

HOUSE No. 1000

The Commonwealth of Massachusetts

PRESENTED BY:

Kevin G. Honan

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 to improve primary care in the Commonwealth.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Kevin G. Honan</i>	<i>17th Suffolk</i>	<i>1/16/2015</i>
<i>Stephen Kulik</i>	<i>1st Franklin</i>	<i>8/5/2019</i>

HOUSE No. 1000

By Mr. Honan of Boston, a petition (accompanied by bill, House, No. 1000) of Kevin G. Honan and Stephen Kulik relative to community health center reimbursements. Health Care Financing.

The Commonwealth of Massachusetts

**In the One Hundred and Eighty-Ninth General Court
(2015-2016)**

An Act to improve primary care in the Commonwealth.

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. General Laws chapter 118E, as appearing in the 2012 official edition, is
2 hereby amended by adding after Section 13C the following new section:

3 Section 13C ½ . (a) Community health centers reimbursed under this chapter shall
4 receive: 1) no less than one hundred per cent of the Medicare federally qualified health center
5 rate for all medical services provided to Medicaid eligible patients, and one hundred per cent of
6 the reasonable costs of providing dental, behavioral health, laboratory, radiology, pharmacy and
7 other services; whether such reimbursement is provided directly or through Medicaid managed
8 care vendors; 2) annual reimbursement increases consistent with the annual reimbursement
9 increases provided by Medicare; 3) wrap-around reimbursement for case management of patients
10 in need of chronic disease management, including but not limited to prenatal care,
11 cardiovascular care, asthma care or other case management, including services provided by
12 Certified Community Health Workers; 4) reimbursement for the costs of graduate medical
13 education; 5) adequate reimbursement for needed social service care provided to patients; 6)

14 reimbursement for smoking cessation services; and 7) reimbursement for all costs associated
15 with diabetes care, including care management costs, in addition to reimbursements required
16 under section 10C for the diagnosis and treatment of diabetes.

17 (b) All global payment demonstration projects or initiatives supported by the
18 Commonwealth shall provide any participating community health center with a hold harmless
19 provision to ensure that the health center will receive no less than 125 per cent of the Medicare
20 federally qualified health center rate which it would have received as a non-participant.

21 (c) The executive office of health and human services or the division shall also provide
22 reimbursement to community health centers for all costs associated with ongoing and necessary
23 customer service training, interpreter services training and cultural competency training.

24 SECTION 2. General Laws chapter 118E, as appearing in the 2012 official edition, is
25 hereby amended by adding after Section 13J the following new section:

26 Section 13J ½. A health maintenance organization organized under chapter 176G shall
27 reimburse community health centers at not less than one hundred per cent of the Medicare
28 federally qualified health center rate for all medical services provided to patients, and 100 per
29 cent of the reasonable costs of providing other medically necessary services. The Office of
30 Medicaid shall insure that the payments made to said health maintenance organizations are
31 sufficient to cover these costs.