

HOUSE No. 03614

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 encouraging nurse practitioner and physician assistant practice of primary care.

PETITION OF:

NAME:

| DISTRICT/ADDRESS:

HOUSE No. 03614

By Mr. Sánchez of Boston, for the committee on Public Health, on House, Nos. 1477, 1509, 1520, 2897 and 2907, a Bill encouraging nurse practitioner and physician assistant practice of primary care (House, No. 3614). July 19, 2011.

The Commonwealth of Massachusetts

In the Year Two Thousand Eleven

An Act encouraging nurse practitioner and physician assistant practice of primary care.

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. Section 2 of chapter 32A of the General Laws, as appearing in the 2008 Official
2 Edition, is hereby amended by striking out paragraph (i) and inserting in place thereof the
3 following two paragraphs:

4 (i) “Primary care provider”, a health care professional qualified to provide general medical care
5 for common health care problems who; (1) supervises, coordinates, prescribes, or otherwise
6 provides or proposes health care services; (2) initiates referrals for specialist care; and (3)
7 maintains continuity of care within the scope of practice.

8 (j) “Wellness program”, a program designed to measure and improve individual health by
9 identifying risk factors, principally through diagnostic testing and establishing plans to meet
10 specific health goals which include appropriate preventive measures. Risk factors may include
11 but shall not be limited to demographics, family history, behaviors and measured biometrics.

12 SECTION 2. Section 22 of said chapter 32A, as so appearing, is hereby amended by striking
13 out, in line 48, the word “physician” and inserting in place thereof the following word:- provider.

14 SECTION 3. Section 2 of chapter 32B of the General Laws, as so appearing, is hereby amended
15 by adding the following paragraph:-

16 (k) “Primary care provider”, a health care professional qualified to provide general medical care
17 for common health care problems who; (1) supervises, coordinates, prescribes, or otherwise
18 provides or proposes health care services; (2) initiates referrals for specialist care; and (3)
19 maintains continuity of care within the scope of practice.

20 SECTION 4. Section 19 of said chapter 32B, as so appearing, is hereby amended by striking out,
21 in line 127, the word “physician” and inserting in place thereof the following word:- provider.

22 SECTION 5. Section 1 of chapter 111 of the General Laws, as so appearing, is hereby amended
23 by inserting after the definition of “Nuclear reactor” the following definition:-

24 “Primary care provider”, a health care professional qualified to provide general medical care for
25 common health care problems who; (1) supervises, coordinates, prescribes, or otherwise
26 provides or proposes health care services; (2) initiates referrals for specialist care; and (3)
27 maintains continuity of care within the scope of practice.

28 SECTION 6. Section 4J of said chapter 111, as so appearing, is hereby amended by striking out,
29 in line 15, the word “physician” and inserting in place thereof the following word:- provider.

30 SECTION 7. Section 25L of said chapter 111, as so appearing, is hereby amended by inserting
31 after the word “providers”, in line 9, the following words:- physician assistants practicing as
32 primary care providers.

33 SECTION 8. Clause (ii) of subsection (a) of section 25L of said chapter 111, as so appearing, is
34 hereby amended by striking out subclause (5) and inserting in place thereof the following
35 subclause:-

36 (5) studying the capacity of public and private medical, nursing, and physician assistant schools
37 in the commonwealth to expand the supply of primary care physicians, nurse practitioners
38 practicing as primary care providers, and physician assistants practicing as primary care
39 providers.

40 SECTION 9. Section 25L of said chapter 111, as so appearing, is hereby amended by striking out
41 subsection (d) and inserting in place thereof the following subsection:-

42 (d) The center shall annually submit a report, not later than March 1, to the governor; the health
43 care quality and cost council established by section 16K of chapter 6A, the health disparities
44 council established by section 16O of chapter 6A; and the general court, by filing the report with
45 the clerk of the house of representatives, the clerk of the senate, the joint committee on labor and
46 workforce development, the joint committee on health care financing, and the joint committee on
47 public health. The report shall include: (i) data on patient access and regional disparities in
48 access to physicians, by specialty and sub-specialty, nurses, and physician assistants; (ii) data on
49 factors influencing recruitment and retention of physicians, nurses, and physician assistants; (iii)
50 short and long-term projections of physician, nurse, and physician assistant supply and demand;
51 (iv) strategies being employed by the council or other entities to address workforce needs,
52 shortages, recruitment and retention; (v) recommendations for designing, implementing and
53 improving programs or policies to address workforce needs, shortages, recruitment and retention;

54 and (vi) proposals for statutory or regulatory changes to address workforce needs, shortages,
55 recruitment and retention.

56 SECTION 10. Chapter 111 of the General Laws is hereby amended by striking out section
57 25MN, as so appearing, and inserting in place thereof the following section:-

58 (a) There shall be a healthcare workforce advisory council within, but not subject to the control
59 of, the health care workforce center established by section 25L. The council shall advise the
60 center on the capacity of the healthcare workforce to provide timely, effective, culturally
61 competent, quality physician, nursing, and physician assistant services.

62 (b) The council shall consist of 18 members who shall be appointed by the governor: 1 of whom
63 shall be a representative of the Massachusetts Extended Care Federation; 1 of whom shall be a
64 physician with a primary care specialty designation who practices in a rural area; 1 of whom
65 shall be a physician with a primary care specialty who practices in an urban area; 1 of whom
66 shall be a physician with a medical subspecialty; 1 of whom shall be an advanced practice nurse,
67 authorized under section 80B of said chapter 112, who practices in a rural area; 1 of whom shall
68 be an advanced practice nurse, authorized under said section 80B of said chapter 112, who
69 practices in an urban area; 1 of whom shall be a physician assistant with a primary care specialty,
70 authorized under section 9E of said chapter 112, 1 of whom shall be a representative of the
71 Massachusetts Organization of Nurse Executives; 1 of whom shall be a representative of the
72 Massachusetts Academy of Family Physicians; 1 of whom shall be a representative of the
73 Massachusetts Workforce Board Association; 1 of whom shall be a representative of the
74 Massachusetts League of Community Health Centers, Inc.; 1 of whom shall be a representative
75 of the Massachusetts Medical Society; 1 of whom shall be a representative of the Massachusetts

76 Center for Nursing, Inc.; 1 of whom shall be a representative of the Massachusetts Nurses
77 Association; 1 of whom shall be a representative of the Massachusetts Association of Registered
78 Nurses; 1 of whom shall be a representative of the Massachusetts Association of Physician
79 Assistants; 1 of whom shall be a representative of the Massachusetts Hospital Association, Inc.;
80 and 1 of whom shall be a representative of Health Care For All, Inc. Members of the council
81 shall be appointed for terms of 3 years or until a successor is appointed. Members shall be
82 eligible to be reappointed and shall serve without compensation, but may be reimbursed for
83 actual and necessary expenses reasonably incurred in the performance of their duties. Vacancies
84 of unexpired terms shall be filled within 60 days by the appropriate appointing authority.

85 The members of the council shall annually elect a chair, vice chair and secretary and may adopt
86 by-laws governing the affairs of the council.

87 The council shall meet at least bimonthly, at other times as determined by its rules, and when
88 requested by any 8 members.

89 (c) The council shall advise the center on: (i) trends in access to primary care and physician
90 subspecialties, nursing services, and physician assistant services; (ii) the development and
91 administration of the loan repayment program, established under section 25N, including criteria
92 to identify underserved areas in the commonwealth; (iii) solutions to address identified health
93 care workforces shortages; and (iv) the center's annual report to the general court.

94 SECTION 11. Paragraph (a) of section 25N of said chapter 111, as so appearing, is hereby
95 amended by striking out clause (i) and inserting in place thereof the following clause:-

96 (i) are graduates of medical, nursing, or physician assistant schools;

97 SECTION 12. Paragraph (d) of said section 25N of said chapter 111, as so appearing, is hereby
98 amended by striking out clause (i) and inserting in place thereof the following clause:-

99 (i) the number of applicants, the number accepted, and the number of participants by race;
100 gender; medical, nursing, or physician assistant specialty; medical, nursing, or physician
101 assistant school; residence prior to medical, nursing, or physician assistant school; and where
102 they plan to practice after program completion;

103 SECTION 13. Section 67F of said chapter 111, as so appearing, is hereby amended by striking
104 out, in line 15, the word “physician” and inserting in place thereof the following word:- provider.

105 SECTION 14. Section 67F of said chapter 111, as so appearing, is hereby further amended by
106 striking out, in line 19, the word “physician” and inserting in place thereof the following word:-
107 provider.

108 SECTION 15. Section 9E of chapter 112 of the General Laws, as so appearing, is hereby
109 amended by striking out the third sentence.

110 SECTION 16. Said chapter 112, as so appearing, is hereby amended by inserting after section
111 80H the following section:-

112 80I. When a provision of law or rule requires a signature, certification, stamp, verification,
113 affidavit or endorsement by a physician, when relating to physical and mental health, that
114 requirement may be fulfilled by a nurse practitioner practicing under section 80B of chapter 112.
115 Nothing in this section shall be construed to expand the scope of practice of nurse practitioners.
116 This section shall not be construed to preclude the development of mutually agreed upon

117 guidelines between the nurse practitioner and supervising physician under section 80E of chapter
118 112.

119 SECTION 17. Section 8 of chapter 118E of the General Laws, as appearing in the 2008 Official
120 Edition, is hereby amended by inserting after paragraph (f). the following paragraph:-

121 (f1/2). “Primary care provider”, a health care professional qualified to provide general medical
122 care for common health care problems who; (1) supervises, coordinates, prescribes, or otherwise
123 provides or proposes health care services; (2) initiates referrals for specialist care; and (3)
124 maintains continuity of care within the scope of practice.

125 SECTION 18. Section 17A of said chapter 118E, as so appearing, is hereby amended by striking
126 out, in lines 60 and 62, the word “physician” and inserting in place thereof the following word in
127 each instance:- provider.

128 SECTION 19. The third paragraph of section 6 of chapter 118G of the General Laws, as so
129 appearing, is hereby amended by striking out clauses (ii) and (iii) and inserting in place thereof
130 the following three clauses:-

131 (ii) changes in the benefit and cost-sharing design of plans offered by these payers; (iii) changes
132 in measures of plan cost and utilization; provided that this analysis shall facilitate comparison
133 among plans and between public and private payers; and (iv) the type of provider who delivered
134 care.

135 SECTION 20. The fifth paragraph of section 6 of Chapter 118G of the General Laws, as
136 amended by section 13 of chapter 288 of the acts of 2010, is hereby further amended by striking
137 out clauses (viii) and (ix), and inserting in place thereof the following three clauses:-

138 (viii) relative prices paid to every hospital, physician group, ambulatory surgical center,
139 freestanding imaging center, mental health facility, rehabilitation facility, skilled nursing facility
140 and home health provider in the payer's network, by type of provider and calculated according to
141 a uniform methodology; (ix) hospital inpatient and outpatient costs, including direct and indirect
142 costs, according to a uniform methodology; and (x) information concerning the type of provider
143 who delivered care.

144 SECTION 21. Section 1 of chapter 175 of the General Laws, as appearing in the 2008 Official
145 Edition, is hereby amended by inserting after the definition of “Net value of policies” the
146 following definition:-

147 “Primary care provider”, a health care professional qualified to provide general medical care for
148 common health care problems who; (1) supervises, coordinates, prescribes, or otherwise
149 provides or proposes health care services; (2) initiates referrals for specialist care; and (3)
150 maintains continuity of care within the scope of practice.

151 SECTION 22. Section 47B of said chapter 175, as so appearing, is hereby amended by striking
152 out, in line 64, the word “physician” and inserting in place thereof the following word:- provider.

153 SECTION 23. Section 47U of said chapter 175, as so appearing, is hereby amended by striking
154 out, in lines 62 and 64, the word “physician” and inserting in place thereof the following word in
155 each instance:- provider.

156 SECTION 24. Section 8A of chapter 176A of the General Laws, as so appearing, is hereby
157 amended by striking out, in line 58, the word “physician” and inserting in place thereof the
158 following word:- provider.

159 SECTION 25. Subsection (c) of said section 8A of chapter 176A, as so appearing, is hereby
160 amended by adding the following paragraph:-

161 For the purposes of this subsection, the term “primary care provider” shall mean a health care
162 professional qualified to provide general medical care for common health care problems who; (1)
163 supervises, coordinates, prescribes, or otherwise provides or proposes health care services; (2)
164 initiates referrals for specialist care; and (3) maintains continuity of care within the scope of
165 practice.

166 SECTION 26. Section 8U of said chapter 176A, as so appearing, is hereby amended by striking
167 out, in lines 64 and 66, the word “physician” and inserting in place thereof the following word in
168 each instance:- provider.

169 SECTION 27. Subsection (c) of said section 8U of chapter 176A, as so appearing, is hereby
170 amended by adding the following paragraph:-

171 For the purposes of this subsection, the term “primary care provider” shall mean a health care
172 professional qualified to provide general medical care for common health care problems who; (1)
173 supervises, coordinates, prescribes, or otherwise provides or proposes health care services; (2)
174 initiates referrals for specialist care; and (3) maintains continuity of care within the scope of
175 practice.

176 SECTION 28. Section 1 of chapter 176B of the General Laws, as so appearing, is hereby
177 amended by inserting after the definition of “Participating optometrist” the following definition:-

178 “Primary care provider”, a health care professional qualified to provide general medical care for
179 common health care problems who; (1) supervises, coordinates, prescribes, or otherwise

180 provides or proposes health care services; (2) initiates referrals for specialist care; and (3)
181 maintains continuity of care within the scope of practice.

182 SECTION 29. Section 4A of said chapter 176B, as so appearing, is hereby amended by striking
183 out, in line 60, the word “physician” and inserting in place thereof the following word:- provider.

184 SECTION 30. Section 4U of said chapter 176B, as so appearing, is hereby amended by striking
185 out, in lines 64 and 66, the word “physician” and inserting in place thereof the following word in
186 each instance:- provider.

187 SECTION 31. Section 1 of chapter 176G of the General Laws, as so appearing, is hereby
188 amended by inserting after the definition of “Person” the following definition:-

189 “Primary care provider”, a health care professional qualified to provide general medical care for
190 common health care problems who; (1) supervises, coordinates, prescribes, or otherwise
191 provides or proposes health care services; (2) initiates referrals for specialist care; and (3)
192 maintains continuity of care within the scope of practice.

193 SECTION 32. Section 4M of said chapter 176G, as so appearing, is hereby amended by striking
194 out, in line 54, the word “physician” and inserting in place thereof the following word:- provider.

195 SECTION 33. Section 5 of said chapter 176G, as so appearing, is hereby amended by striking
196 out, in lines 59 and 61, the word “physician” and inserting in place thereof the following word in
197 each instance:- provider.

198 SECTION 34. Section 11 of chapter 176J of the General Laws, as appearing in section 73 of
199 chapter 288 of the acts of 2010, is hereby amended by striking out subsection (b) and inserting in
200 place thereof the following subsection:-

201 (b) A tiered network plan shall only include variations in member cost-sharing between provider
202 tiers which are reasonable in relation to the premium charged and ensure adequate access to
203 covered services. Carriers shall tier providers based on quality performance as measured by the
204 standard quality measure set and by cost performance as measured by health status adjusted total
205 medical expenses and relative prices. Where applicable quality measures are not available,
206 tiering may be based solely on health status adjusted total medical expenses or relative prices or
207 both.

208 The commissioner shall promulgate regulations requiring the uniform reporting of tiering
209 information, including, but not limited to requiring, at least 90 days before the proposed effective
210 date of any tiered network plan or any modification in the tiering methodology for any existing
211 tiered network plan, the reporting of a detailed description of the methodology used for tiering
212 providers, including: the statistical basis for tiering; a list of providers to be tiered at each
213 member cost-sharing level; a description of how the methodology and resulting tiers will be
214 communicated to each network provider, eligible individuals and small groups; and a description
215 of the appeals process a provider may pursue to challenge the assigned tier level.

216 SECTION 35. Section 1 of chapter 176O of the General Laws, as appearing in the 2008 Official
217 Edition, is hereby amended by inserting after the definition of "Person" the following definition:-

218 "Primary care provider", a health care professional qualified to provide general medical care for
219 common health care problems who; (1) supervises, coordinates, prescribes, or otherwise
220 provides or proposes health care services; (2) initiates referrals for specialist care; and (3)
221 maintains continuity of care within the scope of practice.

222 SECTION 36. Section 7 of said chapter 176O, as so appearing, is hereby amended by striking
223 out, in line 30, the word “physician” and inserting in place thereof the following word:- provider.

224 SECTION 37. Chapter 176O of the General Laws is hereby amended by striking out section 15,
225 as so appearing, and inserting in place thereof the following section:-

226 Section 15. (a) A carrier that allows or requires the designation of a primary care provider shall
227 notify an insured at least 30 days before the disenrollment of such insured's primary care
228 provider and shall permit such insured to continue to be covered for health services, consistent
229 with the terms of the evidence of coverage, by such primary care provider for at least 30 days
230 after said physician provider is disenrolled, other than disenrollment for quality-related reasons
231 or for fraud. Such notice shall also include a description of the procedure for choosing an
232 alternative primary care provider.

233 (b) A carrier shall allow any female insured who is in her second or third trimester of pregnancy
234 and whose provider in connection with her pregnancy is involuntarily disenrolled, other than
235 disenrollment for quality-related reasons or for fraud, to continue treatment with said provider,
236 consistent with the terms of the evidence of coverage, for the period up to and including the
237 insured's first postpartum visit.

238 (c) A carrier shall allow any insured who is terminally ill and whose provider in connection with
239 said illness is involuntarily disenrolled, other than disenrollment for quality-related reasons or for
240 fraud, to continue treatment with said provider, consistent with the terms of the evidence of
241 coverage, until the insured's death.

242 (d) A carrier shall provide coverage for health services for up to 30 days from the effective date
243 of coverage to a new insured by a provider who is not a participating provider in the carrier's

244 network if: (1) the insured's employer only offers the insured a choice of carriers in which said
245 provider is not a participating provider, and (2) said provider is providing the insured with an
246 ongoing course of treatment or is the insured's primary care provider. With respect to a insured in
247 her second or third trimester of pregnancy, this provision shall apply to services rendered
248 through the first postpartum visit. With respect to an insured with a terminal illness, this
249 provision shall apply to services rendered until death.

250 (e) A carrier may condition coverage of continued treatment by a provider under subsections (a)
251 to (d), inclusive, upon the provider's agreeing (1) to accept reimbursement from the carrier at the
252 rates applicable prior to notice of disenrollment as payment in full and not to impose cost sharing
253 with respect to the insured in an amount that would exceed the cost sharing that could have been
254 imposed if the provider had not been disenrolled; (2) to adhere to the quality assurance standards
255 of the carrier and to provide the carrier with necessary medical information related to the care
256 provided; and (3) to adhere to such carrier's policies and procedures, including procedures
257 regarding referrals, obtaining prior authorization and providing services pursuant to a treatment
258 plan, if any, approved by the carrier. Nothing in this subsection shall be construed to require the
259 coverage of benefits that would not have been covered if the provider involved remained a
260 participating provider.

261 (f) A carrier that requires an insured to designate a primary care provider shall allow such a
262 primary care provider to authorize a standing referral for specialty health care provided by a
263 health care provider participating in such carrier's network when (1) the primary care provider
264 determines that such referrals are appropriate, (2) the provider of specialty health care agrees to a
265 treatment plan for the insured and provides the primary care provider with all necessary clinical
266 and administrative information on a regular basis, and (3) the health care services to be provided

267 are consistent with the terms of the evidence of coverage. Nothing in this section shall be
268 construed to permit a provider of specialty health care who is the subject of a referral to
269 authorize any further referral of an insured to any other provider without the approval of the
270 insured's carrier.

271 (g) No carrier shall require an insured to obtain a referral or prior authorization from a primary
272 care provider for the following specialty care provided by an obstetrician, gynecologist, certified
273 nurse-midwife or family practitioner participating in such carrier's health care provider network:

274 (1) annual preventive gynecologic health examinations, including any subsequent obstetric or
275 gynecological services determined by such obstetrician, gynecologist, certified nurse-midwife or
276 family practitioner to be medically necessary as a result of such examination; (2) maternity care;
277 and (3) medically necessary evaluations and resultant health care services for acute or emergency
278 gynecological conditions. No carrier shall require higher copayments, coinsurance, deductibles
279 or additional cost sharing arrangements for such services provided to such insureds in the
280 absence of a referral from a primary care provider. Carriers may establish reasonable
281 requirements for participating obstetricians, gynecologists, certified nurse-midwives or family
282 practitioners to communicate with an insured's primary care provider regarding the insured's
283 condition, treatment, and need for follow-up care. Nothing in this section shall be construed to
284 permit an obstetrician, gynecologist, certified nurse-midwife or family practitioner to authorize
285 any further referral of an insured to any other provider without the approval of the insured's
286 carrier.

287 (h) A carrier shall provide coverage of pediatric specialty care, including mental health care, by
288 persons with recognized expertise in specialty pediatrics to insureds requiring such services.

289 (i) A carrier, including a dental or vision carrier, shall provide health, dental or vision care
290 providers applying to be participating providers who are denied such status with a written reason
291 or reasons for denial of such application.

292 (j) No carrier shall make a contract with a health care provider which includes a provision
293 permitting termination without cause. A carrier shall provide a written statement to a provider of
294 the reason or reasons for such provider's involuntary disenrollment.

295 (k) A carrier, including a dental or vision carrier, shall provide insureds, upon request, interpreter
296 and translation services related to administrative procedures.

297 SECTION 38. Section 20 of said chapter 176O, as so appearing, is hereby amended by striking
298 out, in lines 19 and 22, the words “care physician” and inserting in place thereof the following
299 word:- care provider.

300 SECTION 39. The General Laws are hereby amended by inserting after chapter 176R the
301 following chapter:-

302 Chapter 176S

303 CONSUMER CHOICE OF PHYSICIAN ASSISTANT SERVICES

304 Section 1. As used in this chapter, the following words shall have the following meaning unless
305 the context clearly requires otherwise:

306 “Carrier”, an insurer licensed or otherwise authorized to transact accident or health insurance
307 under chapter 175; a nonprofit hospital service corporation organized under chapter 176A; a
308 nonprofit medical service corporation organized under chapter 176B; a health maintenance
309 organization organized under chapter 176G; an organization entering into a preferred provider

310 arrangement under chapter 176I; a contributory group general or blanket insurance for persons in
311 the service of the commonwealth under chapter 32A; a contributory group general or blanket
312 insurance for persons in the service of counties, cities, towns and districts, and their dependents
313 under chapter 32B; the medical assistance program administered by the division of medical
314 assistance pursuant to chapter 118E and in accordance with Title XIX of the Social Security Act
315 or any successor statute; and any other medical assistance program operated by a governmental
316 unit for persons categorically eligible for such program.

317 “Commissioner”, the commissioner of insurance.

318 “Insured”, an enrollee, covered person, insured, member, policyholder or subscriber of a carrier.

319 “Nondiscriminatory basis”, a carrier shall be deemed to be providing coverage on a non-
320 discriminatory basis if its plan does not contain any annual or lifetime dollar or unit of service
321 limitation imposed on coverage for the care provided by a physician assistant which is less than
322 any annual or lifetime dollar or unit of service limitation imposed on coverage for the same
323 services by other participating providers.

324 “Physician assistant”, a person who is a graduate of an approved program for the training of
325 physician assistants who is supervised by a registered physician in accordance with sections 9C
326 to 9H, inclusive, of chapter 112.

327 “Participating provider”, a provider who, under the terms and conditions of a contract with the
328 carrier or with its contractor or subcontractor, has agreed to provide health care services to an
329 insured with an expectation of receiving payment, other than coinsurance, co-payments or
330 deductibles, directly or indirectly from the carrier.

331 “Primary care provider”, a health care professional qualified to provide general medical care for
332 common health care problems who; (1) supervises, coordinates, prescribes, or otherwise
333 provides or proposes health care services; (2) initiates referrals for specialist care; and (3)
334 maintains continuity of care within the scope of practice. Section 2. The commissioner and the
335 group insurance commission shall require that all carriers recognize physician assistants as
336 participating providers subject to section 3 and shall include coverage on a nondiscriminatory
337 basis to their insureds for care provided by physician assistants for the purposes of health
338 maintenance, diagnosis and treatment. Such coverage shall include benefits for primary care,
339 intermediate care and inpatient care, including care provided in a hospital, clinic, professional
340 office, home care setting, long-term care setting, mental health or substance abuse program, or
341 any other setting when rendered by a physician assistant who is a participating provider and is
342 practicing within the scope of his professional license to the extent that such policy or contract
343 currently provides benefits for identical services rendered by a provider of health care licensed
344 by the commonwealth.

345 Section 3. A participating provider physician assistant practicing within the scope of his license
346 including all regulations requiring collaboration with a physician under section 9E of chapter
347 112, shall be considered qualified within the carrier's definition of primary care provider to an
348 insured.

349 Section 4. Notwithstanding any general or special law to the contrary, a carrier that requires the
350 designation of a primary care provider shall provide its insureds with an opportunity to select a
351 participating provider physician assistant as a primary care provider or to change its primary care
352 provider to a participating provider physician assistant at any time during their coverage period.

353 Section 5. Notwithstanding any general or special law to the contrary, a carrier shall ensure that
354 all participating provider physician assistants are included on any publicly accessible list of
355 participating providers for the carrier.

356 Section 6. A complaint for noncompliance against a carrier shall be filed with and investigated
357 by the commissioner or the group insurance commission, whichever shall have regulatory
358 authority over the carrier. The commissioner and the group insurance commission shall
359 promulgate regulations to enforce this chapter.

360 SECTION 40. The commissioner of public health, in consultation with the board of registration
361 in medicine, the board of registration in nursing, the board of registration of physician assistants,
362 and the board of registration in pharmacy, shall create an independent task force to examine the
363 current regulatory structure governing professional relationships between physicians, nurse
364 practitioners, and physician assistants to identify barriers to the coordination of primary care
365 between physicians, nurse practitioners, and physician assistants and the barriers to expanding
366 patient access to primary care through greater utilization of the nurse practitioner and physician
367 assistant workforce, including the administrative simplification of prescribing practices. The
368 task force shall issue a report of its study, including its recommendations and drafts of any
369 legislation, if necessary, with the clerks of the Senate and House of Representatives and the joint
370 committees on public health and health care financing within 1 year of the effective date of this
371 act.

372 SECTION 41. There shall be a special commission to study and make recommendations on the
373 opportunities and challenges faced by primary care physicians in community care settings. The
374 commission shall consist of: the secretary of health and human services or her designee, who

375 shall serve as chair; the commissioner of health care finance and policy or his designee; 1
376 member appointed by the speaker of the house of representatives; 1 member appointed by the
377 senate president; 1 representative of the Mass League of Community Health Centers; 1
378 representative of the Department of Family Medicine at UMass Medical School; 1 representative
379 of the Department of Family Medicine at Boston Medical Center; 1 executive director of a
380 community health center that currently participates in a family medicine residency training
381 program; 1 executive director of a community health center that is the sponsoring organization
382 and holds the credentials for the accredited training program; 1 representative of a health center
383 with an interest in starting a residency program; 1 community health center physician who is a
384 graduate of a community health center residency program; 1 residency director at a community
385 health center; 1 current community health center resident; 1 representative of the Massachusetts
386 Academy of Family Physicians; and 1 representative of the Massachusetts Chapter of the
387 American Academy of Pediatrics.

388 The Commission's review shall include but not be limited to the following: (a) an analysis of the
389 adequacy of the workforce in community health centers in the commonwealth; (b) the workforce
390 needs at community health centers across the commonwealth within the context of the broader
391 workforce shortage issues, and an evaluation on how community health centers can fill those
392 slots; (c) the percentage of residents at health centers that eventually choose to practice in the
393 community health center setting; (d) the contribution community health center residency
394 programs have made in diversifying the physician pipeline and training physicians to address the
395 medical needs of diverse populations; (e) opportunities to improve the training of primary care
396 physicians in leadership roles and in practicing in a coordinated, team-based approach to primary
397 care; (f) barriers to increasing the ability to train family physicians in community health centers

398 (g) the contributions the University of Massachusetts Medical School Learning Contract has
399 made in increasing the primary care workforce in the commonwealth and recommendations for
400 its improvement; (h) opportunities to develop mentorship programs for primary care physicians;
401 (i) the sources of funding for community health center residency programs, and a determination
402 on whether increased state investment will provide benefits for the commonwealth; (j) the
403 feasibility and potential benefits of a supplemental Medicaid fee to community health centers
404 engaged in 3-year residency programs; and, (k) the impact of national health reform on
405 Massachusetts community health center residency programs, both new and existing, and an
406 evaluation of any potential opportunities.

407 The commission shall report its findings, including its recommendations and drafts of any
408 legislation, if necessary, with the clerks of the Senate and House of Representatives and the joint
409 committees on public health and health care financing within 1 year after the effective date of
410 this act.