

***An Act relative to primary care access &  
An Act relative to primary care for you***

**Bill Number:**

**H.2537 & S.867**

**Lead Sponsors:**

**Rep. Schwartz & Sen. Friedman**

***These proposals expand access to primary care by setting a primary care spending target, changing how insurers pay for care and training more primary care providers.***

**What does this legislation do?**

- Sets a primary care spending target of at least 12% of overall health care spending over the next four years by requiring insurers and health systems to meet the target while staying within the health care cost growth benchmark.
- Makes the newly created primary care task force (established in the 2024 market oversight law) a permanent board that will inform regulations issued by the Division of Insurance to:
  - Establish a new capitated primary care payment model that all insurers would have to offer,
  - Set reporting requirements on primary care spending for insurers, health systems and practices, and
  - Identify patient cost-sharing limits for primary care.
- Designates a payment floor so that federally-qualified community health centers cannot be paid less by commercial insurers than by MassHealth.
- Establishes a Medicaid GME program for primary care and other high-need disciplines to provide more residency slots in community health centers and hospitals. (Only in HD.3463)

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**Why is this legislation needed?**

- Out of fifteen U.S. metro areas surveyed in 2022, Boston had the [second-longest](#) wait times for a new appointment for a physical.
- MA patients also [reported](#) worsening access to primary care each year from 2019 to 2023.
- This is partly a result of insufficient investment in primary care which accounts for just [6.7%](#) of all commercial health care spending and grew at just [half](#) the rate other medical spending between 2017 and 2022.
- MA is one of only seven states that does not fund a Medicaid Graduate Medical Education (GME) program, contributing to [slower growth](#) in primary care residency positions than nationally.

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**Why is this a health equity issue?**

- People of color and low-income residents are [more likely](#) to face primary care access barriers.
- Residents who live in a low-income zip code or a community with a higher share of people of color are less likely to have a primary care visit.