

HOUSE No. 02375

The Commonwealth of Massachusetts

PRESENTED BY:

Jeffrey Sánchez

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 relative to a child health policy council.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
<i>Jeffrey Sánchez</i>	<i>15th Suffolk</i>
<i>Gloria L. Fox</i>	<i>7th Suffolk</i>
<i>Linda Dorcena Forry</i>	<i>12th Suffolk</i>

HOUSE No. 02375

By Mr. Sánchez of Boston, a petition (accompanied by bill, House, No. 2375) of Fox and others for legislation to establish a child health policy council within, but not subject to control of, the Executive Office of Health and Human Services Joint Committee on Public Health.

The Commonwealth of Massachusetts

In the Year Two Thousand Eleven

An Act relative to a child 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 The General Laws are hereby amended by inserting after Section 16S of Chapter 6A the
- 2 following sections: -
- 3 Section 16T (a) In this section, of this chapter, the following words shall, unless the context
- 4 clearly requires otherwise, have the following meanings:
- 5 “Child” shall mean a person under the age of 21.
- 6 “Subspecialty” shall mean a medical or behavioral health clinical service requiring additional
- 7 education and training and subject to national certification standards.
- 8 “Behavioral health” shall mean mental health, developmental medicine or substance abuse
- 9 services.

10 (b) (1) There shall be a child health policy council within, but not subject to control of, the
11 executive office of health and human services. The council shall advise the governor, the general
12 court, the secretary of health and human services and the commissioner of the division of
13 insurance.

14 (2) The council shall consist of not fewer than 22 members and shall be comprised of:

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

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

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

29 (3) The terms for public members shall be 3 years. Upon the expiration of his term, a
30 nongovernmental member shall serve until a successor has been appointed; provided, however,

31 that if a vacancy exists prior to the expiration of a term, another nongovernmental member shall
32 be appointed to complete the unexpired term.

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

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

39 (c) The council shall be guided in its work by the following principles:

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

42 (2) children have a right to timely access to primary, preventive medical, behavioral and
43 developmental screenings and services;

44 (3) children have the right to be treated by clinicians with training and expertise in addressing
45 their specialized health care needs;

46 (4) children and parents have a right to know whether their insurance provides necessary access
47 to pediatricians, pediatric subspecialists and pediatric facilities

48 (5) children have a right to quality care in inpatient, outpatient, subspecialty, primary care
49 and behavioral health settings.

50 (d) The council shall have the following powers and duties:

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

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

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

69 (4) reviewing and recommending actuarial and rate setting models that assure adequate funding
70 of child health services within the overall health care delivery system. Said models and
71 approaches shall specifically address the lifetime return on investment and impact of child health
72 expenditures.

73 (5) recommending common transparency and reporting approaches for child health services
74 designed to assure that children and families have adequate information about the availability,
75 quality and cost of child and behavioral health services provided by public and private payors.

76 (6) requesting relevant data, information and reports on child health services, providers, and
77 insurance coverage from state agencies;

78 (7) reviewing and recommending policy approaches, care delivery and payment reforms
79 designed to assure that child health needs are addressed within the overall health care delivery
80 system.