergency departments are overwhelmed by the number of people seeking psychiatric care, and many patients are experiencing unacceptable delays in receiving treatment. According to the most recent data available from the Massachusetts Hospital Association, 680 patients, 17% of which were pediatrics, were boarding in an emergency department or medical-surgical floor until a behavioral health inpatient bed was available across the state (Massachusetts Hospital Association, October 17, 2022).

There are many contributing factors to the lack of access to behavioral health services including bed shortages, lack of staffing, inadequate reimbursement, and stigma. With regard to workforce in particular, nearly half (49%) of Mass General Brigham's mental health specialists who left their positions in 2021 had not remained in the role a full year, and 36% completed one to three years of service. Among social workers, 14% left in less than a year, but between one and three years that number jumps to 42%. Workforce shortages exacerbates bed capacity challenges. Roughly 15-18% of the psychiatric inpatient beds are closed on a daily basis across the Mass General Brigham due to lack of staffing.

b. Please identify and briefly describe the top strategies your organization is pursuing to address those concerns.

**Improve Efficiency**

- **Enterprise Asset Management (EAM)** - EAM measures the performance of Mass General Brigham patient care resources (assets)—such as a CT scanner, inpatient bed,

endoscopy suite, or operating room—and uses standardized definitions and data to help effectively manage its collective assets and capacity across the system. The goal is to optimize asset utilization in support of delivering the highest quality, most efficient care and the best experience for patients and care teams. Measuring and improving asset utilization will create capacity across the system, and help manage patients in the best possible location, based on capability, convenience, and cost. All Mass General Brigham sites will be using EAM by early 2023.

Systemwide teams of clinical and operations experts identified nine focus areas (domains) where the EAM system will be applied. These include inpatient, procedural (peri-operative and peri-procedural), emergency department, and patient access, for example. The first four domains are live across seven hospitals and all nine domains will be launched across all Mass General Brigham entities by early 2023. These teams also identified key metrics and standard definitions for data to populate domain-specific dashboards. Each organization's clinical and operational leadership leverages updated dashboards each week to monitor performance and identify opportunities for operational improvement. This transparency will highlight challenges and promote collaboration and sharing of best practices across the system. As the EAM rollout continues this fall, it will include the remaining domains—behavioral health, ambulatory, workforce, imaging, and care continuum management.

- Integration of Clinical Departments - Mass General Brigham has integrated a number of clinical departments to maximize resource use, improve capacity, and ensure a seamless patient experience. For radiology Mass General Brigham now has a fully integrated digital imaging viewing system across all its entities. It has also integrated pathology, anesthesiology, and emergency medicine services. This fall it has plans to integrate cardiology services and other service areas to improve access and ensure a single high standard of care throughout the system.

Expand the Workforce

- Good Jobs Challenge - Mass General Brigham is partnering with UMass Global to train candidates to be patient care technicians, medical assistants, practice/administrative assistants, phlebotomists, pharmacy technicians, and EKG technicians. The funds are from the Good Jobs Challenge grant program from the U.S. Dept of Commerce. The Boston Office of Workforce Development was the lead applicant on behalf of over 100 local employers.

- Behavioral Health Workforce Investments - - In 2021, Mass General Brigham invested $15 million in the community to address the mental health crisis, in particular the workforce shortage by funding stipends, fellowships, scholarships, and salary supplements. Mass General Brigham is collaborating with eight universities in to establish fellowships and loan repayment programs for students entering the mental health field.

- **Diversity in Nursing** - The Chief Nurse Council of Mass General Brigham created the Clinical Leadership Collaborative for Diversity in Nursing. This workforce development model is designed to facilitate the successful progression of socio-economically disadvantaged students through the undergraduate nursing program at the University of Massachusetts in Boston. Funded by Mass General Brigham, the program includes scholarship support, stipends for living expenses, professional development activities, tutoring, test prep, pairing students with diverse nurse mentors for coaching and support and ultimately, priority for clinical placements with the goal of employment post-graduation.

Maximize Capacity

- **Right Triage** - One of the many ways Mass General Brigham is managing capacity is its patient transfer program, Right Triage. Right Triage aims to identify patients in Massachusetts General Hospital and Brigham and Women's Hospital emergency departments who can safely be cared for in a community setting in order to free up capacity to treat more complex conditions at our academic medical centers (AMCs). Once identified, these patients are approached to be transferred to a community hospital in the Mass General Brigham system or one of its clinically affiliated hospitals. Patients always have the choice to accept or decline the transfer. Representatives from the AMCs and the community hospitals are in touch several times a day to share updates on inpatient bed availability. Patients may also be transferred from one community hospital to another to help balance inpatient volume.

- **Hospital at Home** - Mass General Brigham is expanding capacity for home-based care to improve access and value for our patients, while simultaneously freeing up acute care hospital capacity for patients requiring higher levels of care. Shifting the site of healthcare to the home and scaling home-based care will meaningfully decrease healthcare expenditures while affording additional benefits to patients through an improved patient experience, including the ability to be surrounded by family and friends and be more active in the comfort of a home setting.

Research shows that home-based care can provide more patient-centered and satisfying care, lower complication rates, reduced emergency department utilization, and improved outcomes for patients who can safely be transitioned out of a hospital setting. It also results in fewer readmissions, one of several ways Mass General Brigham is addressing the ongoing hospital capacity crisis. Mass General Brigham is committed to growing its hospital at home capacity which will help relieve the capacity crisis and lower costs. For this reason, hospital at home is an important part of Mass General Brigham's Performance Improvement Plan.

- **Telehealth** - Mass General Brigham is committed to sustaining and expanding access to telehealth, including eVisits and eConsults, as well as virtual consults for acute

patients. Goals for the upcoming year include seamlessly integrating systemwide virtual and in-person care; improving equity by implementing 1-click access to medical interpreters during all virtual care encounters; and empowering modern house calls via remote monitoring that detects illness and risk prior to a patient's deterioration. Mass General Brigham is committed to growing telehealth capacity which will help relieve the capacity crisis, provide more convenient digitally-enabled care, and lower costs. For this reason, virtual care is an important part of Mass General Brigham's Performance Improvement Plan.

- New Lower Cost Community Sites - Mass General Brigham recently opened a new, state-of-the-art Integrated Care center at Tuscan Village in Salem, New Hampshire. Local health centers like this one encourage preventive care, deliver outpatient services, and meet the growing need for behavioral health services, all in one place. Mass General Brigham is committed to offering the right care, in the right place, at the right time, and at the right cost to patients. The services provided at this location are lower priced than the same services at other Mass General Brigham hospitals. The three-floor center has an ambulatory surgery center with four operating rooms, 31 exam rooms and comprehensive imaging services. The new center will bring almost 250 new jobs to Salem. As part of Mass General Brigham's commitment to sustainability in all aspects of operations, the building design includes a high-performance building envelope, efficient heating and cooling systems, use of highest efficiency light figures and elimination of harmful chemicals in furniture and interior finishes. Mass General Brigham has submitted to certify LEED Silver Certification of the building.

## Equity

Mass Brigham General has a multi-year systemwide initiative to address racism and inequities called United Against Racism. The funding for the initial year is $40M. The goals include improving health equity for current patients, improving health in the communities Mass General Brigham serves, and creating workforce equity. Below are just some of the many activities that are part of this initiative.

- Screening patients at Mass General Brigham's primary care practices for social determinants of health that could put them at higher risk for chronic illnesses. Patients are linked to organizations in their community if they are identified as needing a specific service.
- Launched and expanded the mobile health clinic. The mobile clinic routinely visits 20 Boston-area neighborhoods, going to locations that are selected with the help of community groups and the city's department of public health. These partners help publicize the van's stops on their websites and social media channels. The clinic provides COVID vaccines, tests, and care kits. It will soon focus on hypertension management and substance use disorder.
- Translating Mass General Brigham's website and patient messaging tool into commonly used languages by patients and the community. No other Epic site across

the nation has undertaken translation at this scope, which involved staff and support from multiple Mass General Brigham teams representing digital, equity, and patient experience.
- Expanding the use of community health workers as part of the care team for patients with uncontrolled hypertension.
- Working to increase engagement of patients with substance use disorders through Bridge Clinic models. Bridge Clinics are a low-barrier access clinics that offer treatment for substance use disorder to patients. Patients can often be seen without scheduled appointments by providers who can assess needs, prescribe and, in some cases, dispense medications, and help set patients up for longer term care.
- Creating a cadre of digital access coordinators to improve connectedness of patients with lower digital literacy.

## Behavioral Health

Mass General Brigham has taken a series of initiatives to address the behavioral health crisis.

- In the last 2 years, Mass General Brigham has added 146 new inpatient behavioral health beds, operating 20% of the beds in the state.
- Designed a centralized access coordination for the system to improve throughput and efficient placement for those awaiting inpatient psychiatric care who are boarding in emergency departments and in medical/surgical units.
- Developed and implemented "Mental Health Matters" – the expansion of outpatient care for employees and their families throughout the system. More than 300 employees and their families are being serve. As staff are hired, additional employees will receive care through this newly expanded outpatient service.
- Established a systemwide resiliency and well-being program through the Benson Henry Institute to combat staff burn out. To date, nearly 200 employees have availed themselves of this benefit.
- Developed a behavioral health workforce strategy to address the recruitment and retention challenges for the system's behavioral health workforce.
- Designed and implemented a set of agreements with schools of higher education and the Massachusetts League of Community Health Centers to address retention of the behavioral health workforce and to increase the pipeline for both licensed and unlicensed behavioral health roles. This initiative specifically targeted increasing the diversity of the workforce and the lack of behavioral health workforce in underserved community-based settings.
- Developed and implemented a behavioral health ambulatory service.
- Expanded virtual partial hospitalization program at Salem Hospital for adolescents who are boarding in the emergency department and awaiting inpatient level of care.
- Developed at Mass General Hospital and Newton Wellesley Hospital a short-term stabilization program for adolescents who are boarding in the emergency department, which includes wrap around services at home.

c. Please describe your progress in the past year on efforts to collect data to advance health equity (i.e., data capturing race, ethnicity, language, disability status, and sexual orientation/gender identity, see 2021 Cost Trends Testimony), including specific metrics and results. Please also describe other specific activities your organization has undertaken to advance health equity.

As part of our United Against Racism Campaign, Mass General Brigham has embarked on a systemwide effort to improve collection of Race, Ethnicity, and Language (REaL), Sexual Orientation and Gender Identity (SOGI), and Disability Identity data. Data are routinely collected during new patient registration and updated at the patient's request by administrative and clinical staff.

Mass General Brigham monitors levels of REaL completeness among adult primary care patients and has made progress toward our goal of maintaining <5% missing REaL data. See the following tables.

| | 2021 | 2022 | |
|---|---|---|---|
| | Total Missing % | Total Missing % | Increase in Completeness |
| Race | 4% | 3% | 1% |
| Ethnicity | 10% | 9% | 1% |
| Language | 2.4% | 1.9% | 0.5% |

| Adult Primary Care 2022 | Data Completeness |
|---|---|
| Sexual Orientation | 51% |
| Gender Identity | 56% |
| Disability Identity | Not tracked. Estimate: 70% |
| **Pediatric Primary Care 2022** | **Data Completeness (Estimate)** |
| Race | 86% |
| Ethnicity | 71% |
| Language | Unknown |
| **Newborn 2022** | **Data Completeness (Estimate)** |
| Race | 22% |
| Ethnicity | 22% |
| Language | 98% |

Mass General Brigham's efforts to improve Race and Ethnicity data capture include:

- Adding fields to the clinical chart so trusted clinicians can help improve completeness and accuracy
- Piloting collection by new clinical and administrative role groups
- Assigning eLearnings to roles that currently collect so they have a better understanding of the importance of collecting the information and how best to ask for the information in the most appropriate manner

- Disseminating explanatory patient-facing posters in multiple languages to primary care and urgent care sites
- Mail, email, and patient portal messages encourage patients to self-report data (REaL, SOGI, and Disability)
- Developing newborn collection workflows
- Conducting patient experience surveys to inform future improvements on data collection

Mass General Brigham's future goals include setting benchmarks and improving capture for: pediatric REaL, newborn REaL, SOGI data, and Disability data. Challenge areas remain for collection, including staff and patient discomfort, limited number of staff roles for collecting, and lack of standardized quality assurance.

d. Please identify and briefly describe the top state health policy changes your organization would recommend to support your efforts to address those concerns.

***Suspend the Benchmark*** *– Given the unprecedented inflation, the Health Care Cost Growth Benchmark should be suspended until the legislature can determine a new approach that better reflects, in real-time, the economic realities facing providers. The current benchmark relies on data that is at least 2 years old, sometimes 3 or more years old, in assessing individual providers performance against benchmark. Two years ago, the financial picture was vastly different for providers. In September 2020, inflation for the Boston region was 0.6%, today it is 8.1% (U.S. Labor Bureau of Labor Statistics, New England Region). Providers should be held accountable for reducing costs in a manner that is fair and meaningful.*

***Develop a 10-Year Healthcare Workforce Plan*** *– The State's Executive Office of Labor and Workforce Development in collaboration with public and private stakeholders should develop a comprehensive 10-year state healthcare workforce plan to increase the number and diversity of the state's healthcare workforce. The plan could include specific goals for the increases in the number of positions. To start, the plan should have a comprehensive healthcare workforce needs assessment addressing a broad array of clinical positions, from physicians, nurses, allied health professions, behavioral health clinicians, and technicians. The assessment should identify gaps in numbers of positions, the lack diversity of caregivers, and the lack of caregivers in certain areas.*

*The assessment should also identify the educational resources available within the state to train those caregivers and what those institutions would need to increase their capacity 5-10% over the next 5-10 years. The plan would identify barriers to entry into the various fields and have specific strategies to address each, particular emphasis and urgency should be placed on the behavioral health workforce. The plan itself would include funding sources and identify specific commitments made by both the public and private sectors. These commitments need to include wrap around services to support future healthcare workers, such as childcare and transportation subsidies. Lack of*

*support in these areas makes it impossible for new entrants into healthcare jobs to persist through education and training.*

***Provide Regulatory Relief*** *- Administrative costs represents about 15-30% of total healthcare spending, of which approximately half is considered wasteful, or 7.5-15%. ("The Role of Administrative Waste in Excess US Health Spending," Health Affairs Research Brief, October 6, 2022). While well intentioned, many regulatory and insurer-specific requirements are often are not often re-evaluated over time or considered for standardization. Instead, more regulations are added each year with no recognition of the added cost to providers.*

*The State Executive Office of Health and Human Services should convene a working group of key healthcare stakeholders comprised of providers, payers and government agencies to examine key focus areas to reduce wasteful administrative burden in commercial and MassHealth programs. The workgroup should be tasked with developing an action plan on ways the state agencies, providers and payers could work together to achieve savings in the healthcare system by eliminating administrative burden. Areas of particular focus could include prior authorization, quality and equity reporting, and licensure/credentialing. State agencies should immediately embark on a review of state reporting requirements associated with the MassHealth program, Health Policy Commission, and the Center for Health Information and Analysis to identify duplicate information, unnecessary/outdated data, or data that could be collected electronically.*

***Preserve Hospital at Home*** *– If the Federal Medicare waiver expires for the Hospital at Home program at the end of the Public Health (PHE) emergency, state Department of Public Health should develop a regulatory pathway to allow providers to continue to offer hospital at home to MassHealth and commercial patients. Hospital at Home has proven to be a safe and cost-effective way to care for patients while in the comfort and convenience of their home, while expanding acute care hospital capacity without the capital expense of building new facilities. The state should ensure that this treatment option is not eliminated post-PHE, which would further exacerbate capacity constraints for patients and hospitals.*

***Extend Telehealth Coverage*** *- MassHealth should maintain all of the flexibilities and reimbursement parity it has provided during COVID, including parity for audio-only telephonic services. Telehealth, including audio only, continues to be an important modality of care for all patients including MassHealth patients. Additionally, MassHealth should include coverage for remote patient monitoring for ongoing chronic health conditions and e-consults as soon as possible.*

*The state legislature should pass legislation to allow reciprocity for medical licensure for telehealth services. Currently, state licensure laws require physicians to be licensed in the state where patients are located. During the height of the pandemic most states waived their state licensure requirements for telehealth. However, most state licensure*

*laws are now back in effect and telehealth is largely prohibited across state lines unless a physician is licensed in the state where the patient is located. This provision is out of touch with modern, electronically facilitated patient care, and often creates a major obstacle to care for patients, who, without the telehealth option, face the prospect of traveling significant distant to see their provide in person. Therefore, the legislature should pass legislation granting clinicians from out of state the ability to care for patients in Massachusetts via telehealth. With Massachusetts taking the lead it will encourage other states in the region to pass similar legislation allowing Massachusetts clinicians to practice telehealth in other states.*

*Finally, state policy makers should work together to help find ways to help address the digital divide, convening stakeholders across industries and identifying solutions and funding related to upstream barriers including infrastructure and access. Broadband access should be viewed like any other utility that is considered necessary for modern healthy living, like heating/cooling, safe water, electricity, and shelter. Access to government services, education, and healthcare services can be enhanced with digital access and that includes broadband infrastructure, broadband affordability, and access to smartphones, computers, and tablets. Additional supports are needed for computer literacy, real-time access to translation services, and software programs and content translated into multiple languages.*

***Support Social Determinants of Health*** *– Eighty percent of the influence on health is by factors outside the health system, known as the social determinants of health, such as access to food, housing, education, and transportation. State agencies should focus on policies that address these upstream drivers of health. This could be accomplished through legislation, regulations, and funding. In addition, enhancing the accessibility of the application process to these services to ensure those that are eligible are getting the services they need. The creation of a true "one stop" application portal or kiosks for all public services (housing included) available in trusted locations (7 day a week / 24hrs) in community-based organizations like libraries, senior centers, and shelters. Critical programs include Supplemental Nutrition Assistance Program (SNAP), SNAP for Women Infant and Children, affordable and emergency housing, veteran services, MassHealth, and childcare vouchers.*

***Enhance Access to Behavioral Healthcare*** *– MassHealth has made important recent investments in behavioral health reimbursement. However, the chronic under reimbursement by commercial and public payors remains an obstacle to attracting clinicians and making need investments in programs and facilities that make care more accessible for patients. Therefore, we urge state policy makers to commission a report that examines the adequacy of reimbursements by both public and private payors and its impact on access to care for patients.*

## QUESTION FROM THE OFFICE OF THE ATTORNEY GENERAL

Chapter 224 requires providers to make price information on admissions, procedures, and services available to patients and prospective patients upon request. In the table below, please provide available data regarding the number of individuals that sought this information.

| Health Care Service Price Inquiries<br>Calendar Years (CY) 2020-2022 | | | |
|---|---|---|---|
| Year | | Aggregate Number of Written Inquiries | Aggregate Number of Inquiries via Telephone or In-Person |
| CY2020 | Q1 | | 3,475 |
| | Q2 | | 1,592 |
| | Q3 | | 1,282* |
| | Q4 | | 1,240* |
| CY2021 | Q1 | | 2,293* |
| | Q2 | | 2,267* |
| | Q3 | | 2,441 |
| | Q4 | | 1,474 |
| CY2022 | Q1 | | 2,543 |
| | Q2 | | 3,138 |
| | TOTAL: | | 18,202 |

*These numbers are updated from the numbers provided last year. The numbers provided last year included system generated estimates automatically provided to patients that were not requested by patients.