

TO: Prof. Kealy

FROM: Michael Cannella

DATE: 12/20/12

RE: Legislative History of S. 02400

Governor Deval Patrick originally filed H.1849, An Act improving the quality of health care and controlling costs by reforming health systems and payments, on February 11, 2011 as part of his administration's efforts to tackle the high costs of health care in the Commonwealth. The two year process of legislative action taken to work with the frame work provided by H.1849 culminated in the passage of S.02400 out of a House and Senate Conference committee. Consequently I began my search for legislative history by contacting members of the Conference committee of which Kimberly A. Haddad, General Counsel and Health Policy Advisor to Senator Richard T. Moore, was able to provide a summary of the Conference Committee Report as well impact analyses submitted on the part of interested stakeholders such as Blue Cross Blue Shield, the Massachusetts Medicaid Policy Institute as to the impact of S.02400 on hospitals, physicians, insurers, public health programs, and patients. Additionally, a section by section summary of the S.02400 was provided. The remainder of the legislative history was gathered from legislature website, the State House News Site, the Commonwealth website, and the State House Library. The massive size and scope of the law, as well as its length and manner of passage warrants further research into the legislative history by future investigators.

SENATE

The bill was initially referred on February 22, 2011 to the Joint Committee on Health Care Financing in which the Senate concurred. The Committee conducted four separate hearings from April 7, 2011 through June 27, 2011 at which point the bill was discharged to the Senate committee on Ways and Means. The Senate committee on Ways and Means reported S.2260 to the Senate, as a redraft of H.1849, for a first reading on May 5, 2012 and it was placed on the Orders of the Day for May 15, 2012. A second

reading was held and 265 different amendments were considered on May 15 and May 17. On May 17, 2012 S.2660, as amended, was substituted as a new draft for H.1849. A third reading was held, it was passed to be engrossed on a roll call vote of 35 in favor and 2 opposed, and was reprinted as amended as S.2270. S.2270 was then passed to be engrossed and on May 23, 2012 it was referred to the House committee on Ways and Means.

HOUSE

A separate bill, H.4070 a Bill relative to health care quality improvement and cost reduction act of 2012, was also reported from the committee on Health Care Financing on May 7, 2012 as a redraft of several smaller bills from both the House and Senate, but it was reported favorably to the House Committee on Ways and Means. In response to the Senate approval of S.2270 the House Committee on Ways and Means released a new bill, H.4127 on May 30, 2012, as recommended new text for S.2270. This new bill operated as an amendment to S.2270 by striking out everything after the enacting clause and substituting entirely new language. The House committee on Rules adopted H.4128, an order relative to special procedures for consideration of the House Bill improving the quality of health care and reducing costs through increased transparency and efficiency and innovation (House, No. 4127) ought to be adopted. Notably the rule limited amendments to those filed with the Clerk of the House prior to 5 p.m. on June 1, 2012 *except* for perfecting or consolidating amendments offered by the House Committee on Ways and Means. The rules were suspended in accordance with the provisions of the H.4128 rule, a second reading of the bill and a vote on the permitted amendments, 275 of them, was held on June 5, 2012. The bill was then passed to be engrossed, 148 in favor and 7 opposed, after a third reading. H.4127 was then published as amended in the form of H.4155, Text of an amendment recommended by the committee on Ways and Means, as changed by the committee on Bills in the Third Reading and as amended by the House, to the Senate Bill improving the quality of health care and reducing costs through increased transparency, efficiency and innovation (Senate, No. 2270).

CONFERENCE COMMITTEE

On June 14, 2012 the Senate considered H.4155 and Senator Knapik moved that the Senate non-concur in the House amendments and ask for a committee of conference. The motion was passed, H.4155 was returned to the House and Conference Committee members (Senators R. Moore, Petruccelli, and Tarr) were appointed. The House received the Senate's non-concurrence and request for a committee of conference and on the motion of Rep. Walsh of Lynn the House insisted upon its amendment, concurred in the appointment of a committee of conference and appointed House members to the committee (Representatives Walsh of Lynn, Mariano of Quincy and Barrows of Mansfield). The conference committee worked to resolve the differences in the House and Senate versions of the law the most notable of which included whether the final version should include a luxury assessment on high cost care providers, the level of financial support for a new wellness and prevention fund, the size and autonomy level of government oversight agencies, and the final contours of medical malpractice system reforms. The biggest sticking point was the different approaches S.2270 and H.4155 took to place limits on statewide healthcare costs.

Ultimately on July 30, 2012 the Conference Committee reported it's agreed upon changes in the form of S.2400, An Act improving the quality of health care and reducing costs through increased transparency, efficiency and innovation. On July 31, 2012 the Senate suspended the rules and voted to accept the committee of conference report with 38 votes in favor and none opposed. The House voted to accept the committee of conference report in concurrence with 133 in favor and 20 opposed. S.2400 was then enacted and laid before Governor Patrick who signed it into law on August 6, 2012 as Chapter 224 of the Acts of 2012.