

SENATE No. 00033

The Commonwealth of Massachusetts

PRESENTED BY:

Katherine M. Clark

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the passage of the accompanying bill:

An Act creating a children’s health policy council.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
<i>Katherine M. Clark</i>	<i>Middlesex and Essex</i>
<i>Frank I. Smizik</i>	<i>15th Norfolk</i>
<i>Ellen Story</i>	<i>3rd Hampshire</i>

SENATE No. 00033

By Ms. Clark, petition (accompanied by bill, Senate, No. 33) of Story, Smizik and Clark for legislation to create a children's health policy council [Joint Committee on Children, Families and Persons with Disabilities].

The Commonwealth of Massachusetts

In the Year Two Thousand Eleven

An Act creating a children’s health policy council.

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. Chapter 6A of the General Laws is hereby amended by inserting after
2 section 16 the following section:-

3 Section 16H.

4 Definitions

5 “Child” shall mean a person under the age of 21.

6 “Subspecialty” shall mean a medical or behavioral health clinical service requiring
7 additional education and training and subject to national certification standards.

8 “Behavioral health” shall mean mental health, developmental medicine or substance
9 abuse services.

10 Membership of Child Health Policy Council

11 (a) There shall be a child health policy council within, but not subject to control of, the
12 executive office of health and human services. The council shall advise the governor, the general
13 court, the secretary of health and human services and the commissioner of the division of
14 insurance.

15 (b) The council shall consist of not fewer than xx members and shall be comprised of:

16 (i) the following 5 members, who shall serve ex officio: the commissioner of health
17 care finance and policy, who shall serve as chair, the commissioner of public health, the
18 commissioner of insurance, the commissioner of mental health and the director of Medicaid, or
19 their designees;

20 (ii) additional persons appointed by the secretary of health and human services from
21 the aforementioned agencies and from the executive office of health and human services; and

22 (iii) 17 public members including 2 representatives from pediatric hospitals or
23 pediatric specialty units as defined in chapter 118G, 3 board certified primary care providers one
24 of whom shall be board certified in adolescent medicine, one of whom shall be board certified in
25 developmental behavioral pediatrics, 2 board certified pediatric subspecialists, 3 behavioral
26 health providers one of whom has expertise in child and adolescent psychiatry, one in
27 psychology and one in social work, 1 pediatric nurse or nurse practitioner, 2 child health
28 advocates at least one of whom represents children with special health care needs, 2 community
29 agencies that provide child or behavioral health services, 2 health plan representatives who are
30 board certified in pediatrics or a pediatric subspecialty.

31 (c) The terms for public members shall be 3 years. Upon the expiration of his term, a
32 nongovernmental member shall serve until a successor has been appointed; provided, however,
33 that if a vacancy exists prior to the expiration of a term, another nongovernmental member shall
34 be appointed to complete the unexpired term.

35 (d) The meetings of the council shall comply with chapter 30A, except that the council,
36 through its by-laws, may provide for executive sessions of the council. No action of the council
37 shall be taken in an executive session.

38 (e) The members of the council shall not receive a salary or per diem allowance for
39 serving as members of the council, but shall be reimbursed for actual and necessary expenses
40 reasonably incurred in the performance of their duties.

41 Guiding Principles

42 The council shall be guided in its work by the following principles:

43 (a) health care expenditures for children are made for the long term. Payors and
44 policymakers should account for the lifetime impact of child health investments in their decision-
45 making;

46 (b) children have a right to timely access to primary, preventive medical, behavioral and
47 developmental screenings and services;

48 (c) children have the right to be treated by clinicians with training and expertise in
49 addressing their specialized health care needs;

50 (d) children and parents have a right to know whether their insurance provides necessary
51 access to pediatricians, pediatric subspecialists and pediatric facilities

52 (e) children have a right to quality care in inpatient, outpatient, subspecialty, primary care
53 and behavioral health settings.

54 Powers and Duties of Council

55 The council shall have the following powers and duties:

56 (a) establishing expert panels, workgroups or advisory committees with such additional
57 members and expertise as is necessary to accomplish the work of the council;

58 (b) reviewing and recommending proposed health care quality standards and measures
59 for child health providers across delivery settings including inpatient, outpatient, subspecialty,
60 behavioral and primary care practices. The council shall recommend nationally-validated
61 measures where possible, and shall assure that appropriate risk adjustments are incorporated.
62 Said standards and measures shall presumptively be used by the commonwealth in its role as a
63 health care purchaser through the health access programs established under chapter 118E and the
64 group insurance commission, and in its public reporting of quality performance through the
65 departments of public health and health care finance and policy. Said standards and measures
66 shall also inform the division of insurance when it reviews proposed health plan offerings.

67 (c) recommending standards for adequate pediatric access including inpatient, outpatient,
68 subspecialty, behavioral and primary care practices. The council shall review available data and
69 shall assure that the commonwealth collects necessary information on pediatric capacity through
70 its licensure and registration processes. The council may propose licensure or credentialing
71 standards designed to assure that child and behavioral health providers have necessary training
72 and expertise. Said standards shall inform the division of insurance when it reviews proposed
73 health plan offerings.

74 (d) reviewing and recommending actuarial and rate setting models that assure adequate
75 funding of child health services within the overall health care delivery system. Said models and
76 approaches shall specifically address the lifetime return on investment and impact of child health
77 expenditures.

78 (e) recommending common transparency and reporting approaches for child health
79 services designed to assure that children and families have adequate information about the
80 availability, quality and cost of child and behavioral health services provided by public and
81 private payors.

82 (f) requesting relevant data, information and reports on child health services, providers,
83 and insurance coverage from state agencies;

84 (g) reviewing and recommending policy approaches, care delivery and payment reforms
85 designed to assure that child health needs are addressed within the overall health care delivery
86 system.