HOUSE DOCKET, NO. 2879 FILED ON: 1/21/2011

HOUSE . . . . . No. 2375

The Commonwealth of Massachusetts

PRESENTED BY:

Jeffrey Sánchez

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 a child health policy council.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
Jeffrey Sánchez	*15th Suffolk*	*2/4/2011*
Gloria L. Fox	*7th Suffolk*	*2/4/2011*
Linda Dorcena Forry	*12th Suffolk*	*2/4/2011*

HOUSE DOCKET, NO. 2879 FILED ON: 1/21/2011

HOUSE . . . . . No. 2375

By Mr. Sánchez of Boston, a petition (accompanied by bill, House, No. 2375) of Jeffrey Sánchez, Gloria L. Fox and Linda Dorcena Forry for legislation to establish a child health policy council within, but not subject to control of, the Executive Office of Health and Human Services. Public Health.

The Commonwealth of Massachusetts

In the Year Two Thousand Eleven

An Act relative to a child health policy council.

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

The General Laws are hereby amended by inserting after Section 16S of Chapter 6A the following sections: -

Section 16T (a) In this section, of this chapter, the following words shall, unless the context clearly requires otherwise, have the following meanings:

"Child" shall mean a person under the age of 21.

"Subspecialty" shall mean a medical or behavioral health clinical service requiring additional education and training and subject to national certification standards.

"Behavioral health" shall mean mental health, developmental medicine or substance abuse services.

(b) (1)There shall be a child health policy council within, but not subject to control of, the executive office of health and human services. The council shall advise the governor, the general

court, the secretary of health and human services and the commissioner of the division of insurance.

(2) The council shall consist of not fewer than 22 members and shall be comprised of:

(i) the following 5 members, who shall serve ex officio: the commissioner of health care finance and policy, who shall serve as chair, the commissioner of public health, the commissioner of insurance, the commissioner of mental health and the director of Medicaid, or their designees;

(ii) additional persons appointed by the secretary of health and human services from the aforementioned agencies and from the executive office of health and human services; and

(iii) 17 public members including 2 representatives from pediatric hospitals or pediatric specialty units as defined in chapter 118G, 3 board certified primary care providers one of whom shall be board certified in adolescent medicine, one of whom shall be board certified in developmental behavioral pediatrics, 2 board certified pediatric subspecialists, 3 behavioral health providers one of whom has expertise in child and adolescent psychiatry, one in psychology and one in social work, 1 pediatric nurse or nurse practitioner, 2 child health advocates at least one of whom represents children with special health care needs, 2 community agencies that provide child or behavioral health services, 2 health plan representatives who are board certified in pediatrics or a pediatric subspecialty.

(3) The terms for public members shall be 3 years. Upon the expiration of his term, a nongovernmental member shall serve until a successor has been appointed; provided, however, that if a vacancy exists prior to the expiration of a term, another nongovernmental member shall be appointed to complete the unexpired term.

(4) The meetings of the council shall comply with chapter 30A, except that the council, through its by-laws, may provide for executive sessions of the council. No action of the council shall be taken in an executive session.

(5) The members of the council shall not receive a salary or per diem allowance for serving as members of the council, but shall be reimbursed for actual and necessary expenses reasonably incurred in the performance of their duties.

(c) The council shall be guided in its work by the following principles:

(1) health care expenditures for children are made for the long term. Payors and policymakers should account for the lifetime impact of child health investments in their decision-making;

(2) children have a right to timely access to primary, preventive medical, behavioral and developmental screenings and services;

(3) children have the right to be treated by clinicians with training and expertise in addressing their specialized health care needs;

(4) children and parents have a right to know whether their insurance provides necessary access to pediatricians, pediatric subspecialists and pediatric facilities

(5) children have a right to quality care in inpatient, outpatient, subspecialty, primary care and behavioral health settings.

(d) The council shall have the following powers and duties:

(1) establishing expert panels, workgroups or advisory committees with such additional members and expertise as is necessary to accomplish the work of the council;

(2) reviewing and recommending proposed health care quality standards and measures for child health providers across delivery settings including inpatient, outpatient, subspecialty, behavioral and primary care practices. The council shall recommend nationally-validated measures where possible, and shall assure that appropriate risk adjustments are incorporated. Said standards and measures shall presumptively be used by the commonwealth in its role as a health care purchaser through the health access programs established under chapter 118E and the group insurance commission, and in its public reporting of quality performance through the departments of public health and health care finance and policy. Said standards and measures shall also inform the division of insurance when it reviews proposed health plan offerings.

(3) recommending standards for adequate pediatric access including inpatient, outpatient, subspecialty, behavioral and primary care practices. The council shall review available data and shall assure that the commonwealth collects necessary information on pediatric capacity through its licensure and registration processes. The council may propose licensure or credentialing standards designed to assure that child and behavioral health providers have necessary training and expertise. Said standards shall inform the division of insurance when it reviews proposed health plan offerings.

(4) reviewing and recommending actuarial and rate setting models that assure adequate funding of child health services within the overall health care delivery system. Said models and approaches shall specifically address the lifetime return on investment and impact of child health expenditures.

(5) recommending common transparency and reporting approaches for child health services designed to assure that children and families have adequate information about the availability, quality and cost of child and behavioral health services provided by public and private payors.

(6) requesting relevant data, information and reports on child health services, providers, and insurance coverage from state agencies;

(7) reviewing and recommending policy approaches, care delivery and payment reforms designed to assure that child health needs are addressed within the overall health care delivery system.