2025 Health Care Affordability State Policy Snapshot

MASSACHUSETTS

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HEALTHCARE VALUE HUB

State Has Active Legislation

State Does Not Have Active Legislation

The Health Care Value Hub ("the Hub") is proud to launch the 2025 Health Care Affordability Policy Snapshot ("Affordability Snapshot"). The Affordability Snapshot provides legislators, consumer advocates, regulators and other interested parties a tool to compare their state's health policies across other states.

The categories examined in this resource explore a variety of policy options that impact health care affordability. Policies were examined for whether they were active, implemented to a limited degree, or not active as of June 1, 2025. Sources for this information can be found in the downloadable **Data and Source Document available on the Dashboard page. Definitions and descriptions for each policy category can be found in the Glossary.**

The Hub offers online and hands-on support with staff dedicated to understanding health care policy and connecting advocates and other interested parties together to help build a patient-centered, high-value healthcare system. As a research-based organization, the Hub takes a comprehensive approach to improving affordability through policy analysis, translation, visualization, and collaborative engagement. We encourage advocates, legislators, and other stakeholders to share our findings to improve consumer health care affordability across the states.

Address Consolidation and Promote Competition

Consolidation Oversight

Policy	Status as of June 2025	Summary
Transaction Notification Required	Requires health systems or providers to notify the state of consolidation transactions	Massachusetts requires the Attorney General, Health Policy Commission, and Center for Health Information and Analysis be notified of material change transactions for both nonprofit or for-profit entities, as well as equity investors as of April 8, 2025. Massachusetts also requires the state's Certificate of Need program be notified of transfers of hospital ownership.
Authority to Modify or Reject Consolidation Transactions	Has authority to approve, set conditions, or disapprove consolidation transactions	The Attorney General and state Health Policy Commission do not have approval authority over transactions. However, the state's Certificate of Need program has authority to approve or disapprove transactions.
Affordability Criteria included in Transaction Review	Includes consumer affordability or price growth in review criteria, approval conditions, or both	If the Massachusetts Health Policy Commission finds that the change in total health care expenditures exceeded the health care cost growth benchmark, they may conduct a cost and market impact review (CMIR), which includes evaluating cost growth and relative price compared to other providers.

State Has Active Policy or Program | Policy or Program Partially Implemented | State Does Not Have an Active Policy or Program | * No Source, or Limited Information Found

Address Consolidation and Promote Competition

Facility Fees

Policy	Status as of June 2025	Summary
Prohibits Facility Fees	⊗ State does not prohibit providers from charging any facility fees	
Facility Fee Transparency Laws	● State requires providers to disclose facility fees to consumers, requires off-campus outpatient departments to identify the physical location where care was provided on claims forms, or both	Massachusetts law allows patients to request information about bills at the time of scheduling a service to include any facility fees.
Limits Cost-Sharing for Facility Fees	⊗ The state has no laws that limit the amount a patient may be billed out-of-pocket for facility fees	

● State Has Active Policy or Program ◉ Policy or Program Partially Implemented ⊗ State Does Not Have an Active Policy or Program ✱ No Source, or Limited Information Found

Address Consolidation and Promote Competition

Anti-Competitive Contract Provisions

Policy	Status as of June 2025	Summary
Restricts All-or-Nothing Contract Provisions	Law restricts All-or-Nothing contract provisions	Massachusetts bars the execution of most contracts that include an All-or-Nothing clauses, prohibiting provisions that require an insurer to include all members of a provider group in a select network plans.
Restricts Anti-Tiering and Anti-Steering Contract Provisions	Law restricts Anti-Tiering or Anti-Steering contract provisions	Massachusetts bars the execution of contracts that include Anti-Steering or Anti-Tiering clauses, prohibiting agreements or contracts that limit the ability of the insurer to introduce or modify a select network plan or tiered network plan by granting the health care provider a guaranteed right of participation.
Restricts Physician Noncompete Clauses	Non-competes generally unenforceable or prohibited	Massachusetts also has stringent restrictions on noncompete agreements, explicitly banning them in physician employment contracts.
Restricts Most-Favored Nation Contract Provisions	Law restricts Most Favored Nation contract provisions	Massachusetts bans contract provisions that allow an insurer to establish reimbursement rates based on the price paid to a provider in a contract with another insurer. In practice this prohibits Most Favored Nation clauses, which guarantee one insurer the best rate.

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Medical Debt Prevention

Balance Billing and Short-Term Insurance

Policy	Status as of June 2025	Summary
Prohibits Balance Billing for Ground Ambulance Services	⊗ Does not prohibit balance billing for out-of-network ground ambulance services	
Prohibits Short-Term, Limited Duration Health Plans	● State law has eliminated short-term, limited duration health plans	STLD health plans aren't explicitly banned in the state, but strict regulations have effectively removed them from the market.

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Medical Debt Prevention

Charity Care and Community Benefit

Policy	Status as of June 2025	Summary
Mandated Hospital Charity Care	⊗ State law does not require hospitals to provide free or discounted care to low-income patients	Massachusetts does not require all hospitals to offer discounted or charity care, but instead operates a Health Safety Net fund that reimburses acute care hospitals and community health centers for uncompensated care provided to low-income residents. Massachusetts residents with incomes up to 150% of the federal poverty level (FPL) may qualify for full assistance, while those with incomes between 150% and 300% FPL may be eligible with a deductible.
Hospital Charity Care Screening Requirements	⊗ State does not require health care providers to screen patients for Medicaid, Marketplace, or charity care eligibility before collecting payment	
Hospital Charity Care Notification Requirement	● State law requires health care providers to notify patients of charity care options before collecting payment	Massachusetts requires hospitals to notify patients about financial assistance programs at several key points: during registration, on all billing invoices, and when there is a change in a patient's eligibility or insurance coverage. Providers must also include a brief financial assistance notice in all written collection actions and inform eligible patients about available payment plans. Hospitals must post clear signs about financial assistance in common patient areas, and provide translated notices if at least 10% of the local population speaks a non-English primary language. Additionally, financial assistance policies and provider affiliate lists must be accessible on the provider's website.
Hospital Community Benefit Reporting Requirement	⊗ State law does not require hospitals to annually report the amount of charity care provided	

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Medical Debt Prevention

Reducing Financial Consequences

Policy	Status as of June 2025	Summary
Mandates Waiting Prior to Collections	State law prohibits sending medical debts to collections for a prescribed period (see note)	Massachusetts hospitals may not start any debt collection activities (including using debt collectors or reporting to credit agencies) while an internal or external grievance or review is pending, or for 30 days after the grievance is resolved.
Limits on Liens or Foreclosures due to Medical Debt	State law does not prohibit initiating a lien or foreclosure to collect medical debt	Massachusetts grants generous homestead exemptions to residents that are elderly or disabled, but does not ban hospitals or debt collectors from placing liens or foreclosing on homes to collect medical debt. However, providers must get individual approval from their board of trustees before taking legal action against the home or vehicle of a low-income patient.
Limits Wage Garnishment due to Medical Debt	State law exceeds federal wage garnishment protections for residents with medical debt	State consumer protections against wage garnishment exceed federal protections.
Limits on the Amount of Interest Charged to Medical Debt	State law limits interest rates on medical debt	Massachusetts requires hospitals to offer one year interest-free payment plans to patients with a balances of $1,000 or less (with payments capped at $25/month) and a two year interest-free payment plans to patients with a larger balances. Hospitals are also prohibited from billing patients who qualify for discounted or charity care under the Health Safety Net, or who are enrolled in MassHealth, the Emergency Aid to the Elderly, Disabled and Children program, or the Children's Medical Security Plan unless the patient fails to provide proof of eligibility.

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Curb Excess Costs in the System

Premium Rate Review

Policy	Status as of June 2025	Summary
Effective Rate Review per Centers for Medicare and Medicaid Services (CMS)	● Has an effective rate review process	
Authority to Modify or Reject Premium Rate Increases	● Has the authority to modify or reject premium rate increases	Massachusetts has the authority to approve or deny rate filings in in the individual, large group, and small group market.
Affordability Criteria Included in Premium Rate Review	● Incorporates affordability criteria into premium rate review	Massachusetts House Bill 5159, passed in December 2024, requires the state to consider affordability for both consumers and purchasers when evaluating whether a health insurance rate filing is excessive. In addition, the Health Policy Commission reviews proposed rate increases to determine whether they would significantly affect the state's ability to meet its health care cost growth benchmark or harm market competition.

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Curb Excess Costs in the System

Hospital Price Regulation

Policy	Status as of June 2025	Summary
Medicare Reference-Based Pricing	⊗ State does not use reference-based pricing tied to Medicare rates to regulate hospital pricing	In 2025, Massachusetts considered a bill (S 902) that would have prohibited hospitals and providers from charging more than 200% of Medicare rates, but it did not pass.
Hospital Global Budgets	⊗ State has not implemented hospital global budgets	

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Curb Excess Costs in the System

Affordable Coverage

Policy	Status as of June 2025	Summary
Public Option	⊗ State does not offer an active public option insurance plan	
Public Option Includes Provider Participation Mandate	⊗ State does not does not offer a public option, with or without a participation mandate	
Basic Health Plan	⊗ State does not operate a Basic Health Plan	
State-Based Premium Subsidies	● Supplementary state-funded premium subsidies are available to eligible residents	Massachusetts' ConnectorCare program offers fully subsidized, no deductible health insurance coverage for residents that earn up to 150% FPL as well as partially subsidized plans for residents that earn between 151% and 500% FPL under a pilot expansion. The pilot expansion was scheduled to end in 2025, but the 2026 budget extended it by one more year. Without further action, eligibility for additional subsidies will revert to 300% FPL in 2027.

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Curb Excess Costs in the System

Prescription Drug Pricing

Policy	Status as of June 2025	Summary
Biologic Substitution Laws: Prescriber Permission Requirements	State does not require express authorization for biologic substitution	
Biologic Substitution Laws: Prescriber Notification Requirements	Pharmacists are required to notify prescribers of biologic substitution	Pharmacists in Massachusetts are required to notify the prescribing physician of a substitution within "a reasonable time following any such substitution."
Drug Purchasing Consortium	State does not participate in a drug purchasing consortium*	
Drug Coupon Prohibitions	State prohibits the use of drug manufacturer coupons	Massachusetts prohibits the use of manufacturer coupons for brand-name medications that have a generic available, set to expire in 2026.
Medicaid Managed Care Organization (MCO) Carve Out	State Medicaid does not carve out any drug classes from their MCO benefits*	
Mandatory Generics in Medicaid Fee-for-Service (FFS)	Medicaid Fee-for-Service (FFS) programs and pharmacists are required to substitute a generic version of a drug	Massachusetts has policies or tools to promote mandatory generics.

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Curb Excess Costs in the System

Prescription Drug Pricing

Policy	Status as of June 2025	Summary
Supplemental Rebate Programs	● Medicaid Pharmacy Supplemental Rebate Agreement (SRA) in place	
Drug Rebate Transparency and Reporting Requirements	● Pharmacy benefit managers are required to report rebate data to the state	
Spread Pricing Restrictions	⊗ State does not prohibit pharmacy benefit managers from engaging in spread pricing	
Pharmacy Benefit Manager Reimbursement and Clawbacks	⊗ State does not prohibit PBMs from retroactively reducing reimbursement to pharmacies (“clawbacks”)	Massachusetts HB 25-1234 included provisions to prohibit clawbacks, but the bill died in committee.
Cost-Disclosure and Gag Clause Restrictions	⊗ State law does not prohibit gag clauses in pharmacy contracts	
Prohibits Copay Accumulator Programs	⊗ State does not prohibit copay accumulator programs	

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Curb Excess Costs in the System

Medicaid Costs

Policy	Status as of June 2025	Summary
Medical Loss Ratio Remittances (MLR) for Medicaid Managed Care Population	State requires MLR remittances for its Medicaid managed care population	
Medicaid Site Neutral Payments	State has not enacted Medicaid site neutral payment legislation	Legislators in Massachusetts introduced a bill in 2025 that would have established site neutral payments for medications administered to Medicaid enrollees, but the bill was unsuccessful.

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Medicaid Services and Immigrant Coverage

Medicaid Administration

Policy	Status as of June 2025	Summary
Medicaid Managed Care (MCO)	State partners with MCOs to operate their Medicaid program	MCOs can provide coverage to Medicaid recipients who are younger than 65, do not have other insurance, live in the community, and are in MassHealth Standard, CommonHealth, CarePlus, or Family Assistance programs.
Medicaid Vendor — Eligibility and Enrollment	State contracts with a vendor for Medicaid enrollment or eligibility	
Integrated Medicaid-Medicare	State integrates Medicare-Medicaid to coordinate care for the dually eligible population	Massachusetts has either or a combination of both highly integrated or fully integrated dual eligible special needs programs (HIDE/FIDE), as well as program of all-inclusive care for the elderly (PACE).

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Medicaid Services and Immigrant Coverage

Medicaid Covered Services

Policy	Status as of June 2025	Summary
Medicaid Coverage for Fertility Services	⊗ State Medicaid program does not cover infertility treatments or fertility preservation services	
Medicaid Coverage for Doula Services	● State Medicaid program actively reimburses for doula services	
Medicaid Coverage for Abortion Care	● State Medicaid program utilizes state-based funds to cover abortion care	
Medicaid Coverage for Transition-Related Care	● State Medicaid program explicitly covers any transition-related care for adults	
Medicaid Coverage for Hearing Aids	● State Medicaid program covers hearing aids for all adults	
Medicaid Coverage for Eye Exams and Glasses	◉ State Medicaid program covers only eye exams or eyeglasses but not both, or biannually or less frequently, or restricts coverage based on age or health condition (see notes)	Exams and glasses covered biannually.
Medicaid Coverage for Dental Services	● State Medicaid program covers preventive and diagnostic dental services, extractions, dentures, root canals, fillings, and crowns for adults	

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Medicaid Services and Immigrant Coverage

Medicaid Eligibility

Policy	Status as of June 2025	Summary
Medicaid Expansion	State has expanded Medicaid eligibility to 138% of the federal poverty level (FPL)	
Retroactive Medicaid	State retroactively extends Medicaid benefits less than 90 days prior to application date or only for select enrollees (see note)	Pregnant women and children are offered retroactive Medicaid coverage up to three months. Contingent on continued federal approval, no later than January 2026, all Medicaid-eligible residents will be provided three months of retroactive coverage.
Adult Medicaid Continuous Eligibility	State has not authorized 12-month continuous eligibility for non-pregnant adult Medicaid enrollees	Massachusetts provides 12-month continuous eligibility to adults following release from a correctional setting and 24-month continuous eligibility for adults under age 65 experiencing homelessness for at least 6 months. The state was also approved to provide 12-month continuous eligibility to all adults and 24 months of continuous eligibility for all adults experiencing homelessness for at least 6 months.
12-Month Postpartum Coverage	State has authorized 12-month postpartum Medicaid coverage	
Medicaid Available to People who are Incarcerated	State offers Medicaid coverage to justice-involved individuals while they are in a correctional setting	Massachusetts's waiver for Medicaid pre-release coverage for individuals who are incarcerated was approved 2024 and the state is in process of implementation, but it does not appear to be in effect as of June 2025.
Medicaid Aged, Blind and Disabled (ABD) Asset Limits	State has not expanded the asset limit for Medicaid for the Elderly and Disabled eligibility beyond $2,000 for an individual applicant and $3,000 for joint applicants	
Medicaid Aged, Blind and Disabled (ABD) Life Insurance Exemption	Life insurance exemption limits do not exceed $1,500	
Medicaid Aged, Blind and Disabled (ABD) Retirement Account Exemptions	State does not exempt retirement savings from Medicaid eligibility determinations	

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Medicaid Services and Immigrant Coverage

Immigrant Coverage

Policy	Status as of June 2025	Summary
From Conception to End of Pregnancy (FCEP)	Covers pregnancy-related services through the CHIP From-Conception-to-End-of-Pregnancy (FCEP) Option and post-partum coverage	Massachusetts extends postpartum coverage to 12 months for parents covered by the From Conception to End of Pregnancy option.
Immigrant Children without a Five-Year Bar	State offers coverage for lawfully residing immigrant children without a five-year bar	
Pregnant Immigrants without a Five-Year Bar	Offers coverage for lawfully residing pregnant immigrants without a five-year bar	
State-Funded Coverage for Children Regardless of Citizenship Status	Offers coverage for children regardless of immigration status	
State-Funded Coverage for Adults Regardless of Citizenship Status	Does not offer coverage for adults regardless of immigration status	

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Improve Oversight, Accountability, and Transparency

All-Payer Claims Database

Policy	Status as of June 2025	Summary
Established an All-Payer Claims Database (APCD)	State has a(n) all-payer or multi-payer claims database	
All-Payer Claims Database (APCD) Operated by the State	APCD is operated by the state	

Prescription Drug Affordability Board

Policy	Status as of June 2025	Summary
Established Prescription Drug Affordability Board (PDAB)	The state has an active prescription drug affordability board	The Massachusetts Executive Office of Health and Human Services may directly negotiate supplemental rebate agreements with drug manufacturers. If an agreement cannot be reached, the manufacturer may be referred to the Health Policy Commission (HPC) for review. The HPC can identify a proposed value of the drug and propose a supplemental rebate.
Prescription Drug Upper Payment Limits	The state has not established Upper Payment Limits for prescription drugs	

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Improve Oversight, Accountability, and Transparency

Price Transparency

Policy	Status as of June 2025	Summary
Service Cost Price Transparency Tool	State has a public-facing price transparency tool that reports negotiated rates	
Prescription Drug Price Reporting Requirement	Organizations are not required to report prescription drug price information to a state entity	

Health Care Spending Oversight

Policy	Status as of June 2025	Summary
Health Care Spending Benchmark	State has established a health care spending benchmark for providers, insurance carriers, or both	Massachusetts's Cost Growth Benchmark was set at 3.6% in 2017, 3.1% from 2018-2022, and 3.6% from 2023-2025. The statewide health spending target is applied to a broad range of health care entities, including health insurance payers, hospitals, clinics, and medical groups.
Authority to Enforce Health Care Spending Benchmark	State has an enforcement mechanism for their health care spending benchmark(s)	Entities whose spending grows faster than the target growth rate are subject to detailed reviews, may be required to submit Performance Improvement Plans (PIPs) designed to bring their spending growth in line with the target, and face financial penalties of up to $500,000 for noncompliance with PIPs.
Hospital or Primary Care Spending Oversight Entity	State monitors and reports hospital spending, primary care spending, or both	Massachusetts' Health Policy Commission and the Center for Health Information and Analysis (CHIA) monitor hospital and primary care spending. The Health Policy Commission also manages drug spending and acts the same as a Prescription Drug Affordability Board.

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Reduce Cost-Sharing for Patients

Reduce Cost-Sharing: Prescription Drugs

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Diabetes Medications	State has enacted legislation to limit cost-sharing for insulin, diabetes related equipment, or both	Massachusetts caps the out-of-pocket cost for a 30-day supply of prescription insulin at $25.00, regardless of the amount or type of insulin needed.
Waives or Reduces Cost-Sharing for Asthma Inhalers	State has not enacted legislation limiting cost-sharing for asthma inhalers	
Waives or Reduces Cost-Sharing for Epinephrine Auto-Injectors	State has not enacted legislation to limit cost-sharing for prescription epinephrine autoinjector(s)	
Waives or Reduces Cost-Sharing for Specialty Drugs	State has enacted legislation to limit cost-sharing for specialty drugs	Massachusetts health insurance carriers are required to cap cost-sharing for one generic and one brand name drug used to treat the two most prevalent heart conditions among enrollees (four drugs total).

Reduced Cost-Sharing: Behavioral Health

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for an Annual Behavioral Health Office Visit	State requires private insurers to cover at least one annual mental health wellness exam without cost-sharing	Massachusetts requires health insurance plans to cover an annual mental health wellness exam without patient cost-sharing.

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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Preventive Care

Policy	Status as of June 2025	Summary
Waives Cost-Sharing for Preventive Services Recommended by the U.S. Preventive Services Task Force (USPSTF)	State mandates private insurers cover USPSTF recommended preventive services without cost-sharing	

Reduced Cost-Sharing: Maternal and Reproductive Health Care

Policy	Status as of June 2025	Summary
Individual and Small Group Health Plans Required to Cover Fertility Treatment	The state requires individual and small group health plans to offer coverage for in-vitro fertilization alone or in addition to fertility preservation services	Massachusetts requires insurers with pregnancy benefits to provide coverage for fertility preservation and in-vitro fertilization for patients with medical or genetic conditions that may impair fertility.
Individual and Small Group Health Plans Required to Cover Doula Services	State does not require private health insurers to cover doula services for enrollees	
Individual and Small Group Health Plans Required to Cover Abortion Services	The state requires individual and small group health plans to cover abortion services	

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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Colorectal Cancer Screenings	⊗ State law does not require coverage or waive cost-sharing for colorectal cancer screening exams	Massachusetts legislators introduced several bills in 2025 that would require health insurance carriers to cover colorectal cancer screening without cost-sharing, however none have been passed.
Waives or Reduces Cost-Sharing for Follow-Up Colorectal Cancer Screening Exams	⊗ State law does not require coverage or waive cost-sharing for follow-up colorectal cancer screening exams	Massachusetts legislators introduced several bills in 2025 that would require health insurance carriers to cover supplemental colorectal cancer screening without cost-sharing, however none have been passed.
Waives or Reduces Cost-Sharing for Lung Cancer Screenings	⊗ State law does not require coverage or waive cost-sharing for lung cancer screening exams*	

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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Cervical Cancer Screenings	State law requires insurers to cover cervical cancer screening tests with no cost-sharing	All insurers in Massachusetts are required to provide coverage for cytologic screening for the detection of cervical cancer, and health maintenance organizations are explicitly required to cover these services without cost-sharing.
Waives or Reduces Cost-Sharing for Breast Cancer Screenings	State law requires insurers to cover breast cancer screening but allows cost-sharing	Health insurance carriers in Massachusetts are currently required to cover screening mammography without cost-sharing under federal and state law, but if substantial changes are made to the Affordable Care Act the cost-sharing prohibitions may cease as state law mandates coverage but does not explicitly waive cost-sharing. However, new legislation passed in 2024 (H.4918) includes language stating that, "there shall be no increase in patient cost sharing for: (i) screening mammograms; (ii) digital breast tomosynthesis; (iii) screening breast magnetic resonance imaging; (iv) screening breast ultrasound; or (v) diagnostic examinations for breast cancer." Whether this would apply in a situation where the cost-sharing prohibitions in the ACA are overturned or reduced is unclear. Legislation to establish state-level cost-sharing prohibitions was introduced in 2025, but the bills are still being considered as of writing.
Waives or Reduces Cost-Sharing for Supplementary Breast Cancer Screenings	State law requires insurers to cover supplementary breast cancer screening but allows cost-sharing	

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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Prostate Cancer Screenings	⊗ State law does not require coverage or waive cost-sharing for prostate cancer screening exams*	
Waives or Reduces Cost-Sharing for Ovarian Cancer Screening	⊗ State law does not require coverage or waive cost-sharing for ovarian cancer screening exams*	
Waives or Reduces Cost-Sharing for Biomarker Testing for Cancer	⊗ State does not require coverage or waive cost-sharing for biomarker testing	

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