



The Commonwealth of Massachusetts  
MASSACHUSETTS SENATE

SENATOR CINDY F. FRIEDMAN

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*Chair*  
JOINT COMMITTEE ON HEALTH CARE FINANCING

*Chair*  
SENATE COMMITTEE ON STEERING AND POLICY

July 15, 2025

Senator Paul R. Feeney  
Chair, Joint Committee on Financial Services  
24 Beacon St., Room 112  
Boston, MA 02133

Representative James M. Murphy  
Chair, Joint Committee on Financial Services  
24 Beacon St., Room 254  
Boston, MA 02133

Dear Chair Feeney and Chair Murphy,

I write in support of a bill I filed that is before your committee, S.762, *An Act relative to streamlining notice and disclosure*.

S.762 reconciles differences between two laws, the federal “No Surprises Act”<sup>1</sup> and the Massachusetts ‘Patients First Act.’<sup>2</sup> Both laws have overlapping goals of making patients more informed about how much their health care will cost and establishing protections when patients obtain out-of-network care. These laws were necessary because prior to them, patients who needed health care often did not know how much they were going to need to pay for that care or whether their provider was in-network. Additionally, out-of-network providers could charge however much they wanted and bill the patient for whatever amount insurance did not cover, a practice known as “balance billing.”

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<sup>1</sup> *An Act Making consolidated appropriations for the fiscal year ending September 30, 2021, providing coronavirus emergency response and relief, and for other purposes*, H.R.133 - Consolidated Appropriations Act, 2021, <https://www.congress.gov/bill/116th-congress/house-bill/133/text/enr>.

<sup>2</sup> *AN ACT PROMOTING A RESILIENT HEALTH CARE SYSTEM THAT PUTS PATIENTS FIRST*, Chapter 260 of the Acts of 2020, <https://malegislature.gov/Laws/SessionLaws/Acts/2020/Chapter260>

This lack of cost transparency and balance billing led to gut-wrenching stories. Patients with an upcoming procedure would perform diligent research to make sure their providers were in-network, only to discover afterwards that one member of the provider team, such as the anesthesiologist, was out-of-network and was balance billing them. Patients experiencing an emergency who had no choice but to go to an out-of-network emergency room would receive massive bills, which they would have to pay on top of their co-pay, co-insurance, and deductible.

The federal No Surprises Act and the Massachusetts Patients First Act are strong pieces of legislation that have helped address these issues. They require providers and insurers to work together to give patients notice about whether the provider is in- or out-of-network and how much the patient should expect to pay. The laws also limit the ability of providers to balance bill.

Due to the enactment of these state and federal bills around the same time – the state law was signed in January 2021 and the federal law was passed in December 2020 – the laws ended up containing some duplicative requirements that have increased administrative burden on providers, without adding much in the way of patient protection. For example, both laws require providers to disclose costs to patients. However, the state law requires providers to inform patients how much their insurance will pay in addition to any facility fees the provider charges. Patients can then ask their insurer for additional information about how much they will need to pay. By contrast, federal law requires patients to be provided with an “Advanced Explanation of Benefits” or a “Good Faith Estimate,” which is more comprehensive and descriptive than the disclosure the state law requires. Requiring both forms of notice is highly burdensome and confusing for providers and does not make patients meaningfully more informed.

In recognition of the issues and duplications these policies have caused, the Massachusetts Legislature has continued to delay implementation of the Patients First Act until January 1, 2027. However, further delaying implementation does not address the underlying issue. S.762 would resolve the issue by aligning the Patients First Act’s disclosure requirements with the federal No Surprises Act’s disclosure requirements. In doing so, S.762 will streamline disclosures and simplify information for patients, while eliminating redundancies and avoiding unnecessary administrative burden for providers.

Therefore, I respectfully request the committee to report the bill favorably. Thank you in advance for your consideration, and please do not hesitate to contact me with any questions.

Sincerely,

A handwritten signature in black ink that reads "Cynthia F. Friedman". The signature is written in a cursive, flowing style with a long horizontal stroke extending to the right.

Cindy F. Friedman