

HOUSE No. 4250

The Commonwealth of Massachusetts

In the Year Two Thousand Twelve

An Act improving the children’s medical security program and simplifying the administration process.

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 10F of chapter 118E of the General Laws is hereby amended by
2 striking out subsections (a) and (b), as appearing in the 2010 Official Edition, and inserting in
3 place thereof the following 2 subsections:-

4 (a) There shall be a program to provide primary and preventive health care services
5 for uninsured dependent and adopted youths from birth through age 18, in this section called the
6 program; but only those youths who are ineligible for medical benefits pursuant to this chapter
7 shall be eligible for the services defined in this section. The secretary of health and human
8 services shall administer the program, subject to appropriation. The covered services available
9 from the program shall be set forth in regulations of the executive office of health and human
10 services as the secretary determines is appropriate, but at a minimum shall include the following:

11 (1) preventive pediatric health care visits and well-child visits, including
12 immunizations and screening tests;

13 (2) primary care health care services customarily furnished by or through a general
14 practitioner, family physician, internal medicine physician, obstetrician/gynecologist,
15 pediatrician, independent nurse practitioner, or physician assistant to the extent the furnishing of
16 those services is legally authorized in the commonwealth, but primary care shall not include
17 emergency or post-stabilization services provided in a hospital or other setting; and

18 (3) unlimited sick visits in a primary care provider's office.

19 (b) Additional services under the program shall include the following, but coverage
20 for specific services within each category and the benefit limitations shall be at the secretary's
21 discretion:

22 (1) dental health care, including preventive dental care; but no funds shall be
23 expended for cosmetic or surgical dentistry;

24 (2) prescription drugs; and

25 (3) behavioral health.

26 Prior to setting any benefit changes forth in regulation, the Office of Medicaid shall
27 provide to the House and Senate Committees on Ways and Means a description of the cost per
28 covered program member in the year preceding implementation of the regulation, as well as the
29 anticipated cost per covered program member in the year following implementation of the
30 regulation. Said description shall clearly indicate any changes in anticipated costs resulting from
31 changes in covered program services.