

HOUSE No. 2003

The Commonwealth of Massachusetts

PRESENTED BY:

Jeffrey N. Roy

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 establishing a mobile integrated health care trust fund and refining the mobile integrated health care program administered by the Department of Public Health.

PETITION OF:

NAME:

Jeffrey N. Roy

DISTRICT/ADDRESS:

10th Norfolk

HOUSE No. 2003

By Mr. Roy of Franklin, a petition (accompanied by bill, House, No. 2003) of Jeffrey N. Roy relative to establishing a mobile integrated health care trust fund and refining the mobile integrated health care program administered by the Department of Public Health. Public Health.

The Commonwealth of Massachusetts

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

An Act establishing a mobile integrated health care trust fund and refining the mobile integrated health care program administered by the Department of Public Health.

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. Subsection (c) of said section 15 of said chapter 6D, as amended by section
2 5 of chapter 208 of the acts of 2018, is hereby amended by striking out paragraph (16) and
3 inserting in place thereof the following 2 paragraphs:-

4 (16) to demonstrate evidence-based care delivery programs, which may include
5 community care transitions coaching programs led by community-based, nonprofit entities
6 designed to reduce: (i) 30-day readmission rates; (ii) avoidable emergency department use,
7 including extended emergency department boarding; provided however, that a mobile integrated
8 health care program certified pursuant to chapter 111O shall satisfy this requirement for the
9 purposes of the commission; and

10 (17) any other goals that the commission considers necessary.

11 SECTION 2. Chapter 29 is hereby amended by inserting after section 2BBBBB the
12 following section:-

13 Section 2CCCCC. There shall be a Mobile Integrated Health Care Trust Fund. The
14 commissioner of public health shall administer the fund and may make expenditures from the
15 fund to support the administration and oversight of programs certified under chapter 111O.

16 The fund shall consist of: (i) revenue generated from fees, fines and penalties imposed
17 under chapter 111O; (ii) revenue from appropriations or other money authorized by the general
18 court and specifically designated to be credited to the fund; and (iii) funds from public or private
19 sources for mobile integrated health care including, but not limited to, gifts, grants, donations,
20 rebates and settlements received by the commonwealth that are specifically designated to be
21 credited to the fund. The department of public health may incur expenses and the comptroller
22 may certify for payment amounts in anticipation of expected receipts; provided however, that an
23 expenditure shall not be made from the fund that shall cause the fund to be deficient at the close
24 of a fiscal year. Amounts credited to the fund shall not be subject to further appropriation and
25 money remaining in the fund at the close of a fiscal year shall not revert to the General Fund and
26 shall be available for expenditure in the following fiscal year.

27 The commissioner shall report annually, not later than October 1, to the house and senate
28 committees on ways and means and the joint committee on health care financing on the fund's
29 activity. The report shall include, but not be limited to, revenue received by the fund, revenue
30 and expenditure projections for the next fiscal year and details of the expenditures by the fund.

31 SECTION 3. Section 1 of chapter 111O of the General Laws, as appearing in the 2016
32 Official Edition, is hereby amended by inserting after the definition of “Mobile integrated health
33 care” the following definition:-

34 “Mobile integrated health care provider” or “MIH provider”, a licensed health care
35 professional delivering medical care and services to patients in an out-of-hospital environment in
36 coordination with health care facilities or other health care providers; provided, however, that
37 medical care and services shall include, but shall not be limited to, community paramedic
38 provider services, chronic disease management, behavioral health, preventative care, post-
39 discharge follow-up visits or transport or referral to facilities other than hospital emergency
40 departments; provided further, that medical care and services shall be delivered under a mobile
41 integrated health care program approved by the department using mobile health care resources.

42 SECTION 4. Section 2 of said chapter 111O, as so appearing, is hereby amended by
43 adding the following 2 subsections:-

44 (c) The department shall issue guidance, in consultation with the advisory council, on
45 best practices for structuring mobile integrated health care programs to obtain reimbursement for
46 the care and services delivered to patients who are covered by public or private payers.

47 (d) Annually, not later than March 1, the department shall report the data collected from
48 MIH programs pursuant to subsection (b). The report shall include, but not be limited to, an
49 analysis of the impact of MIH programs on: (i) 30-day readmission rates; (ii) siting of post-acute
50 care treatment; (iii) incidence of emergency department presentment for behavioral health
51 conditions; (iv) incidence of emergency department presentment for chronic conditions; and (v)
52 the variance in each of the preceding metrics within and between Medicaid claims and

53 commercial claims, respectively. The department may consult with the center for health
54 information and analysis in developing the report. The report shall be made publicly available
55 and easily searchable on the department's website.

56 SECTION 5. Said chapter 111O is hereby further amended by adding the following
57 section:-

58 Section 5. (a) The department shall by regulation establish application fees that shall
59 include, but not limited to, an initial application surcharge in addition to a general application or
60 renewal fee, and a timeline for reviewing applications for mobile integrated health care or
61 community EMS programs.

62 (b) Application fees and surcharges collected pursuant to this chapter shall be deposited
63 into the Mobile Integrated Health Care Trust Fund established in section 2CCCCC of chapter 29.

64 (c) The department shall prioritize the review and processing of mobile integrated health
65 care program applicants that have been approved as MassHealth accountable care organizations
66 or that have targeted patient populations served by MassHealth accountable care organizations.

67 SECTION 6. Notwithstanding any general or special rule to the contrary, the treasurer
68 shall transfer a total of \$900,000 from the Board of Registration in Medicine Trust Fund
69 established in section 35M of chapter 10 of the General Laws to the Mobile Integrated Health
70 Care Trust Fund established in section 2CCCCC of chapter 29 of the General Laws.