

**SENATE . . . . . No. 2368**

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**The Commonwealth of Massachusetts**

—  
In the One Hundred and Ninety-First General Court  
(2019-2020)  
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SENATE, October 11, 2019.

The committee on Senate Ways and Means to whom was referred the House Bill relative to children’s health and wellness (House, No. 4012); reports, recommending that the same ought to pass with an amendment striking out all after the enacting clause and inserting in place thereof the text of Senate document numbered 2368.

For the committee,  
Michael J. Rodrigues

**The Commonwealth of Massachusetts**

**In the One Hundred and Ninety-First General Court  
(2019-2020)**

1           SECTION 1. Section 20 of chapter 18B of the General Laws, as appearing in the 2018  
2 Official Edition, is hereby amended by striking out the second sentence.

3           SECTION 2. Said chapter 18B is hereby further amended by adding the following 3  
4 sections:-

5           Section 26. (a)(1) Annually, not later than October 31, the department shall issue a report  
6 that provides an overview of the department’s performance during the previous fiscal year. The  
7 commissioner or a designee shall file the report with the governor, the child advocate, the clerks  
8 of the senate and house of representatives, the house and senate committees on ways and means  
9 and the joint committee on children, families and persons with disabilities. The commissioner  
10 shall provide the recipients of the report with an opportunity to discuss its contents with the  
11 commissioner or the designee. The report shall be made publicly available on the department’s  
12 website in accordance with section 19 of chapter 66.

13           (2) The report shall include, but not be limited to, narratives, information, data and  
14 analysis on: (i) case counts; (ii) consumer counts; (iii) the number of reports filed pursuant to  
15 section 51A of chapter 119; (iv) placement metrics; (v) the number of infants brought into the  
16 department’s care pursuant to section 39½ of chapter 119; (vi) the number of siblings in

17 placement; (vii) safety processes and outcomes; (viii) permanency processes and outcomes; (ix)  
18 the rates of adoptions by race and ethnicity; (x) well-being outcomes, including the rates and  
19 timeliness of the delivery of medical and behavioral health services and high school graduation  
20 rates; (xi) staffing trends; (xii) caseloads; (xiii) the department's budget, including funding  
21 levels; (xiv) service costs; (xv) medical services and advancements in providing medical services  
22 to children and young adults in the department's care; (xvi) amounts expended to foster care,  
23 adoptive and guardianship families to provide assistance, including financial assistance, to  
24 provide for the care of children; and (xvii) the foster care review system and any  
25 recommendations for its improvement. The report shall also include comparative departmental  
26 information from prior fiscal years.

27 (b)(1) Quarterly, not more than 75 days after the end of each fiscal quarter, the  
28 department shall issue a quarterly profile on its website in accordance with section 19 of chapter  
29 66 that shall include, but not be limited to, departmental, regional office and area office data on:  
30 (i) consumer counts; (ii) the number of reports filed pursuant to section 51A of chapter 119,  
31 including counts of reports received, screened-in and screened-out in the quarter; (iii) department  
32 case counts, including counts of clinical and adoption cases in the quarter; (iv) consumer  
33 demographic information, including race and primary language; (v) counts of children and youth  
34 in placement; and (vi) counts of children and youth not in placement.

35 (2) The commissioner or a designee shall notify the house and senate committees on  
36 ways and means and the joint committee on children, families and persons with disabilities when  
37 data from a profile issued pursuant to paragraph (1) significantly departs from trends reported in  
38 previous profiles.

39 (c) The commissioner or a designee shall notify the joint committee on children, families  
40 and persons with disabilities when draft regulations are made available by the department for  
41 public comment. Not more than 30 days after the promulgation of regulations or the effective  
42 date of adopted or revised departmental policies relative to services provided to children and  
43 families, the department shall provide copies of the regulations or departmental policies to the  
44 joint committee on children, families and persons with disabilities.

45 (d) If the department is unable to submit the report under subsection (a) or issue the  
46 profile under subsection (b) by the respective deadlines, the commissioner or the commissioner's  
47 legal counsel shall, in writing, notify the governor, the child advocate, the clerks of the senate  
48 and house of representatives, the house and senate committees on ways and means and the joint  
49 committee on children, families and persons with disabilities and provide an explanation for the  
50 delay.

51 (e) The department, in consultation with the general court and other governmental and  
52 nongovernmental partners, shall establish a 3-year plan that shall include numerical targets for  
53 the department's performance in each year and in each of its regions in the areas of safety,  
54 permanence and well-being. The plan shall include a description of how the department will  
55 measure its progress toward meeting the numerical targets and may include different targets for  
56 different regions. Annually, not later than March 31, the department shall update the plan.

57 Annually, not later than December 31, the department shall measure its performance in  
58 meeting the targets established in the 3-year plan for the commonwealth as a whole and for each  
59 of its regions consistent with the methodology described in the plan.

60           The department shall publish and prominently maintain on its website the current plan,  
61 the targets for previous years and the department’s performance in meeting those targets.

62           If in a fiscal year the department is unable to develop or update the 3-year plan or  
63 measure its performance, the department shall notify the house and senate committees on ways  
64 and means, the joint committee on children, families and persons with disabilities, the child  
65 advocate, the chief counsel of the committee for public counsel services, the executive director  
66 of the Massachusetts Law Reform Institute, Inc. and the executive director of the Children’s  
67 League of Massachusetts, Inc. not later than September 1 of that fiscal year.

68           Section 27. Annually, not later than October 31, the department shall submit a special  
69 report on services provided to young adults over the age of 18 to the child advocate, the clerks of  
70 the senate and house of representatives, the house and senate committees on ways and means and  
71 the joint committee on children, families and persons with disabilities. The report shall  
72 summarize the process by which a young adult may continue to receive services from the  
73 department upon reaching the legal adult age of 18. The report shall also include, but not be  
74 limited to: (i) the number of young adults who have elected to sustain a connection with the  
75 department in the previous fiscal year; (ii) the number young adults who have elected not to  
76 remain with the department and have transitioned out of the child welfare system in the previous  
77 fiscal year, including young adults who had previously elected to sustain a connection with the  
78 department, if such numbers are available; (iii) the total payments made from commonwealth  
79 funds to young adults in the previous fiscal year; and (iv) a description of services provided to  
80 young adults by the department in the previous fiscal year, including those funded wholly or in  
81 part by federal funds. The department may satisfy the reporting requirements of this section by  
82 providing the requested information in an annual report filed under section 26.

83           Section 28. Annually, not later than August 31, the department shall file a special report  
84 on its fair hearing processes and cases with the child advocate, the clerks of the senate and house  
85 of representatives, the house and senate committees on ways and means and the joint committee  
86 on children, families and persons with disabilities. The report shall be made available to the  
87 public electronically in accordance with section 19 of chapter 66.

88           The report shall include, but not be limited to, information on the fair hearing requests  
89 open at any time during the previous fiscal year and shall provide, for each hearing request: (i)  
90 the subject matter of the appeal; (ii) the outcomes of cases resolved prior to a fair hearing  
91 decision; (iii) the number of days between the hearing request and the first day of the hearing;  
92 (iv) the number of days between the close of the evidence and the hearing officer's decision; (v)  
93 the number of days of continuance granted at the appellant's request; (vi) the number of days of  
94 continuance granted at the request of the department or the hearing officer, specifying which  
95 party made the request; and (vii) whether the department's decision that was the subject of the  
96 appeal was affirmed or reversed; provided, however, that the information shall be in a form that  
97 shall not include personally-identifiable information.

98           The department shall maintain, and make available to the public during regular business  
99 hours, a record of its fair hearings that shall include, for each hearing request: (i) the date of the  
100 request; (ii) the date of the hearing decision; (iii) the decision rendered by the hearing officer;  
101 and (iv) the final decision rendered upon the commissioner's review; provided, however, that the  
102 information shall be in a form that shall not include personally-identifiable information. For fair  
103 hearing requests that are pending for more than 180 days at any time during the fiscal year,  
104 except for those requests which have been stayed at the request of the district attorney, the report

105 shall provide the number of such cases, how many have been heard but not decided and how  
106 many have been decided by the hearing officer but not yet issued a final agency decision.

107         If there are more than 225 fair hearing requests open for more than 180 days at the end of  
108 any month during the first 6 months of a fiscal year, then an additional report of such requests  
109 shall be provided not later than February 28. The department shall make redacted copies of fair  
110 hearing decisions available not later than 30 days after a written request.

111         SECTION 3. The fourth paragraph of subsection (e) of section 26 of said chapter 18B, as  
112 appearing in section 2, is hereby amended by inserting after the word "services" the following  
113 words:- ", the executive director of the legal services organization that is participating in the data  
114 work group under subsection (f)."

115         SECTION 4. Said section 26 of said chapter 18B, as so appearing, is hereby further  
116 amended by adding the following subsection:-

117         (f) A data work group shall convene every 2 years to make recommendations for  
118 improvements to the report and profile required under subsections (a) and (b). The work group  
119 shall consist of the following persons or a designee: the child advocate, who shall serve as co-  
120 chair; the commissioner, who shall serve as co-chair; the chairs of the house and senate  
121 committees on ways and means; the chairs of the joint committee on children, families and  
122 persons with disabilities; the chief counsel of the committee for public counsel services; the  
123 executive director of Children's League of Massachusetts, Inc.; the executive director of a legal  
124 services program to be appointed by the governor; 1 person with expertise in child welfare data  
125 and outcome measurement to be appointed by the child advocate; and 1 person with expertise in  
126 the department's information technology, data collection and reporting systems to be appointed

127 by the commissioner of children and families. The work group shall consult with other  
128 individuals with relevant expertise, including academics, researchers and service providers, as  
129 needed.

130 Not later than December 31 in every even-numbered year, the data work group shall file a  
131 report on its recommendations, together with drafts of any legislation necessary to carry its  
132 recommendations into effect, with the clerks of the senate and house of representatives, the  
133 senate and house committees on ways and means and the joint committee on children, families  
134 and persons with disabilities.

135 SECTION 5. Subsection (2) of section 9A of chapter 118E of the General Laws, as  
136 appearing in the 2018 Official Edition, is hereby amended by adding the following clause:-

137 (k) persons under the age of 26 years who, on the date of attaining 18 years of age, were  
138 enrolled in foster care or in the care and custody of the department of children and families;  
139 provided, however, that such persons shall be enrolled to receive benefits under this section  
140 without any interruption in coverage; provided further, that the division shall develop and  
141 implement a simplified redetermination form for such persons; and provided further, that a  
142 beneficiary under this section shall only be required to complete and return a redetermination  
143 form if information known to the division is no longer accurate or is materially incomplete.

144 SECTION 6. Subsection (f) of section 23 of chapter 119 of the General Laws, as so  
145 appearing, is hereby amended by striking out the last sentence.

146 SECTION 7. Subsection (h) of said section 23 of said chapter 119, as so appearing, is  
147 hereby further amended by striking out the second paragraph.



148 SECTION 8. Chapter 176O of the General Laws is hereby amended by adding the  
149 following section:-

150 Section 28. (a) A carrier shall ensure the accuracy of the information concerning each  
151 provider listed in the carrier's provider directories for each network plan and shall review and  
152 update the entire provider directory for each network plan. A provider directory that is  
153 electronically available shall: (i) be in a searchable format; and (ii) make accessible to the  
154 general public the current health care providers for a network plan through a clearly identifiable  
155 link or tab without requiring the general public to create or access an account, enter a policy or  
156 contract number, provide other identifying information or demonstrate coverage or an interest in  
157 obtaining coverage with the network plan. Each electronic network plan provider directory shall  
158 be updated not less than monthly; provided, however, that an electronic network plan provider  
159 directory shall be updated more frequently than monthly if required by state or federal law or  
160 regulations promulgated by the commissioner, when informed of and upon confirmation by the  
161 plan of:

162 (i) a contracting provider no longer accepting new patients for that network plan or an  
163 individual provider within a provider group no longer accepting new patients;

164 (ii) a provider or provider group no longer being under contract for a particular network  
165 plan;

166 (iii) a change of a provider's practice location or of other information required under this  
167 section;

168 (iv) a provider's retirement or cessation of practice; or

169 (v) any other information that affects the content or accuracy of the provider directory.

170 (b) A provider directory shall not list or include information on a provider who is not  
171 currently under contract with the network plan.

172 (c) A carrier shall periodically audit its provider directories for accuracy and retain  
173 documentation of the audit to be made available to the commissioner upon request.

174 (d) A carrier shall provide a print copy of the directory information of a current provider  
175 directory upon the request of an insured or a prospective insured. The print copy of the requested  
176 directory information shall be provided to the requester by mail postmarked not later than 5  
177 business days after the date of the request and may be limited to the geographic region in which  
178 the requester resides or works or intends to reside or work.

179 (e) A carrier shall include in both the electronic and print formats of the directory a  
180 dedicated customer service email address and telephone number or electronic link that insureds,  
181 providers and the general public may use to notify the carrier of inaccurate provider directory  
182 information. This customer service information shall be disclosed prominently in the directory  
183 and on the carrier's website. The carrier shall investigate reports of inaccuracies within 30 days  
184 of the notice and modify the directory in accordance with any findings within 30 days of the  
185 findings.

186 (f) A provider directory shall inform enrollees and potential enrollees that they are  
187 entitled to: (i) language interpreter services at no cost to the enrollee; and (ii) full and equal  
188 access to covered services that are required under the federal Americans with Disabilities Act of  
189 1990 and federal Section 504 of the Rehabilitation Act of 1973. A provider directory, whether in  
190 electronic or print format, shall accommodate the communication needs of individuals with

191 disabilities and include a link to, or information regarding, available assistance for persons with  
192 limited English proficiency, including how to obtain interpretation and translation services.

193 (g) A carrier shall include a disclosure in the print format of the directory that the  
194 information included in the directory is accurate as of the date of printing and that an insured or  
195 prospective insured may consult the carrier's electronic provider directory on its website or call a  
196 specified customer service telephone number to obtain the most current provider directory  
197 information.

198 (h) A carrier shall update the print copies of the carrier's directory not less than annually;  
199 provided, however, that the carrier shall update the print directories more frequently than  
200 annually if required by federal law; and provided further, that the division may promulgate  
201 regulations requiring that the print directories be updated more frequently than annually.

202 (i) The division shall promulgate regulations to implement this section.

203 SECTION 9. The last paragraph of chapter 431 of the acts of 2014 is hereby amended by  
204 striking out the figure "2018", inserted by section 89 of chapter 47 of the acts of 2017, and  
205 inserting in place thereof the following figure:- 2021.

206 SECTION 10. Chapter 47 of the acts of 2017 is hereby amended by striking out section  
207 128 and inserting in place thereof the following section:-

208 Section 128. There shall be a task force on child welfare data reporting. The task force  
209 shall develop basic data measures, progress measures and key outcome measures to inform the  
210 general court and the public on the status and demographics of the caseload of the department of

211 children and families and the department's progress in achieving child welfare goals, including  
212 safety, permanency and well-being.

213         The task force shall develop criteria for measuring outcomes for children and families in  
214 the key child welfare domains of safety, permanency and well-being including, but not limited  
215 to, outcomes relative to: (i) protecting children from abuse and neglect; (ii) safely maintaining  
216 children in their own homes whenever possible and appropriate; (iii) achieving stability and  
217 permanency for children in their living situations; (iv) preserving the continuity of family  
218 relationships; (v) enhancing the capacity of families to provide for the needs of children; (vi)  
219 ensuring that children receive appropriate services to meet their educational needs; (vii) ensuring  
220 that children receive the services necessary to meet their physical and mental health needs; and  
221 (viii) achieving permanency and opportunity for young adults. The task force shall make  
222 recommendations to: (i) ensure that the department of children and families' reports and profiles  
223 required under section 26 of chapter 18B of the General Laws include data measures that are  
224 clearly defined and provided with adequate context to convey the meaning of reported data and  
225 the department's understanding of the meaning of trends that may appear in that data; (ii)  
226 eliminate reports that are no longer necessary; (iii) revise existing reports; and (iv) ensure that  
227 reports are timely submitted and made available electronically in accordance with public records  
228 laws.

229         The task force shall also make recommendations relative to: (i) the continued  
230 development of the reports and profiles required under section 26 of chapter 18B of the General  
231 Laws; (ii) the resources required of the department to develop and produce said reports and  
232 profiles; and (iii) priorities for the department's public reporting requirements as they relate to  
233 addressing: (A) questions underlying legislative reporting requirements relative to foster care

234 review, residential care, services for young adults over the age of 18, educational and placement  
235 stability, kinship guardianship subsidies and any other reporting requirements not included in the  
236 reports and profiles under said section 26 of said chapter 18B; (B) questions that the department  
237 is currently unable to address with existing departmental data including, but not limited to,  
238 families with multiple siblings in the department's care; (C) questions concerning the  
239 department's delivery of services including, but not limited to, support and stabilization and the  
240 effectiveness of such services; (D) questions concerning the department's outcomes and the  
241 development of accurate benchmarks to measure those outcomes; and (E) racial  
242 disproportionality at decision points in the departmental process by area office.

243         The task force shall consist of the following persons or their designees: the child  
244 advocate, who shall serve as co-chair; the commissioner of children and families, who shall serve  
245 as co-chair; the chairs of the house and senate committees on ways and means; the chairs of the  
246 joint committee on children, families and persons with disabilities; the chief counsel of the  
247 committee for public counsel services; the executive director of the Children's League of  
248 Massachusetts, Inc.; the executive director of a legal services program to be appointed by the  
249 governor; 1 person with expertise in child welfare data and outcome measurement to be  
250 appointed by the child advocate; 1 person who is a current or recently former caseworker for the  
251 department of children and families to be appointed by Service Employees International Union  
252 Local 509; and 1 person with expertise in the department of children and families' information  
253 technology, data collection and reporting systems to be appointed by the commissioner of  
254 children and families. The task force shall consult with other individuals with relevant expertise,  
255 including academics, researchers and service providers, as needed. The task force shall consult  
256 with the secretaries of agencies that address issues that directly affect the child welfare caseload

257 or outcomes, including, but not limited to, substance use disorders, domestic violence, mental  
258 health and homelessness, to determine how best to review and report on agency data relevant to  
259 child welfare outcomes.

260 The task force shall meet not less than quarterly. Annually, not later than January 31, the  
261 task force shall submit its recommendations, together with drafts of any legislation necessary to  
262 carry its recommendations into effect, by filing the same to the clerks of the senate and house of  
263 representatives, the house and senate committees on ways and means and the joint committee on  
264 children, families and persons with disabilities.

265 SECTION 11. (a) The division of insurance shall establish a task force to develop  
266 recommendations to ensure the current and accurate electronic posting of carrier provider  
267 directories in a searchable format for each of the carriers' network plans available for viewing by  
268 the general public.

269 (b) The task force shall consist of: the commissioner of insurance or a designee, who  
270 shall serve as chair; and 12 members to be appointed by the commissioner, 1 of whom shall be a  
271 representative of the Massachusetts Association of Health Plans, Inc., 1 of whom shall be a  
272 representative of Blue Cross and Blue Shield of Massachusetts, Inc., 1 of whom shall be a  
273 representative of the Massachusetts Health and Hospital Association, Inc., 1 of whom shall be a  
274 representative of the Massachusetts Medical Society, 1 of whom shall be a representative of  
275 Healthcare Administrative Solutions, Inc., 1 of whom shall be a representative of the Children's  
276 Mental Health Campaign, 1 of whom shall be a representative of the Massachusetts Association  
277 for Mental Health, Inc., 1 of whom shall have expertise in the treatment of individuals with  
278 substance use disorder, 1 of whom shall have expertise in the treatment of individuals with a

279 mental illness, 1 of whom shall be from a health consumer advocacy organization, 1 of whom  
280 shall be a consumer representative and 1 of whom shall be a representative from an employer  
281 group.

282 (c) The task force shall develop recommendations on establishing: (i) measures to ensure  
283 the accuracy of information concerning each provider listed in the carrier's provider directories  
284 for each network plan; (ii) substantially similar processes and timeframes for health care  
285 providers included in a carrier's network to provide information to the carrier; and (iii)  
286 substantially similar processes and timeframes for carriers to include such information in their  
287 provider directories when:

288 (A) a contracting provider is no longer accepting new patients for that network plan and  
289 when a contracting provider is resuming acceptance of new patients or an individual provider  
290 within a provider group is no longer accepting new patients and when an individual provider  
291 within a provider group is resuming acceptance of new patients;

292 (B) a provider who is not accepting new patients is contacted by an enrollee or potential  
293 enrollee seeking to become a new patient; provided, however, that the provider may direct the  
294 enrollee or potential enrollee to the carrier for additional assistance in finding a provider and  
295 shall inform the carrier immediately, if the provider has not done so already, that the provider is  
296 not accepting new patients;

297 (C) a provider is no longer under contract for a particular network plan;

298 (D) a provider's practice location or other information required under this section has  
299 changed;

300 (E) for a health care professional, at least 1 of the following has changed: (1) name; (2)  
301 contact information; (3) gender; (4) participating office location; (5) specialty, if applicable; (6)  
302 clinical and developmental areas of expertise; (7) populations of interest; (8) licensure and board  
303 certification; (9) medical group affiliations, if applicable; (10) facility affiliations, if applicable;  
304 (11) participating facility affiliations, if applicable; (12) languages spoken other than English, if  
305 applicable; (13) whether accepting new patients; and (14) information on access for people with  
306 disabilities including, but not limited to, structural accessibility and presence of accessible  
307 examination and diagnostic equipment;

308 (F) for a hospital, at least 1 of the following has changed: (1) hospital name; (2) hospital  
309 type; (3) participating hospital location and telephone number; and (4) hospital accreditation  
310 status;

311 (G) for a facility other than a hospital, by type of facility, at least 1 of the following has  
312 changed: (1) facility name; (2) facility type; (3) types of services performed; and (4) participating  
313 facility location and telephone number; and

314 (H) any other information that affects the content or accuracy of the provider directory  
315 has changed.

316 (d) The task force shall develop recommendations for carriers on: (i) ways to include  
317 information in the provider directory that identify the tier level for each specific provider,  
318 hospital or other type of facility in the network, when applicable; (ii) ways to include consistent  
319 language across carriers to assist insureds with understanding and searching for behavioral health  
320 specialty providers; (iii) the feasibility of carriers making real time updates to each electronic  
321 network plan provider directory when health care providers included in a carrier's network



322 provide information to the carrier pursuant to recommendations under subsection (c); (iv)  
323 measures to address circumstances in which an insured reasonably relies upon materially  
324 inaccurate information contained in a carrier's provider directory; and (v) measures for carriers  
325 to take to ensure the accuracy of the information concerning each provider listed in the carrier's  
326 provider directories for each network plan based on the information provided to the carriers by  
327 network providers pursuant to recommendations under said subsection (c) including, but not  
328 limited to, periodic testing to ensure that the public interface of the directories accurately reflects  
329 the provider network, as required by state and federal law.

330 (e) The task force shall establish recommended timelines for carriers to complete each of  
331 the task force's recommendations.

332 (f) The task force shall file its recommendations, including any proposed regulations,  
333 with the clerks of the senate and house of representatives and the joint committee on health care  
334 financing not later than March 1, 2020.

335 SECTION 12. (a) The division of insurance shall promulgate regulations implementing  
336 section 28 of chapter 176O of the General Laws and regulations based on the recommendations  
337 of the task force established under section 11 not later than July 1, 2020.

338 (b) The commissioner of insurance shall publish quarterly reports on the progress of the  
339 implementation of the recommendations of the task force established under section 11. The first  
340 report shall be published on June 1, 2020 and the reports shall continue quarterly until the task  
341 force's recommendations are fully implemented.

342 SECTION 13. Carriers shall ensure the accuracy of the information pursuant to the  
343 regulations issued by the commissioner of insurance pursuant to sections 8 and 12 for each  
344 network plan not later than October 1, 2020.

345 SECTION 14. (a) The health policy commission, in consultation with the executive office  
346 of health and human services, department of public health and the center for health information  
347 and analysis, shall conduct an analysis of children with medical complexities in the  
348 commonwealth. The analysis shall include health insurance coverage, access to services, medical  
349 resources utilized and current costs of serving these children.

350 (b) The executive office of health and human services, department of public health and  
351 the center for health information and analysis shall make available all necessary and relevant  
352 data requested by the commission. The commission may also draw from additional data sets or  
353 external consultants as it deems necessary. The commission shall provide analysis on different  
354 matters that affect children with medical complexities including, but not limited to:

355 (i) the demographics and social conditions of children with medical complexities, the  
356 utilization and availability of specialty care services and the medical expenditures for such  
357 services;

358 (ii) population data on children with medical complexities under the age of 21 years,  
359 disaggregated by geographic region, age, sex and race, including, but not limited to, health  
360 insurance coverage type, primary diagnosis and mental health diagnosis;

361 (iii) the number of children with medical complexities who annually transition from  
362 pediatric to adult care;

363 (iv) annual medical expenditures , including the estimated impact on the overall health  
364 care system, disaggregated by payer type;

365 (v) statewide hospital utilization, including utilization of emergency departments, length  
366 of stay, 30-day readmissions and statewide costs, including out-of-pocket costs;

367 (vi) durable medical equipment costs, including out-of-pocket costs;

368 (vii) pharmaceutical costs, including out-of-pocket costs; and

369 (viii) recommendations for ongoing data collection and reporting of measures related to  
370 children with medical complexities.

371 (c) The commission shall report its findings and recommendations to the clerks of the  
372 senate and the house of representatives, the senate and house committees on ways and means and  
373 the joint committee on health care financing not later than 1 year after the effective date of this  
374 act.

375 SECTION 15. (a) There shall be a special commission to examine the pediatric  
376 workforce, including, but not limited to, medical, mental health and behavioral health providers,  
377 and recommend strategies for increasing the pipeline of pediatric providers and expanding access  
378 to pediatric providers.

379 (b) The commission shall consist of the following members or a designee: 1 member of  
380 the senate to be appointed by the senate president, who shall serve as co-chair; 1 member of the  
381 house of representatives to be appointed by the speaker of the house of representatives, who shall  
382 serve as co-chair; 1 member of the senate to be appointed by the minority leader of the senate; 1  
383 member of the house of representatives to be appointed by the minority leader of the house of

384 representatives; the secretary of health and human services; the secretary of labor and workforce  
385 development; the commissioner of public health; and 15 members to be appointed by the  
386 governor, 1 of whom shall be a representative of the Massachusetts Health and Hospital  
387 Association, Inc., 1 of whom shall be a representative of the Massachusetts Medical Society, 1 of  
388 whom shall be a representative of a labor union representing pediatric providers, 1 of whom shall  
389 be a representative of the Massachusetts League of Community Health Centers, Inc., 1 of whom  
390 shall be a representative of Blue Cross and Blue Shield of Massachusetts, Inc., 1 of whom shall  
391 be a representative of Massachusetts Association of Health Plans, Inc., 1 of whom shall represent  
392 the commonwealth's medical schools, 1 of whom shall represent the commonwealth's nursing  
393 schools, 1 of whom shall represent the commonwealth's social work schools, 1 of whom shall be  
394 a representative of the Conference of Boston Teaching Hospitals, Inc., 1 of whom shall be a  
395 representative of the National Association of Social Workers, Inc., 1 of whom shall be a  
396 representative of the Massachusetts Psychological Association Inc., 1 of whom shall be a  
397 representative of the Massachusetts chapter of the American Academy of Pediatrics, 1 of whom  
398 shall be a representative of the MAAPPN Massachusetts Association of Advanced Practice  
399 Psychiatric Nurses, Inc. and 1 of whom shall be a representative of the Association for  
400 Behavioral Healthcare, Inc.

401 (c) The commission shall investigate and report on: (i) the current availability and  
402 adequacy of pediatric providers; (ii) the causes of pediatric provider shortages; (iii) factors other  
403 than provider shortages that contribute to limited access of services by pediatric providers; (iv)  
404 how the acceptance of insurance and network status contribute to access to pediatric providers;  
405 (v) the relationship between graduate medical education and the current status of the pediatric  
406 provider workforce; (vi) emerging models of delivery of care; (vii) opportunities for pipeline

407 career development for the pediatric workforce; (viii) underserved pediatric patient populations;  
408 and (ix) approaches taken by other states and best practices to address pediatric provider  
409 workforce shortages and access challenges.

410 (d) Appointments to the commission shall be made not more than 30 days after the  
411 effective date of this act. The commission shall convene its first meeting not more than 60 days  
412 after the effective date of this act.

413 (e) Not later than July 1, 2020, the commission shall file a report of its findings and  
414 recommendations with the clerks of the senate and the house of representatives, the senate and  
415 house committees on ways and means, the joint committee on health care financing and the joint  
416 committee on labor and workforce development.

417 SECTION 16. (a) There shall be a special commission to study and make  
418 recommendations regarding the role of school-based health centers.

419 (b) The commission shall consist of: 1 member of the senate to be appointed by the  
420 senate president, who shall serve as co-chair; 1 member of the house of representatives to be  
421 appointed by the speaker of the house of representatives, who shall serve as co-chair; 1 member  
422 of the senate to be appointed by the minority leader of the senate; 1 member of the house of  
423 representatives to be appointed by the minority leader of the house of representatives; the  
424 commissioner of public health or a designee; the commissioner of mental health or a designee;  
425 the commissioner of elementary and secondary education or a designee; the assistant secretary of  
426 MassHealth or a designee; and 9 members to be appointed by the governor, 1 of whom shall be a  
427 representative of the Massachusetts Health and Hospital Association, Inc., 1 of whom shall be a  
428 representative of Blue Cross and Blue Shield of Massachusetts, Inc., 1 of whom shall be a

429 representative of Massachusetts Association of Health Plans, Inc., 1 of whom shall be a  
430 representative of the Massachusetts League of Community Health Centers, Inc., 1 of whom shall  
431 be a representative of the Massachusetts Association of School Superintendents, Inc. in a school  
432 district served by a school-based health center, 1 of whom shall be a school nurse in a school  
433 district served by a school-based health center, 1 of whom shall be a representative of  
434 Massachusetts Administrators for Special Education, 1 of whom shall be a representative of the  
435 Massachusetts School-Based Health Alliance, Inc. and 1 of whom shall be a teacher in a school  
436 district served by a school-based health center.

437           Members of the special commission shall have knowledge or expertise related to the  
438 department of public health's school-based health center program and shall reflect a broad range  
439 of diverse perspectives.

440           (c) The special commission shall study and report on the number and socio-economic  
441 status of students with access to services provided by the school-based health center program and  
442 make recommendations for the purpose of strengthening and expanding the school-based health  
443 center model, replicating best practices across the state and identifying potential gaps and areas  
444 for improvement.

445           The commission shall report on school-based health centers' efforts to:

446           (i) strengthen the infrastructure of school health services in the areas of personnel and  
447 policy development, including the role of educators;

448           (ii) develop linkages between school health programs and community health providers;

449           (iii) incorporate health education programs in school curricula;

450 (iv) incorporate nutrition and wellness programs in school curricula to ensure healthy  
451 development;

452 (v) incorporate programs for the reduction of health disparities for gay, lesbian, bisexual,  
453 transgender, queer and questioning youth, consistent with the recommendations of the permanent  
454 commission established in section 67 of chapter 3 of the General Laws;

455 (vi) offer behavioral health education and services;

456 (vii) offer vision and dental services;

457 (viii) improve health and wellness outcomes in medically-underserved communities and  
458 school districts with high concentrations of low-income and minority students;

459 (ix) increase family engagement;

460 (x) improve the coordination of care; and

461 (xi) address social determinants of children and adolescent health.

462 The commission shall consider best practices and improvements for expanding access to  
463 school-based health services, including, but not limited to, insurance coverage of school-based  
464 health services and provider workforce needs, and shall report on and make any  
465 recommendations for potential changes and improvements to the role of school-based health  
466 centers.

467 (d) All appointments to the commission shall be made not more than 30 days after the  
468 effective date of this act. The commission shall convene its first meeting not more than 60 days  
469 after the effective date of this act.

470 (e) Not later than October 1, 2020, the commission shall report its findings and  
471 recommendations, including any recommendations for proposed legislation, to the clerks of the  
472 senate and the house of representatives, the senate and house committees on ways and means, the  
473 joint committee on healthcare financing, the joint committee on public health, the joint  
474 committee on mental health, substance use and recovery and the joint committee on education.

475 SECTION 17. The division of medical assistance shall develop and implement the  
476 redetermination form required in clause (k) of subsection (2) of section 9A of chapter 118E not  
477 more than 1 year after the effective date of this act.

478 SECTION 18. The 3-year plan required in subsection (e) of section 26 of chapter 18B of  
479 the General Laws shall be submitted not later than March 31, 2022.

480 SECTION 19. Sections 3 and 4 shall take effect February 1, 2022.