

SENATE No. 32

The Commonwealth of Massachusetts

PRESENTED BY:

Sal N. DiDomenico

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: | |
|---------------------------------|------------------------------------|------------------|
| <i>Sal N. DiDomenico</i> | <i>Middlesex and Suffolk</i> | |
| <i>Denise Provost</i> | <i>27th Middlesex</i> | <i>1/24/2017</i> |
| <i>Diana DiZoglio</i> | <i>14th Essex</i> | <i>1/24/2017</i> |
| <i>Jason M. Lewis</i> | <i>Fifth Middlesex</i> | <i>1/25/2017</i> |
| <i>Jack Lewis</i> | <i>7th Middlesex</i> | <i>1/25/2017</i> |
| <i>Steven Ultrino</i> | <i>33rd Middlesex</i> | <i>1/26/2017</i> |
| <i>Patricia D. Jehlen</i> | <i>Second Middlesex</i> | <i>1/27/2017</i> |
| <i>Michael D. Brady</i> | <i>Second Plymouth and Bristol</i> | <i>1/27/2017</i> |
| <i>Barbara A. L'Italien</i> | <i>Second Essex and Middlesex</i> | <i>1/27/2017</i> |
| <i>Joseph W. McGonagle, Jr.</i> | <i>28th Middlesex</i> | <i>1/30/2017</i> |
| <i>James B. Eldridge</i> | <i>Middlesex and Worcester</i> | <i>1/31/2017</i> |
| <i>Marjorie C. Decker</i> | <i>25th Middlesex</i> | <i>1/31/2017</i> |
| <i>Danielle W. Gregoire</i> | <i>4th Middlesex</i> | <i>1/31/2017</i> |
| <i>Paul R. Heroux</i> | <i>2nd Bristol</i> | <i>2/1/2017</i> |
| <i>Daniel J. Ryan</i> | <i>2nd Suffolk</i> | <i>2/3/2017</i> |
| <i>Carmine L. Gentile</i> | <i>13th Middlesex</i> | <i>2/3/2017</i> |
| <i>Mike Connolly</i> | <i>26th Middlesex</i> | <i>2/17/2017</i> |

SENATE No. 32

By Mr. DiDomenico, a petition (accompanied by bill, Senate, No. 32) of Sal N. DiDomenico, Denise Provost, Diana DiZoglio, Jason M. Lewis and other members of the General Court for legislation to improve the children's medical security program and simplifying the administration process. Children, Families and Persons with Disabilities.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE SENATE, NO. 66 OF 2015-2016.]

The Commonwealth of Massachusetts

—————
**In the One Hundred and Ninetieth General Court
(2017-2018)**
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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:

1 SECTION 1. Section 10F of chapter 118E of the General Laws, as appearing in the 2014
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

10 services as the secretary of health and human services determines is appropriate, but at a
11 minimum shall include the following:

12 (1) preventive pediatric health care visits and well-child visits, including immunizations
13 and screening tests;

14 (2) primary care health care services customarily furnished by or through a general
15 practitioner, family physician, internal medicine physician, obstetrician, gynecologist,
16 pediatrician, independent nurse practitioner or physician assistant to the extent the furnishing of
17 those services is legally authorized in the commonwealth; provided, that primary care shall not
18 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:

23 (1) dental health care, including preventive dental care; provided, however, that no funds
24 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
44 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.

