

SENATE No. 680

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 relative to children with medical complexity.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>Sal N. DiDomenico</i>	<i>Middlesex and Suffolk</i>	
<i>Mike Connolly</i>	<i>26th Middlesex</i>	<i>1/25/2019</i>
<i>Kay Khan</i>	<i>11th Middlesex</i>	<i>1/30/2019</i>
<i>Paul R. Feeney</i>	<i>Bristol and Norfolk</i>	<i>1/31/2019</i>
<i>Mary S. Keefe</i>	<i>15th Worcester</i>	<i>1/31/2019</i>
<i>Jack Patrick Lewis</i>	<i>7th Middlesex</i>	<i>1/31/2019</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>	<i>1/31/2019</i>
<i>Michael O. Moore</i>	<i>Second Worcester</i>	<i>1/31/2019</i>
<i>Joan B. Lovely</i>	<i>Second Essex</i>	<i>1/31/2019</i>
<i>William N. Brownsberger</i>	<i>Second Suffolk and Middlesex</i>	<i>2/8/2019</i>

SENATE No. 680

By Mr. DiDomenico, a petition (accompanied by bill, Senate, No. 680) of Sal N. DiDomenico, Mike Connolly, Kay Khan, Paul R. Feeney and other members of the General Court for legislation relative to children with medical complexity. Health Care Financing.

The Commonwealth of Massachusetts

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

An Act relative to children with medical complexity.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 Notwithstanding any general or special law to the contrary, the Massachusetts Health
2 Policy Commission, shall conduct an analysis of children with medical complexity in
3 Massachusetts. The goal of the analysis shall be to capture and represent children with medical
4 complexity in Massachusetts, understand the health insurance coverage, access to services,
5 medical resources utilized and current costs of serving these children.

6 The Executive Office of Health and Human Services, Department of Public Health and
7 the Center for Health Information Analysis’ All Payors Claim Database shall make all necessary
8 and relevant data available to the Health Policy commission no later than three months after the
9 signing of this bill. The Health Policy Commission may also consult and draw from additional
10 data sets or external consultants as necessary. The Health Policy Commission shall produce a
11 report of its findings to the Executive Office of Health and Human Services, the Division of
12 Insurance, the Joint Committee on Health Care Financing, the House and Senate Committees on

13 Ways and Means and the House and Senate clerks, for public availability, no later than one year
14 after the signing of this bill.

15 Such report shall include the following:

16 Population: The analysis shall include data on the population children with medical
17 complexity under the age of twenty one in Massachusetts, including their health insurance
18 coverage type, primary diagnosis (disaggregated by single system and multisystem
19 presentations), including mental health diagnoses, this data to fullest extent possible should be
20 disaggregated by geographic region, age, gender, race and/or other available clinical profile
21 characteristics.

22 This analysis shall include children with medical complexity who are currently enrolled
23 in the University of Massachusetts, Commonwealth Medicine Community Case Management
24 program.

25 This analysis shall include children in the care and custody of the Massachusetts
26 Department of Children and Families, including but not limited to those children enrolled in the
27 Special Kids, Special Care Program and any children with medical complexity in the custody of
28 the Massachusetts Department of Youth Services.

29 This is also to include an estimate of the number of children with medical complexity
30 who transition from pediatric to adult care annually in the Commonwealth.

31 Medical Expenditures: The annual medical expenditures to the overall health care system
32 in Massachusetts for children with medical complexity, disaggregated by payor type
33 (MassHealth, including Accountable Care Organizations, the Children's Medical Security Plan,

34 Connector, Commercial Insurance and Group Insurance Commission). This is to be
35 disaggregation is to include:

36 Data on overall hospital utilization, disaggregated by hospital, including utilization of
37 emergency departments, length of stay, 30 day readmissions and overall cost for the population
38 of children with medical complexity in Massachusetts, including out of pocket costs.

39 Data on durable medical equipment costs, including out of pocket costs and
40 pharmaceuticals costs including out of pocket costs.

41 An analysis of the availability of specialty care for children with medical complexity
42 including a comprehensive assessment on network adequacy across payor types in the
43 Commonwealth.

44 An analysis of care models and financial arrangements used for children with medical
45 complexity in other states.

46 To the fullest extent possible, the report shall include the social and demographic
47 conditions of population of children with medical complexity.

48 Recommendations of ongoing data collection and reporting of measures related to this
49 population.