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HOUSE . . . . . No. 4258

The Commonwealth of Massachusetts

In the Year Two Thousand Nine

An Act strengthening health reform ..

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

SECTION 1. The second paragraph of section 16 of chapter 6A of the General Laws is hereby amended by striking out the words “and (7) the health facilities appeal board” and inserting in place thereof the following words:– (7) the health facilities appeal board; and (8) the health care outreach and education unit.

SECTION 2. Chapter 6A of the General Laws is hereby amended by inserting after section 16S the following section:–

Section 16T. (a) There shall be a health care outreach and education unit within the executive office of health and human services. The unit shall coordinate statewide activities in marketing, outreach, enrollment, coverage retention, and the dissemination of educational materials related to publicly administered or publicly subsidized health care coverage for residents of the Commonwealth. The unit shall collaborate with appropriate agencies, including, but not limited to, the office of medicaid, the department of public health, the division of health care finance and policy, the executive office of labor and workforce development, the commonwealth health insurance connector authority, the executive office of administration and

finance, the department of revenue, the division of insurance, the office for refugees and immigrants, the executive office of elder affairs, and the recipients of enrollment and outreach grants pursuant to this section to develop common strategies, best practices, and guidelines for providing informational support and assistance to consumers, non-profit assistance organizations, employers, and businesses.

(b) The secretary shall form an advisory committee made up of a broad cross-section of representatives of non-governmental groups concerned with community outreach, community health education and public health programs. The committee shall consist of appointees from organizations representing varied constituencies including, but not limited to, community health workers, health care consumers, low-income populations, racial and ethnic minority groups, and immigrant groups. The committee shall have representation from all regions of the Commonwealth. The unit shall consult with the advisory committee regarding the grant design and scope, including the application process and minimum grant amounts; best practices; data and reporting requirements; and other issues. The unit shall provide the advisory committee with information on activities submitted by grant recipients. The unit shall work in consultation with the advisory committee to establish and implement an evaluation process to assess the work of the unit and of the grantees. The advisory committee shall meet at least four times a year. All meetings shall be open to the public.

(c) Subject to appropriation, the unit shall distribute grants to community and consumer-focused public and private nonprofit groups for outreach, enrollment assistance and retention of coverage assistance for publicly sponsored and publicly subsidized health coverage or safety net programs. The grants shall be awarded to groups statewide, with emphasis in areas and populations in which the division of health care finance and policy has determined a high

percentage of uninsured and enrolled individuals and areas in which there are limited health care providers. The grants shall support efforts by the grantees to provide outreach, enrollment and re-enrollment assistance, education on effective and appropriate use of health care coverage, and coverage retention activities directly to consumers who may be eligible for programs including, but not limited to, MassHealth, the Commonwealth Care Health Insurance Program, the Commonwealth Choice program, Prescription Advantage, the Medical Security Plan, the Children's Medical Security Plan, Healthy Start, and the Health Safety Net and who may require individualized support due to geography, ethnicity, race, culture, linguistic capacity, age, economic status, immigration status, or disease status. In awarding the grants, the unit shall provide written guidance to selected grantees with specific strategies of how to expend funds in the most efficient manner to target populations and avoid duplication of activities, including examples of best practices among prior year outreach grant recipients.

(d) The unit shall distribute grants to non-profit, community and consumer-focused groups that are able to provide technical assistance for grantees identified in subsection (c). The grants shall support technical assistance that includes informational updates, trainings, and the sharing of best practices for grantee organizations conducting outreach, enrollment assistance, education and coverage retention activities for programs including, but not limited to, MassHealth, the Commonwealth Care Health Insurance Program, the Commonwealth Choice program, Prescription Advantage, the Medical Security Plan, the Children's Medical Security Plan, Healthy Start, and the Health Safety Net.

SECTION 3. Section 16D of chapter 118E of the General Laws is hereby amended by striking out subsection (7) and inserting in place thereof the following subsection:–

(7) Notwithstanding subsection (3), a person who is not a citizen of the United States but who is either a qualified alien within the meaning of section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 or is otherwise permanently residing in the United States under color of law shall be eligible to receive benefits no less than the benefits under MassHealth Essential if such individual meets the categorical and financial eligibility requirements under MassHealth, provided further that such individual is either age 65 or older, or between age 19 and 64, inclusive and disabled. In determining the appropriate scope of benefits, the Division shall consider community-based home health and other services that will reduce more costly hospital and other care for such individuals. Such individual shall not be subject to sponsor income deeming or related restrictions.

SECTION 4. The first sentence of subsection (b) of section 35 of chapter 118G of the General Laws is hereby amended by inserting after the words "(a) eligibility criteria for reimbursable health services" the following words:– ; provided, that such reimbursable health services provided to uninsured and underinsured patients who are subsequently determined eligible for Medicaid or the commonwealth care health insurance program, established pursuant to chapter 118H, shall be eligible for reimbursement for services provided six months prior to the patient's application to such programs.

SECTION 5. Section 4 of chapter 118H of the General Laws is hereby amended by adding the following paragraph:–

Benefits under this chapter shall be made available to qualifying individuals effective the date of application. The commonwealth health insurance connector shall give eligible beneficiaries a timely and adequate notice of any action to terminate, suspend or reduce

assistance paid under this chapter, and shall afford the beneficiary an opportunity for a hearing before the effective date of said action. An applicant or beneficiary who prevails in an appeal under this section shall have the benefit made available effective the date of the action subject to the appeal.

SECTION 6. Chapter 176A of the General Laws is hereby amended by inserting after section 8BB the following section:–

Section 8CC. No contract between a subscriber and the corporation under an individual or group hospital service plan delivered or issued or renewed within the commonwealth shall impose any lifetime dollar maximum on coverage.

SECTION 7. Chapter 176B of the General Laws is hereby amended by inserting after section 4BB the following section:–

Section 4CC. No subscription certificate under an individual or group medical service agreement delivered, issued or renewed within the commonwealth shall impose any lifetime dollar maximum on coverage.

SECTION 8. Chapter 176G of the General Laws is hereby amended by inserting after section 4T the following section:–

Section 4U. No individual or group health maintenance contract shall impose any lifetime dollar maximum on coverage.

SECTION 9. Chapter 32A of the General Laws is hereby amended by inserting after section 24 the following section:–

Section 25. No coverage offered by the commission to any active or retired employee of the commonwealth who is insured under the group insurance commission shall include any lifetime dollar maximum on coverage.