

# HOUSE . . . . . No. 4012

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## The Commonwealth of Massachusetts

—  
In the One Hundred and Ninety-First General Court  
(2019-2020)  
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SENATE, October 11, 2019.

The committee on Senate Ways and Means to whom was referred the House Bill relative to children's health and wellness (House, No. 4012); reports, recommending that the same ought to pass with an amendment striking out all after the enacting clause and inserting in place thereof the text of Senate document numbered 2368.

For the committee,  
Michael J. Rodrigues

**HOUSE . . . . . No. 4012**

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**The Commonwealth of Massachusetts**

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**In the One Hundred and Ninety-First General Court  
(2019-2020)**  
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An Act relative to children’s health and wellness.

*Whereas*, The deferred operation of this act would tend to defeat its purpose, which is to forthwith improve children’s welfare, therefore it is hereby declared to be an emergency law, necessary for the immediate preservation of the public convenience.

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:*

1           SECTION 1. Subsection (2) of section 9A of chapter 118E of the General Laws, as  
2 appearing in the 2018 Official Edition, is hereby amended by adding the following clause:-

3           (k) persons under the age of 26 years who, on the date of attaining 18 years of age, were  
4 enrolled in foster care or in the care and custody of the department of children and families;  
5 provided, however, that such persons shall be enrolled to receive benefits under this section  
6 without any interruption in coverage; provided, further, that the division shall develop and  
7 implement a simplified redetermination form for such persons, and; provided, further, that a  
8 beneficiary under this section shall only be required to complete and return such a form if  
9 information known to the division is no longer accurate or is materially incomplete.

10           SECTION 2. Chapter 176O of the General Laws, as so appearing, is hereby amended by  
11 adding the following section:-

12           Section 28. (a) A carrier shall ensure the accuracy of the information concerning each  
13 provider listed in the carrier's provider directories for each network plan and shall review and  
14 update the entire provider directory for each network plan in accordance with the provisions of  
15 this section. A carrier shall: (i) make the provider directory available to the public through  
16 electronic means and in a searchable format; (ii) ensure the general public is able to view all  
17 current health care providers for a network plan through a clearly identifiable link or tab; and (iii)  
18 not require the creation or use of an account, a policy or contract number, other identifying  
19 information, demonstration of coverage or an interest in obtaining coverage with the network  
20 plan in order to access the directory. A carrier shall update each electronic network plan provider  
21 directory not less than monthly; provided, however that an electronic network plan provider  
22 directory shall be updated more frequently than monthly if required pursuant to subsection (e);  
23 provided, further that the division may promulgate regulations that require electronic network  
24 plan provider directories to be updated more frequently than monthly when a plan is informed of  
25 and confirms:

26           (i)     that a contracting provider is no longer accepting new patients for that network  
27 plan or an individual provider within a provider group is no longer accepting new patients;

28           (ii)    that a provider or provider group is no longer under contract for a particular  
29 network plan;

30           (iii)   that a provider's practice location or other information required under this section  
31 has changed;

32           (iv)    that a provider has retired or otherwise has ceased to practice; or

33 (v) of any other information that affects the content or accuracy of the provider  
34 directory or directories.

35 (b) A provider directory shall not list or include information on a provider who is not  
36 currently under contract with the network plan.

37 (c) A carrier shall periodically audit its provider directories for accuracy and retain  
38 documentation of the audit to be made available to the commissioner upon request.

39 (d) A carrier shall provide a print copy, or a print copy of the requested directory  
40 information, of a current provider directory upon request of an insured or a prospective insured  
41 by mail postmarked no later than 5 business days following the date of the request; provided,  
42 however, that the print copy of the provider directory or requested directory information  
43 provided by the carrier may be limited to the geographic region in which the requester resides or  
44 works or intends to reside or work.

45 (e) The carrier shall include in both its electronic and print formats of the provider  
46 directory a dedicated customer service email address and telephone number or electronic link  
47 that insureds, providers and the general public may use to notify the carrier of inaccurate  
48 provider directory information. This information shall be displayed prominently in the directory  
49 or directories and on the carrier's website. The carrier shall be required to investigate reports of  
50 inaccuracies within 30 days of receiving notice and modify the electronic provider directories in  
51 accordance with any findings within 30 days of such findings.

52 (f) A provider directory shall inform enrollees and potential enrollees that they are  
53 entitled to language interpreter services, at no cost to the enrollee, and full and equal access to  
54 covered benefits as required under the federal Americans with Disabilities Act of 1990 and

55 Section 504 of the Rehabilitation Act of 1973. A provider directory, whether in electronic or  
56 print format, shall accommodate the communication needs of individuals with disabilities and  
57 include a link to or information regarding available assistance for persons with limited English  
58 proficiency, including how to obtain interpretation and translation services.

59 (g) A carrier shall include a disclosure in the print format of a provider directory that the  
60 information included in the directory is accurate as of the date of printing and that an insured or  
61 prospective insured should consult the carrier's electronic provider directory on its website or  
62 call a specified customer service telephone number to obtain the most current provider directory  
63 information.

64 (h) A carrier shall update the print copies of the carrier's provider directory not less than  
65 annually; provided, however that the division may promulgate regulations requiring that the print  
66 copies of the provider directories be updated more frequently than annually.

67 (i) The division shall promulgate regulations to implement this section.

68 SECTION 3. (a) The division of insurance shall establish a task force to develop  
69 recommendations to ensure the current and accurate electronic posting of carrier provider  
70 directories in a searchable format for each of the carriers' network plans available for viewing by  
71 the general public.

72 (b) The task force shall consist of the commissioner of insurance or a designee, who shall  
73 serve as chair, and 12 members to be appointed by the commissioner, 1 of whom shall be a  
74 representative of the Massachusetts Association of Health Plans, Inc., 1 of whom shall be a  
75 representative of Blue Cross Blue Shield of Massachusetts, Inc., 1 of whom shall be a  
76 representative of the Massachusetts Health and Hospital Association, Inc., 1 of whom shall be a

77 representative of the Massachusetts Medical Society, 1 of whom shall be a representative of  
78 Healthcare Administrative Solutions, Inc., 1 of whom shall be a representative of the Children's  
79 Mental Health Campaign, 1 of whom shall be a representative of the Massachusetts Association  
80 for Mental Health, Inc., 1 of whom shall have expertise in the treatment of individuals with  
81 substance use disorder, 1 of whom shall have expertise in the treatment of individuals with a  
82 mental illness, 1 of whom shall be from a health consumer advocacy organization, 1 of whom  
83 shall be a consumer representative, and 1 of whom shall be a representative from an employer  
84 group.

85 (c) The recommendations shall include measures for ensuring the accuracy of  
86 information for each provider listed in the carrier's provider directory for each network plan. The  
87 task force shall develop recommendations that establish: (i) substantially similar processes and  
88 time frames for health care providers included in a carrier's network to provide information to  
89 the carrier, and (ii) substantially similar processes and timeframes for carriers to include such  
90 information in their provider directories, when:

91 (1) a contracting provider is no longer accepting new patients for that network plan  
92 and when a contracting provider is resuming acceptance of new patients, or an individual  
93 provider within a provider group is no longer accepting new patients and when an individual  
94 provider within a provider group is resuming acceptance of new patients;

95 (2) a provider who is not accepting new patients is contacted by an enrollee or  
96 potential enrollee seeking to become a new patient; provided, however, that the provider may  
97 direct the enrollee or potential enrollee to the carrier for additional assistance in finding a

98 provider and shall inform the carrier immediately if they have not done so already, that the  
99 provider is not accepting new patients;

100 (3) when a provider is no longer under contract for a particular network plan;

101 (4) when a provider's practice location or other information required under section 28  
102 of chapter 176O of the General Laws has changed;

103 (5) for health care providers, at least 1 of the following has changed: name; contact  
104 information; gender; participating office location or locations; specialty; clinical and  
105 developmental areas of expertise; populations of interest; licensure and board certification or  
106 certifications; medical group affiliations; facility affiliations; participating facility affiliations;  
107 languages spoken other than English; whether accepting new patients; and information on access  
108 for people with disabilities, including but not limited to structural accessibility and presence of  
109 accessible examination and diagnostic equipment;

110 (6) for hospitals, at least 1 of the following has changed: hospital name; hospital type;  
111 participating hospital location and telephone number; hospital accreditation status;

112 (7) for facilities other than hospitals, by type of facility, at least 1 of the following has  
113 changed: facility name; facility type; types of services performed; participating facility location  
114 or locations; and telephone number; and

115 (8) any other information that affects the content or accuracy of the provider directory  
116 or directories.

117 (d) The task force shall develop recommendations for carriers on ways to include: (i)  
118 information in the provider directory that identifies the tier level for each specific provider,

119 hospital or other type of facility in the network, when applicable; (ii) substantially similar  
120 language to assist insureds with understanding and searching for behavioral health specialty  
121 providers in the provider directory.

122 (e) The task force shall consider the feasibility of carriers making updates to each online  
123 network plan provider directory in real time when health care providers included in a carrier's  
124 network provide information to the carrier pursuant to subsection (a) of section 28 of chapter  
125 176O of the General Laws.

126 (f) The task force shall consider how to address circumstances when an insured  
127 individual reasonably relies upon materially inaccurate information contained in a carrier's  
128 provider directory.

129 (g) The task force shall also develop recommendations for measures carriers shall take to  
130 ensure the accuracy of the information concerning each provider listed in the carrier's provider  
131 directories for each network plan based on the information provided to the carriers by network  
132 providers, as required in subsection (a) of section 28 of chapter 176O of the General Laws,  
133 including but not limited audits, including periodic testing, to ensure that the public interface of  
134 the directories accurately reflects the provider network, as required by state and federal laws and  
135 regulations.

136 (h) The commissioner shall file the task force's recommendations, including any  
137 proposed regulations, with the joint committee on health care financing not later than March 31,  
138 2020.



139 SECTION 4. (a) The health policy commission shall conduct an analysis of children with  
140 medical complexity in the commonwealth. The analysis shall capture health insurance coverage,  
141 access to services, medical resources utilized and current costs of serving these children.

142 (b) The executive office of health and human services, department of public health and  
143 the center for health information analysis shall make all necessary and relevant data available to  
144 the commission within 90 days of the effective date of this act. The commission may also draw  
145 from additional data sets or external consultants as it deems necessary. The commission shall  
146 produce a report of its findings which shall include, but not be limited to:

147 (i) analyses of demographics and utilization of services of and medical expenditures  
148 and availability of specialty care for children with medical complexity;

149 (ii) population data on children with medical complexity under the age of 21 years,  
150 including health insurance coverage type, primary diagnosis, and mental health diagnoses;  
151 provided that, this data be disaggregated by geographic region, age, sex and race;

152 (iii) an estimate of the number of children with medical complexity who transition  
153 from pediatric to adult care annually in the commonwealth;

154 (iv) annual medical expenditures spent on children with medical complexity,  
155 including the impact to the overall health care system, disaggregated by payer type;

156 (v) data on statewide hospital utilization, including utilization of emergency  
157 departments, length of stay, 30 day readmissions and statewide cost for the population of  
158 children with medical complexity, including out-of-pocket costs;

159 (vi) durable medical equipment costs, including out-of-pocket costs, for children with  
160 medical complexity;

161 (vii) pharmaceutical costs, including out-of-pocket costs, for children with medical  
162 complexity;

163 (viii) availability of specialty care for children with medical complexity;

164 (ix) social and demographic conditions of children with medical complexity; and

165 (x) recommendations for ongoing data collection and reporting of measures related to  
166 children with medical complexity.

167 (c) The commission shall report its findings and recommendations to the clerks of the  
168 house of representatives and the senate, the house and senate committees on ways and means and  
169 the joint committee on health care financing not later than 1 year after the effective date of this  
170 act.

171 SECTION 5. (a) The executive office of health and human services, in consultation with  
172 the office of the child advocate, the department of mental health, the department of children and  
173 families, the department of early education and care and the department of elementary and  
174 secondary education, shall develop a pilot program consisting of 3 regional childhood behavioral  
175 health centers of excellence. Each center of excellence shall serve a defined geographical region;  
176 provided, however, that Berkshire, Hampden, Hampshire and Franklin counties shall be served  
177 by not less than 1 center of excellence. Each center of excellence shall serve as a clearinghouse  
178 for families, early education and care providers, clinicians and school districts to receive  
179 comprehensive information on the full range of available public and private programs, service

180 providers and resources within a community that provide behavioral health care services and  
181 supports for children in early childhood through adolescence.

182 (b) Each center of excellence shall maintain a current list of available pediatric behavioral  
183 health services, service providers and relevant workforce training opportunities in the region.  
184 Each center of excellence shall also provide a telephone number and email address for education  
185 and care providers, families and clinicians to call to request information regarding behavioral  
186 health services and supports for infants and children in the region. The telephone shall be staffed  
187 during regular hours of operation of the center of excellence and not less than 40 hours per week.

188 (c) The executive office of health and human services shall submit a report after 1 year of  
189 implementation to the joint committee on children, families and persons with disabilities, clerks  
190 of the house of representatives and the senate, the joint committee on mental health, substance  
191 use and recovery, the joint committee on education and house and senate committees on ways  
192 and means on the performance of the centers of excellence, including but not limited to: (i)  
193 number and demographics of inquiries received; (ii) resources and services most in demand; (iii)  
194 gaps in services or resources in each region; (iv) cost of staffing and maintaining each center and  
195 its telephone hotline.

196 SECTION 6. (a) There shall be a task force on pediatric behavioral health screening. The  
197 task force shall study the efficacy of the child and adolescent needs and strengths screening tool  
198 for behavioral health issues, including the appropriateness for specific clinical situations, ability  
199 to accurately capture a child's behavioral health status and ease of certification and use. The task  
200 force shall also consider other evidence-based comprehensive pediatric behavioral health  
201 screening tools.

202 (b) The task force shall consist of the following 7 members: 1 social worker to be  
203 appointed by the senate president, who shall serve as co-chair; 1 child psychiatrist to be  
204 appointed by the speaker of the house, who shall serve as co-chair; the director of MassHealth  
205 office of behavioral health or a designee; and 4 persons who shall be appointed by the governor,  
206 1 of whom shall be an expert on behavioral health screening tools, 1 of whom shall be a  
207 representative of Massachusetts Behavioral Health Partnership, 1 of whom shall be a  
208 representative of the Massachusetts Association for Mental Health, Inc. and 1 of whom shall be a  
209 representative of the Association for Behavioral Healthcare, Inc.

210 (c) Not later than April 1, 2020, the task force shall submit a report on its findings to the  
211 clerks of the house of representatives and the senate, the joint committee on mental health,  
212 substance use and recovery and the joint committee on health care financing.

213 SECTION 7. (a) There shall be a special legislative commission established pursuant to  
214 section 2A of chapter 4 of the General Laws to examine the pediatric workforce, including but  
215 not limited to medical, mental health and behavioral health providers, and recommend strategies  
216 for increasing the pipeline of pediatric providers and expanding access to pediatric providers.

217 (b) The commission shall consist of the following 21 members: 1 member of the senate to  
218 be appointed by the senate president, who shall serve as co-chair; 1 member of the house of  
219 representatives to be appointed by the speaker of the house, who shall serve as co-chair; 1  
220 member of the senate to be appointed by the minority leader of the senate; 1 member of the  
221 house of representatives to be appointed by the minority leader of the house; the secretary of  
222 health and human services or a designee; the secretary of labor and workforce development or a  
223 designee; the commissioner of public health or a designee; and 14 members to be appointed by

224 the governor: 1 of whom shall be a representative of the Massachusetts Health and Hospital  
225 Association, Inc.; 1 of whom shall be a representative of the Massachusetts Medical Society; 1 of  
226 whom shall be a representative of the Massachusetts League of Community Health Centers, Inc.;  
227 1 of whom shall be a representative of Blue Cross Blue Shield of Massachusetts, Inc.; 1 of whom  
228 shall be a representative of Massachusetts Association of Health Plans, Inc.; 1 of whom shall  
229 represent the commonwealth's medical schools; 1 of whom shall represent the commonwealth's  
230 nursing schools; 1 of whom shall represent the commonwealth's social work schools; 1 of whom  
231 shall be a representative of the Conference of Boston Teaching Hospitals, Inc.; 1 of whom shall  
232 be a representative of the National Association of Social Workers, Inc.; 1 of whom shall be a  
233 representative of the Massachusetts Psychological Association, Inc.; 1 of whom shall be a  
234 representative of the Massachusetts chapter of the American Academy of Pediatrics; 1 of whom  
235 shall be a representative of Massachusetts Association of Advanced Practice Psychiatric Nurses,  
236 Inc.; and 1 of whom shall be a representative of the Association for Behavioral Healthcare, Inc.

237 All appointments shall be made not later than 30 days after the effective date of this act.

238 The commission shall convene its first meeting not later than 60 days after the effective date of  
239 this act.

240 (c) The commission shall investigate and report on the following: (i) the current  
241 availability and adequacy of pediatric providers in the commonwealth; (ii) the causes of pediatric  
242 provider shortages in the commonwealth; (iii) factors other than provider shortages that  
243 contribute to limited access of services by pediatric providers; (iv) how the acceptance of  
244 insurance and network status contribute to access to pediatric providers; (v) the relationship of  
245 graduate medical education to the state's pediatric provider workforce and emerging models of

246 delivery of care; (vi) approaches taken by other states to address pediatric provider workforce  
247 shortages and access challenges.

248 (d) Not later than July 1, 2020, the commission shall file a report of its findings and  
249 recommendations with the clerks of the house of representatives and the senate, the house and  
250 senate committees on ways and means, the joint committee on health care financing and the joint  
251 committee on labor and workforce development.

252 SECTION 8. (a) There shall be a special legislative commission established pursuant to  
253 section 2A of chapter 4 to study and make recommendations regarding the role of school-based  
254 health centers in the commonwealth.

255 (b) The commission shall consist of the following 17 members: 1 member of the senate to  
256 be appointed by the senate president, who shall serve as co-chair, 1 member of the house of  
257 representatives to be appointed by the speaker of the house, who shall serve as co-chair, 1  
258 member of the senate to be appointed by the minority leader of the senate, 1 member of the  
259 house of representatives to be appointed by the minority leader of the house, the commissioner of  
260 public health or a designee, the commissioner of mental health or a designee, the commissioner  
261 of elementary and secondary education or a designee, the assistant secretary of MassHealth or a  
262 designee, and 9 members to be appointed by the governor: 1 of whom shall be a representative of  
263 the Massachusetts Health and Hospital Association, Inc., 1 of whom shall be a representative of  
264 Blue Cross Blue Shield of Massachusetts, Inc., 1 of whom shall be a representative of  
265 Massachusetts Association of Health Plans, Inc., 1 of whom shall be a representative of the  
266 Massachusetts League of Community Health Centers, Inc., 1 of whom shall be a representative  
267 of the Massachusetts Association of School Superintendents, Inc. in a school district served by a

268 school-based health center, 1 of whom shall be a school nurse in a school district served by a  
269 school-based health center, 1 of whom shall be a representative of Massachusetts Administrators  
270 for Special Education, 1 of whom shall be a representative of the Massachusetts School-Based  
271 Health Alliance, Inc., and 1 of whom shall be a teacher in a school district served by a school-  
272 based health center.

273 Members of the special commission shall have knowledge or expertise related to the  
274 department of public health's school-based health center program and shall reflect a broad  
275 distribution of diverse perspectives. All appointments shall be made not later than 30 days after  
276 the effective date of this act. The commission shall convene its first meeting not later than 60  
277 days after the effective date of this act.

278 (c) The special commission shall study and report on the number and socio-economic  
279 status of students in the commonwealth with access to services provided by the school-based  
280 health center program and make recommendations for the purpose of strengthening and  
281 expanding the school-based health center model, replicating best practices across the state, and  
282 identifying potential gaps and areas for improvement.

283 The commission shall report on school based health centers' efforts to:

284 (i) strengthen the infrastructure of school health services in the areas of personnel  
285 and policy development, including the role of educators;

286 (ii) develop linkages between school health programs and community health  
287 providers;

288 (iii) incorporate health education programs in school curricula;

289 (iv) incorporate nutrition and wellness programs in school curricula to ensure healthy  
290 development;

291 (v) incorporate programs for the reduction of health disparities for gay, lesbian,  
292 bisexual, transgender, queer and questioning youth, consistent with the recommendations of the  
293 permanent commission established in section 67 of chapter 3 of the General Laws;

294 (vi) offer behavioral health education and services;

295 (vii) improve health and wellness outcomes in medically underserved communities and  
296 school districts with high concentrations of low-income and minority students;

297 (viii) increase family engagement;

298 (ix) improve the coordination of care; and

299 (x) address social determinants of children and adolescent health.

300 The commission shall consider best practices and improvements for expanding access to  
301 school-based health services, including but not limited to, insurance coverage of school-based  
302 health services, and provider workforce needs, and shall report on and make any  
303 recommendations for potential changes and improvements to the role of school-based health  
304 centers in the commonwealth.

305 Not later than February 1, 2020, the commission shall report its findings and  
306 recommendations, including any recommendations for proposed legislation, to the clerk of the  
307 house of representatives, the clerk of the senate, the chairs of the house and senate committees on  
308 ways and means, the joint committee on healthcare financing, the joint committee on public



309 health, the joint committee on mental health, substance use and recovery, and the joint  
310 committee on education.

311 SECTION 9. The department of children and families shall report on its efforts to  
312 improve and reform the foster care system in the commonwealth, including, but not limited to,  
313 protocols and practices to provide: (a) timely information sharing with foster families, including  
314 but not limited to relevant medical history; (b) tracking and surveying of foster care families,  
315 including those foster care families who leave the program; (c) foster care families' access to  
316 supports, including but not limited to mental health supports; (d) consistent and cohesive policies  
317 across the commonwealth's department of children and families offices, including but not  
318 limited to how information is communicated with staff and foster care families; (e) increased  
319 access to care in underserved regions; and (f) access to timely information relative to children in  
320 the department's custody who have died from abuse or neglect.

321 The department shall file its report, including any recommendations, with the house and  
322 senate committees on ways and means, and the joint committee on children, families and persons  
323 with disabilities not later than October 15, 2019.

324 SECTION 10. The division of medical assistance shall develop and implement the  
325 redetermination form required in section 1 within 1 year of the effective date of this act.