

SENATE No. 1682

The Commonwealth of Massachusetts

PRESENTED BY:

Harriette L. Chandler

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 providing for 3rd party expert evaluation of scope of practice legislation.

PETITION OF:

| NAME: | DISTRICT/ADDRESS: | |
|------------------------------|------------------------|-----------------|
| <i>Harriette L. Chandler</i> | <i>First Worcester</i> | |
| <i>Jason M. Lewis</i> | <i>Fifth Middlesex</i> | |
| <i>John W. Scibak</i> | <i>2nd Hampshire</i> | <i>2/3/2017</i> |

SENATE No. 1682

By Ms. Chandler, a petition (accompanied by bill, Senate, No. 1682) of Harriette L. Chandler, Jason M. Lewis and John W. Scibak for legislation to provide for 3rd party expert evaluation of scope of practice legislation. State Administration and Regulatory Oversight.

The Commonwealth of Massachusetts

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

An Act providing for 3rd party expert evaluation of scope of practice legislation.

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. Chapter 3 of the General Laws, as appearing in the 2014 Official Edition, is
2 hereby amended by inserting after section 38C the following section:-

3 Section 38D. (a) For the purposes of this section, the following words shall, unless the
4 context clearly requires otherwise, have the following meanings:

5 “Commission”, the health policy commission.

6 “Health care provider”, a physician or other health care practitioner licensed, accredited,
7 certified, educated or trained to perform specified health services consistent with the law.

8 “Scope of practice proposal”, any general or special legislation or unfiled proposal that
9 would change the authority of a health care provider to provide certain health services to patients
10 who currently receive services from an existing provider, including but not limited to changes to

11 the definition of the scope of practice of a licensed health care provider under chapter 112 or
12 chapter 94C.

13 (b) Upon request of a joint standing committee of the general court having jurisdiction or
14 the committee on ways and means of either branch, the commission shall conduct a review and
15 evaluation of legislation to determine if it is a scope of practice proposal, and issue a report,
16 including findings, to that committee and to the clerks of the senate and house of representatives
17 within 180 calendar days of receiving the request for review and evaluation; provided, however,
18 that the commission shall not be required to conduct more than 1 review and evaluation of a
19 scope of practice proposal every 180 calendar days.

20 (c) When reporting on scope of practice proposals referred to a committee, the committee
21 shall include the review and evaluation conducted by the commission pursuant to this section.

22 (d) Upon receipt of such request, the commission shall notify the public of the impending
23 review and evaluation by posting the scope of practice proposal on its website within 5 business
24 days of receiving the request.

25 (e) The commission's review and evaluation shall be based on available evidence and
26 information including the impact of the legislation on the safety, efficacy, access and cost of the
27 health care services provided by the health care provider, including, but not limited to, the
28 following factors:

29 (1) cost effectiveness of adopting the legislation;

30 (2) potential increase or decrease in health care access;

31 (3) evidence of the safety and efficacy of health care services provided by health care
32 providers in states with the same or similar scope of practice to that proposed, including
33 examination of medical malpractice claims and insurance payouts from other states if available;

34 (4) availability of applicable education and training programs;

35 (5) availability of sufficiently trained providers to deliver the subject health care services;

36 (6) existence or necessity of apSECTION 1. Chapter 3 of the General Laws, as appearing
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71 (5) availability of sufficiently trained providers to deliver the subject health care services;

72 (6) existence or necessity of appropriate safeguards in other statutes or the legislation;

73 (7) feasibility of developing a consistent and thorough regulatory framework, if no
74 existing framework exists;

75 (8) the scope of practice of the subject health care providers in other states; and

76 (9) nationally or internationally recognized standards for the subject health care
77 providers.

78 (f) The commission shall hold a public hearing in connection with its review and
79 evaluation of the scope of practice proposal and accept written testimony submitted by interested
80 parties. The commission may take any written or oral testimony into consideration when
81 conducting the review and evaluation.

82 (g) All interested parties supporting or opposing the bill, including the bill's sponsors
83 and any party or organization on whose behalf the bill was filed, shall provide the commission
84 with any information relevant to their review. The commission shall enter into interagency
85 agreements as necessary with the office of Medicaid, the group insurance commission, the
86 department of public health, the division of insurance and other state agencies holding
87 utilization, cost or claims data relevant to the commission's review under this section. Such
88 interagency agreements shall ensure that the data shared under the agreements is used solely in
89 connection with the commission's review under this section, and that the confidentiality of any
90 personal data is protected. The commission may also request data from insurers licensed or
91 otherwise authorized to transact accident or health insurance under chapter 175, nonprofit
92 hospital service corporations organized under chapter 176A, nonprofit medical service
93 corporations organized under chapter 176B, health maintenance organizations organized under

94 chapter 176G, health care providers, and their industry organizations to complete its analyses.
95 The commission may contract with an actuary, or economist as necessary to complete its
96 analysis.

97 SECTION 2. Section 2A of Chapter 6D of the General Laws, as so appearing, is hereby
98 amended by inserting after the word “66”, the following words:- “and information obtained
99 pursuant to section 38D of chapter 3”.

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