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Primary care changes could trigger ripple effects

Policymakers want increased access, but lower deductibles could push up premiums, worsen cost crisis

Alison Kuznitz
May 6, 2026

STATE HOUSE, BOSTON, May 6, 2026....Patients who are struggling to access primary care or forgoing visits to avoid hefty medical bills could benefit from the state reining in cost-sharing among insurers, a group of health policy experts said Tuesday as they wrestled with potential financial ripple effects.

In its latest draft report focused on how insurance plans are structured, the state's primary care task force says that deductibles and co-insurance should be "minimized" for primary care services, and instead "redistributed" into "predictable, episode-based" copays.

But to ensure that policy idea does not trigger a jump in premiums — which are already surging and straining household budgets — the task force says its recommendation must be paired with solutions that address the underlying problems that are driving health care spending. The Senate's long-promised primary care reform legislation could hew closely to the task force's work, and Gov. Maura Healey's health care affordability task force is slated to share initial recommendations next month.

At his primary care doctor's office last week, Insurance Commissioner Michael Caljouw said he was given a sheet about his financial obligations, including expected out-of-pocket costs. He suggested that providers should deliver more "consumer education" to help patients wade through the complicated payment structure, even if the task force advances the pending recommendations.

"We will not answer this through the insurance design. We will not," the commissioner said. "It'll screw up. I know it will. I've seen it screw up every single issue in care delivery. This will be no different. So I think we have to couple it with direct-to-the-consumer education requirements from the practitioner."

Dr. Wayne Altman said Caljouw may be different from typical patients, who "rage" at his front desk staff over the payment estimates they're provided.

"We have had to have wellness sessions for our front desk and give them time away from the front desk because of how they are mistreated by patients who are so angry about the health care system," said Altman, the founder of the MA Primary Care Alliance for Patients.

Altman said his staff would have a party if copays and deductibles were eliminated, as he described the logistical and emotional challenges of interacting with patients.

"When patients come for their physicals and you ask them, 'So tell me, what would you like to talk about today? Do you have any questions you wanted to ask me?'" Altman said. 'Well, I have five questions, Dr. Altman, I just can't afford to ask them because it will be applied to my deductibles and copays.' That's not the health care system that I want to have. We need to do this better."

Retailers Association of Massachusetts President Jon Hurst said small businesses and their employees cannot handle another premium increase if deductibles are lowered, as he pointed to nearly 60 state mandates that have already raised costs.

"For us to try to give relief to these small businesses, it seems to me we need to empower them to make their own choices," said Hurst, a critic of the 2006 reform law that created the state's individual insurance mandate and the merged market. "We need to tell the Legislature that the actual premium payer needs to be able to choose the kind of coverage that they want, need and can afford. And I think a prime example of that is primary care."

Lora Pellegrini, CEO of the Massachusetts Association of Health Plans and a task force member, said the proposals could exacerbate financial strains.

Reducing "cost-sharing without addressing the underlying drivers of health care costs, particularly high hospital and prescription drug prices, does not make health care more affordable," Pellegrini said in a statement. "It simply shifts costs into premiums at a time when

Massachusetts residents and employers are already facing affordability challenges."

Caljouw stressed the importance of primary care reforms unfolding along cost containment efforts.

"If they're not approached in a composite way with regard to total medical expenses and costs throughout the system, I fear that they will be cost additive, even if they're philosophically correct," Caljouw said.

The task force recommends that insurers also should minimize cost-sharing for preventive care services, such as labs and imaging, to align with the Health Connector's efforts and federal requirements. Insurers should also reduce administrative burdens like prior authorization requirements on primary care providers, the task force says.

"Many of these changes would conflict with federally governed benefit designs, including high-deductible health plans and coverage offered by self-insured employers, raising significant preemption issues and limiting the Commonwealth's authority to act," Pellegrini said.

Dr. Barbara Spivak said she wishes she could provide all the care that patients need in one visit when they come for their annual physical. But patients usually end up paying hundreds of dollars as they incur additional fees from screenings and lab work, she said.

"I would like to have none of that interfere with my ability to give them the kind of care that they need," Spivak said. She added, "It's my sense that I want to deliver concierge medicine to my patients without ever charging them anything extra."

To make the insurance recommendations successful, the task force still needs to work on growing the volume of primary care providers, said Massachusetts Health Quality Partners CEO Barbra Rabson.

"I'm just so happy that we're being intentional and saying look, health plan design does have an impact and we're going to monitor that," Rabson said. "One thing I think is just so crucially important to the success is that this is tied to an adequate supply of PCPs. And so if we don't have access to primary care, what does this do?"

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