Massachusetts Health Care Cost Growth Benchmark Factsheets

2: Annual Health Care Cost Trends Hearings

To contain health care cost increases, Massachusetts enacted Chapter 224 in 2012, which established a first-in-the-nation target, called a benchmark, for annual growth in total statewide health care spending. Among other things, the law created a Health Policy Commission (HPC) and granted it authority to hold payers and providers accountable for keeping annual cost growth below the benchmark. To inform other states that have adopted similar cost growth benchmark initiatives, this Factsheet series describes the HPC’s four accountability tools and how they have been used to date.

Overview

The HPC organizes annual Health Care Cost Trends Hearings to focus public attention on health care cost growth and increase understanding of the factors that drive cost growth, and what major health market actors are doing to restrain growth in spending. The hearings, sometimes referred to as the “Super Bowl of Health Policy in Massachusetts,” convene leading policymakers, health care providers, private and public payers, and analysts to discuss these issues in a public forum. Panelists are sworn in and provide testimony under oath, answering questions from the HPC commissioners, representatives from the Attorney General’s Office and the Center for Health Information and Analysis (CHIA), and the HPC’s Executive Director. The hearings set a stage for holding health care entities publicly accountable for their organizations’ efforts to control spending and enhance quality and equity.

Annual Cost Trends Hearings process

Annual Cost Trends Hearings are held in the fall after CHIA releases the annual Report on the Performance of the Massachusetts Health Care System, which compares health care spending growth to the health care cost growth benchmark, creating the context for the hearings. Each year, HPC requires a cross-section of health care entities, as specified in Chapter 224, to submit pre-filed written testimony on key issues before the hearings; some of these entities are also invited to present oral testimony. Payers and providers most frequently asked to serve on witness panels are the largest, based on enrollment or revenue (Chapter 224, Section 8). HPC livestreams the hearings and posts video-recordings of them for public viewing. The testimony informs the HPC’s annual Health Care Cost Trends Report, which provides in-depth analysis of health care spending growth patterns and key drivers of cost growth, along with recommendations for policymakers, payers, and providers.

Participation of elected officials and state agencies

In addition to Witness Panels, the hearings also feature Expert, Discussion, and Reactor Panels, composed of stakeholders from state agencies, academia, consumer advocacy organizations, and pharmaceutical companies, among others. Elected officials and state agencies play a large role in the hearings, both as attendees and presenters. Due to COVID-19, the 2020 and 2021 hearings were held virtually, with fewer panels and reduced participation from elected officials and state agencies.

- Staff from the HPC, CHIA, and the Attorney General’s Office (AGO) present findings and trends at the hearings.
- The Governor and Attorney General deliver remarks at the hearings.
- The HPC Board members, HPC Executive Director, CHIA Executive Director, and AGO representative sit on the panel and pose questions to panelists.
- State legislators, including the Senate President, Speaker of the House, and chairs of the Joint Committee on Health Care Financing and Joint Committee on Public Health, have presented remarks in all in-person hearings.
- The Group Insurance Commission (GIC) and MA Health Connector (the state’s Marketplace) staff are the only state agencies that have testified in Witness Panels, and Executive Office of Health and Human Services (EOHHS) staff have participated in one discussion panel.

The Peterson Center on Healthcare commissioned Mathematica to conduct a process evaluation to understand how key stakeholders perceive the influence of the cost growth benchmark on their actions, and the HPC’s use of policy levers and strategies to hold payers and providers accountable for meeting the benchmark. The final report will identify lessons from Massachusetts’ experience for other states now setting cost growth benchmarks. This factsheet synthesizes information from numerous HPC documents, available at https://www.mass.gov/orgs/massachusetts-health-policy-commission.

Panel composition (2013-2021)
This graph represents participation in all panel types mentioned on page one. Payers and providers participate in Witness Panels, whereas state agencies, employer groups, advocacy organizations, and others participate in Discussion and Reactor Panels.

State Agency Appointee/Staff
The GIC, MA Health Connector and EOHHS staff have participated in panels at the hearings, while staff from other state agencies participate through presentations and remarks.

Payer
Executives from the three largest payers have testified at multiple hearings, including Blue Cross Blue Shield (9 hearings), Harvard Pilgrim Health Care (7 hearings), and Tufts (6 hearings).

Provider
Hospital-based health systems are most frequently called to testify. Executives from Partners/Mass General Brigham and Lahey Health have each testified in seven cost trends hearings.

Other
Other entities called upon to participate as panelists include researchers, consumer advocacy organizations, employers, and pharmaceutical companies.

Evolution of themes in topics
Panelists at the hearings speak to topics identified by the HPC. Some themes in panel topics have remained consistent since 2013, such as the impact of changes in the provider market on overall spending; care quality, access, and affordability for consumers; and pharmaceutical spending. Topics such as primary care and advancing equity in health care have become more frequent in recent years.