

The Care Stability Plan

Preventing cost spikes by fixing fragile systems before families pay the price

OVERARCHING GOAL

Reduce the cost of essential care by **preventing system failures** that push households into more expensive options — without expanding benefits during a period of fiscal constraint.

Core strategy:

- Use enforcement, early warning systems, and low-cost stabilization tools to keep care **available, affordable, and local.**
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ISSUE AREA 1: CHILD CARE SUPPLY & STABILITY

Problem

- Child care is one of the largest household expenses in suburban Massachusetts.
- Provider closures often happen **suddenly**, shrinking supply and driving prices up.
- Existing state investments focus on stabilization **after** damage occurs, not prevention.
- Suburban communities are especially vulnerable: fewer providers, fewer backups.

Result: Parents are forced into longer commutes, higher-cost care, or leaving the workforce.

Solution

Policy Components

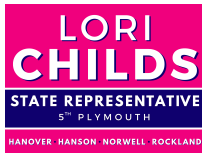
1) Child Care Early Warning & Supply Monitoring

What

- **Require the state to track regional indicators:**
 - seat availability
 - provider closures
 - workforce vacancy/turnover
 - waitlist growth
- **Publish a quarterly regional supply dashboard.**

Why

- You can't prevent closures you don't see coming.
 - Early data allows intervention before prices spike.
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2) Closure Prevention & Continuity Requirements

What

- Require advance notice of planned provider closures when feasible.
- Pair notice requirements with **temporary bridge supports** (short-term grants or loans) tied to staying open during transition.

Why

- Sudden closures cause immediate cost shocks for families.
- Advance planning protects parents *and* workers.

3) Shared Services to Reduce Provider Costs

What

- Expand shared services hubs offering:
 - payroll & HR
 - billing
 - substitute teacher pools
- Focus on small and mid-sized providers.

Why

- Administrative overhead is a major driver of instability.
- Shared services preserve supply without raising tuition.

Timeline (First Term)

First 6 months

- Budget language requiring supply data collection & reporting
- Convene EEC + providers to define risk indicators

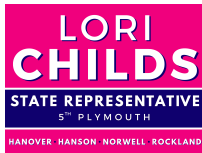
6–12 months

- Launch regional supply dashboard
- Establish rapid-response stabilization authority

Year 2

- Evaluate closure prevention outcomes
- Scale shared services in high-risk regions

Outcomes



- Fewer sudden provider closures
- More predictable child care costs
- Increased workforce stability
- Preservation of local care options

ISSUE AREA 2: PRESCRIPTION DRUG COSTS

Problem

- Massachusetts passed major drug pricing reforms — but savings are **not consistently reaching families**.
- Price increases are opaque, especially involving intermediaries.
- Enforcement and reporting lag behind legislation.

Result: Families see higher co-pays despite “reform,” eroding trust and affordability.

Solution

Make recent reforms **real**, measurable, and enforceable — without rewriting the law.

Policy Components

1) Enforcement & Implementation Accountability

What

- Require agencies to meet clear timelines for:
 - rulemaking
 - public reporting
 - compliance audits
- Use oversight hearings to enforce follow-through.

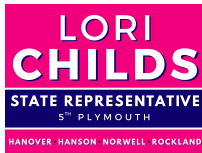
Why

- Laws don't lower costs unless enforced.
- Transparency changes behavior without new spending.

2) Price Transparency Focused on the Middle

What

- Standardized reporting showing:
 - list price vs. net price
 - what insurers pay vs. what patients pay
 - administrative and intermediary fees



- Focus on public and employer-based plans.

Why

- Many cost increases occur *between* manufacturer and patient.
- Sunlight is one of the strongest cost controls available.

3) Targeted Cost-Saving Pilots

What

- Voluntary pooled purchasing pilots for:
 - municipalities
 - school districts
- Test whether aggregation lowers net prices.

Why

- Suburban towns and employers feel drug cost pressure acutely.
- Pilots allow savings without statewide mandates.

Timeline

First 6 months

- Oversight hearings on implementation status
- Budget language clarifying reporting deadlines

6–12 months

- Publish first standardized transparency reports
- Launch pooled purchasing pilot

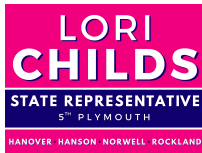
Year 2

- Evaluate savings
- Expand successful models

Outcomes

- Real price accountability
- Lower out-of-pocket growth
- Increased public trust in reform

ISSUE AREA 3: AGING IN PLACE



Problem

- Many seniors enter nursing facilities due to **small, solvable barriers**:
 - unsafe bathrooms
 - stairs
 - lack of short-term help after hospitalization
 - Institutional care is vastly more expensive than home-based support.
 - Families want dignity and independence for aging parents.
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Solution

Invest in **small, fast, practical supports** that prevent unnecessary institutionalization.

Policy Components

1) Fast Home Modification Support

What

- Expand grants and revolving loans for:
 - ramps
 - grab bars
 - bathroom modifications
 - stair access
- Prioritize speed and simplicity.

Why

- Minor fixes prevent major costs.
 - This is among the highest return-on-investment interventions in care policy.
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2) Hospital Discharge & Transition Support

What

- Improve coordination to ensure seniors can:
 - return home safely
 - receive short-term help during recovery
- Pilot temporary post-discharge support services.

Why

- Many nursing home placements begin as “temporary” and become permanent.
 - Short-term help prevents long-term costs.
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3) Aging-Friendly Housing Implementation

What

- Ensure towns implement new ADU rules clearly and consistently.
- Promote accessibility features in ADUs and renovations.

Why

- Housing is health policy.
- Multigenerational living supports families and reduces system strain.

Timeline

First 6 months

- Identify funding streams and pilot partners
- Coordinate with Councils on Aging

6–12 months

- Launch home modification & discharge pilots
- Begin ADU implementation oversight

Year 2

- Measure avoided institutional placements
- Expand most effective interventions

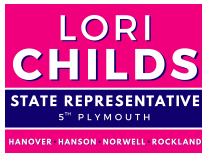
Outcomes

- More seniors safely aging at home
- Lower long-term care costs
- Reduced caregiver burnout
- Stronger family stability

WHY THIS PLAN WORKS

- Prevents cost spikes instead of reacting to crises
- Uses existing laws and authority
- Respects budget constraints
- Solves problems voters recognize immediately
- Delivers dignity through stability





MA Prescription Drug Laws the Care Stability Plan Builds On

This section outlines the existing Massachusetts legal framework on prescription drug costs, how it supports the Care Stability Plan, and where enforcement and implementation gaps remain.

Existing Massachusetts Laws on Prescription Drug Costs & Transparency

1. An Act Relative to Pharmaceutical Access, Costs, and Transparency

Chapter 342 of the Acts of 2024

Enacted: January 8, 2025

Official Session Law:

<https://malegislature.gov/Laws/SessionLaws/Acts/2024/Chapter342>

Bill history (S.3012):

<https://malegislature.gov/Bills/193/S3012>

Legislative passage announcement (Dec. 30, 2024):

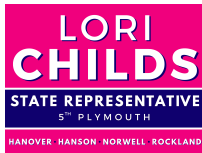
<https://malegislature.gov/PressRoom/Detail?pressReleaseId=166>

Governor's signing press release:

<https://www.mass.gov/news/governor-healey-signs-laws-lowering-health-care-costs-and-strengthening-oversight>

What this law already does

- Requires pharmacy benefit managers (PBMs) to be licensed and subjects them to state oversight.
<https://pirg.org/massachusetts/updates/gov-healey-signs-new-prescription-drug-law/>
- Mandates PBMs and pharmaceutical manufacturers to report cost drivers and participate in the state's annual health care cost trends hearing.
<https://www.mass.gov/news/governor-healey-signs-laws-lowering-health-care-costs-and-strengthening-oversight>
- Requires standardized reporting of prescription drug pricing data across the supply chain.
<https://www.mass.gov/news/governor-healey-signs-laws-lowering-health-care-costs-and-strengthening-oversight>
- Caps out-of-pocket costs for certain essential prescription drugs for chronic conditions (e.g., \$25 cap for some brand-name drugs; low or no cost for generics).



<https://states.aarp.org/massachusetts/new-legislation-could-save-you-money-on-prescriptions-in-massachusetts>

- Improves insurer coverage rules to ensure patients are charged the lowest available price at the pharmacy counter.

<https://pirg.org/massachusetts/media-center/statement-legislature-passes-new-prescription-drug-law/>

Why this matters for the Care Stability Plan

This law provides a strong statutory foundation for drug cost transparency and accountability. Your plan does not require rewriting it — it requires making it real through enforcement, reporting, and oversight.

2. Prescription Drug Price Transparency Laws (Pre-2025)

Before Chapter 342, Massachusetts had already enacted transparency requirements that remain in effect and were expanded by the 2024 law:

- Manufacturer reporting requirements for price increases above set thresholds, including cost justification.
<https://www.stateregstoday.com/health/healthcare/prescription-drug-pricing-and-regulation-in-massachusetts>
- Public reporting requirements designed to track drug pricing trends and flag unfair or excessive increases.
<https://www.stateregstoday.com/health/prescription-drug/prescription-drug-price-transparency-laws-in-massachusetts>

Why this matters

These laws establish a longstanding precedent for transparency. The Care Stability Plan builds on this authority by calling for clearer timelines, standardized public reporting, and consistent enforcement.

3. Regulatory Oversight & Data Collection Authority

Health Policy Commission (HPC)

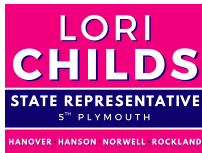
- The HPC has statutory authority to monitor health care cost trends, including prescription drug spending.
- The 2024 law formally established the Office of Pharmaceutical Policy and Analysis (OPPA) within HPC to focus on drug pricing and affordability.

HPC prescription drug cost work:

<https://masshpc.gov/rxdrug-cost>

Office of Pharmaceutical Policy and Analysis (OPPA):

<https://masshpc.gov/offices-and-task-forces/oppa>



Why this matters

Massachusetts already has the legal authority and infrastructure to collect, analyze, and publish drug pricing data. The remaining challenge is follow-through.

4. PBM Reporting & Regulation (CHIA)

Center for Health Information and Analysis (CHIA)

- Authorized under M.G.L. c. 12C § 10A (as amended by the 2024 Act) to collect PBM data.
- Oversees PBM reporting requirements through regulation.

PBM reporting information:

<https://www.chiamass.gov/pbm-pharmacy-benefit-manager-reporting>

Relevant regulation:

- **957 CMR 12.00 — Pharmacy Benefit Manager Data Reporting**

Why this matters

PBMs are a key driver of opaque cost increases. Existing law allows data collection, but public-facing transparency and enforcement remain limited.

Laws That Need Stronger Enforcement or Implementation

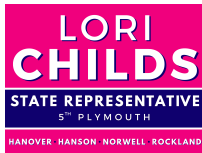
The Care Stability Plan focuses on making existing law effective, not expanding benefits.

1. Transparency & Reporting Enforcement

- **Agencies need clear statutory or budget-based deadlines for:**
 - rulemaking
 - data submission
 - public reporting
 - **Regular, standardized reports should clearly show:**
 - list price vs. net price
 - what insurers pay vs. what patients pay
 - administrative and intermediary fees
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2. PBM Accountability

- **Current law licenses PBMs and requires reporting, but:**



- rebate flows
- administrative fees
- spread pricing
- remain largely invisible to the public.

Care Stability Plan role: prioritize transparent middleman accounting using existing regulatory authority.

3. Public Transparency Tools

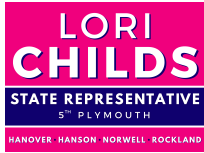
- Existing reporting authority could support:
 - quarterly public dashboards
 - clear comparisons of manufacturer prices, PBM practices, and patient costs

4. Enforcement Capacity

- Massachusetts law allows penalties for non-compliance, but enforcement is uneven.
- Oversight hearings, compliance audits, and public accountability measures can strengthen implementation without new statutory authority.

How the Care Stability Plan Fits the Existing Legal Framework

Care Stability Plan Component	Existing Legal Authority	Gap to Address
Enforcement & accountability	Chapter 342 (Acts of 2024)	Clear timelines, audits, oversight
Price transparency	Manufacturer & PBM reporting laws; HPC authority	Standardized public reports
PBM oversight	PBM licensing & CHIA reporting rules	Disclosure of fees and rebate flows
Pooled purchasing pilots	Not explicit in statute	Budget language or pilot authority



Summary

What already exists

- Comprehensive prescription drug reform enacted January 2025
- Longstanding drug price transparency authority
- Dedicated state agencies with data and oversight power

What your plan does

- Enforces timelines
- Makes reporting usable and public
- Shines light on middlemen
- Delivers affordability without expanding benefits or spending

