



*The Commonwealth of Massachusetts*  
*Commonwealth Health Insurance Connector Authority*  
*100 City Hall Plaza*  
*Boston, MA 02108*

MAURA T. HEALEY  
Governor

KIAME MAHANIAH, MD, MBA  
Board Chair

KIMBERLEY DRISCOLL  
Lieutenant Governor

AUDREY MORSE GASTEIER  
Executive Director

**Board of the Commonwealth Health Insurance Connector Authority**  
**Meeting Minutes**

Thursday, February 12, 2026  
9:00 AM to 11:00 AM

Live Stream

<https://www.youtube.com/user/TheMAHealthConnector>

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**Attendees:** Audrey Morse Gasteier, Secretary Kiame Mahaniah, Dimitry Petion, Eric Gulko, Nancy Turnbull, Robyn Olson, Rebecca Gutman, Morgan Simko (who was sitting by designation on behalf of Group Insurance Commission Executive Director Matthew Veno), Catia Ruth Sharp (who was sitting by designation on behalf of Secretary of Administration and Finance Matthew Gorzkowicz), Kevin Beagan (who was sitting by designation on behalf of Division of Insurance Commissioner Caljouw), Michael Chernew

The meeting was called to order at 9:02 AM.

- I. **Minutes:** The minutes of the Board meeting on November 13, 2025, were unanimously approved by roll call vote.
- II. **Executive Director's Report:** Ms. Gasteier began by welcoming everyone to the first Board meeting of the year. She shared impacts of the federal policy changes as a result of the "One Big Beautiful Bill Act" and the expiration of enhanced premium tax credits, expressing concern for the tens of thousands of Massachusetts residents losing access to affordable coverage. She noted the challenges of this past Open Enrollment period, shared member quotes, and highlighted that there was a 7 percent decrease in enrollment compared to 2025 enrollment prior to the start of Open Enrollment. The Health Connector was working with partner agencies to strategize the best ways to approach the additional federal policy changes expected for the 2027 and 2028 Open Enrollment periods. Ms. Gasteier previewed the meeting agenda and thanked her staff for their public service and the Board for their support and guidance.

In response to a question from Ms. Olson regarding members affected by federal policy changes, Ms. Gasteier explained that some individuals became ineligible for subsidies. Therefore, they can no longer afford coverage. Ms. Turnbull inquired about data tools and the ability to track the loss of coverage and its implications. Ms. Gasteier stated that the Health Connector is in the early tranches of data collection. Ms. Gutman recognized the Health

Connector staff and shared experiences from the frontlines, particularly from 1199 healthcare workers and personal care attendants who are losing affordable coverage. She also expressed interest in learning how the federal policy changes are impacting different professions.

- III. **Open Enrollment 2026 Recap:** The presentation “Open Enrollment 2026 Recap” was presented by Jason Lefferts, Patricia Grant, and Signe Flieger. Mr. Lefferts began the presentation by saying that the 2026 Open Enrollment period was unique and characterized by unprecedented eligibility changes. He noted that the two most significant changes were related to eligibility for those under 100 percent and over 400 percent of the federal poverty level, which is about 60,000 people. In response to federal changes, the outreach and engagement strategy was adjusted. Specifically, Mr. Lefferts shared that they had to boost member communications and media interest. He explained that there was a long-term communication effort—beginning in August—to ensure applicants and enrollees were provided with information and access to support from a Navigator or the contact center. Mr. Lefferts highlighted a new webpage that serves as a resource for updates on federal changes.

Mr. Lefferts shared that there were enrollment press events, press conferences conducted by Governor Healey, and more than 140 press stories. Additionally, the Health Connector continued outreach activities in 28 priority communities identified in 2025. Marketing also included targeted digital advertising, out-of-home methods, and continued relationships with non-English media. The Health Connector relied on Navigators, many of whom speak a language other than English, and provided critical community-based education and enrollment support during Open Enrollment. Notably, Navigators helped consumers submit over 3,500 applications.

Ms. Grant then presented data on the contact center’s performance during Open Enrollment, which was the first Open Enrollment for the new vendor, Automated Health Systems (AHS). The contact center’s volume increased 10 percent this year compared to last year and AHS answered 95 percent of the calls. Ms. Grant shared that increased staffing levels led to more consistently high service levels for customers and an overall strong performance by AHS. She thanked AHS for their partnership and engagement with members and enrollees.

Ms. Turnbull inquired about the callback feature available after a four-minute wait; Ms. Grant stated that there were about 35,000 callbacks made during Open Enrollment.

Ms. Flieger then presented enrollment results, stating that total enrollment was about 27,500 lower and that those who lost eligibility for subsidies were more likely to cancel their 2026 coverage, and more likely to have their plan terminated for nonpayment of premium, compared to those who maintained eligibility for subsidies. Enrollment in ConnectorCare with income eligibility between 100 and 400 percent of the federal poverty level remained strong. Ms. Flieger compared 2025 enrollments to 2026 enrollments and noted that while January 2026 enrollments were higher relative to January 2025, February 2026 enrollments were lower relative to February 2025. This is in part due to the high number of people who were terminated for non-payment at the end of January 2026. She explained that of the 37,000 members enrolled in ConnectorCare Plan Type 1 at the end of 2025, 23 percent retained coverage through the Health Connector or MassHealth, and the remaining 77 percent left coverage as a result of federal policy changes. In response to a question from Ms. Turnbull regarding individuals who canceled their plan or were terminated for non-payment of premiums, Ms. Flieger noted that they would most likely be eligible for the Health Safety Net and/or MassHealth Limited.

Among the 19,000 ConnectorCare Plan Type 3D enrollees at the end of 2025, about 80 percent of those individuals retained coverage through the Health Connector or MassHealth, the majority enrolled in unsubsidized coverage. 17 percent of the 19,000 enrollees canceled their plan or were terminated due to non-payment. In response to a question from Ms. Gorman regarding income changes, Ms. Flieger confirmed that the individuals' circumstances could've changed, making them eligible for a different plan type. Ms. Gutman asked Ms. Flieger to clarify how the federal policy changes impacted those enrolled in ConnectorCare Plan Type 1. Ms. Flieger explained that due to the "One Big Beautiful Bill" Act, eligibility for federal advance premium tax credits was eliminated for individuals under 100 percent of the federal poverty level that have an immigration status that does not qualify for Medicaid. Overall, Ms. Flieger shared that while total ConnectorCare enrollment is down for 2026 compared to 2025, ConnectorCare enrollment within the 2026 eligibility criteria (between 100 and 400 percent of the federal poverty level) is higher in 2026 compared to 2025. However, more people had fallen out of coverage this year, with nearly 35,000 Health Connector enrollees terminating at the end of January due to non-payment.

Mr. Petion inquired about filtering the data of individuals who have lost coverage by zip code. Ms. Turnbull suggested analyzing the data of these individuals according to age and other demographics. Ms. Flieger shared member quotes and a few reasons for why health insurance is important. The Health Connector was committed to support individuals eligible for a special enrollment period, prepare for 2027 Open Enrollment, and continue to engage with stakeholders.

In response to a question from Ms. Gorman regarding the future state of ConnectorCare Plan Type 3C, Ms. Gasteier explained that Governor Healey included a proposal to extend the ConnectorCare pilot program beyond Plan Year 2026, but under current law there's a potential risk for nearly 51,000 members. Ms. Flieger noted that the Centers for Medicare and Medicaid Services will publish data regarding coverage effectuation. In response to a question from Ms. Gutman regarding MassHealth changes, Secretary Mahaniah stated that work requirements for eligibility will take effect on January 1, 2027.

**IV. Topics Related to the Individual Mandate for 2027 (VOTE):** The following presentation "Topics Related to the Individual Mandate for Calendar Year 2027 (VOTE)" was presented by Kayla Scire. She began by sharing that she would propose for the Board's consideration annual updates for 2027 related to two components of the state's individual mandate, the affordability schedule and the Minimum Creditable Coverage (MCC) deductible limits.

Ms. Scire then gave background on the individual mandate, which has been in place since 2007 and is applicable to approximately 5 million Massachusetts residents. She reminded the Health Connector Board that they're responsible for several policy aspects of the individual mandate, including affordability standards, MCC standards, and hardship exemption criteria. Additionally, she explained that the affordability schedule does not require employers or carriers to offer affordable coverage.

Ms. Scire introduced the proposed approach for the 2027 affordability schedule, which was consistent with the standards used in prior years. She briefly explained that staff previously adjusted the schedule for high inflation for 2023 and 2024. Ms. Scire then presented the proposed 2027 schedule for individuals, couples, and families.

With no further comments or questions, the Board voted unanimously to issue for public comment the draft affordability schedules for individuals, couples, and families for calendar year 2027.

Ms. Scire then proceeded to the second part of the presentation on the MCC deductible limits for calendar year 2027. She explained that MCC standards reflect and shape market “norms” for coverage in determining the kind of coverage necessary to avoid a penalty under state health coverage requirements. Furthermore, she explained that MCC deductible limit changes do not require deductible changes for consumers.

The Health Connector’s MCC regulations state that MCC deductible limits are indexed annually using the premium adjustment percentage published by the U.S. Department of Health and Human Services or may be another amount determined by the Board. The 2027 premium adjustment percentage was about 1.89, which represented an increase in private health insurance premiums of approximately 89.2 percent over the period from 2013 to 2026. Ms. Scire explained that using the premium adjustment percentage, the MCC deductible limits for 2027 would be \$3,750 for individuals and \$7,500 for families, which was a 17.2 percent increase. Based on this, Health Connector staff recommended freezing 2027 deductible limits at the 2026 levels.

Mr. Gulko encouraged benchmarking of the deductible levels and exploring future alternatives. Ms. Gorman also encouraged striking a balance on this policy moving forward. In response to a question from Ms. Sharp regarding the decision to freeze the deductible limits, Ms. Scire shared that the premium adjustment percentage was revealed the previous week. Therefore, staff were not prepared to propose an indexing factor but were considering a long-term solution for next year. Ms. Turnbull supported this year’s approach. Mr. Gulko suggested presenting data on the population being taxed because they’re enrolled in plans that do not meet MCC standards. Ms. Turnbull flagged that the Department of Revenue has not provided data on the tax filings and tax penalties in several years. Ms. Gasteier noted that there were some data limitations, but that they were working on it.

With no further comments or questions, the Board voted to approve the staff recommendation for deductible limits for Plan Year 2027; Mr. Beagan abstained.

- V. Proposed Amendments to Minimum Creditable Coverage Regulations (VOTE):** The presentation “Proposed Amendments to the Minimum Creditable Coverage Regulations (VOTE)” was presented by Emily Sroczynski and Michael Cannella. Ms. Sroczynski began by sharing that staff requested a Board vote on an amendment to Minimum Creditable Coverage (MCC) regulations to preserve evidence-based no cost preventive services by requiring that coverage only meet MCC standards if it includes, at minimum, those services that were identified as recommended services pursuant to federal law as of July 1, 2025. She further explained that the amendment would prevent the erosion of existing benefits in the Massachusetts market if current preventive services lose their “recommended” status. She then provided a brief overview of MCC and explained that MCC regulations rely on the federal definition for Preventive Health Services to identify the no-cost preventive services that a Massachusetts resident needs in their coverage to satisfy the individual mandate.

Ms. Sroczynski then presented the court case *Braidwood Management Inc. versus Becerra*, which challenged the provision that required coverage of preventive services without cost sharing. The U.S. Supreme Court ruled that the Affordable Care Act’s mechanism for requiring that health plans cover a broad range of preventive services, and without cost-sharing, was constitutional, but gave the Secretary of Health and Human Services control to change the makeup of the recommending bodies. She explained the recent modifications to federal preventive services and the risk of future erosion of the scope of evidence-based preventive services.

In response to recent regulatory changes, Mr. Cannella explained that Health Connector staff proposed draft amendments to secure federally defined preventive services in effect as of July 1, 2025, to ensure entities cannot weaken access to existing robust coverage of preventive services in Massachusetts or change residents' ability to afford and access these services. Specifically, the regulatory change would be to the definition of "Preventive Health Services" as appearing at 956 CMR 5.02. Staff also proposed aligning the publication of this regulatory change with the 2027 tax year to ensure that Massachusetts residents have consistent guidance about whether their coverage met MCC standards. Mr. Cannella then reviewed the timeline for the regulatory process, noting that the Board would need to vote on the final version of the proposed regulations.

Mr. Gulko explained his understanding of preventive services, expressed concerns for a universal definition of preventive services, particularly regarding out-of-state carriers and self-funded plans, and asked whether or not MCC is the right framework for protecting these services. Mr. Cannella explained that the federal definition that the Health Connector regulations incorporate regulate all plans. Therefore, there was already a process in place to require carriers to issue plans that cover preventive services. Ms. Turnbull added that MCC has had coverage for preventive services for several years. Mr. Petion asked whether this was something to be looked at by the Division of Insurance from a carrier perspective. Mr. Beagan stated that the Division of Insurance would ensure carriers are following the appropriate standards regarding preventive services. However, he noted that the Division of Insurance does not have authority over self-funded plans in Massachusetts. Ms. Gutman inquired about the exemption process, which Mr. Cannella explained. Ms. Gasteier clarified that carriers are not being asked to do anything new and that the power and influence of MCC is that it sends market signals across the entire coverage landscape and that has been the case since 2006. Board members suggested gathering data on how many people are impacted by this framework.

With no further comments or questions, the Board voted unanimously to approve the draft regulation amendments at 956 CMR 5.00.

- VI. Seal of Approval 2027:** The presentation "Seal of Approval 2027 Preview" was presented by Monica Smolinski and Marissa Woltmann. Ms. Smolinski began by sharing an overview of the presentation and reminding the Board that the Seal of Approval (SOA) is an annual process that supports the certification of qualified health and dental plans available through the Health Connector and is informed by various internal and external factors. She noted that the Request for Responses was expected to be released at the end of the month, which aligned with a timeline adopted several years ago. Health Connector staff planned to provide Board members with an interim update regarding 2027 data submissions in July and request a vote on the final approval of plan offerings in September. She then reviewed the strategic objectives for the Seal of Approval. Ms. Smolinski shared that they would continue to utilize stakeholder feedback to understand improvement opportunities and noted a stakeholder survey recently conducted.

Ms. Woltmann then presented the Health Connector's product shelf, which included 48 individual plans, 56 small group plans, and 12 individual and small group dental plans. For 2027, staff proposed allowing carriers to offer a benefit design that incentivizes using lower cost sites of service and providing up to three pre-deductible primary care physician (PCP) or behavioral health (BH) visits in Bronze plans. Ms. Woltmann noted that the actuarial value calculator for 2027 had not been released. Regarding the site of service adjustment, Ms. Woltmann explained that parameters would be provided to make sure that the overall actuarial value of the plan was consistent with the standard plan and that staff proposed not implementing the approach in ConnectorCare plans. In terms of the pre-deductible PCP/BH

visits, members would pay for their PCP copay, but not the full cost of the office visit. However, the feasibility of this generosity was dependent on the actuarial value. Mr. Gulko reiterated the need to balance the affordability of premiums.

Ms. Woltmann explained the proposed ConnectorCare contributions, which represented an increase of about 4 percent for 2027 compared to 2026. She highlighted a proposed contribution for the ConnectorCare pilot population between 300-400 percent of the federal poverty level in the event the pilot is expanded. The Health Connector has historically provided some additional subsidy funding to plans that are not the lowest cost to help narrow premium differences. This is known as “premium smoothing.” Staff recommended continued narrowing of the availability of smoothing, with exceptions in regions where no plan is within \$200 of the lowest cost plan considered to ensure stability for members.

Ms. Smolinski presented additional amendments proposed for 2027 plan designs aimed to improve administrative simplicity regarding forgone care, doula coverage, the use of artificial intelligence in plan administration, language access services, and \$0 copay drugs.

In terms of next steps, Ms. Smolinski shared the timeline for the release of the Request for Responses and informed the Board that staff would continue to share updates on the plan certification process. Ms. Turnbull and Mr. Gulko both expressed interest in learning about the impact of plans not covering GLP-1 drugs. Ms. Turnbull and Ms. Gorman discussed a website that could potentially offer savings on the cost of drugs. Ms. Gorman asked about a proposal for a four-tier drug plan, to which Ms. Woltmann stated that after gathering additional information from carriers, but didn’t appear to be a worthy recommendation.

With no further agenda items before the Board, the Health Connector Board of Directors motioned and voted unanimously to adjourn the meeting at 10:57 AM.

Respectfully submitted,

Nuryelis Herrera Pena