

SENATE No. 2320

The Commonwealth of Massachusetts

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In the Year Two Thousand Fourteen
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SENATE, Tuesday, July 29, 2014

The committee on Ways and Means, to whom was referred the Senate Bill improving the children's medical security program and simplifying the administration process (Senate, No. 504),- reports, recommending that the same ought to pass with an amendment substituting a new draft with the same title (Senate, No. 2320).

For the committee,
Stephen M. Brewer

The Commonwealth of Massachusetts

In the Year Two Thousand Fourteen

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, as appearing in the
2 2012 Official Edition, is hereby amended by striking out subsections (a) and (b) 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 for
5 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 the regulations of the executive office of health and human
10 services as the secretary of health and human services determines is appropriate, but at a
11 minimum shall include the following:

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

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

19 (3) unlimited sick visits provided by a primary care provider.

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

23 (1) dental health care, including preventive dental care; provided, however, that
24 no funds shall be expended for cosmetic or surgical dentistry;

25 (2) durable medical equipment;

26 (3) urgent care visits in the outpatient department of a participating hospital when
27 an enrollee's primary care practitioner is not available to provide such services and emergency
28 care in the outpatient department or emergency department of a participating hospital, including
29 related laboratory and diagnostic radiology services for urgent or emergency care; provided, that
30 rates of reimbursement for urgent and emergency care shall be negotiated by participating
31 hospitals with the division or its designated vendor;

32 (4) annual and medically necessary eye examinations;

33 (5) auditory screenings;

34 (6) outpatient surgery and anesthesia for tympanostomy tube placement and
35 inguinal hernias;

36 (7) prescription drugs; and

37 (8) behavioral health.

38 SECTION 2. Subsection (g) of said section 10F of said chapter 118E, as so appearing, is
39 hereby amended by striking out the second sentence and inserting in place thereof the following
40 2 sentences:- At least 30 days prior to modifying any program benefits or eligibility standards
41 that are intended to ensure that program costs are limited to the funds appropriated therefore, the
42 division shall provide the aforementioned committees and the secretary of administration and
43 finance with notice of the modification and, for any program benefit modifications, a description
44 of the cost per covered program member in the fiscal year preceding implementation of the
45 modification, as well as the anticipated cost per covered program member in the fiscal year
46 following implementation of the modification. The description shall clearly indicate any changes
47 in anticipated costs resulting from changes in covered program services.

48 SECTION 3. The division of medical assistance may promulgate regulations to
49 implement section 1 pursuant to subsection (f) of section 10F of chapter 118E of the General
50 Laws.

51 SECTION 4. Section 1 shall take effect on July 1, 2015.