

**HOUSE . . . . . No. 2001**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

*Jeffrey N. Roy*

*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 the Health Planning Council and the state health resource plan.

PETITION OF:

NAME:

*Jeffrey N. Roy*

DISTRICT/ADDRESS:

*10th Norfolk*

**HOUSE . . . . . No. 2001**

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By Mr. Roy of Franklin, a petition (accompanied by bill, House, No. 2001) of Jeffrey N. Roy relative to the Health Planning Council and the state health resource plan. Public Health.

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**The Commonwealth of Massachusetts**

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**In the One Hundred and Ninety-First General Court  
(2019-2020)**  
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An Act relative to the Health Planning Council and the state health resource plan.

*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 Section 16T of chapter 6A of the General Laws is hereby repealed.

2 SECTION 2. Section 1 of chapter 6D of the General Laws, as appearing in the 2016  
3 Official Edition, is hereby amended by inserting after the definition of “Health care provider” the  
4 following definition:-

5 “Health care resource”, a resource, whether personal or institutional and whether owned  
6 or operated by any person, the commonwealth or political subdivision thereof, the principal  
7 purpose of which is to provide, or facilitate the provision of, services for the prevention,  
8 detection, diagnosis or treatment of those physical and mental conditions experienced by humans  
9 which usually are the result of, or result in, disease, injury, deformity or pain; provided, that the  
10 term “treatment” shall include custodial and rehabilitative care incident to infirmity,  
11 developmental disability or old age.

12 SECTION 3. Section 5 of said chapter 6D, as amended by section 8 of chapter 154 of the  
13 acts of 2018, is hereby amended by striking out, in line 9, the words “and (vii)” and inserting in  
14 place thereof the following words:- ; (vii) monitor the location and distribution of health care  
15 services and health care resources; and (viii).

16 SECTION 4. Said chapter 6D is hereby further amended by adding the following  
17 section:-

18 Section 20. (a) There is hereby established within the commission a health planning  
19 council, consisting of the executive director of the health policy commission who shall serve as  
20 chair, the secretary of health and human services or a designee, the commissioner of public  
21 health or a designee, the director of the office of Medicaid or a designee, the commissioner of  
22 mental health or a designee, the commissioner of insurance or a designee, the secretary of elder  
23 affairs or a designee, the executive director of the center for health information and analysis or a  
24 designee, and 3 members appointed by the governor, 1 of whom shall be a health economist, 1 of  
25 whom shall have experience in health policy and planning and 1 of whom shall have experience  
26 in health care market planning and service line analysis.

27 (b) The council shall develop a state health plan to identify: (i) the anticipated needs of  
28 the commonwealth for health care services, providers, programs and facilities; (ii) the resources  
29 available to meet those needs; and (iii) the priorities for addressing those needs.

30 The state health plan developed by the council shall include the location, distribution and  
31 nature of all health care resources in the commonwealth and shall identify certain categories of  
32 health care resources, including: (i) acute care units; (ii) non-acute care units; (iii) specialty care  
33 units, including, but not limited to, burn, coronary care, cancer care, neonatal care, post-obstetric

34 and post-operative recovery care, pulmonary care, renal dialysis and surgical, including trauma  
35 and intensive care units; (iv) skilled nursing facilities; (v) assisted living facilities; (vi) long-term  
36 care facilities; (vii) ambulatory surgical centers; (viii) office-based surgical centers; (ix) urgent  
37 care centers; (x) home health, behavioral health and mental health services; (xi) treatment and  
38 prevention services for alcohol and other drug abuse; (xii) emergency care; (xiii) ambulatory  
39 care services; (xiv) primary care resources; (xv) pharmacy and pharmacological services; (xvi)  
40 family planning services; (xvii) obstetrics and gynecology services; (xviii) allied health services  
41 including, but not limited to, optometric care, chiropractic services, dental care and midwifery  
42 services; (xix) federally qualified health centers and free clinics; (xx) numbers of technologies or  
43 equipment defined as innovative services or new technologies by the department of public health  
44 pursuant to section 25C of chapter 111; (xxi) hospice and palliative care service; and (xviii)  
45 health screening and early intervention services.

46         The state health plan shall also make recommendations for the appropriate supply and  
47 distribution of resources, programs, capacities, technologies and services identified in the second  
48 paragraph of this subsection on a state-wide or regional basis based on an assessment of need for  
49 the next 5 years and options for implementing such recommendations. The recommendations  
50 shall reflect, at a minimum, the following goals: (i) maintain and improve the quality of health  
51 care services; (ii) support the commonwealth's efforts to meet the health care cost growth  
52 benchmark established pursuant to section 9; (iii) support innovative health care delivery and  
53 alternative payment models as identified by the commission; (iv) reduce unnecessary  
54 duplication; (v) support universal access to reduce health disparities; (vi) support efforts to  
55 integrate oral health, mental health, behavioral and substance use disorder services with overall  
56 medical care; (vii) reflect the latest trends in utilization and support the best standards of care;

57 and (viii) rationally distribute health care resources across geographic regions of commonwealth  
58 based on the needs of the population on a statewide basis, as well as, the needs of particular  
59 geographic areas of the commonwealth.

60 (c) Under the direction of the council, the department of public health, pursuant to section  
61 25A of chapter 111, shall establish and maintain on a current basis an inventory of all such health  
62 care resources together with all other reasonably pertinent information concerning such  
63 resources. Agencies of the commonwealth that license, register, regulate or otherwise collect  
64 cost, quality or other data concerning health care resources shall cooperate with the council and  
65 the department in coordinating such data with information collected pursuant to this section and  
66 said section 25A of said chapter 111. The inventory compiled pursuant to this section and said  
67 section 25A of said chapter 111 and all related information shall be maintained in a form usable  
68 by the general public in a designated office of the council and shall constitute a public record;  
69 provided, however, that any item of information which is confidential or privileged in nature  
70 under any other law shall not be regarded as a public record pursuant to this section.

71 (d) The council shall assemble an advisory committee of not more than 15 members who  
72 shall reflect a broad distribution of diverse perspectives on the health care system, including  
73 health care providers and provider organizations, public and private third-party payers, consumer  
74 representatives and labor organizations representing health care workers. Not fewer than 2  
75 members of the advisory committee shall have expertise in rural health matters and rural health  
76 needs in the commonwealth. The advisory committee shall review drafts and provide  
77 recommendations to the council during the development of the plan.

78 (e) The council, with the commission and the department of public health, shall conduct  
79 at least 4 annual public hearings, in geographically diverse areas, during the development of the  
80 plan as proposed and shall give interested persons an opportunity to submit their views orally  
81 and in writing. In addition, the commission may create and maintain a website to allow members  
82 of the public to submit comments electronically and review comments submitted by others.

83 (f) The council shall publish analyses, reports and interpretations of information collected  
84 pursuant to this section to promote awareness of the distribution and nature of health care  
85 resources in the commonwealth.

86 SECTION 5. Section 25A of said chapter 111, as appearing in the 2016 Official Edition,  
87 is hereby amended by striking out the first sentence and inserting in place thereof the following  
88 sentence:-

89 Under the direction of the health planning council established under section 20 of chapter  
90 6D, the commission shall establish and maintain, on a current basis, an inventory of all health  
91 care resources together with all other reasonably pertinent information concerning such  
92 resources, in order to identify the location, distribution and nature of all such resources in the  
93 commonwealth.

94 SECTION 6. Said section 25A of said chapter 111, as so appearing, is hereby further  
95 amended by striking out, in lines 16 and 17 , the words “in a designated office of the department”  
96 and inserting in place thereof the following words:- as determined by the health planning council  
97 established under section 20 of chapter 6D.

98 SECTION 7. Said section 25A of said chapter 111, as so appearing, is hereby further  
99 amended by striking out the fourth paragraph.