

The Commonwealth of Massachusetts

PRESENTED BY:

Elizabeth A. Malia

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 improving the Children's Medical Security Program and simplifying the administration process.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
Elizabeth A. Malia	11th Suffolk	1/16/2015
Denise Provost	27th Middlesex	
Jason M. Lewis	Fifth Middlesex	
Paul R. Heroux	2nd Bristol	
Barbara A. L'Italien	Second Essex and Middlesex	
Timothy J. Toomey, Jr.	26th Middlesex	
Marjorie C. Decker	25th Middlesex	
Danielle W. Gregoire	4th Middlesex	
James J. O'Day	14th Worcester	
Tom Sannicandro	7th Middlesex	
Paul McMurtry	11th Norfolk	
Carolyn C. Dykema	8th Middlesex	
Sean Garballey	23rd Middlesex	
Marcos A. Devers	16th Essex	
Christine P. Barber	34th Middlesex	
Jonathan Hecht	29th Middlesex	
Brian A. Joyce	Norfolk, Bristol and Plymouth	

Louis L. Kafka	8th Norfolk	
Ruth B. Balser	12th Middlesex	
Kay Khan	11th Middlesex	
Paul Brodeur	32nd Middlesex	
Carlos Gonzalez	10th Hampden	
Benjamin Swan	11th Hampden	
Joan B. Lovely	Second Essex	

By Ms. Malia of Boston, a petition (accompanied by bill, House, No. 1009) of Elizabeth A. Malia and others for legislation to provide for primary and preventative health care services for certain children in the Commonwealth. Health Care Financing.

[SIMILAR MATTER FILED IN PREVIOUS SESSION SEE SENATE, NO. 504 OF 2013-2014.]

The Commonwealth of Massachusetts

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

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:

SECTION 1. Section 10F of chapter 118E of the General Laws, as appearing in the 2012
 Official Edition, is hereby amended by striking out subsections (a) and (b) and inserting in place
 thereof the following 2 subsections:-

(a) There shall be a program to provide primary and preventive health care services for
uninsured dependent and adopted youths from birth through age 18, in this section called the
program; but only those youths who are ineligible for medical benefits pursuant to this chapter
shall be eligible for the services defined in this section. The secretary of health and human
services shall administer the program, subject to appropriation. The covered services available
from the program shall be set forth in the regulations of the executive office of health and human

services as the secretary of health and human services determines is appropriate, but at aminimum shall include the following:

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

(2) primary care health care services customarily furnished by or through a general
practitioner, family physician, internal medicine physician, obstetrician, gynecologist,
pediatrician, independent nurse practitioner or physician assistant to the extent the furnishing of
those services is legally authorized in the commonwealth; provided, that primary care shall not
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.

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

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

25 (2) durable medical equipment;

(3) urgent care visits in the outpatient department of a participating hospital when an
enrollee's primary care practitioner is not available to provide such services and emergency care
in the outpatient department or emergency department of a participating hospital, including
related laboratory and diagnostic radiology services for urgent or emergency care; provided, that

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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 inguinal
35	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.

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