

**HOUSE . . . . . No. 2480**

**The Commonwealth of Massachusetts**

PRESENTED BY:

*Aaron Vega and Tackey Chan*

*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 promote public health through the Prevention and Wellness Trust Fund.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
<i>Aaron Vega</i>	<i>5th Hampden</i>
<i>Tackey Chan</i>	<i>2nd Norfolk</i>
<i>Kate Hogan</i>	<i>3rd Middlesex</i>
<i>Brian M. Ashe</i>	<i>2nd Hampden</i>
<i>Cory Atkins</i>	<i>14th Middlesex</i>
<i>Bruce J. Ayers</i>	<i>1st Norfolk</i>
<i>Ruth B. Balsler</i>	<i>12th Middlesex</i>
<i>Christine P. Barber</i>	<i>34th Middlesex</i>
<i>Jennifer E. Benson</i>	<i>37th Middlesex</i>
<i>Donald R. Berthiaume, Jr.</i>	<i>5th Worcester</i>
<i>Antonio F. D. Cabral</i>	<i>13th Bristol</i>
<i>Daniel Cahill</i>	<i>10th Essex</i>
<i>Thomas J. Calter</i>	<i>12th Plymouth</i>
<i>Kate D. Campanale</i>	<i>17th Worcester</i>
<i>James M. Cantwell</i>	<i>4th Plymouth</i>
<i>Gailanne M. Cariddi</i>	<i>1st Berkshire</i>
<i>Evandro C. Carvalho</i>	<i>5th Suffolk</i>
<i>Gerard Cassidy</i>	<i>9th Plymouth</i>

<i>Sonia Chang-Diaz</i>	<i>Second Suffolk</i>
<i>Nick Collins</i>	<i>4th Suffolk</i>
<i>Brendan P. Crighton</i>	<i>Third Essex</i>
<i>William L. Crocker, Jr.</i>	<i>2nd Barnstable</i>
<i>Claire D. Cronin</i>	<i>11th Plymouth</i>
<i>Daniel Cullinane</i>	<i>12th Suffolk</i>
<i>Mark J. Cusack</i>	<i>5th Norfolk</i>
<i>Josh S. Cutler</i>	<i>6th Plymouth</i>
<i>Julian Cyr</i>	<i>Cape and Islands</i>
<i>Marjorie C. Decker</i>	<i>25th Middlesex</i>
<i>David F. DeCoste</i>	<i>5th Plymouth</i>
<i>Daniel M. Donahue</i>	<i>16th Worcester</i>
<i>Michelle M. DuBois</i>	<i>10th Plymouth</i>
<i>Carolyn C. Dykema</i>	<i>8th Middlesex</i>
<i>Lori A. Ehrlich</i>	<i>8th Essex</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>
<i>Tricia Farley-Bouvier</i>	<i>3rd Berkshire</i>
<i>Dylan Fernandes</i>	<i>Barnstable, Dukes and Nantucket</i>
<i>Linda Dorcena Forry</i>	<i>First Suffolk</i>
<i>Sean Garballey</i>	<i>23rd Middlesex</i>
<i>Denise C. Garlick</i>	<i>13th Norfolk</i>
<i>Carmine L. Gentile</i>	<i>13th Middlesex</i>
<i>Susan Williams Gifford</i>	<i>2nd Plymouth</i>
<i>Anne M. Gobi</i>	<i>Worcester, Hampden, Hampshire and Middlesex</i>
<i>Solomon Goldstein-Rose</i>	<i>3rd Hampshire</i>
<i>Carlos González</i>	<i>10th Hampden</i>
<i>Danielle W. Gregoire</i>	<i>4th Middlesex</i>
<i>Jonathan Hecht</i>	<i>29th Middlesex</i>
<i>Paul R. Heroux</i>	<i>2nd Bristol</i>
<i>Natalie Higgins</i>	<i>4th Worcester</i>
<i>Russell E. Holmes</i>	<i>6th Suffolk</i>
<i>Kevin G. Honan</i>	<i>17th Suffolk</i>
<i>Donald F. Humason, Jr.</i>	<i>Second Hampden and Hampshire</i>
<i>Daniel J. Hunt</i>	<i>13th Suffolk</i>
<i>Louis L. Kafka</i>	<i>8th Norfolk</i>
<i>Hannah Kane</i>	<i>11th Worcester</i>
<i>Mary S. Keefe</i>	<i>15th Worcester</i>
<i>Kay Khan</i>	<i>11th Middlesex</i>

<i>Peter V. Kocot</i>	<i>1st Hampshire</i>
<i>Robert M. Koczera</i>	<i>11th Bristol</i>
<i>Stephen Kulik</i>	<i>1st Franklin</i>
<i>John J. Lawn, Jr.</i>	<i>10th Middlesex</i>
<i>Jack Lewis</i>	<i>7th Middlesex</i>
<i>Jason M. Lewis</i>	<i>Fifth Middlesex</i>
<i>David Paul Linsky</i>	<i>5th Middlesex</i>
<i>Jay D. Livingstone</i>	<i>8th Suffolk</i>
<i>Joan B. Lovely</i>	<i>Second Essex</i>
<i>Adrian Madaro</i>	<i>1st Suffolk</i>
<i>John J. Mahoney</i>	<i>13th Worcester</i>
<i>Elizabeth A. Malia</i>	<i>11th Suffolk</i>
<i>Paul W. Mark</i>	<i>2nd Berkshire</i>
<i>Christopher M. Markey</i>	<i>9th Bristol</i>
<i>Juana B. Matias</i>	<i>16th Essex</i>
<i>Joseph D. McKenna</i>	<i>18th Worcester</i>
<i>Joan Meschino</i>	<i>3rd Plymouth</i>
<i>James R. Miceli</i>	<i>19th Middlesex</i>
<i>Rady Mom</i>	<i>18th Middlesex</i>
<i>David K. Muradian, Jr.</i>	<i>9th Worcester</i>
<i>James M. Murphy</i>	<i>4th Norfolk</i>
<i>Brian Murray</i>	<i>10th Worcester</i>
<i>David M. Nangle</i>	<i>17th Middlesex</i>
<i>Shaunna L. O'Connell</i>	<i>3rd Bristol</i>
<i>Patrick M. O'Connor</i>	<i>Plymouth and Norfolk</i>
<i>James J. O'Day</i>	<i>14th Worcester</i>
<i>Sarah K. Peake</i>	<i>4th Barnstable</i>
<i>Smitty Pignatelli</i>	<i>4th Berkshire</i>
<i>Denise Provost</i>	<i>27th Middlesex</i>
<i>Angelo J. Puppolo, Jr.</i>	<i>12th Hampden</i>
<i>David M. Rogers</i>	<i>24th Middlesex</i>
<i>Byron Rushing</i>	<i>9th Suffolk</i>
<i>Daniel J. Ryan</i>	<i>2nd Suffolk</i>
<i>Paul A. Schmid, III</i>	<i>8th Bristol</i>
<i>Frank I. Smizik</i>	<i>15th Norfolk</i>
<i>Todd M. Smola</i>	<i>1st Hampden</i>
<i>William M. Straus</i>	<i>10th Bristol</i>
<i>José F. Tosado</i>	<i>9th Hampden</i>
<i>David T. Vieira</i>	<i>3rd Barnstable</i>

*Joseph F. Wagner*

*8th Hampden*

*Chris Walsh*

*6th Middlesex*

*Bud Williams*

*11th Hampden*

**HOUSE . . . . . No. 2480**

By Messrs. Vega of Holyoke and Chan of Quincy, a petition (accompanied by bill, House, No. 2480) of Aaron Vega, Tackey Chan and others relative to the funding and management of the Prevention and Wellness Trust Fund. Public Health.

**The Commonwealth of Massachusetts**

**In the One Hundred and Ninetieth General Court  
(2017-2018)**

An Act to promote public health through the Prevention and Wellness Trust Fund.

*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 2G of chapter 111 of the MGL is hereby amended by striking in its  
2 entirety and replacing it with the following new section:-

3 Section 2G. (a) There shall be established and set upon the books of the commonwealth a  
4 separate fund to be known as the Prevention and Wellness Trust Fund to be expended, without  
5 further appropriation, by the department of public health. The fund shall consist of revenues  
6 collected by the commonwealth including: (1) any revenue from appropriations or other monies  
7 authorized by the general court and specifically designated to be credited to the fund; (2) any  
8 fines and penalties allocated to the fund under the General Laws; (3) any funds from public and  
9 private sources such as gifts, grants and donations to further community-based prevention  
10 activities; (4) any interest earned on such revenues; and (5) any funds provided from other  
11 sources. The commissioner of public health, as trustee, shall administer the fund. The  
12 commissioner, in consultation with the Prevention and Wellness Advisory Board established

13 under section 2H, shall make expenditures from the fund consistent with subsections (d) and (e);  
14 provided, that not more than 20 per cent of the amounts held in the fund in any 1 year shall be  
15 used by the department for the combined cost of program administration, technical assistance to  
16 grantees or program evaluation.

17 (b) Revenues deposited in the fund that are unexpended at the end of the fiscal year shall  
18 not revert to the General Fund and shall be available for expenditure in the following fiscal year.

19 (c) All expenditures from the Prevention and Wellness Trust Fund shall support 1 or  
20 more of the following purposes: (1) increase access to community-based preventive services and  
21 interventions which complement and expand the ability of MassHealth to promote coordinated  
22 care, integrate community-based services with clinical care, and develop innovative ways of  
23 addressing social determinants of health; (2) reduce the impact of health conditions which are the  
24 largest drivers of poor health, health disparities, reduced quality of life, and high health care  
25 costs through community-based interventions; or (3) develop a stronger evidence-base of  
26 effective prevention interventions.

27 (d) The commissioner shall annually award not less than 80 per cent of the Prevention  
28 and Wellness Trust Fund through a competitive grant process to municipalities, community-  
29 based organizations, health care providers, regional-planning agencies, and health plans that  
30 apply for the implementation, evaluation and dissemination of evidence-based community  
31 preventive health activities. To be eligible to receive a grant under this subsection, a recipient  
32 shall be a partnership that includes at minimum: (1) a municipality or regional planning agency;  
33 (2) a community-based health or social service provider; (3) a public health or community action  
34 agency with expertise in implementing community-wide health interventions (4) a health care

35 provider or a health plan; (5) where feasible, a Medicaid-certified accountable care organization  
36 or a Medicaid-certified Community Partner organization. Expenditures from the fund for such  
37 purposes shall supplement and not replace existing local, state, private or federal public health-  
38 related funding. All entities awarded funds through this program must demonstrate the ability to  
39 utilize best practices in accounting, contract with a fiscal agent who will perform accounting  
40 functions on their behalf, or be provided with technical assistance by the Department to ensure  
41 best practices are followed.

42 (e) A grant proposal submitted under subsection (d) shall include, but not be limited to:  
43 (1) a plan that defines specific goals for the reduction in preventable health conditions and health  
44 care costs over a multi-year period; (2) the evidence-based or evidence-informed programs the  
45 applicant shall use to meet the goals; (3) a budget necessary to implement the plan, including a  
46 detailed description of the funding or in-kind contributions the applicant or applicants will be  
47 providing in support of the proposal; (4) any other private funding or private sector participation  
48 the applicant anticipates in support of the proposal; (5) a commitment to include women, racial  
49 and ethnic minorities and low income individuals; and (6) the anticipated number of individuals  
50 that would be affected by implementation of the plan. Priority may be given to proposals in a  
51 geographic region of the state with a higher than average prevalence of preventable health  
52 conditions, as determined by the commissioner of public health, in consultation with the  
53 Prevention and Wellness Advisory Board. If no proposals were offered in areas of the state with  
54 particular need, the department shall ask for a specific request for proposal for that specific  
55 region. If the commissioner determines that no suitable proposals have been received, such that  
56 the specific needs remain unmet, the department may work directly with municipalities or  
57 community-based organizations to develop grant proposals. The department of public health

58 shall, in consultation with the Prevention and Wellness Advisory Board, develop guidelines for  
59 an annual review of the progress being made by each grantee. Each grantee shall participate in  
60 any evaluation or accountability process implemented or authorized by the department.

61 (f) The department of public health shall, annually on or before January 31, report on  
62 expenditures from the Prevention and Wellness Trust Fund. The report shall include, but not be  
63 limited to: (1) the revenue credited to the fund; (2) the amount of fund expenditures attributable  
64 to the administrative costs of the department of public health; (3) an itemized list of the funds  
65 expended through the competitive grant process and a description of the grantee activities; and  
66 (4) the results of the evaluation of the effectiveness of the activities funded through grants. The  
67 report shall be provided to the chairpersons of the house and senate committees on ways and  
68 means, the joint committee on public health, and the joint committee on health care financing  
69 and shall be posted on the department of public health's website.

70 (h) The department of public health shall, under the advice and guidance of the  
71 Prevention and Wellness Advisory Board, annually report on its strategy for administration and  
72 allocation of the fund, including relevant evaluation criteria. The report shall set forth the  
73 rationale for such strategy, which may include: (1) a list of the most prevalent preventable health  
74 conditions in the commonwealth, including health disparities experienced by populations based  
75 on race, ethnicity, gender, disability status, sexual orientation or socio-economic status; (2) a list  
76 of the most costly preventable health conditions in the commonwealth; and (3) a list of evidence-  
77 based or promising community-based programs related to the conditions identified in clauses (1)  
78 and (2). The report shall recommend specific areas of focus for allocation of funds. If  
79 appropriate, the report shall reference goals and best practices established by the National  
80 Prevention and Public Health Promotion Council and the Centers for Disease Control and



81 Prevention, including, but not limited to the Hi-5 Initiative, the national prevention strategy, the  
82 healthy people report and the community prevention guide.

83 (i) The department of public health shall promulgate regulations necessary to carry out  
84 this section.

85 SECTION 2. Section 2H of chapter 111 of the MGL is hereby amended by striking in its  
86 entirety and replacing it with the following new section:-

87 Section 2H. (a) There shall be a Prevention and Wellness Advisory Board to make  
88 recommendations to the commissioner concerning the administration and allocation of the  
89 Prevention and Wellness Trust Fund established in section 2G, establish evaluation criteria and  
90 perform any other functions specifically granted to it by law.

91 (b) The board shall consist of the commissioner of public health or a designee, who shall  
92 serve as chairperson; the house and senate chairs of the joint committee on public health or their  
93 designees; the house and senate chairs of the joint committee on health care financing or their  
94 designees; the secretary of health and human services or a designee; the executive director of the  
95 center for health information and analysis or a designee; the executive director of the health  
96 policy commission established in section 2 of chapter 6D of the MGL or a designee; and 15  
97 persons to be appointed by the governor, 1 of whom shall be a person with expertise in the field  
98 of public health economics; 1 of whom shall be a person with expertise in public health research;  
99 1 of whom shall be a person with expertise in the field of health equity; 1 of whom shall be a  
100 person from a local board of health for a city or town with a population greater than 50,000; 1 of  
101 whom shall be a person of a board of health for a city or town with a population of fewer than  
102 50,000; 2 of whom shall be representatives of health insurance carriers; 1 of whom shall be a

103 person from a consumer health advocacy organization; 1 of whom shall be a person from a  
104 hospital association; 1 of whom shall be a person from a statewide public health organization; 1  
105 of whom shall be a representative of the interest of businesses; 1 of whom shall be a public  
106 health nurse or a school nurse; 1 of whom shall be a person from an association representing  
107 community health workers; 1 of whom shall represent a statewide association of community-  
108 based service providers addressing public health; and 1 of whom shall be a person with expertise  
109 in the design and implementation of community-wide public health interventions.

110 (c) The Prevention and Wellness Advisory Board shall evaluate the program authorized  
111 in section 2G of said chapter 111 and shall issue an evaluation report at an interval to be  
112 determined by the Board, but not less than every 5 years from the beginning of each grant period.  
113 The report shall include an analysis of all relevant data to determine the effectiveness of the  
114 program including, but not limited to, an analysis of: (i) the extent to which the program  
115 impacted the prevalence, severity, or control of preventable health conditions and the extent to  
116 which the program is projected to impact such factors in the future; (ii) the extent to which the  
117 program reduced health care costs or the growth in health care cost trends and the extent to  
118 which the program is projected to reduce such costs in the future; (iii) whether health care costs  
119 were reduced and who benefited from the reduction; (iv) the extent that health outcomes or  
120 health behaviors were positively impacted; (v) the extent that access to evidence-based  
121 community services was increased; (vi) the extent that social determinants of health or other  
122 community wide risk factors for poor health were reduced or mitigated; (vii) the extent that  
123 grantees increased their ability to collaborate, share data, and align services with other providers  
124 and community-based organizations for greater impact; (viii) the extent to which health  
125 disparities experienced by populations based on race, ethnicity, gender, disability status, sexual

126 orientation or socio-economic status were reduced across all metrics; and (ix) recommendations  
127 for whether the program should be discontinued, amended or expanded and a timetable for  
128 implementation of the recommendations.

129         The department of public health shall contract with an outside organization that has  
130 expertise in the analysis of public health and health care financing to assist the board in  
131 conducting its evaluation. The outside organization shall be provided access to actual health plan  
132 data from the all-payer claims database as administered by the center for health information and  
133 analysis and data from MassHealth; provided, however, that the data shall be confidential and  
134 shall not be a public record under clause Twenty-sixth of section 7 of chapter 4 of the General  
135 Laws.

136         The board shall report the results of its evaluation and its recommendations, if any, and  
137 drafts of legislation necessary to carry out the recommendations to the house and senate  
138 committees on ways and means and the joint committee on public health, and the joint  
139 committee on health care financing and shall post the board's report on the website of the  
140 department of public health.

141         SECTION 3. Section 68 of chapter 118E of the General Laws is hereby amended by  
142 inserting after subsection (f) the following subsection:—

143         (g) (1) In addition to the surcharge assessed under subsection (a), acute hospitals and  
144 ambulatory surgical centers shall assess a prevention and wellness surcharge on all payments  
145 subject to surcharge as defined in section 64. The prevention and wellness surcharge amount  
146 shall equal the product of (i) the prevention wellness surcharge percentage and (ii) amounts paid  
147 for these services by a surcharge payor. The office shall calculate the prevention and cost control

148 surcharge percentage by dividing \$33,000,000 by the projected annual aggregate payments  
149 subject to the surcharge, excluding projected annual aggregate payments based on payments  
150 made by managed care organizations. The office shall determine the prevention and wellness  
151 surcharge percentage before the start of each fund fiscal year and may redetermine the  
152 prevention and wellness surcharge percentage before April 1 of each fund fiscal year if the  
153 division projects that the initial prevention and cost control surcharge established the previous  
154 October will produce less than \$23,000,000 or more than \$43,000,000. Before each succeeding  
155 October 1, the office shall redetermine the prevention and wellness surcharge percentage  
156 incorporating any adjustments from earlier years. In each determination or redetermination of the  
157 prevention and wellness surcharge percentage, the office shall use the best data available as  
158 determined by the office and may consider the effect on projected prevention and wellness  
159 surcharge payments of any modified or waived enforcement under subsection (e). The office  
160 shall incorporate all adjustments, including, but not limited to, updates or corrections or final  
161 settlement amounts, by prospective adjustment rather than by retrospective payments or  
162 assessments.

163 (2) Prevention and wellness surcharge payments shall be deposited in the Prevention and  
164 Wellness Trust Fund, established in section 2G of chapter 111.

165 (3) All provisions of subsections (a) to (f) and section 64 shall apply to the prevention  
166 and wellness surcharge, to the extent not inconsistent with the provisions of this subsection.

167 SECTION 4. Section 1 shall take effect on July 1, 2018.

168 SECTION 5. Except as otherwise specified, this act shall take effect on July 1, 2017.