



The Commonwealth of Massachusetts

PRIMARY CARE ACCESS, DELIVERY, AND PAYMENT TASK FORCE

DR. KIAME MAHANIAH
CO-CHAIR

DAVID M. SELTZ
CO-CHAIR

March 18, 2026

Timothy Carroll
Clerk of the House
24 Beacon Street, Room 145
State House
Boston, MA 02133

Michael Hurley
Clerk of the Senate
24 Beacon Street, Room 335
State House
Boston, MA 02133

Dear Clerks of the Massachusetts House and Senate,

Pursuant to Chapter 343 of the Acts of 2024, I am pleased to share the Primary Care Access, Delivery, and Payment Task Force (PCTF)'s recommendation to the Massachusetts legislature to propose payment models to increase public and private reimbursement for primary care services. This deliverable is also posted to the [HPC's website](#).

In this recommendation, the third issued by the PCTF to date, we recommend the Legislature authorize the development of common guidelines and a framework for an advanced primary care payment model that would be available to all primary care practices in Massachusetts, including independent practices, pediatric practices, federally-qualified health centers, and hospital system-based-practices, and all patients in Massachusetts. The key components of this model, model design considerations, approach for multi-payer implementation, and guidelines for monitoring and accountability for model implementation are detailed in this recommendation.

This recommendation is aligned with best practices put forth by policy experts, recent primary care reform legislation passed in other states, pending legislation in Massachusetts, and is guided by core goals of primary care payment reform which task force members agreed are necessary for enabling the health care system to better deliver care based on the four pillars of primary care: first-contact care, continuity of care, comprehensive care, and coordination of care. These core goals include:

1. Improve patient access and experience: Enable providers to “provide the right care, at the right time, in the right location” that meets patients where it is best for them, when they need it.
2. Strengthen primary care capacity and stability: Provide reliable resources so practices can hire staff, extend hours, invest in technology, enable innovation, and build care teams.
3. Support team-based care models: Encourage integration of behavioral health and other supportive services.
4. Improve quality, outcomes, and advance health equity: Align payment with progress on meaningful measures.
5. Reduce administrative burden: Simplify and align billing, reporting, and other payer requirements.
6. Enhance workforce sustainability: Reduce burnout and improve the work experience of primary care providers.

Please see the attached document for the PCTF's recommendations, and please do not hesitate to reach out to the HPC's Deputy Chief of Staff, Ashley Caunter, at Ashley.Caunter@mass.gov, with any questions.

Thank you,

Secretary Kiame Mahaniah, Executive Office of Health and Human Services
David Seltz, Executive Director, Massachusetts Health Policy Commission
Primary Care Task Force Co-Chairs

CC:

Senator Michael J. Rodrigues, Chair, Senate Committee on Ways and Means
Representative Aaron Michlewitz, Chair, House Committee on Ways and Means
Senator Cindy F. Friedman, Senate Chair, Joint Committee on Health Care Financing
Representative John J. Lawn, Jr., House Chair, Joint Committee on Health Care Financing