

**HOUSE . . . . . No. 610**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

***Kevin G. Honan***

*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 to improve primary care in the Commonwealth.

PETITION OF:

NAME:

*Kevin G. Honan*

DISTRICT/ADDRESS:

*17th Suffolk*

**HOUSE . . . . . No. 610**

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By Mr. Honan of Boston, a petition (accompanied by bill, House, No. 610) of Kevin G. Honan relative to the improvement of primary care in the Commonwealth. Health Care Financing.

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**The Commonwealth of Massachusetts**

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**In the One Hundred and Ninetieth General Court  
(2017-2018)**  
\_\_\_\_\_

An Act to improve primary care in the Commonwealth.

*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. General Laws chapter 118E, as appearing in the 2012 official edition, is  
2 hereby amended by adding after Section 13C the following new section:

3           Section 13C ½ . (a) Community health centers reimbursed under this chapter shall  
4 receive: 1) no less than one hundred per cent of the Medicare federally qualified health center  
5 rate for all medical services provided to Medicaid eligible patients, and one hundred per cent of  
6 the reasonable costs of providing dental, behavioral health, laboratory, radiology, pharmacy and  
7 other services; whether such reimbursement is provided directly or through Medicaid managed  
8 care vendors, including but not limited to Accountable Care Organizations (ACOs); 2) annual  
9 reimbursement increases consistent with the annual reimbursement increases provided by  
10 Medicare; 3) wrap-around reimbursement for case management of patients in need of chronic  
11 disease management, including but not limited to prenatal care, cardiovascular care, asthma care  
12 or other case management, including services provided by community health workers; 4)  
13 reimbursement for the costs of graduate medical education; 5) adequate reimbursement for

14 needed social service care provided to patients; 6) reimbursement for smoking cessation services;  
15 and 7) reimbursement for all costs associated with diabetes care, including care management  
16 costs, in addition to reimbursements required under section 10C for the diagnosis and treatment  
17 of diabetes.

18 Medicaid shall reimburse community health centers for MCO and ACO out-of-network,  
19 medically necessary services provided to patients that are immediately required due to an  
20 unforeseen illness, injury or condition who are enrollees of a managed care organization (MCO)  
21 or ACO in compliance with 42 U.S.C. § 1396b(m)(2)(A)(vii) and do so through the mechanism  
22 set out in 42 U.S.C. § 1396a(bb)(5).

23 (c) The executive office of health and human services shall also provide reimbursement  
24 to community health centers for all costs associated with ongoing and necessary outreach and  
25 enrollment services, interpreter services training, and customer service and cultural competency  
26 training.

27 SECTION 2. General Laws chapter 118E, as appearing in the 2012 official edition, is  
28 hereby amended by adding after Section 13J the following new section:

29 Section 13J ½. A health maintenance organization organized under chapter 176G, and an  
30 Accountable Care Organization organized as part of the current Massachusetts approved Section  
31 1115 Demonstration Project, shall reimburse community health centers at not less than one  
32 hundred per cent of the Medicare federally qualified health center rate for all medical services  
33 provided to patients, and 100 per cent of the reasonable costs of providing other medically  
34 necessary services. The Office of Medicaid shall insure that the payments made to said health  
35 maintenance organizations are sufficient to cover these costs.