

HOUSE No. 4210

The Commonwealth of Massachusetts

The committee of conference on the disagreeing votes of the two branches with reference to the Senate amendment (striking out all after the enacting clause and inserting in place thereof the text contained in Senate document numbered 2377) of the House Bill relative to children's health and wellness (House, No. 4012, amended), reports recommending passage of the accompanying bill (House, No. 4210) November 18, 2019.

Jennifer E. Benson	Cindy F. Friedman
Marjorie C. Decker	Julian Cyr
Mathew J. Muratore	Bruce E. Tarr

HOUSE No. 4210

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:

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 is hereby amended by adding the
11 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. A provider directory that is
15 electronically available shall: (i) be in a searchable format; and (ii) make accessible to the
16 general public the current health care providers for a network plan through a clearly identifiable
17 link or tab without requiring the general public to create or access an account, enter a policy or
18 contract number, provide other identifying information or demonstrate coverage or an interest in
19 obtaining coverage with the network plan. Each electronic network plan provider directory shall
20 be updated not less than monthly; provided, however, that an electronic network plan provider
21 directory shall be updated more frequently than monthly if required by state or federal law or
22 regulations promulgated by the commissioner, when informed of and upon confirmation by the
23 plan of:

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

26 (ii) a provider or provider group no longer being under contract for a particular network
27 plan;

28 (iii) a change of a provider’s practice location or of other information required under this
29 section;

30 (iv) a provider’s retirement or cessation of practice; or

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

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

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

36 (d) A carrier shall provide a print copy of the provider directory information of a current
37 provider directory upon the request of an insured or a prospective insured. The print copy of the
38 requested provider directory information shall be provided to the requester by mail postmarked
39 not later than 5 business days after the date of the request and may be limited to the geographic
40 region in which the requester resides or works or intends to reside or work.

41 (e) A carrier shall include in both the electronic and print formats of the provider
42 directory a dedicated customer service email address and telephone number or electronic link
43 that insureds, providers and the general public may use to notify the carrier of inaccurate
44 provider directory information. This customer service information shall be disclosed prominently
45 in the provider directory and on the carrier's website. The carrier shall investigate reports of
46 inaccuracies within 30 days of the notice and modify the provider directory in accordance with
47 any findings within 30 days of the findings.

48 (f) A provider directory shall inform enrollees and potential enrollees that they are
49 entitled to: (i) language interpreter services at no cost to the enrollee; and (ii) full and equal
50 access to covered services that are required under the federal Americans with Disabilities Act of
51 1990 and Section 504 of the federal Rehabilitation Act of 1973. A provider directory, whether in
52 electronic or print format, shall accommodate the communication needs of individuals with

53 disabilities and include a link to, or information regarding, available assistance for persons with
54 limited English proficiency, including how to obtain interpretation and translation services.

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

60 (h) A carrier shall update the print copies of the carrier's provider directory not less than
61 annually; provided, however, that the carrier shall update the print provider directories more
62 frequently than annually if required by federal law; and provided further, that the division may
63 promulgate regulations requiring that the print provider directories be updated more frequently
64 than annually.

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

66 SECTION 3. The last paragraph of chapter 431 of the acts of 2014 is hereby amended by
67 striking out the figure "2018", inserted by section 89 of chapter 47 of the acts of 2017, and
68 inserting in place thereof the following figure:- 2021.

69 SECTION 4. (a) The division of insurance shall establish a task force to develop
70 recommendations to ensure the current and accurate electronic posting of carrier provider
71 directories in a searchable format for each of the carriers' network plans available for viewing by
72 the general public.

73 (b) The task force shall consist of: the commissioner of insurance or a designee, who
74 shall serve as chair; and 12 members to be appointed by the commissioner, 1 of whom shall be a
75 representative of the Massachusetts Association of Health Plans, Inc., 1 of whom shall be a
76 representative of Blue Cross and Blue Shield of Massachusetts, Inc., 1 of whom shall be a
77 representative of the Massachusetts Health and Hospital Association, Inc., 1 of whom shall be a
78 representative of the Massachusetts Medical Society, 1 of whom shall be a representative of
79 Healthcare Administrative Solutions, Inc., 1 of whom shall be a representative of the Children's
80 Mental Health Campaign, 1 of whom shall be a representative of the Massachusetts Association
81 for Mental Health, Inc., 1 of whom shall have expertise in the treatment of individuals with
82 substance use disorder, 1 of whom shall have expertise in the treatment of individuals with a
83 mental illness, 1 of whom shall be from a health consumer advocacy organization, 1 of whom
84 shall be a consumer representative and 1 of whom shall be a representative from an employer
85 group.

86 (c) The task force shall develop recommendations on establishing: (i) measures to ensure
87 the accuracy of information concerning each provider listed in the carrier's provider directories
88 for each network plan; (ii) substantially similar processes and timeframes for health care
89 providers included in a carrier's network to provide information to the carrier; and (iii)
90 substantially similar processes and timeframes for carriers to include such information in their
91 provider directories when:

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

96 (B) a provider who is not accepting new patients is contacted by an enrollee or potential
97 enrollee seeking to become a new patient; provided, however, that the provider may direct the
98 enrollee or potential enrollee to the carrier for additional assistance in finding a provider and
99 shall inform the carrier immediately, if the provider has not done so already, that the provider is
100 not accepting new patients;

101 (C) a provider is no longer under contract for a particular network plan;

102 (D) a provider's practice location or other information required under this section has
103 changed;

104 (E) for a health care professional, at least 1 of the following has changed: (1) name; (2)
105 contact information; (3) gender; (4) participating office location; (5) specialty, if applicable; (6)
106 clinical and developmental areas of expertise; (7) populations of interest; (8) licensure and board
107 certification; (9) medical group affiliations, if applicable; (10) facility affiliations, if applicable;
108 (11) participating facility affiliations, if applicable; (12) languages spoken other than English, if
109 applicable; (13) whether accepting new patients; and (14) information on access for people with
110 disabilities including, but not limited to, structural accessibility and presence of accessible
111 examination and diagnostic equipment;

112 (F) for a hospital, at least 1 of the following has changed: (1) hospital name; (2) hospital
113 type; (3) participating hospital location and telephone number; and (4) hospital accreditation
114 status;

115 (G) for a facility other than a hospital, by type of facility, at least 1 of the following has
116 changed: (1) facility name; (2) facility type; (3) types of services performed; and (4) participating
117 facility location and telephone number; and

118 (H) any other information that affects the content or accuracy of the provider directory
119 has changed.

120 (d) The task force shall develop recommendations for carriers on: (i) ways to include
121 information in the provider directory that identify the tier level for each specific provider,
122 hospital or other type of facility in the network, when applicable; (ii) ways to include consistent
123 language across carriers to assist insureds with understanding and searching for behavioral health
124 specialty providers; (iii) the feasibility of carriers making real time updates to each electronic
125 network plan provider directory when health care providers included in a carrier's network
126 provide information to the carrier pursuant to recommendations under subsection (c); (iv)
127 measures to address circumstances in which an insured reasonably relies upon materially
128 inaccurate information contained in a carrier's provider directory; and (v) measures for carriers
129 to take to ensure the accuracy of the information concerning each provider listed in the carrier's
130 provider directories for each network plan based on the information provided to the carriers by
131 network providers pursuant to recommendations under said subsection (c) including, but not
132 limited to, periodic testing to ensure that the public interface of the provider directories
133 accurately reflects the provider network, as required by state and federal law.

134 (e) The task force shall establish recommended timelines for carriers to complete each of
135 the task force's recommendations.

136 (f) The task force shall file its recommendations, including any proposed regulations,
137 with the clerks of the senate and house of representatives and the joint committee on health care
138 financing not later than March 1, 2020.

139 SECTION 5. The division of insurance shall promulgate regulations implementing
140 section 28 of chapter 176O of the General Laws not later than July 1, 2020 and shall consider the
141 recommendations of the task force established under section 4 of this act when developing such
142 regulations. The division shall send a copy of the regulations to the joint committee on healthcare
143 financing and the joint committee on mental health, substance use and recovery not less than 60
144 days before the promulgation of regulations under this section.

145 SECTION 6. Carriers, as defined in section 1 of chapter 176O of the General Laws, shall
146 ensure the accuracy of the information pursuant to the regulations issued by the commissioner of
147 insurance pursuant to sections 2 and 5 for each network plan not later than October 1, 2020.

148 SECTION 7. (a) The health policy commission, in consultation with the executive office
149 of health and human services, the department of public health and the center for health
150 information and analysis, shall conduct an analysis of children with medical complexities in the
151 commonwealth. The analysis shall include health insurance coverage, access to services, medical
152 resources utilized and current costs of serving these children.

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

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

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

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

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

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

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

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

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

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

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

179 (c) The commission shall report its findings and recommendations to the clerks of the
180 senate and the house of representatives, the senate and house committees on ways and means and

181 the joint committee on health care financing not later than 1 year after the effective date of this
182 act.

183 SECTION 8. (a) The executive office of health and human services, in consultation with
184 the office of the child advocate, the department of mental health, the department of children and
185 families, the department of early education and care and the department of elementary and
186 secondary education, shall develop a pilot program consisting of 3 regional childhood behavioral
187 health centers of excellence. Each center of excellence shall serve a defined geographical region;
188 provided, however, that Berkshire, Hampden, Hampshire and Franklin counties shall be served
189 by at least 1 center of excellence. Each center of excellence shall serve as a clearinghouse for
190 families, early education and care providers, clinicians and school districts to receive
191 comprehensive information on the full range of available public and private programs, service
192 providers and resources within a community that provide behavioral health care services and
193 supports for children in early childhood through adolescence.

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

201 (c) The executive office of health and human services shall submit a report after 1 year of
202 implementation to the joint committee on children, families and persons with disabilities, the

203 joint committee on mental health, substance use and recovery, the joint committee on education,
204 the house and senate committees on ways and means and the clerks of the house of
205 representatives and the senate on the performance of the centers of excellence, including, but not
206 limited to, the: (i) number and demographics of inquiries received; (ii) resources and services
207 most in-demand; (iii) gaps in services or resources in each region; and (iv) cost of staffing and
208 maintaining each center and its telephone hotline.

209 SECTION 9. (a) There shall be a task force on pediatric behavioral health screening. The
210 task force shall study the efficacy of the child and adolescent needs and strengths screening tool
211 for behavioral health issues, including the appropriateness for specific clinical situations, ability
212 to accurately capture a child's behavioral health status and ease of certification and use. The task
213 force shall also consider other evidence-based comprehensive pediatric behavioral health
214 screening tools.

215 (b) The task force shall consist of the following 7 members: 1 social worker to be
216 appointed by the senate president, who shall serve as co-chair; 1 child psychiatrist to be
217 appointed by the speaker of the house, who shall serve as co-chair; the director of MassHealth's
218 office of behavioral health or a designee; and 4 persons who shall be appointed by the governor,
219 1 of whom shall be an expert on behavioral health screening tools, 1 of whom shall be a
220 representative of Massachusetts Behavioral Health Partnership, 1 of whom shall be a
221 representative of the Massachusetts Association for Mental Health, Inc. and 1 of whom shall be a
222 representative of the Association for Behavioral Healthcare, Inc.

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

226 SECTION 10. (a) There shall be a special legislative commission established pursuant to
227 section 2A of chapter 4 of the General Laws to examine the pediatric workforce, including, but
228 not limited to, medical, mental health and behavioral health providers, and recommend strategies
229 for increasing the pipeline of pediatric providers and expanding access to pediatric providers.

230 (b) The commission shall consist of the following 25 members: 1 member of the senate to
231 be appointed by the senate president, who shall serve as co-chair; 1 member of the house of
232 representatives to be appointed by the speaker of the house, who shall serve as co-chair; 1
233 member of the senate to be appointed by the minority leader of the senate; 1 member of the
234 house of representatives to be appointed by the minority leader of the house; the secretary of
235 health and human services or a designee; the secretary of labor and workforce development or a
236 designee; the commissioner of public health or a designee; the commissioner of higher education
237 or a designee and 17 members to be appointed by the governor: 1 of whom shall be a
238 representative of the Massachusetts Health and Hospital Association, Inc.; 1 of whom shall be a
239 representative of the Massachusetts Medical Society; 1 of whom shall be a representative of the
240 Massachusetts League of Community Health Centers, Inc.; 1 of whom shall be a representative
241 of Blue Cross and Blue Shield of Massachusetts, Inc.; 1 of whom shall be a representative of
242 Massachusetts Association of Health Plans, Inc.; 1 of whom shall represent the commonwealth's
243 medical schools; 1 of whom shall represent the commonwealth's nursing schools; 1 of whom
244 shall represent the commonwealth's social work schools; 1 of whom shall be a representative of
245 the Conference of Boston Teaching Hospitals, Inc.; 1 of whom shall be a representative of the

246 National Association of Social Workers, Inc.; 1 of whom shall be a representative of the
247 Massachusetts Psychological Association, Inc.; 1 of whom shall be a representative of
248 Massachusetts Psychiatric Society, Inc.; 1 of whom shall be a representative of the
249 Massachusetts chapter of the American Academy of Pediatrics; 1 of whom shall be a
250 representative of the Massachusetts Association of Advanced Practice Psychiatric Nurses, Inc.; 1
251 of whom shall be a representative of the Association for Behavioral Healthcare, Inc.; 1 of whom
252 shall be a representative of a labor union representing pediatric providers; and 1 of whom shall
253 be a representative of the Children’s Mental Health Campaign.

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

257 (c) The commission shall investigate and report on: (i) the current availability and
258 adequacy of pediatric providers in the commonwealth; (ii) the causes of pediatric provider
259 shortages in the commonwealth; (iii) factors other than provider shortages that contribute to
260 limited access of services by pediatric providers; (iv) how the acceptance of insurance and
261 network status contribute to access to pediatric providers; (v) the relationship of graduate
262 medical education to the commonwealth’s pediatric provider workforce and emerging models of
263 delivery of care; (vi) opportunities for pipeline career development for the pediatric workforce;
264 (vii) underserved pediatric patient populations; and (viii) approaches taken by other states to
265 address pediatric provider workforce shortages and access challenges.

266 (d) Not later than July 1, 2020, the commission shall file a report of its findings and
267 recommendations with the clerks of the house of representatives and the senate, the house and

268 senate committees on ways and means, the joint committee on health care financing and the joint
269 committee on labor and workforce development.

270 SECTION 11. (a) There shall be a special legislative commission established pursuant to
271 section 2A of chapter 4 to study and make recommendations regarding the role of school-based
272 health centers in the commonwealth.

273 (b) The commission shall consist of the following 17 members: 1 member of the senate to
274 be appointed by the senate president, who shall serve as co-chair; 1 member of the house of
275 representatives to be appointed by the speaker of the house, who shall serve as co-chair; 1
276 member of the senate to be appointed by the minority leader of the senate; 1 member of the
277 house of representatives to be appointed by the minority leader of the house; the commissioner
278 of public health or a designee; the commissioner of mental health or a designee; the
279 commissioner of elementary and secondary education or a designee; the assistant secretary of
280 MassHealth or a designee; and 9 members to be appointed by the governor, 1 of whom shall be a
281 representative of the Massachusetts Health and Hospital Association, Inc., 1 of whom shall be a
282 representative of Blue Cross Blue Shield of Massachusetts, Inc., 1 of whom shall be a
283 representative of Massachusetts Association of Health Plans, Inc., 1 of whom shall be a
284 representative of the Massachusetts League of Community Health Centers, Inc., 1 of whom shall
285 be a representative of the Massachusetts Association of School Superintendents, Inc. in a school
286 district served by a school-based health center, 1 of whom shall be a school nurse in a school
287 district served by a school-based health center, 1 of whom shall be a representative of
288 Massachusetts Administrators for Special Education, 1 of whom shall be a representative of the
289 Massachusetts School-Based Health Alliance, Inc. and 1 of whom shall be a teacher in a school
290 district served by a school-based health center.

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

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

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

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

304 (ii) develop linkages between school health programs and community health providers
305 and explore increased integration with community health centers;

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

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

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

- 312 (vi) offer behavioral health education and services;
- 313 (vii) improve health and wellness outcomes in medically underserved communities,
314 geographically isolated communities and school districts with high concentrations of low-income
315 and minority students;
- 316 (viii) increase family engagement;
- 317 (ix) improve the coordination of care;
- 318 (x) address social determinants of children and adolescent health; and
- 319 (xi) offer vision and dental services.

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

325 Not later than July 1, 2020, the commission shall report its findings and
326 recommendations, including any recommendations for proposed legislation, to the clerks of the
327 house of representatives and senate, the house and senate committees on ways and means, the
328 joint committee on healthcare financing, the joint committee on public health, the joint
329 committee on mental health, substance use and recovery and the joint committee on education.

330 SECTION 12. (a) There shall be a special commission to review and report on existing
331 mandated reporter laws and regulations and make recommendations on how to improve the
332 response to, and prevention of, child abuse and neglect. The report shall include, but not be

333 limited to, findings and recommendations on: (i) the scope of mandated reporter laws and
334 regulations including, but not limited to, persons included in the mandated reporter definition;
335 (ii) mandated reporter training requirements for employees, including employees of licensees or
336 contracted organizations; and (iii) accountability and oversight of the mandated reporter system
337 including, but not limited to, procedures for a mandated reporter to notify the person or
338 designated agent in charge and responses to reports of intimidation and retaliation against
339 mandated reporters.

340 (b) The commission shall consist of the following 13 members: the child advocate, who
341 shall serve as chair; the secretary of health and human services or a designee; the secretary of
342 education or a designee; the secretary of public safety and security or a designee; the attorney
343 general or a designee; the commissioner of elementary and secondary education or a designee;
344 the commissioner of early education and care or a designee; the commissioner of children and
345 families or a designee; the commissioner of the division of professional licensure or a designee;
346 the chief counsel of the committee for public counsel services or a designee; a representative of
347 the Massachusetts District Attorneys Association or a designee; and 2 members to be appointed
348 by the governor, 1 of whom shall be a representative of a labor union representing healthcare
349 employees subject to mandated reporter laws and 1 of whom shall be a representative of a labor
350 union representing non-healthcare employees subject to mandated reporter laws. The
351 commission may consider input from any relevant organization.

352 (c) The commission shall review: (i) the agencies and employers responsible for training
353 mandated reporters; (ii) the frequency, scope and effectiveness of mandated reporter training and
354 continuing education including, but not limited to, whether such training and continuing
355 education covers retaliation protections for filing a report as a mandated reporter and the fines

356 and penalties for failure to report under section 51A of chapter 119 of the General Laws; (iii)
357 whether agencies and employers follow best practices for mandated reporter training, including
358 profession-specific training for recognizing the signs of child sexual abuse and physical and
359 emotional abuse and neglect; (iv) the process for notifying mandated reporters of changes to
360 mandated reporter laws and regulations; (v) the department of children and families' responses to
361 written reports filed under said section 51A of said chapter 119, including offenses that require a
362 referral to the district attorney; (vi) the feasibility of developing an automated, unified and
363 confidential tracking system for all reports filed under said section 51A of said chapter 119; (vii)
364 protocols related to filing a report under said section 51A of said chapter 119, including the
365 notification of the person or designated agent in charge and the submission of required
366 documentation; (viii) the availability of information at schools regarding the protocols for filing
367 a report under said section 51A of said chapter 119; (ix) options for the development of public
368 service announcements to ensure the safety and well-being of children; (x) proposals to revise
369 the definition of child abuse and neglect to ensure a standard definition among state agencies;
370 (xi) proposals to expand mandated reporting requirements under sections 51A to 51F, inclusive,
371 of said chapter 119; and (xii) options for designating an agency responsible for overseeing the
372 mandated reporter system or aspects thereof, including developing and monitoring training
373 requirements for employees on mandated reporter laws and regulations and responding to reports
374 of intimidation and retaliation.

375 (d) The commission shall file a report of its findings and recommendations, together with
376 drafts of legislation necessary to carry those recommendations into effect, with the clerks of the
377 house of representatives and the senate, the house and senate committees on ways and means and

378 the joint committee on children, families and persons with disabilities not later than July 31,
379 2020.

380 SECTION 13. The division of medical assistance shall develop and implement the
381 redetermination form required in clause (k) of subsection (2) of section 9A of chapter 118E of
382 the General Laws not more than 1 year after the effective date of this act.