

SENATE No. 539

The Commonwealth of Massachusetts

In the Year Two Thousand Nine

An Act relative to healthcare outreach and enrollment..

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 16 of chapter 6A of the General Laws, as amended by section 14 of
2 chapter 176 of the acts of 2008, is hereby amended by inserting after the words “(7) the health
3 facilities appeal board” the words “(8) the health care outreach and education unit”.

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

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

15 immigrants, the executive office of elder affairs, and the recipients of enrollment and outreach
16 grants pursuant to this section to develop common strategies, best practices, and guidelines for
17 providing informational support and assistance to consumers, non-profit assistance
18 organizations, employers, and businesses.

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

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

38 providers. The grants shall support efforts by the grantees to provide outreach, enrollment and re-
39 enrollment assistance, education on effective and appropriate use of health care coverage, and
40 coverage retention activities directly to consumers who may be eligible for programs including,
41 but not limited to, MassHealth, the commonwealth care health insurance program, the
42 commonwealth choice program, prescription advantage, the medical security plan, the children's
43 medical security plan, healthy start, and the health safety net and who may require individualized
44 support due to geography, ethnicity, race, culture, linguistic capacity, age, economic status,
45 immigration status, or disease status. In awarding the grants, the unit shall provide written
46 guidance to selected grantees with specific strategies of how to expend funds in the most
47 efficient manner to target populations and avoid duplication of activities, including examples of
48 best practices among prior year outreach grant recipients.

49 (d) The unit shall distribute grants to non-profit, community and consumer-focused
50 groups that are able to provide technical assistance for grantees identified in subsection (c). The
51 grants shall support technical assistance that includes informational updates, trainings, and the
52 sharing of best practices for grantee organizations conducting outreach, enrollment assistance,
53 education and coverage retention activities for programs including, but not limited to,
54 MassHealth, the commonwealth care health insurance program, the commonwealth choice
55 program, prescription advantage, the medical security plan, the children's medical security plan,
56 and the health safety net.