

FENWAY  HEALTH

2025-26 State Legislative Priorities

■ **H.1096/S.711– An Act relative to rate equity for community health centers**
Presenter: Rep. Natalie Blais & Sen. Julian Cyr

What does the bill do? Requires MassHealth to reimburse Federally Qualified Health Centers (FQHCs) according to the federal prospective payment system (PPS) methodology or comparable alternative payment methodology (APM), as is the case today, and ensures that commercial payers pay no less than MassHealth.

Why support the bill? Stable, reliable payment is essential to health centers' financial viability. Without equitable reimbursement, health centers face chronic turnover and vacancies which in turn limits access to care for their communities. The bill guards against federal changes to FQHC Medicaid protections and will remedy commercial underpayment that leaves health centers and their patients at a competitive disadvantage, impacting care.

■ **H.1107/S.819–An Act prohibiting discrimination against 340B drug discount program participants**
Presenter: Rep. Daniel Cahill & Sen. Pavel M. Payano

What does the bill do? Prohibits Pharmacy Benefit Managers (PBMs) from applying discriminatory contracting terms to 340B covered entities and their contract pharmacies simply because they participate in 340B. Also prohibits pharmaceutical manufacturers from refusing to ship 340B medications to the pharmacies covered entities contract with to fill their patients' medications.

Why support the bill? The 340B program allows safety providers to stretch scarce federal resources and ensure access to affordable medications and services for their patients. The savings produced through the 340B program enable health centers to fund non- or under-reimbursable services in our highest-need communities. If enacted, these protections would restore millions of dollars of savings to Massachusetts CHCs at no cost to the state. CHCs have relied on those savings for decades before PBMs and manufacturers began acting unilaterally to siphon savings away from safety net providers and back into their bottom lines.

■ **H.1370/S.867 – An Act relative to primary care for you**
Presenter: Rep. Richard M. Haggerty & Sen. Cindy F. Friedman

What does the bill do? This legislation establishes specific expenditure targets for primary care services in Massachusetts to ensure that both private insurers and public payers allocate a greater proportion of healthcare spending toward primary care services. It establishes a Primary Care Board tasked with improving access, delivery, and payment structures for primary care. The bill mandates an "all-payer primary care capitation model," requiring insurers to provide stable, prospective per-member per-month payments to primary care providers, adjusted based on quality, clinical complexity, and investment in advanced primary care initiatives. Additionally, the bill sets clear benchmarks for primary care spending, incrementally increasing from 8% of total health expenditures in 2027 to 12% by 2029 and thereafter, to ensure robust investment in primary care.

Why support the bill? Supporting this bill directly addresses the critical underinvestment in primary care, which has been proven to enhance health outcomes, lower overall healthcare costs, and improve patient experiences. Strengthening reimbursement models through stable, value-based payments encourages primary care providers to offer enhanced services, including integrated behavioral health, improved care coordination, social determinants of health management, expanded telehealth options, and preventive care. The bill also aims to reduce administrative burdens on providers, helping to alleviate workforce burnout and retention challenges, crucial for maintaining adequate primary care availability, especially in underserved communities. Ultimately, this legislation aims to realign healthcare resources towards preventive and comprehensive primary care, significantly benefiting patient health and promoting equity across the Commonwealth.

■ **S.868 – An Act Enhancing Health Care Market Oversight and Pharmaceutical Access** *Presenter: Sen. Cindy F. Friedman*

What does the bill do? This bill enhances oversight of the Massachusetts healthcare market, particularly concerning pharmaceutical costs, by establishing mechanisms to review and control prescription drug pricing and market changes. It mandates pharmaceutical companies to provide early notification of new high-cost drugs, substantial price increases, and detailed justification for these increases. The bill authorizes the Health Policy Commission (HPC) to establish upper payment limits for drugs deemed excessively priced and creates penalties for non-compliance. It also introduces stronger accountability measures to ensure that healthcare providers and pharmaceutical companies prioritize patient access and healthcare affordability.

Why support the bill? Rising pharmaceutical costs significantly strain Massachusetts's healthcare system and negatively impact patient access to essential medications. By implementing greater transparency in pharmaceutical pricing, ensuring accountability from manufacturers, and empowering regulators to enforce reasonable drug costs, this bill helps protect patients from undue financial burdens and ensures equitable access to vital medications. Ultimately, this oversight reduces healthcare expenses for consumers and contributes to a more affordable and fair healthcare system across the Commonwealth.

■ **H.2501 / S.1505– An Act relative to LGBTQ+ health disparities** *Presenter: Rep. Samantha Montaña & Sen. Julian Cyr*

What does the bill do? This bill requires the Executive Office of Health and Human Services (EOHHS) and its departments to collect voluntary, confidential self-identification data on sexual orientation and gender identity (SOGI) when providing direct services or administering federal programs. The goal is to identify and address health disparities affecting LGBTQ+ individuals by ensuring consistent data collection and analysis across state agencies. The bill mandates that the Office of Health Equity develop guidelines and training programs for state agencies on collecting, handling, and utilizing this data while ensuring privacy protections and cultural competency. It also extends these data collection requirements to public schools and higher education institutions to assess and reduce disparities in education and healthcare outcomes for LGBTQ+ students sixteen years of age and older.

Why support the bill? LGBTQ+ individuals face higher rates of health disparities due to systemic discrimination, limited access to culturally competent care, and gaps in demographic data collection. Without standardized statewide data, policymakers and healthcare providers lack the necessary insights to address these inequities effectively. This bill ensures that data-driven policies and funding decisions prioritize LGBTQ+ health equity, leading to more inclusive and responsive healthcare services. Additionally, requiring data collection in public schools and higher education institutions helps identify systemic barriers affecting LGBTQ+ youth, ensuring they receive the support, protections, and resources needed for success. By embedding strong privacy protections and strict limitations on data use, this legislation balances the need for improved data collection with the protection of individual rights, ensuring that LGBTQ+ individuals can safely self-identify without fear of discrimination.

■ **H.1245–An Act to address barriers to HIV prevention medication** *Presenter: Rep. Jack Lewis*

What does the bill do? This bill ensures greater access to HIV prevention medications, specifically pre-exposure prophylaxis (PrEP), by requiring health insurance plans to cover both the medication and associated services without imposing cost-sharing requirements such as copays or deductibles. By eliminating financial obstacles, the bill seeks to expand the availability and affordability of PrEP, particularly for communities disproportionately impacted by HIV. It also addresses systemic barriers that prevent individuals from consistently accessing these life-saving medications, helping to ensure that those most at risk can obtain and maintain effective HIV prevention.

Why support the bill? Financial barriers remain a major obstacle to PrEP access, particularly for low-income individuals, LGBTQ+ communities, and communities of color, who face higher rates of HIV transmission. Studies show that increased access to PrEP significantly reduces new HIV infections, making it a key tool in public health efforts to end the HIV epidemic. By removing cost-sharing requirements, this bill aligns with preventive healthcare goals, ensuring that cost does not prevent individuals from protecting themselves. Additionally, expanding PrEP access reduces long-term healthcare costs by preventing HIV transmission, decreasing the need for lifelong antiretroviral treatment and reducing the overall burden on the healthcare system.

■ **S.717– An Act to Strengthen the Control of Contagious and Infectious Diseases in the Commonwealth** **Presenter: Sen. Julian Cyr**

What does the bill do? This bill seeks to strengthen the Commonwealth's ability to manage contagious and infectious diseases, specifically through expanded and improved coverage of HIV prevention medications (PrEP). The legislation mandates coverage of HIV prevention drugs by health insurance plans, including state employee insurance, Medicaid, private insurers, and managed care organizations, without cost-sharing, deductibles, or administrative hurdles like prior authorization and step therapy. Additionally, the bill requires state and county correctional facilities to offer HIV prevention counseling, evaluation, and medications (including injectable or oral PrEP) to inmates prior to release, ensuring continuity of preventive care post-incarceration. Licensed pharmacists are also empowered under this bill to prescribe, dispense, and administer HIV prevention medications directly to patients.

Why support the bill? Support for this bill ensures greater accessibility to essential HIV prevention services, directly reducing barriers for individuals at high risk of HIV exposure, particularly within vulnerable and underserved populations. By removing financial, administrative, and institutional obstacles, this legislation facilitates more consistent and widespread preventive care. Furthermore, the bill's provisions aimed at correctional facilities address critical public health gaps among incarcerated and formerly incarcerated individuals, significantly reducing the risk of HIV transmission upon community re-entry. Ultimately, supporting this bill promotes public health equity, reduces long-term healthcare costs, and aligns Massachusetts with evidence-based best practices for infectious disease prevention and control.

■ **H.776– An Act relative to LGBT and HIV-positive seniors in the Commonwealth** **Presenter: Rep. Jack Lewis and Rep. Hadley Luddy**

What does the bill do? This bill expands the definition of “greatest social need” under the Older Americans Act of 1965 to explicitly include non-economic factors that impact an individual's ability to perform daily activities or live independently. It ensures that racial and ethnic status, sexual orientation, gender identity or expression, and HIV status are recognized as contributing factors to social isolation and barriers to care. By incorporating these factors into state aging services programs, the bill strengthens protections and targeted support for LGBT and HIV-positive seniors who face higher rates of discrimination, stigma, and lack of culturally competent care.

Why support the bill? LGBT and HIV-positive seniors often lack access to inclusive healthcare, social services, and support networks, leading to increased isolation, mental health challenges, and unmet medical needs. Recognizing these populations under the “greatest social need” definition ensures that aging programs provide services and resources for those most vulnerable. This bill aligns state policy with recent federal efforts to address disparities in elder care, promoting equity and dignity in aging. By explicitly acknowledging the unique challenges faced by these seniors, the legislation helps direct funding, resources, and protections to those who need them most.

Strategic Investments

■ **Programmatic Support for the Fenway Gender-Affirming Care Access Program (Modeled After MCPAP)**

“For the purpose of expanding access to gender-affirming healthcare services, the Executive Office of Health and Human Services shall establish the Fenway Gender-Affirming Care Access Program, modeled after the Massachusetts Child Psychiatry Access Program (MCPAP). This program shall be housed at Fenway Health and provide clinical consultation, provider training, and care coordination support to healthcare professionals across the Commonwealth to increase capacity for gender-affirming care, particularly in underserved areas. The Department of Public Health shall administer this program and allocate funding to Fenway Health for training, technical assistance, and provider support services.”

■ **Programmatic Support for the Massachusetts LGBTQ+ Health Research and Education Fund**

“For the purpose of advancing LGBTQ+ health research and clinical education in the Commonwealth, the Executive Office of Health and Human Services, in collaboration with the Department of Public Health, shall establish the Massachusetts LGBTQ+ Health Research and Education Fund. This fund shall support scientific research, clinician training, and healthcare education initiatives, focused on addressing health disparities among LGBTQ+ individuals, with an emphasis on social determinants of health and culturally competent care. Funding shall be allocated directly through a dedicated grant process, to ensure an independent, community-led approach to LGBTQ+ health advancement.”

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