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HOUSE . . . . . No. 4012

The Commonwealth of Massachusetts

In the One Hundred and Ninety-First General Court
(2019-2020)

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:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

All appointments shall be made not later than 30 days after the effective date of this act. The commission shall convene its first meeting not later than 60 days after the effective date of this act.

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

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

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

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

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

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

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

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

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

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

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

(iii) incorporate health education programs in school curricula;

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

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

(vi) offer behavioral health education and services;

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

(viii) increase family engagement;

(ix) improve the coordination of care; and

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

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

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

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

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

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

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