MASSACHUSETTS Health & Hospital ASSOCIATION

2023-2024 Legislative Package

Data, Oversight, and Finance

H.994 | S.671

An Act to Increase Access and Transparency of Health Insurance Data
An Act to Increase Health Insurer Reporting Transparency

Rep. Mindy Domb (D-Amherst) | Sen. Joan Lovely (D-Salem)
Referred to Joint Committee on Financial Services

This bill enhances the transparency of data for healthcare consumers and stakeholders by requiring the Center for Health Information and Analysis (CHIA) to periodically report on and include in its annual report the information it receives from insurance carriers, as well as data available from the Division of Insurance regarding medical expenses, administrative expenses, medical loss ratios, reserves, and surpluses. This bill does not create any new reporting requirements on insurers. It simply requires CHIA to evaluate data metrics that insurers already submit to CHIA and to the Division under current law and to incorporate this information as part of its annual evaluation and regular reporting of Massachusetts healthcare financing. It also requires the Division to post the data it receives from carriers pursuant to Chapter 176J in a user-friendly format on its website. It is important to note that CHIA is funded by a 50-50 assessment on hospitals and health plans, not the general fund, and therefore any administrative expenses related to reporting this information is not borne by the commonwealth.

H.1007| S.718

An Act Relative to Insurance Coverage of Mobile Integrated Health

Rep. Michael Finn (D-West Springfield) | Sen. Walter Timilty (D-Milton)
Referred to Joint Committee on Financial Services

This legislation would disallow public and private health plans from refusing to cover healthcare services on the basis that they were delivered by a state-approved mobile integrated health (MIH) program, requires that said services be covered to the same extent as they would have had they been provided in a healthcare facility, and would lift application and registration fees for MIH programs that are focused on delivering behavioral health services.

H.1009 | S.643

An Act Relative to Uncollected Co-pays, Co-insurance, and Deductibles

Rep. Carole Fiola (D-Fall River) | Sen. Barry Finegold (D-Andover)

Referred to Joint Committee on Financial Services

This bill requires carriers who design and sell "consumer-directed" plans to share accountability with providers for uncollectible patient obligations after insurance payment. This legislation would require insurers to reimburse healthcare providers 65% of an uncollected co-payment, co-insurance, and/or deductible that exceeds $250 if the provider does not receive payment after the provider has made reasonable collection efforts. The process for reasonable collection efforts outlined in the bill is similar to the processes that Medicare and the state's Health Safety Net use, with the 65% reimbursement metric modeled on the Medicare methodology.

H.1031| S.644

An Act to Redirect Excessive Health Insurance Reserves to Support Health Care Needs

Rep. Danielle Gregoire (D-Marlborough) | Sen. Barry Finegold (D-Andover)

Referred to Joint Committee on Financial Services

This legislation requires carriers to pay an assessment based on a portion of their reserves that is far greater than the amount that carriers are required to maintain to cover their risk. This assessment funding would be used to support the commonwealth's behavioral health delivery system and financially strained health care systems.

H.1096| S.721

An Act Relative to Unilateral Contract Changes

Rep. Frank Moran (D-Lawrence) | Sen. John Velis (D-Westfield)

Referred to Joint Committee on Financial Services

This bill prohibits the Group Insurance Commission and commercial carriers from entering into a contract with healthcare providers that allows them to make unilateral changes to a material term or condition of such contract other than a change expressly required by law or unless the effective date of such unilateral change is after the then-current term of such contract. Currently, carriers may unilaterally change the terms of the contract while it is in force, causing operational, financial, and medical consequences for both patients and providers.

H.1173 | S.729

A An Act to Restore the Effective Date of MassHealth Coverage for New Applicants

Rep. Gerry Cassidy (D-Brockton) | Sen. Brendan Crighton (D-Lynn)

Referred to Joint Committee on Health Care Financing

This bill directs MassHealth to retroactively apply coverage for new applicants 90 days prior to the date of application. Federal law requires state Medicaid programs to provide coverage that extends to the third month prior to the date of application to any individual who has been determined to be eligible for medical assistance under the state plan. Adequate retroactive coverage is necessary to cover low-income uninsured patients who receive medically necessary services but only apply for Medicaid coverage thereafter. This bill would ensure MassHealth coverage protects low-income residents for initial medical services preceding their application submission, thereby reducing medical debt and supporting safety net providers. This bill would also ensure that Massachusetts is more aligned with federal Medicaid minimum standards of coverage.

H.1181| S.725

An Act Regarding Shared Responsibility for Health Care Oversight Agencies

Rep. Michael Day (D-Stoneham) | Sen. Nick Collins (D-Boston)

Referred to Joint Committee on Health Care Financing

This legislation reflects the intent of Chapter 224 by ensuring that hospitals, ambulatory surgical centers (ASCs), insurers, and the commonwealth's general fund share equal responsibility for funding the Center for Health Information and Analysis (CHIA) and the Health Policy Commission (HPC), as both agencies serve a broad healthcare mission from which the commonwealth benefits. Currently, only hospitals/ASCs and insurers are responsible for funding the CHIA and HPC operating budgets. Both agencies' budgets have continued to increase year over year, while hospitals and healthcare providers have experienced historic financial losses since the onset of the March 2020 COVID-19 pandemic.

H.1187 | S.771

An Act Providing Financial Transparency for Patients Receiving Care at Hospital-Based Outpatient Facilities

An Act Providing Transparency for Patients Receiving Care at Hospital-Based Facilities

Rep. Bill Driscoll (D-Milton) | Sen. Jason Lewis (D-Winchester)

Referred to Joint Committee on Health Care Financing

This legislation would establish statewide transparency requirements for patient financial obligations that are consistent with Medicare standards (42 CFR 413.65). Under this bill, any hospital-based outpatient provider, prior to the delivery of non-emergency healthcare services, will be required to inform a patient that: it is licensed as part of the hospital and the patient may receive a separate facility fee charge that is in addition to and separate from the professional fee charged by the provider; that the patient may incur financial liability that is greater than the patient would incur if the professional medical services were not provided by a hospital-based facility; and how the patient can find out information on the potential financial liability for the known services that may be provided through the hospital or the patient's insurance carrier, along with information that the actual liability may change depending on the actual services provided.

H.1190 | S.772

An Act to Continue Enhanced Medicaid Hospital Payments

Rep. Mike Finn (D-West Springfield) | Sen. Jason Lewis (D-Winchester)

Referred to Joint Committee on Health Care Financing

This bill directs the Executive Office of Health and Human Services (EOHHS) to continue the existing enhanced Medicaid payments for certain eligible hospitals. This legislation is nearly identical to language proposed and adopted by the legislature in Section 63 of Chapter 260 of the Acts of 2020. Effective January 1, 2021, the legislature provided a two-year Medicaid payment increase for eligible hospitals that expired on January 1, 2023. Eligible hospitals are those with a low relative price, public payer mix greater than 60 percent, and not part of a large health system. To prevent these hospitals from experiencing a 5 percent reduction in current Medicaid hospital reimbursement, legislation is needed to continue the enhanced payment.

H.1196| S.724

An Act Administering National Standards to Medicaid Medical Necessity Reviews

Rep. Danielle Gregoire (D-Marlborough) | Sen. Nick Collins (D-Boston)

Referred to Joint Committee on Health Care Financing

This bill requires MassHealth to comply with review guidelines established by the Massachusetts Patients' Bill of Rights, including the requirement that clinicians conducting reviews practice in the same clinical services specialty that are the subject of an adverse determination. Should requested coverage an adverse determination of medical necessity, MassHealth would be required to provide information upon which the determination was made—including the evidence-based criteria utilized in the review—any relevant alternative treatment options offered by MassHealth and the option for a provider to seek reconsideration of the adverse determination.

H.1209 | S.746

An Act Relative to The Operating Budgets of Health Care Oversight Agencies

Rep. Hannah Kane (R-Shrewsbury) | Sen. Barry Finegold (D-Andover)

Referred to Joint Committee on Health Care Financing

This legislation would set a limit on the amount that the agencies can increase their respective operating budgets over the previous year. The limit would be equal to the same year's cost growth benchmark – the metric utilized by the HPC and CHIA to control payer and provider health care spending, which is currently set at 3.1%.

H.1212 | S.1386

An Act Relative to Determination of Need of New Technology

Rep. Meghan Kilcoyne (D-Northborough) | Sen. John Keenan (D-Quincy)

Referred to Joint Committee on Health Care Financing (H.1212)

Referred to Joint Committee on Public Health (S.1386)

This bill excludes the acquisition of both computerized tomography (CT) equipment, as well as any equipment widely used as standard diagnostic, treatment, or therapeutic technology from the Department of Public Health's (DPH) determination of need process. Healthcare facilities would be able to acquire said technology without DPH approval.

H.1217| S.811

Act to Address the Financial Stability of the Health Safety Net

Rep. John Lawn (D-Watertown) | Sen. John Velis (D-Westfield)

Referred to Joint Committee on Health Care Financing

The commonwealth continues to need a strong safety net for uninsured and underinsured Massachusetts residents, and the Health Safety Net program is an integral part of protecting these patients. However, the program has in most years operated with a funding shortfall and this financial instability threatens the viability of the program. This bill addresses the financial stability in three ways. First, it reinforces the current statutory requirement that the Unemployment Assistance Trust Fund contribute at least $30 million annually to support the Health Safety Net with, which has not been fulfilled in recent years. The bill also protects the federal revenue generated by Health Safety Net spending by dedicating it to the Health Safety Net Trust Fund. Finally, the bill allocates responsibility for any funding shortfall equally among hospitals and surcharge payers. While hospitals and surcharge payers are currently assessed an equal amount to fund the Health Safety Net, currently hospitals alone are solely responsible for any funding shortfall in the program.

H.1228 | S.788

An Act to Prohibit Inappropriate Use of the Sate Health Care Cost Benchmark

Rep. Frank Moran (D-Lawrence) | Sen. Mike Moore (D-Millbury)

Referred to Joint Committee on Health Care Financing

Massachusetts hospitals are dedicated to creating a delivery system that is affordable, accessible, equitable, and of high quality. MHA and the hospital community support a state total healthcare expenditure growth benchmark that is established and applied in a fair and reasonable manner that reflects current circumstances and economic realities.

The application of the benchmark as a cap to healthcare provider reimbursement was never the intent of Chapter 224 of the Acts of 2012, which established the benchmark to help control the growth of total health care expenditures across all payers (public and private). Unfortunately, health insurance carriers have used this benchmark as a *de facto* cap on reimbursement across many healthcare providers. To prevent this inappropriate application from occurring in the future, legislation is needed. This bill would insert a new limitation into the health insurance statute prohibiting the use of the benchmark in health insurance contracts with providers.

Clinical Affairs & Patient Access

H.986 | S.655

An Act Relative to Telehealth and Digital Equity for Patients

Rep. Marjorie Decker (D-Cambridge) | Sen. Adam Gomez (D-Springfield)

Referred to Joint Committee on Financial Services

This bill requires reimbursement parity for *all* telehealth services to be on par with in-person services by removing the sunset dates for reimbursement parity for telehealth services. It establishes two task forces—one, to study interstate licensure of physicians and two, to study interstate licensure of other healthcare providers including advanced practice registered nurses, physician assistants and behavioral and allied health professions. It also includes language to make clear that Massachusetts-licensed providers can provide telehealth to patients regardless of their physical location. It includes language requiring health plans to develop and maintain procedures to identify and offer digital health education to enrollees with low digital health literacy to assist with accessing any medically necessary covered telehealth benefits. Also, it would require EOHHS and EOHED to utilize the new common application portal that's being developed for state services like MassHealth and other low-income services to determine a method to also allow individuals to simultaneously apply to the affordable connectivity program administered by the federal communications commission and introduces language requiring MassHealth to clarify coverage and reimbursement e-Consults and remote patient monitoring services and devices.

This bill directs the Health Policy Commission (HPC) to establish two programs—a Digital Bridge Pilot Program and a Digital Health Navigator Tech Literacy Pilot Program—to support expanded access to telehealth technologies and technological literacy. This bill prohibits insurers from imposing prior authorization requirements on medically necessary telehealth visits that would not apply to in-person visits. It further requires insurers to cover interpreter services for patients with limited English proficiency and for those who are deaf or hard of hearing. It expands the definition of chronic disease management covered by telehealth services to include COVID-19 and its long-term symptoms as well as additional children's chronic diseases whose treatment is covered under Medicaid. Finally, it directs the Division of Insurance to establish standardized processes and procedures, including automated approval systems and the establishment of an electronic data exchange, applicable to all healthcare providers and payers to determine a patient's health benefit plan eligibility at or prior to the time of services, including telehealth services.

H.959 | S.704

An Act Prohibiting Discrimination Against 340B Drug Discount Program Participants

Rep. Dan Cahill (D-Lynn) | Sen. Pavel Payano (D-Lawrence)

Referred to Joint Committee on Financial Services

In collaboration with the Massachusetts League for Community Health Centers, this bill mitigates the risk for hospitals, patients, and other entities in the commonwealth participating in the 340B discount program. More than 17 states across the country have enacted 340B nondiscrimination laws, ensuring protections for covered entities against payment discrimination from pharmacy benefit managers (PBMs) and health insurers. This bill prevents said organizations from accruing 340B savings that should otherwise accrue to the 340B entity and prevents PBMs and or health insurers from reimbursing for a 340B drug less than it would reimburse non-340B entities or non-340B drugs, prevents discriminatory requirements for 340B entities, and protects patient's choice to get their 340B medications from their preferred pharmacy. Over the last several years, we have seen a proliferation of this behavior that has eroded the benefits of the 340B program with significant financial impact to community health centers (CHCs), hospitals, and other healthcare providers.

H.1144 | S.665

An Act Relative to Specialty Medications and Patient Safety

Rep. Jon Santiago (D-Boston) | Sen. Jason Lewis (D-Winchester)

Referred to Joint Committee on Financial Services

This legislation mirrors recommendations outlined in the HPC's report and would prohibit insurers, including the Group Insurance Commission (GIC), MassHealth and commercial carriers, from utilizing brownbagging practices. Additionally, the bill promotes reasonable guardrails for whitebagging: creating patient-specific exceptions for the use of this practice by insurers; requiring a 60 day notification requirement to providers and patients when an insurer intends implement whitebagging of medications; establishing clear safety guidelines to ensure that the integrity of the supply chain is not compromised, and; prohibiting insurer-mandated whitebagging for drugs that require sterile compounding or patient specific dosages depending on same day test results. Insurers would also be required to offer site neutral payment for whitebagged medications to the healthcare provider administering the medication, and payment must include the cost for providers to intake, store, and dispose of the medication.

H.2220 | S.1342

An Act to Develop a Coordinated Stroke Care System

Rep. John Lawn (D-Watertown) | Sen. Brendan Crighton (D-Lynn)

Referred to Joint Committee on Public Health

This bill mirrors recommendations from DPH's Stroke Systems of Care Workgroup, which would update emergency medical services (EMS) field technology to ensure the use of the most recent database that collects stroke scale type and last known well, add data metrics to be collected by the PSS Stroke Management Tool such as, emergency department to tertiary hospital transfer, advanced notification made by EMS to a PSS hospital while in route to allow for interim patient assessment and potential rerouting to an EVT-capable facility, "door to Needle" time for intravenous stroke treatment. Additionally, this bill would ensure all EMS personnel are trained in the FAST ED field screening tool for stroke symptoms and improve provider documentation of last known well in each patient's clinical chart, and conduct a validation of PSS at facilities. Finally, this bill directs DPH to undergo a comprehensive public education campaign, thereby improving last known well collection and increasing the number of EVT eligible patients and allows DPH to reexamine the stroke patient point of entry plan to allow for direct transport to an EVT capable facility, under a certain set of conditions, once all other outlined efforts are made.

Administrative Simplification

H.1087 | S.663
An Act to Prevent Inappropriate Denials of Medically Necessary Services
Rep. Kate Lipper-Garabedian (D-Melrose) | Sen. John Keenan (D-Quincy)
Referred to Joint Committee on Financial Services

This bill would ensure healthcare providers are reimbursed for the delivery of medically necessary services that health insurers cover. It prohibits insurers from denying payment for services solely on the basis of an administrative or technical defect in a claim. It also requires insurers to provide clarification of the reasons for claim denials, and allows providers sufficient time to re-submit curative claims. It limits the period for payment retractions by insurers for retroactively terminated insured individuals to 90 days after the original payment is made when the provider can document that it verified eligibility at the time the services were rendered (mirroring a Group Insurance Commission requirement on insurers). The bill also establishes a 30-day timeframe for insurers to respond to provider appeals for retrospective reviews of medically necessary services. If, upon review by the insurer, the service is deemed to be medically necessary, the insurer must reverse the administrative denial and pay the claim to the healthcare provider.

H.1143 | S.1249
An Act to Improve Health Insurance Prior Authorization
An Act Relative to Reducing Administrative Burden
Rep. Jon Santiago (D-Boston) | Sen. Cindy Friedman (D-Arlington)
Referred to Joint Committee on Financial Services (H.1143)
Referred Joint Committee on Mental Health, Substance Use and Recovery (S.1249)

In partnership with MHA, Massachusetts Medical Society, Healthcare for All, both bills work to address timely patient access by reducing administrative burdens relative to prior authorization. These bills prohibit carriers and utilization review entities from retrospectively denying, revoking, or limiting, admissions, procedures, treatments, or services when authorization has already been granted unless approval was based on inaccurate information and requires a minimum of a 90 -day grace period for any prior authorization protocols for patients already stabilized on a treatment upon enrollment in a plan. Also, these bills require continuous approval, utilization review requirements, and increases transparency by requiring the Health Policy Commission (HPC), in consultation with Department of Insurance (DOI) and Center of Health Information and Analysis (CHIA), to make publicly available statistics including services and or medications subject to prior authorization, prior authorization requests per category, percentages of approvals/denials and percentages of approval upon appeal, including internal and external appeals. In addition, requires the HPC to consult with the Massachusetts Collaborative, CHIA, and DOI to produce an annual report that includes a breakdown of prior authorization data collected and corresponding recommendations, among other provisions.

Workforce

H.3613
An Act to Improve Health Care Workforce Development Through Graduate Nursing Practice
Rep. Ed Coppinger (D-Boston)

This legislation would codify the ability for students who have graduated from a registered nursing or licensed practical nursing program to practice in a health care facility while they await to take their NCLEX exams or are waiting for NCLEX results. It would also allow for a student in their last semester of a registered nursing program or licensed practical nursing program

H.991 | S.611
An Act Relative to Reimbursement for Recovery Peer Specialists
Rep. Marjorie Decker (D-Cambridge) | Sen. John Cronin (D-Lunenburg)
Referred to Joint Committee on Financial Services

This legislation expands coverage for substance use disorder services rendered by peer support specialists, including peer recovery coaches and recovery support navigators. It requires GIC, MassHealth, and commercial health plans to cover services provided by peer support specialists, regardless of where those services are provided in, including coverage of services delivered in emergency departments, acute care hospitals, freestanding psychiatric hospitals, and substance use disorder facilities. This legislation requires Bureau of Substance Addiction Services (BSAS) within the Department of Public Health (DPH) to prepare a comprehensive plan that addresses barriers to certification and credentialing of recovery coaches as well as establish a comprehensive peer support program that provides mentorship, technical assistance, and support resources for the wellbeing of peer support specialists.

H.2219
An Act Relative to Certified Medical Assistant Administration of Immunization
Rep. Kathleen LaNatra (D-Kingston)
Referred to Joint Committee on Public Health

This legislation would improve access to vaccinations by expanding the types of physicians and advanced practice providers that can delegate the administration of an immunization to a certified medical assistant. This legislation will reduce barriers and increase access to vaccines for many vulnerable populations in the Commonwealth that have been exacerbated due to the COVID 19 pandemic and staffing shortages and codifies capabilities made through public health orders during the COVID 19 pandemic.

H.1170 | S.798

An Act to Promote Primary Care Through Medicaid Graduate Medical Education Funding

Rep. Natalie Blais (D-Sunderland) | Sen. Jake Oliveira (D-Ludlow)

Referred Joint Committee on Health Care Financing

This legislation would require MassHealth to reimburse for expenses related to graduate medical education for physicians training in primary care, behavioral health, and other residency training in fields experiencing shortages. For many years, MassHealth had include such a payment in its MassHealth inpatient acute hospital reimbursement rates. More than ten years ago, however, it was eliminated for budget purposes. Given the workforce challenges and increased emphasis on primary care and behavioral health, MassHealth should once again fund its share of these expenses, so hospitals and community health centers have the funding to train the next generation of physicians. This legislation would require MassHealth to base its methodology on Medicare reimbursement accounting for the share of graduate medical expenses related to MassHealth utilization. The legislation also requires EOHHS to report to the legislature the recommended funding that will be needed to support this reimbursement adjustment.

H.1184

An Act Relative to Health Equity and Community Health Workers

Rep. Marjorie Decker (D-Cambridge)

Referred to Joint Committee on Health Care Financing

Requiring insurers and MassHealth to reimburse for the covered services provided by community health workers would allow health care providers, including community health centers and hospital systems, to pay them more equitably, assist in efforts to diversify our care teams to be more reflective of the populations they serve, and professionalize a role with an ever-increasing importance in safety net communities.

Additionally, this legislation would also add behavioral health, mental health, and substance use disorder services to the core competencies of community health workers and establish a task force to examine the availability and long-term sustainability of community health workers in the commonwealth.

H.1211| S.747

An Act Relative to Nurse Licensure Compact in Massachusetts

Rep. Kay Khan (D-Newton) | Sen. Barry Finegold (D-Andover)

Referred to Joint Committee on Health Care Financing

This bill authorizes the commonwealth to join 39 jurisdictions that have adopted the national Nurse Licensure Compact (NLC). The NLC follows the mutual recognition model of nurse licensure that allows a nurse to have one license in his or her state of residency and to practice in other states, subject to the nurse practice laws and regulations of each state.

H.2381| S.1538

An Act Requiring Health Care Facilities to Develop & Implement Programs to Prevent Workplace Violence

Rep. Mike Moran (D-Boston) | Sen. Jason Lewis (D-Winchester)

Referred to Joint Committee on Public Safety and Homeland Security

This bill establishes a new section in the Department of Public Health (DPH) statute to require the Department, within six months of passage, to issue statewide standards for evaluating and addressing known security risks at health care facilities. DPH would be required to develop standards in collaboration with the Office of Health Equity and various stakeholder organizations from the hospital, workforce, and behavioral health communities. Within six months of the issuance of guidance, hospitals must develop a workplace violence prevention plan, submit the plan to DPH, and report every 12 months each on-site instance of assault and battery, workplace violence, and aggravated and non-aggravated interference with the conduct of a health care facility (new definitions).

This bill also amends the hospital labor statute to allow any employee who is a victim of assault and battery or aggravated interference with the conduct of a health care facility to take paid leave to address criminal or other legal action; ensures protections for an employee's sick and vacation time. Additionally, this bill amends the criminal justice statute relative to assault and battery of a health care worker to allow an employee to provide the address of their employer or their labor union for any subsequent legal communications. And establishes new criminal justice statute relative to "interference with the conduct of a health care facility" (misdemeanor) and "aggravated interference with the conduct of a health care facility" (felony) to create charges specific to patients or visitors who *intentionally* impede the ability of employees to safely deliver health care services. Finally, this bill tasks EOHHS and EOPPS with developing recommendations to improve information sharing between hospitals and public safety officials, expanding state-run treatment and placement options for patients in mental health crisis exhibiting violent behavior, and establishing new pathways to trigger the forensic behavioral health system that do not require a patient to be arrested.

Behavioral Health

H.4058 | S.1267

An Act Expanding Access to Mental Health Services

Rep. Marjorie Decker (D-Cambridge) | Sen. Jake Oliveira (D-Ludlow)

Referred to Joint Committee on Financial Services (H.4058)

Referred to Joint Committee on Mental Health, Substance Use and Recovery (S.1267)

This legislation builds on Chapter 177 of the Acts of 2022 to expand access to mental health services. This legislation aligns the approval process for psychiatric units in acute care hospitals with the approval process for freestanding psychiatric facilities. The bill also waives application fees for mobile integrated health services that have a behavioral health focus. This legislation also aligns coverage requirements of behavioral health crisis services required in Chapter 177 with how these services are delivered after the reforms made by the Roadmap for Behavioral Health Reform and ensures commercial coverage of these services. The legislation also makes some technical fixes to address regulatory barriers related to Chapter 177's elimination of prior authorization for inpatient psychiatric services. To address workforce challenges, this legislation allows qualified physician assistants to admit psychiatric patients and codifies regulations promulgated by the department of public health that expand the definition of licensed mental health professionals to include master's level clinicians working towards licensure. Additionally, this legislation establishes a one-time taskforce to evaluate and report on the financial status and sustainability of the inpatient behavioral health system and submit recommendations to the legislature that address short and long-term financial gaps and challenges. Lastly, this legislation also includes a pilot study and report on a behavioral health hospital at home program to address gaps in care.

H.146 | S.72

An Act to Ensuring Access to Behavioral Health Services for Children Involved with State Agencies

Rep. Marjorie Decker (D-Cambridge) | Sen. Brendan Crighton (D-Lynn)

Referred to Joint Committee on Children, Families and Persons with Disabilities

This legislation seeks to address challenges for children involved with state agencies when accessing mental health services. The legislation contains the following provisions:

1) Requires the Department of Mental Health (DMH) take primary responsibility in facilitating access to specialized mental health services for individuals involved with both DMH and Department of Developmental Services (DDS).

2) Addresses contractual agreements between DCF and congregate care settings to:
    a. require DCF to create a model emergency response plan;
    b. support the congregate care setting in adapting emergency response plan;
    c. creates a presumption that following a medical or non-medical leave of absence from a congregate care program, a child will return to the congregate care program if the program is determined appropriate for the child;
    d. if a readmission is refused, require congregate care programs report denials to readmit a child resident to return to a congregate care program, if that program is deemed appropriate for the child, after discharge from treatment in another setting;
    e. require DCF to convene an emergency team with relevant stakeholders, including the congregate care program, to coordinate care for the child and determine an appropriate setting; if an appropriate setting is not determined, the case is referred to the complex case resolution panel;
    f. require DCF reimburse congregate care programs to hold a bed while a child from said program receives treatment in another setting;
    g. require DCF compile and submit a report on denials and activities taken to determine appropriate placement for children in the department's custody.

3) Requires that DCF and DDS prepare a comprehensive plan to address access to behavioral health services, evaluate alternative placements for individuals in their care including access to placements for intermediate level of care, placements for transitional aged youth, placements for individuals with complex behavioral health and medical needs, and school-based services, as well as facilitate care coordination between the department and the local education agencies.

4) Establishes a commission with relevant stakeholders to examine alternative placements for children not adequately addressed through inpatient psychiatric hospitalizations, Community Based Acute Treatment (CBAT) services, or existing residential or community treatment models contracted by DCF.

H.1145 | S.1253

An Act Removing Barriers to Behavioral Health Services

An Act to Remove Administrative Barriers to Behavioral Health Services

Rep. Adam Scanlon (D-North Attleboro) | Sen. John Keenan (D-Quincy)

Referred to Joint Committee on Financial Services (H.1145)

Referred to Joint Committee on Mental Health, Substance Use and Recovery (S.1253)

This legislation would improve access to behavioral health services by expanding the number of behavioral health settings that must be covered without prior authorization. This legislation also requires medical necessity is determined by the patient's treating clinician and noted in the patient's medical record. The legislation also makes some technical fixes to address regulatory barriers related to Chapter 177's elimination of prior authorization for inpatient psychiatric services. Finally, the legislation prohibits denial of medically necessary behavioral health services due to a technical defect in the claim.

H.1156

An Act Relative to Opioid Use Disorder Treatment and Rehabilitation Coverage

Rep. Andy Vargas (D-Haverhill)

Referred to Joint Committee on Financial Services

This bill requires coverage of nasal naloxone (including Narcan) *and* Buprenorphine, both established medications for opioid overdoses and opioid use disorder, without prior authorization or cost sharing regardless of if it is prescribed or dispensed directly to the patient. Currently, there is no mechanism for providers to be reimbursement when dispensing directly to the patient, as is best practice. This bill would increase the accessibility of these medications and assist in preventing opioid overdose deaths.

Transportation

H.1050

An Act to Improve Patient Access to Non-Emergency Medical Transportation

Rep. Dan Hunt (D-Boston)

Referred to Joint Committee on Financial Services

This bill works to address the emergency medical services (EMS) challenges by ensuring insurance prior authorization for patient transportation is valid for three business days to take into account any transport delays, and also ensures that our EMS providers are adequately reimbursed by MassHealth for Non-emergency Medical Transportation for the behavioral health, dialysis, and post-acute care transportation.

H.2154

An Act Establishing a Task Force to Study the Sustainability of Emergency Medical Services

Rep. Bill Driscoll (D-Milton)

Referred to Joint Committee on Public Health

The lack of availability of emergency medical services (EMS) providers has created a significant bottleneck for hospitals in discharging patients from acute care settings to home, to behavioral health treatment, to skilled nursing facilities (SNFs), and to long-term care facilities. It has also created issues in moving patients that do not require an acute level of care to necessary preventative outpatient and other treatments / services that minimize the need for hospitalizations.

This bill establishes an EMS task force to ensure the stability of EMS in the commonwealth, and to put forth a report and recommendations on ways to ensure that the commonwealth's emergency medical services capabilities are met.