Massachusetts Senate passes bill to overhaul primary care

The measure would raise the portion of health care spending on primary care to 15 percent by 2030

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Dr. Kristen Gunning, a primary care physician at Mass General Brigham, spoke at the Massachusetts State House in February. JONATHAN WIGGS/GLOBE STAFF

Massachusetts boasts some of the most coveted physicians in the world, but the state's system for primary care, the most basic form of medicine, is broken. Roughly one in three residents say they struggle to obtain such care.

The state Senate, hoping to help ease the problems, passed a bill Thursday evening that would force the health care industry to provide more support for primary care.

The measure would require hospitals, clinicians, and commercial insurers to steadily increase spending on primary care so it eventually represents at least 15 percent of all health care spending in Massachusetts — which would be more than double the current expenditure.

Crucially, they would have to do that without raising overall spending or insurance premiums.

Currently, only 6.7 percent of health care spending in the state is on primary care. Meanwhile, investment in specialty care such as dermatology, gastroenterology, and oncology has skyrocketed, say proponents of the legislation.

"Massachusetts residents are struggling to find a primary care doctor, waiting months for an appointment, and too often facing high costs when they finally receive care," said Senate President Karen Spilka, an Ashland Democrat who made passage of the legislation a top priority.

The measure would also strengthen community health centers, which often treat low-income residents, Spilka said, and bolster the anemic pipeline of new primary care physicians.

But the proposal has provoked skepticism from insurers and hospital systems. Insurers say it would lead to higher premiums and increase overall health care costs despite assurances to the contrary.

"Unfortunately," said Lora Pellegrini, president of the Massachusetts Association of Health Plans, which represents about a dozen insurers, the bill "will raise costs for employers, consumers, and purchasers of health coverage at a time when affordability remains one of the Commonwealth's most pressing health care challenges."

Leigh Simons, a vice president of the Massachusetts Health & Hospital Association, which represents about 80 hospitals, urged "serious caution around measures that would unintentionally weaken our local health care system even further" by deploying a "one-size-fits-all approach."

Hospitals are already girding for deep losses next year under President Trump's One Big Beautiful Bill Act, Simons said. That law is expected to cut benefits to many Medicaid recipients and could prompt patients who have lost federal health insurance to go to emergency rooms for routine care.

Even critics expect the bill to easily pass the Senate; Spilka trumpeted the proposal at a Greater Boston Chamber of Commerce forum last Thursday, signaling it has the backing of most senators.

But the legislation is considered a tougher sell in the House. Ana Vivas, a spokesperson for House Speaker Ron Mariano, said the House will review whatever the Senate passes but declined to share her boss's views on it.

The bill follows a steady drumbeat of bad news about primary care in recent years. A 2025 report by AMN Healthcare, a staffing company, found Boston has the longest average wait, at 69 days, to see a primary care physician among 15 metropolitan areas in the country, from Atlanta to Washington, D.C.

That has forced some patients to rely on emergency departments, which are expensive places to get care. In 2023, two-thirds of people who sought care in hospital emergency departments for non-emergency conditions said they were there because they couldn't

get an appointment in a doctor's office, according to the Massachusetts Health Policy Commission.

A report issued last week by the state Center for Health Information and Analysis and the nonprofit Massachusetts Health Quality Partners contained other worrisome findings.

It said nearly one quarter of primary care physicians in Massachusetts are at least 65 years old, while only 18 percent of medical school graduates are practicing primary care six to eight years after graduation. In other words, the primary care workforce is getting older and there's a weak pipeline of young doctors seeking to replace them.

The same study found that 30.1 percent of Massachusetts residents last year reported having difficulty obtaining primary care in the past 12 months, even though 90 percent of residents reported they had a primary care provider.

Sponsored by Cindy Friedman, Senate chair of the Joint Committee on Health Care Financing, the legislation incorporates some recommendations of a 25-member task force established by Governor Maura Healey. Friedman, an Arlington Democrat, sits on the task force, which includes representatives of insurers and hospitals.

"Primary care is the backbone of our health care system, but for far too long, we have watched Massachusetts health care spending increase in areas like specialty care, while neglecting investment in primary care," Friedman said. "Rather that wait for people to get sick and need costly treatments, we should be supporting access to preventative care and making it easier for primary care providers to administer it."

The bill would require health care organizations and insurers to raise the level of primary care spending to 9 percent in 2028, 12 percent in 2029, and 15 percent in 2030 without enlarging the overall health care spending pie. To do this, providers and insurers would have to take money from someplace else.

To enforce the spending targets, the legislation would give new enforcement powers to the Health Policy Commission, which could issue escalating fines starting at $500,000 if a health care entity or insurer fails to reach the thresholds. The state would first seek to get the entity or insurer to fulfill a “performance improvement plan.”

The measure would transform how primary care providers are paid. Commercial insurers would give providers flat monthly payments for each patient whom a physician cares for regardless of whether that patient had an office visit that month. This would largely scrap the traditional “fee for service” model used by primary care physicians.

Proponents say that would give primary care doctors a steadier flow of money, perhaps to hire more staff and expand hours. It would also reduce administrative burdens, which many primary care physicians say contributes to burnout and prompt some to retire or leave traditional offices to join concierge practices.

“This bill would be landmark primary care legislation that could provide a model for the rest of the country,” said Dr. Wayne Altman, an Arlington family medicine physician who has been lobbying the Legislature to reform primary care for eight years. He also sits on the task force.

The measure also seeks to boost community health centers, often the main primary care providers in lower-income neighborhoods in Massachusetts. It would require commercial insurers to reimburse such health centers at a rate that’s at least the same as what MassHealth pays for the same services. (MassHealth is the joint Medicaid and Children’s Health Insurance Program for the state.) Friedman said some insurers reimburse health centers at only 70 percent of the MassHealth rate.

The legislation also aims to get more young physicians to go into primary care, which typically pays far less than what specialists make, by establishing a graduate medical education program with matching funds from the US Centers for Medicare and Medicaid Services. That would cover the cost of fellowship and residency programs at community health centers and hospitals.

Critics of the bill don't like the new payment model for primary care doctors as written. They also noted California adopted a similar 15-percent primary care spending threshold in 2024 but is doing it much more gradually, over a 10-year period. The Massachusetts task force recommended it be phased in over five years.

Nonetheless, Dr. Michael Barnett, a primary care physician at Brigham and Women's Hospital and organizer of a union of primary care doctors at Mass General Brigham, lauded backers of the bill for trying to move so swiftly. He said "primary care is suffering now."

"We need bold investment to make a difference," he said, adding that the Senate proposal is "the most progressive bill yet proposed by a state to increase primary care spending and address underfunding of primary care."

Jon Chesto of the Globe staff contributed reporting.

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