HOUSE No. 1009

The Commonwealth of Massachusetts

PRESENTED BY:

Elizabeth A. Malia

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 adoption of the accompanying bill:

An Act improving the Children's Medical Security Program and simplifying the administration process.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
Elizabeth A. Malia	11th Suffolk
Denise Provost	27th Middlesex
Jason M. Lewis	Fifth Middlesex
Paul R. Heroux	2nd Bristol
Barbara L'Italien	Second Essex and Middlesex
Timothy J. Toomey, Jr.	26th Middlesex
Marjorie C. Decker	25th Middlesex
Danielle W. Gregoire	4th Middlesex
James J. O'Day	14th Worcester
Tom Sannicandro	7th Middlesex
Paul McMurtry	11th Norfolk
Carolyn C. Dykema	8th Middlesex
Sean Garballey	23rd Middlesex
Marcos A. Devers	16th Essex
Christine P. Barber	34th Middlesex
Jonathan Hecht	29th Middlesex
Brian A. Joyce	Norfolk, Bristol and Plymouth

Louis L. Kafka	8th Norfolk
Ruth B. Balser	12th Middlesex
Kay Khan	11th Middlesex
Paul Brodeur	32nd Middlesex
Carlos Gonzalez	10th Hampden
Benjamin Swan	11th Hampden
Joan B. Lovely	Second Essex

HOUSE No. 1009

By Ms. Malia of Boston, a petition (accompanied by bill, House, No. 1009) of Elizabeth A. Malia and others for legislation to provide for primary and preventative health care services for certain children in the Commonwealth. . Health Care Financing.

[SIMILAR MATTER FILED IN PREVIOUS SESSION SEE SENATE, NO. 504 OF 2013-2014.]

The Commonwealth of Massachusetts

In the One Hundred and Eighty-Ninth General Court (2015-2016)

An Act improving the Children's Medical Security Program and simplifying the administration process.

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. Section 10F of chapter 118E of the General Laws, as appearing in the 2012
- 2 Official Edition, is hereby amended by striking out subsections (a) and (b) and inserting in place
- 3 thereof the following 2 subsections:-
- 4 (a) There shall be a program to provide primary and preventive health care services for
- 5 uninsured dependent and adopted youths from birth through age 18, in this section called the
- 6 program; but only those youths who are ineligible for medical benefits pursuant to this chapter
- 7 shall be eligible for the services defined in this section. The secretary of health and human
- 8 services shall administer the program, subject to appropriation. The covered services available
- 9 from the program shall be set forth in the regulations of the executive office of health and human

- services as the secretary of health and human services determines is appropriate, but at a minimum shall include the following:
- (1) preventive pediatric health care visits and well-child visits, including immunizations
 and screening tests;
- (2) primary care health care services customarily furnished by or through a general practitioner, family physician, internal medicine physician, obstetrician, gynecologist, pediatrician, independent nurse practitioner or physician assistant to the extent the furnishing of those services is legally authorized in the commonwealth; provided, that primary care shall not include emergency or post-stabilization services provided in a hospital or other setting; and
- 19 (3) unlimited sick visits provided by a primary care provider.
- 20 (b) Additional services under the program shall include the following, but coverage for 21 specific services within each category and the benefit limitations shall be at the secretary of 22 health and human service's discretion:
- (1) dental health care, including preventive dental care; provided, however, that no funds
 shall be expended for cosmetic or surgical dentistry;
- 25 (2) durable medical equipment;
- 26 (3) urgent care visits in the outpatient department of a participating hospital when an 27 enrollee's primary care practitioner is not available to provide such services and emergency care 28 in the outpatient department or emergency department of a participating hospital, including 29 related laboratory and diagnostic radiology services for urgent or emergency care; provided, that

- 30 rates of reimbursement for urgent and emergency care shall be negotiated by participating
- 31 hospitals with the division or its designated vendor;
- 32 (4) annual and medically necessary eye examinations;
- 33 (5) auditory screenings;
- 34 (6) outpatient surgery and anesthesia for tympanostomy tube placement and inguinal
- 35 hernias;
- 36 (7) prescription drugs; and
- 37 (8) behavioral health.
- 38 SECTION 2. Subsection (g) of said section 10F of said chapter 118E, as so appearing, is
- 39 hereby amended by striking out the second sentence and inserting in place thereof the following
- 40 2 sentences: At least 30 days prior to modifying any program benefits or eligibility standards
- 41 that are intended to ensure that program costs are limited to the funds appropriated therefore, the
- 42 division shall provide the aforementioned committees and the secretary of administration and
- 43 finance with notice of the modification and, for any program benefit modifications, a description
- of the cost per covered program member in the fiscal year preceding implementation of the
- 45 modification, as well as the anticipated cost per covered program member in the fiscal year
- 46 following implementation of the modification. The description shall clearly indicate any changes
- 47 in anticipated costs resulting from changes in covered program services.
- 48 SECTION 3. The division of medical assistance may promulgate regulations to
- 49 implement section 1 pursuant to subsection (f) of section 10F of chapter 118E of the General
- 50 Laws.

51 SECTION 4. Section 1 shall take effect on July 1, 2015.