

# HOUSE . . . . . No. 2001

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## The Commonwealth of Massachusetts

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PRESENTED BY:

***Jeffrey N. Roy***

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*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 relative to the Health Planning Council and the state health resource plan.

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PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Jeffrey N. Roy</i>	<i>10th Norfolk</i>	<i>1/10/2019</i>

# HOUSE . . . . . No. 2001

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By Mr. Roy of Franklin, a petition (accompanied by bill, House, No. 2001) of Jeffrey N. Roy relative to the Health Planning Council and the state health resource plan. Public Health.

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## The Commonwealth of Massachusetts

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In the One Hundred and Ninety-First General Court  
(2019-2020)  
\_\_\_\_\_

An Act relative to the Health Planning Council and the state health resource plan.

*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 Section 16T of chapter 6A of the General Laws is hereby repealed.

2           SECTION 2. Section 1 of chapter 6D of the General Laws, as appearing in the 2016  
3   Official Edition, is hereby amended by inserting after the definition of “Health care provider” the  
4   following definition:-

5           “Health care resource”, a resource, whether personal or institutional and whether owned  
6   or operated by any person, the commonwealth or political subdivision thereof, the principal  
7   purpose of which is to provide, or facilitate the provision of, services for the prevention,  
8   detection, diagnosis or treatment of those physical and mental conditions experienced by humans  
9   which usually are the result of, or result in, disease, injury, deformity or pain; provided, that the  
10   term “treatment” shall include custodial and rehabilitative care incident to infirmity,  
11   developmental disability or old age.

SECTION 3. Section 5 of said chapter 6D, as amended by section 8 of chapter 154 of the acts of 2018, is hereby amended by striking out, in line 9, the words “and (vii)” and inserting in place thereof the following words:- ; (vii) monitor the location and distribution of health care services and health care resources; and (viii).

SECTION 4. Said chapter 6D is hereby further amended by adding the following section:-

Section 20. (a) There is hereby established within the commission a health planning council, consisting of the executive director of the health policy commission who shall serve as chair, the secretary of health and human services or a designee, the commissioner of public health or a designee, the director of the office of Medicaid or a designee, the commissioner of mental health or a designee, the commissioner of insurance or a designee, the secretary of elder affairs or a designee, the executive director of the center for health information and analysis or a designee, and 3 members appointed by the governor, 1 of whom shall be a health economist, 1 of whom shall have experience in health policy and planning and 1 of whom shall have experience in health care market planning and service line analysis.

(b) The council shall develop a state health plan to identify: (i) the anticipated needs of the commonwealth for health care services, providers, programs and facilities; (ii) the resources available to meet those needs; and (iii) the priorities for addressing those needs.

The state health plan developed by the council shall include the location, distribution and nature of all health care resources in the commonwealth and shall identify certain categories of health care resources, including: (i) acute care units; (ii) non-acute care units; (iii) specialty care units, including, but not limited to, burn, coronary care, cancer care, neonatal care, post-obstetric

and post-operative recovery care, pulmonary care, renal dialysis and surgical, including trauma and intensive care units; (iv) skilled nursing facilities; (v) assisted living facilities; (vi) long-term care facilities; (vii) ambulatory surgical centers; (viii) office-based surgical centers; (ix) urgent care centers; (x) home health, behavioral health and mental health services; (xi) treatment and prevention services for alcohol and other drug abuse; (xii) emergency care; (xiii) ambulatory care services; (xiv) primary care resources; (xv) pharmacy and pharmacological services; (xvi) family planning services; (xvii) obstetrics and gynecology services; (xviii) allied health services including, but not limited to, optometric care, chiropractic services, dental care and midwifery services; (xix) federally qualified health centers and free clinics; (xx) numbers of technologies or equipment defined as innovative services or new technologies by the department of public health pursuant to section 25C of chapter 111; (xxi) hospice and palliative care service; and (xviii) health screening and early intervention services.

The state health plan shall also make recommendations for the appropriate supply and distribution of resources, programs, capacities, technologies and services identified in the second paragraph of this subsection on a state-wide or regional basis based on an assessment of need for the next 5 years and options for implementing such recommendations. The recommendations shall reflect, at a minimum, the following goals: (i) maintain and improve the quality of health care services; (ii) support the commonwealth's efforts to meet the health care cost growth benchmark established pursuant to section 9; (iii) support innovative health care delivery and alternative payment models as identified by the commission; (iv) reduce unnecessary duplication; (v) support universal access to reduce health disparities; (vi) support efforts to integrate oral health, mental health, behavioral and substance use disorder services with overall medical care; (vii) reflect the latest trends in utilization and support the best standards of care;

and (viii) rationally distribute health care resources across geographic regions of commonwealth based on the needs of the population on a statewide basis, as well as, the needs of particular geographic areas of the commonwealth.

(c) Under the direction of the council, the department of public health, pursuant to section 25A of chapter 111, shall establish and maintain on a current basis an inventory of all such health care resources together with all other reasonably pertinent information concerning such resources. Agencies of the commonwealth that license, register, regulate or otherwise collect cost, quality or other data concerning health care resources shall cooperate with the council and the department in coordinating such data with information collected pursuant to this section and said section 25A of said chapter 111. The inventory compiled pursuant to this section and said section 25A of said chapter 111 and all related information shall be maintained in a form usable by the general public in a designated office of the council and shall constitute a public record; provided, however, that any item of information which is confidential or privileged in nature under any other law shall not be regarded as a public record pursuant to this section.

(d) The council shall assemble an advisory committee of not more than 15 members who shall reflect a broad distribution of diverse perspectives on the health care system, including health care providers and provider organizations, public and private third-party payers, consumer representatives and labor organizations representing health care workers. Not fewer than 2 members of the advisory committee shall have expertise in rural health matters and rural health needs in the commonwealth. The advisory committee shall review drafts and provide recommendations to the council during the development of the plan.

(e) The council, with the commission and the department of public health, shall conduct at least 4 annual public hearings, in geographically diverse areas, during the development of the plan as proposed and shall give interested persons an opportunity to submit their views orally and in writing. In addition, the commission may create and maintain a website to allow members of the public to submit comments electronically and review comments submitted by others.

(f) The council shall publish analyses, reports and interpretations of information collected pursuant to this section to promote awareness of the distribution and nature of health care resources in the commonwealth.

SECTION 5. Section 25A of said chapter 111, as appearing in the 2016 Official Edition, is hereby amended by striking out the first sentence and inserting in place thereof the following sentence:-

Under the direction of the health planning council established under section 20 of chapter 6D, the commission shall establish and maintain, on a current basis, an inventory of all health care resources together with all other reasonably pertinent information concerning such resources, in order to identify the location, distribution and nature of all such resources in the commonwealth.

SECTION 6. Said section 25A of said chapter 111, as so appearing, is hereby further amended by striking out, in lines 16 and 17 , the words “in a designated office of the department” and inserting in place thereof the following words:- as determined by the health planning council established under section 20 of chapter 6D.

SECTION 7. Said section 25A of said chapter 111, as so appearing, is hereby further amended by striking out the fourth paragraph.