## **HOUSE . . . . . . . . . . . . . . . . No. 610**

## 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:
Kevin G. Honan	17th Suffolk	1/18/2017

## **HOUSE . . . . . . . . . . . . . . . . No. 610**

By Mr. Honan of Boston, a petition (accompanied by bill, House, No. 610) of Kevin G. Honan relative to the improvement of primary care in the Commonwealth. Health Care Financing.

## The Commonwealth of Alassachusetts

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

An Act to improve primary care in the Commonwealth.

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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

hereby amended by adding after Section 13C the following new section:

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

needed social service care provided to patients; 6) reimbursement for smoking cessation services; and 7) reimbursement for all costs associated with diabetes care, including care management costs, in addition to reimbursements required under section 10C for the diagnosis and treatment of diabetes.

Medicaid shall reimburse community health centers for MCO and ACO out-of-network, medically necessary services provided to patients that are immediately required due to an unforeseen illness, injury or condition who are enrollees of a managed care organization (MCO) or ACO in compliance with 42 U.S.C. § 1396b(m)(2)(A)(vii) and do so through the mechanism set out in 42 U.S.C. § 1396a(bb)(5).

- (c) The executive office of health and human services shall also provide reimbursement to community health centers for all costs associated with ongoing and necessary outreach and enrollment services, interpreter services training, and customer service and cultural competency training.
- SECTION 2. General Laws chapter 118E, as appearing in the 2012 official edition, is hereby amended by adding after Section 13J the following new section:

Section 13J ½. A health maintenance organization organized under chapter 176G, and an Accountable Care Organization organized as part of the current Massachusetts approved Section 1115 Demonstration Project, shall reimburse community health centers at not less than one hundred per cent of the Medicare federally qualified health center rate for all medical services provided to patients, and 100 per cent of the reasonable costs of providing other medically necessary services. The Office of Medicaid shall insure that the payments made to said health maintenance organizations are sufficient to cover these costs.