SENATE . . . . . No. 2377

Senate, October 17, 2019 – Text of the Senate amendment to the House Bill House Bill relative to children's health and wellness (House, No. 4012, amended) (being the text of Senate document number 2368, printed as amended)

The Commonwealth of Massachusetts

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

SECTION 1. Section 20 of chapter 18B of the General Laws, as appearing in the 2018 Official Edition, is hereby amended by striking out the second sentence.

SECTION 2. Said chapter 18B is hereby further amended by adding the following 3 sections:-

Section 26. (a)(1) Annually, not later than October 31, the department shall issue a report that provides an overview of the department's performance during the previous fiscal year. The commissioner or a designee shall file the report with the governor, the child advocate, the clerks of the senate and house of representatives, the house and senate committees on ways and means and the joint committee on children, families and persons with disabilities. The commissioner shall provide the recipients of the report with an opportunity to discuss its contents with the commissioner or the designee. The report shall be made publicly available on the department's website in accordance with section 19 of chapter 66.

(2) The report shall include, but not be limited to, narratives, information, data and analysis on: (i) case counts; (ii) consumer counts; (iii) the number of reports filed pursuant to section 51A of chapter 119; (iv) placement metrics; (v) the number of infants brought into the

department's care pursuant to section 39½ of chapter 119; (vi) the number of siblings in placement; (vii) safety processes and outcomes; (viii) permanency processes and outcomes; (ix) the rates of adoptions by race and ethnicity; (x) well-being outcomes, including the rates and timeliness of the delivery of medical and behavioral health services and high school graduation rates; (xi) staffing trends; (xii) caseloads; (xiii) the department's budget, including funding levels; (xiv) service costs; (xv) medical services and advancements in providing medical services to children and young adults in the department's care; (xvi) amounts expended to foster care, adoptive and guardianship families to provide assistance, including financial assistance, to provide for the care of children; and (xvii) the foster care review system and any recommendations for its improvement. The report shall also include comparative departmental information from prior fiscal years.

(b)(1) Quarterly, not more than 75 days after the end of each fiscal quarter, the department shall issue a quarterly profile on its website in accordance with section 19 of chapter 66 that shall include, but not be limited to, departmental, regional office and area office data on: (i) consumer counts; (ii) the number of reports filed pursuant to section 51A of chapter 119, including counts of reports received, screened-in and screened-out in the quarter; (iii) department case counts, including counts of clinical and adoption cases in the quarter; (iv) consumer demographic information, including race and primary language; (v) counts of children and youth in placement; and (vi) counts of children and youth not in placement.

(2) The commissioner or a designee shall notify the house and senate committees on ways and means and the joint committee on children, families and persons with disabilities when data from a profile issued pursuant to paragraph (1) significantly departs from trends reported in previous profiles.

(c) The commissioner or a designee shall notify the joint committee on children, families and persons with disabilities when draft regulations are made available by the department for public comment. Not more than 30 days after the promulgation of regulations or the effective date of adopted or revised departmental policies relative to services provided to children and families, the department shall provide copies of the regulations or departmental policies to the joint committee on children, families and persons with disabilities.

(d) If the department is unable to submit the report under subsection (a) or issue the profile under subsection (b) by the respective deadlines, the commissioner or the commissioner's legal counsel shall, in writing, notify the governor, the child advocate, the clerks of the senate and house of representatives, the house and senate committees on ways and means and the joint committee on children, families and persons with disabilities and provide an explanation for the delay.

(e) The department, in consultation with the general court and other governmental and nongovernmental partners, shall establish a 3-year plan that shall include numerical targets for the department's performance in each year and in each of its regions in the areas of safety, permanence and well-being. The plan shall include a description of how the department will measure its progress toward meeting the numerical targets and may include different targets for different regions. Annually, not later than March 31, the department shall update the plan.

Annually, not later than December 31, the department shall measure its performance in meeting the targets established in the 3-year plan for the commonwealth as a whole and for each of its regions consistent with the methodology described in the plan.

The department shall publish and prominently maintain on its website the current plan, the targets for previous years and the department's performance in meeting those targets.

If in a fiscal year the department is unable to develop or update the 3-year plan or measure its performance, the department shall notify the house and senate committees on ways and means, the joint committee on children, families and persons with disabilities, the child advocate, the chief counsel of the committee for public counsel services, the executive director of the Massachusetts Law Reform Institute, Inc. and the executive director of the Children's League of Massachusetts, Inc. not later than September 1 of that fiscal year.

Section 27. Annually, not later than October 31, the department shall submit a special report on services provided to young adults over the age of 18 to the child advocate, the clerks of the senate and house of representatives, the house and senate committees on ways and means and the joint committee on children, families and persons with disabilities. The report shall summarize the process by which a young adult may continue to receive services from the department upon reaching the legal adult age of 18. The report shall also include, but not be limited to: (i) the number of young adults who have elected to sustain a connection with the department in the previous fiscal year; (ii) the number young adults who have elected not to remain with the department and have transitioned out of the child welfare system in the previous fiscal year, including young adults who had previously elected to sustain a connection with the department, if such numbers are available; (iii) the total payments made from commonwealth funds to young adults in the previous fiscal year; and (iv) a description of services provided to young adults by the department in the previous fiscal year, including those funded wholly or in part by federal funds. The department may satisfy the reporting requirements of this section by providing the requested information in an annual report filed under section 26.

Section 28. Annually, not later than August 31, the department shall file a special report on its fair hearing processes and cases with the child advocate, the clerks of the senate and house of representatives, the house and senate committees on ways and means and the joint committee on children, families and persons with disabilities. The report shall be made available to the public electronically in accordance with section 19 of chapter 66.

The report shall include, but not be limited to, information on the fair hearing requests open at any time during the previous fiscal year and shall provide, for each hearing request: (i) the subject matter of the appeal; (ii) the outcomes of cases resolved prior to a fair hearing decision; (iii) the number of days between the hearing request and the first day of the hearing; (iv) the number of days between the close of the evidence and the hearing officer's decision; (v) the number of days of continuance granted at the appellant's request; (vi) the number of days of continuance granted at the request of the department or the hearing officer, specifying which party made the request; and (vii) whether the department's decision that was the subject of the appeal was affirmed or reversed; provided, however, that the information shall be in a form that shall not include personally-identifiable information.

The department shall maintain, and make available to the public during regular business hours, a record of its fair hearings that shall include, for each hearing request: (i) the date of the request; (ii) the date of the hearing decision; (iii) the decision rendered by the hearing officer; and (iv) the final decision rendered upon the commissioner's review; provided, however, that the information shall be in a form that shall not include personally-identifiable information. For fair hearing requests that are pending for more than 180 days at any time during the fiscal year, except for those requests which have been stayed at the request of the district attorney, the report

shall provide the number of such cases, how many have been heard but not decided and how many have been decided by the hearing officer but not yet issued a final agency decision.

If there are more than 225 fair hearing requests open for more than 180 days at the end of any month during the first 6 months of a fiscal year, then an additional report of such requests shall be provided not later than February 28. The department shall make redacted copies of fair hearing decisions available not later than 30 days after a written request.

SECTION 3. The fourth paragraph of subsection (e) of section 26 of said chapter 18B, as appearing in section 2, is hereby amended by inserting after the word “services” the following words:- ", the executive director of the legal services organization that is participating in the data work group under subsection (f)."

SECTION 4. Said section 26 of said chapter 18B, as so appearing, is hereby further amended by adding the following subsection:-

(f) A data work group shall convene every 2 years to make recommendations for improvements to the report and profile required under subsections (a) and (b). The work group shall consist of the following persons or a designee: the child advocate, who shall serve as co-chair; the commissioner, who shall serve as co-chair; the chairs of the house and senate committees on ways and means; the chairs of the joint committee on children, families and persons with disabilities; 1 member of the senate to be appointed by the minority leader of the senate; 1 member of the house of representatives to be appointed by the minority leader of the house of representatives; the chief counsel of the committee for public counsel services; the executive director of Children’s League of Massachusetts, Inc.; the executive director of a legal services program to be appointed by the governor; 1 person with expertise in child welfare data

and outcome measurement to be appointed by the child advocate; and 1 person with expertise in the department's information technology, data collection and reporting systems to be appointed by the commissioner of children and families. The work group shall consult with other individuals with relevant expertise, including academics, researchers and service providers, as needed.

Not later than December 31 in every even-numbered year, the data work group shall file a report on its recommendations, together with drafts of any legislation necessary to carry its recommendations into effect, with the clerks of the senate and house of representatives, the senate and house committees on ways and means and the joint committee on children, families and persons with disabilities.

SECTION 5. Subsection (2) of section 9A of chapter 118E of the General Laws, as appearing in the 2018 Official Edition, is hereby amended by adding the following clause:-

(k) persons under the age of 26 years who, on the date of attaining 18 years of age, were enrolled in foster care or in the care and custody of the department of children and families; provided, however, that such persons shall be enrolled to receive benefits under this section without any interruption in coverage; provided further, that the division shall develop and implement a simplified redetermination form for such persons; provided further, that a beneficiary under this section shall only be required to complete and return a redetermination form if information known to the division is no longer accurate or is materially incomplete; and provided further, that annually, not later than December 31, MassHealth shall submit to the joint committee on health care financing, the house and senate committee on ways and means and the

clerks of the senate and house of representatives the number of persons enrolled into MassHealth as authorized under this section.

SECTION 6. Subsection (f) of section 23 of chapter 119 of the General Laws, as so appearing, is hereby amended by striking out the last sentence.

SECTION 7. Subsection (h) of said section 23 of said chapter 119, as so appearing, is hereby further amended by striking out the second paragraph.

SECTION 8. Chapter 176O of the General Laws is hereby amended by adding the following section:-

Section 28. (a) A carrier shall ensure the accuracy of the information concerning each provider listed in the carrier's provider directories for each network plan and shall review and update the entire provider directory for each network plan. A provider directory that is electronically available shall: (i) be in a searchable format; and (ii) make accessible to the general public the current health care providers for a network plan through a clearly identifiable link or tab without requiring the general public to create or access an account, enter a policy or contract number, provide other identifying information or demonstrate coverage or an interest in obtaining coverage with the network plan. Each electronic network plan provider directory shall be updated not less than monthly; provided, however, that an electronic network plan provider directory shall be updated more frequently than monthly if required by state or federal law or regulations promulgated by the commissioner, when informed of and upon confirmation by the plan of:

(i) a contracting provider no longer accepting new patients for that network plan or an individual provider within a provider group no longer accepting new patients;

(ii) a provider or provider group no longer being under contract for a particular network plan;

(iii) a change of a provider's practice location or of other information required under this section;

(iv) a provider's retirement or cessation of practice; or

(v) any other information that affects the content or accuracy of the provider directory.

(b) A provider directory shall not list or include information on a provider who is not currently under contract with the network plan.

(c) A carrier shall periodically audit its provider directories for accuracy and retain documentation of the audit to be made available to the commissioner upon request.

(d) A carrier shall provide a print copy of the directory information of a current provider directory upon the request of an insured or a prospective insured. The print copy of the requested directory information shall be provided to the requester by mail postmarked not later than 5 business days after the date of the request and may be limited to the geographic region in which the requester resides or works or intends to reside or work.

(e) A carrier shall include in both the electronic and print formats of the directory a dedicated customer service email address and telephone number or electronic link that insureds, providers and the general public may use to notify the carrier of inaccurate provider directory information. This customer service information shall be disclosed prominently in the directory and on the carrier's website. The carrier shall investigate reports of inaccuracies within 30 days

of the notice and modify the directory in accordance with any findings within 30 days of the findings.

(f) A provider directory shall inform enrollees and potential enrollees that they are entitled to: (i) language interpreter services at no cost to the enrollee; and (ii) full and equal access to covered services that are required under the federal Americans with Disabilities Act of 1990 and Section 504 of the federal Rehabilitation Act of 1973. A provider directory, whether in electronic or print format, shall accommodate the communication needs of individuals with disabilities and include a link to, or information regarding, available assistance for persons with limited English proficiency, including how to obtain interpretation and translation services.

(g) A carrier shall include a disclosure in the print format of the directory that the information included in the directory is accurate as of the date of printing and that an insured or prospective insured may consult the carrier's electronic provider directory on its website or call a specified customer service telephone number to obtain the most current provider directory information.

(h) A carrier shall update the print copies of the carrier's directory not less than annually; provided, however, that the carrier shall update the print directories more frequently than annually if required by federal law; and provided further, that the division may promulgate regulations requiring that the print directories be updated more frequently than annually.

(i) The division shall promulgate regulations to implement this section.

SECTION 9. The last paragraph of chapter 431 of the acts of 2014 is hereby amended by striking out the figure "2018", inserted by section 89 of chapter 47 of the acts of 2017, and inserting in place thereof the following figure:- 2021.

SECTION 10. Chapter 47 of the acts of 2017 is hereby amended by striking out section 128 and inserting in place thereof the following section:-

Section 128. There shall be a task force on child welfare data reporting. The task force shall develop basic data measures, progress measures and key outcome measures to inform the general court and the public on the status and demographics of the caseload of the department of children and families and the department's progress in achieving child welfare goals, including safety, permanency and well-being.

The task force shall develop criteria for measuring outcomes for children and families in the key child welfare domains of safety, permanency and well-being including, but not limited to, outcomes relative to: (i) protecting children from abuse and neglect; (ii) safely maintaining children in their own homes whenever possible and appropriate; (iii) achieving stability and permanency for children in their living situations; (iv) preserving the continuity of family relationships; (v) enhancing the capacity of families to provide for the needs of children; (vi) ensuring that children receive appropriate services to meet their educational needs; (vii) ensuring that children receive the services necessary to meet their physical and mental health needs; and (viii) achieving permanency and opportunity for young adults. The task force shall make recommendations to: (i) ensure that the department of children and families' reports and profiles required under section 26 of chapter 18B of the General Laws include data measures that are clearly defined and provided with adequate context to convey the meaning of reported data and the department's understanding of the meaning of trends that may appear in that data; (ii) eliminate reports that are no longer necessary; (iii) revise existing reports; and (iv) ensure that reports are timely submitted and made available electronically in accordance with public records laws.

The task force shall also make recommendations relative to: (i) the continued development of the reports and profiles required under section 26 of chapter 18B of the General Laws; (ii) the resources required of the department to develop and produce said reports and profiles; and (iii) priorities for the department's public reporting requirements as they relate to addressing: (A) questions underlying legislative reporting requirements relative to foster care review, residential care, services for young adults over the age of 18, educational and placement stability, kinship guardianship subsidies and any other reporting requirements not included in the reports and profiles under said section 26 of said chapter 18B; (B) questions that the department is currently unable to address with existing departmental data including, but not limited to, families with multiple siblings in the department's care; (C) questions concerning the department's delivery of services including, but not limited to, support and stabilization and the effectiveness of such services; (D) questions concerning the department's outcomes and the development of accurate benchmarks to measure those outcomes; and (E) racial disproportionality at decision points in the departmental process by area office.

The task force shall consist of the following persons or their designees: the child advocate, who shall serve as co-chair; the commissioner of children and families, who shall serve as co-chair; the chairs of the house and senate committees on ways and means; the chairs of the joint committee on children, families and persons with disabilities; the chief counsel of the committee for public counsel services; the executive director of the Children's League of Massachusetts, Inc.; the executive director of a legal services program to be appointed by the governor; 1 person with expertise in child welfare data and outcome measurement to be appointed by the child advocate; 1 person who is a current or recently former caseworker for the department of children and families to be appointed by Service Employees International Union

Local 509; and 1 person with expertise in the department of children and families' information technology, data collection and reporting systems to be appointed by the commissioner of children and families. The task force shall consult with other individuals with relevant expertise, including academics, researchers and service providers, as needed. The task force shall consult with the secretaries of agencies that address issues that directly affect the child welfare caseload or outcomes, including, but not limited to, substance use disorders, domestic violence, mental health and homelessness, to determine how best to review and report on agency data relevant to child welfare outcomes.

The task force shall meet not less than quarterly. Annually, not later than January 31, the task force shall submit its recommendations, together with drafts of any legislation necessary to carry its recommendations into effect, by filing the same to the clerks of the senate and house of representatives, the house and senate committees on ways and means and the joint committee on children, families and persons with disabilities.

SECTION 11. (a) The division of insurance shall establish a task force to develop recommendations to ensure the current and accurate electronic posting of carrier provider directories in a searchable format for each of the carriers' network plans available for viewing by the general public.

(b) The task force shall consist of: the commissioner of insurance or a designee, who shall serve as chair; and 12 members to be appointed by the commissioner, 1 of whom shall be a representative of the Massachusetts Association of Health Plans, Inc., 1 of whom shall be a representative of Blue Cross and Blue Shield of Massachusetts, Inc., 1 of whom shall be a representative of the Massachusetts Health and Hospital Association, Inc., 1 of whom shall be a

representative of the Massachusetts Medical Society, 1 of whom shall be a representative of Healthcare Administrative Solutions, Inc., 1 of whom shall be a representative of the Children's Mental Health Campaign, 1 of whom shall be a representative of the Massachusetts Association for Mental Health, Inc., 1 of whom shall have expertise in the treatment of individuals with substance use disorder, 1 of whom shall have expertise in the treatment of individuals with a mental illness, 1 of whom shall be from a health consumer advocacy organization, 1 of whom shall be a consumer representative and 1 of whom shall be a representative from an employer group.

(c) The task force shall develop recommendations on establishing: (i) measures to ensure the accuracy of information concerning each provider listed in the carrier's provider directories for each network plan; (ii) substantially similar processes and timeframes for health care providers included in a carrier's network to provide information to the carrier; and (iii) substantially similar processes and timeframes for carriers to include such information in their provider directories when:

(A) a contracting provider is no longer accepting new patients for that network plan and when a contracting provider is resuming acceptance of new patients or an individual provider within a provider group is no longer accepting new patients and when an individual provider within a provider group is resuming acceptance of new patients;

(B) a provider who is not accepting new patients is contacted by an enrollee or potential enrollee seeking to become a new patient; provided, however, that the provider may direct the enrollee or potential enrollee to the carrier for additional assistance in finding a provider and

shall inform the carrier immediately, if the provider has not done so already, that the provider is not accepting new patients;

(C) a provider is no longer under contract for a particular network plan;

(D) a provider's practice location or other information required under this section has changed;

(E) for a health care professional, at least 1 of the following has changed: (1) name; (2) contact information; (3) gender; (4) participating office location; (5) specialty, if applicable; (6) clinical and developmental areas of expertise; (7) populations of interest; (8) licensure and board certification; (9) medical group affiliations, if applicable; (10) facility affiliations, if applicable; (11) participating facility affiliations, if applicable; (12) languages spoken other than English, if applicable; (13) whether accepting new patients; and (14) information on access for people with disabilities including, but not limited to, structural accessibility and presence of accessible examination and diagnostic equipment;

(F) for a hospital, at least 1 of the following has changed: (1) hospital name; (2) hospital type; (3) participating hospital location and telephone number; and (4) hospital accreditation status;

(G) for a facility other than a hospital, by type of facility, at least 1 of the following has changed: (1) facility name; (2) facility type; (3) types of services performed; and (4) participating facility location and telephone number; and

(H) any other information that affects the content or accuracy of the provider directory has changed.

(d) The task force shall develop recommendations for carriers on: (i) ways to include information in the provider directory that identify the tier level for each specific provider, hospital or other type of facility in the network, when applicable; (ii) ways to include consistent language across carriers to assist insureds with understanding and searching for behavioral health specialty providers; (iii) the feasibility of carriers making real time updates to each electronic network plan provider directory when health care providers included in a carrier's network provide information to the carrier pursuant to recommendations under subsection (c); (iv) measures to address circumstances in which an insured reasonably relies upon materially inaccurate information contained in a carrier's provider directory; and (v) measures for carriers to take to ensure the accuracy of the information concerning each provider listed in the carrier's provider directories for each network plan based on the information provided to the carriers by network providers pursuant to recommendations under said subsection (c) including, but not limited to, periodic testing to ensure that the public interface of the directories accurately reflects the provider network, as required by state and federal law.

(e) The task force shall establish recommended timelines for carriers to complete each of the task force's recommendations.

(f) The task force shall file its recommendations, including any proposed regulations, with the clerks of the senate and house of representatives and the joint committee on health care financing not later than March 1, 2020.

SECTION 12. (a) The division of insurance shall promulgate regulations implementing section 28 of chapter 176O of the General Laws and regulations based on the recommendations of the task force established under section 11 not later than July 1, 2020.

(b) The commissioner of insurance shall publish quarterly reports on the progress of the implementation of the recommendations of the task force established under section 11. The first report shall be published on June 1, 2020 and the reports shall continue quarterly until the task force's recommendations are fully implemented.

SECTION 13. Carriers shall ensure the accuracy of the information pursuant to the regulations issued by the commissioner of insurance pursuant to sections 8 and 12 for each network plan not later than October 1, 2020.

SECTION 14. (a) The health policy commission, in consultation with the executive office of health and human services, department of public health and the center for health information and analysis, shall conduct an analysis of children with medical complexities in the commonwealth. The analysis shall include health insurance coverage, access to services, medical resources utilized and current costs of serving these children.

(b) The executive office of health and human services, department of public health and the center for health information and analysis shall make available all necessary and relevant data requested by the commission. The commission may also draw from additional data sets or external consultants as it deems necessary. The commission shall provide analysis on different matters that affect children with medical complexities including, but not limited to:

(i) the demographics and social conditions of children with medical complexities, the utilization and availability of specialty care services and the medical expenditures for such services;

(ii) population data on children with medical complexities under the age of 21 years, disaggregated by geographic region, age, sex and race, including, but not limited to, health insurance coverage type, primary diagnosis and mental health diagnosis;

(iii) the number of children with medical complexities who annually transition from pediatric to adult care;

(iv) annual medical expenditures , including the estimated impact on the overall health care system, disaggregated by payer type;

(v) statewide hospital utilization, including utilization of emergency departments, length of stay, 30-day readmissions and statewide costs, including out-of-pocket costs;

(vi) durable medical equipment costs, including out-of-pocket costs;

(vii) pharmaceutical costs, including out-of-pocket costs; and

(viii) recommendations for ongoing data collection and reporting of measures related to children with medical complexities.

(c) The commission shall report its findings and recommendations to the clerks of the senate and the house of representatives, the senate and house committees on ways and means and the joint committee on health care financing not later than 1 year after the effective date of this act.

SECTION 15. (a) There shall be a special commission to examine the pediatric workforce, including, but not limited to, medical, mental health and behavioral health providers, and recommend strategies for increasing the pipeline of pediatric providers and expanding access to pediatric providers.

(b) The commission shall consist of the following members-: 1 member of the senate to be appointed by the senate president, who shall serve as co-chair; 1 member of the house of representatives to be appointed by the speaker of the house of representatives, who shall serve as co-chair; the minority leader of the senate or a designee; the minority leader of the house of representatives or a designee; the secretary of health and human services or a designee; the secretary of labor and workforce development or a designee; the commissioner of public health or a designee; and 19 members to be appointed by the governor, 1 of whom shall be a representative of the Massachusetts Health and Hospital Association, Inc., 1 of whom shall be a representative of the Massachusetts Medical Society, 1 of whom shall be a representative of a labor union representing pediatric providers, 1 of whom shall be a representative of the Massachusetts League of Community Health Centers, Inc., 1 of whom shall be a representative of Blue Cross and Blue Shield of Massachusetts, Inc., 1 of whom shall be a representative of Massachusetts Association of Health Plans, Inc., 1 of whom shall represent the commonwealth's medical schools, 1 of whom shall represent the commonwealth's nursing schools, 1 of whom shall represent the commonwealth's social work schools, 1 of whom shall be a representative of the Conference of Boston Teaching Hospitals, Inc., 1 of whom shall be a representative of the National Association of Social Workers, Inc., 1 of whom shall be a representative of the Massachusetts Psychological Association Inc., 1 of whom shall be a representative of the Massachusetts chapter of the American Academy of Pediatrics, 1 of whom shall be a representative of the MAAPPN Massachusetts Association of Advanced Practice Psychiatric Nurses, Inc., 1 of whom shall be a representative of the Massachusetts Psychiatric Society, Inc., 1 of whom shall be a representative of the office of the child advocate, 1 of whom shall be a representative of the Children's Mental Health Campaign, 1 of whom shall be a representative of

the Massachusetts Association for Infant Mental Health: Birth to Six, Inc. and 1 of whom shall be a representative of the Association for Behavioral Healthcare, Inc.

(c) The commission shall investigate and report on: (i) the current availability and adequacy of pediatric providers; (ii) the causes of pediatric provider shortages; (iii) factors other than provider shortages that contribute to limited access of services by pediatric providers; (iv) how the acceptance of insurance and network status contribute to access to pediatric providers; (v) the relationship between graduate medical education and the current status of the pediatric provider workforce; (vi) emerging models of delivery of care; (vii) opportunities for pipeline career development for the pediatric workforce; (viii) underserved pediatric patient populations; and (ix) approaches taken by other states and best practices to address pediatric provider workforce shortages and access challenges.

(d) Appointments to the commission shall be made not more than 30 days after the effective date of this act. The commission shall convene its first meeting not more than 60 days after the effective date of this act.

(e) Not later than July 1, 2020, the commission shall file a report of its findings and recommendations with the clerks of the senate and the house of representatives, the senate and house committees on ways and means, the joint committee on health care financing and the joint committee on labor and workforce development.

SECTION 16. (a) There shall be a special commission to study and make recommendations regarding the role of school-based health centers.

(b) The commission shall consist of: 1 member of the senate to be appointed by the senate president, who shall serve as co-chair; 1 member of the house of representatives to be

appointed by the speaker of the house of representatives, who shall serve as co-chair; 1 member of the senate to be appointed by the minority leader of the senate; 1 member of the house of representatives to be appointed by the minority leader of the house of representatives; the commissioner of public health or a designee; the commissioner of mental health or a designee; the commissioner of elementary and secondary education or a designee; the assistant secretary of MassHealth or a designee; and 9 members to be appointed by the governor, 1 of whom shall be a representative of the Massachusetts Health and Hospital Association, Inc., 1 of whom shall be a representative of Blue Cross and Blue Shield of Massachusetts, Inc., 1 of whom shall be a representative of Massachusetts Association of Health Plans, Inc., 1 of whom shall be a representative of the Massachusetts League of Community Health Centers, Inc., 1 of whom shall be a representative of the Massachusetts Association of School Superintendents, Inc. in a school district served by a school-based health center, 1 of whom shall be a school nurse in a school district served by a school-based health center, 1 of whom shall be a representative of Massachusetts Administrators for Special Education, 1 of whom shall be a representative of the Massachusetts School-Based Health Alliance, Inc. and 1 of whom shall be a teacher in a school district served by a school-based health center.

Members of the special commission shall have knowledge or expertise related to the department of public health's school-based health center program and shall reflect a broad range of diverse perspectives.

(c) The special commission shall study and report on the number and socio-economic status of students with access to services provided by the school-based health center program and make recommendations for the purpose of strengthening and expanding the school-based health

center model, replicating best practices across the state and identifying potential gaps and areas for improvement.

The commission shall report on school-based health centers' efforts to:

(i) strengthen the infrastructure of school health services in the areas of personnel and policy development, including the role of educators;

(ii) develop linkages between school health programs and community health providers and explore increased integration with community health centers;

(iii) incorporate health education programs in school curricula;

(iv) incorporate nutrition and wellness programs in school curricula to ensure healthy development;

(v) incorporate programs for the reduction of health disparities for gay, lesbian, bisexual, transgender, queer and questioning youth, consistent with the recommendations of the permanent commission established in section 67 of chapter 3 of the General Laws;

(vi) offer behavioral health education and services, including telemedicine health services;

(vii) offer vision and dental services;

(viii) improve health and wellness outcomes in medically-underserved communities, geographically isolated communities and school districts with high concentrations of low-income and minority students;

(ix) increase family engagement;

(x) improve the coordination of care;

(xi) provide age-appropriate child sexual abuse and exploitation awareness education; and

(xii) address social determinants of children and adolescent health.

The commission shall consider best practices and improvements for expanding access to school-based health services, including, but not limited to, insurance coverage of school-based health services and provider workforce needs, and shall report on and make any recommendations for potential changes and improvements to the role of school-based health centers.

(d) All appointments to the commission shall be made not more than 30 days after the effective date of this act. The commission shall convene its first meeting not more than 60 days after the effective date of this act.

(e) Not later than October 1, 2020, the commission shall report its findings and recommendations, including any recommendations for proposed legislation, to the clerks of the senate and the house of representatives, the senate and house committees on ways and means, the joint committee on healthcare financing, the joint committee on public health, the joint committee on mental health, substance use and recovery and the joint committee on education.

SECTION 17. (a) There shall be a special commission to review and report on existing mandated reporter laws and regulations and make recommendations on how to improve the response to, and prevention of, child abuse and neglect. The report shall include, but not be limited to, findings and recommendations on: (i) the scope of mandated reporter laws and

regulations including, but not limited to, persons included in the mandated reporter definition; (ii) mandated reporter training requirements for employees, including employees of licensees or contracted organizations; and (iii) accountability and oversight of the mandated reporter system including, but not limited to, procedures for a mandated reporter to notify the person or designated agent in charge and responses to reports of intimidation and retaliation against mandated reporters.

(b) The commission shall consist of the child advocate, who shall serve as chair, and the following members or a designee: the secretary of health and human services; the secretary of education; the secretary of public safety and security; the attorney general; the commissioner of elementary and secondary education; the commissioner of early education and care; the commissioner of children and families; the commissioner of the division of professional licensure; the chief counsel of the committee for public counsel services; and a representative of the Massachusetts District Attorneys Association. The commission may consider input from any relevant organization including, but not limited to, the Children's League of Massachusetts, Inc., the Massachusetts Children's Alliance, Inc. and Children's Trust Massachusetts.

(c) The commission shall review: (i) the agencies and employers responsible for training mandated reporters; (ii) the frequency, scope and effectiveness of mandated reporter training and continuing education including, but not limited to, whether such training and continuing education covers retaliation protections for filing a report as a mandated reporter and the fines and penalties for failure to report under section 51A of chapter 119 of the General Laws; (iii) whether agencies and employers follow best practices for mandated reporter training, including profession-specific training for recognizing the signs of child sexual abuse and physical and emotional abuse and neglect; (iv) the process for notifying mandated reporters of changes to

mandated reporter laws and regulations; (v) the department of children and families' responses to written reports filed under said section 51A of said chapter 119, including offenses that require a referral to the district attorney; (vi) the feasibility of developing an automated, unified and confidential tracking system for all reports filed under said section 51A of said chapter 119; (vii) protocols related to filing a report under said section 51A of said chapter 119, including the notification of the person or designated agent in charge and the submission of required documentation; (viii) the availability of information at schools regarding the protocols for filing a report under said section 51A of said chapter 119; (ix) options for the development of public service announcements to ensure the safety and well-being of children; (x) proposals to revise the definition of child abuse and neglect to ensure a standard definition among state agencies; (xi) proposals to expand mandated reporting requirements under sections 51A to 51F, inclusive, of said chapter 119; and (xii) options for designating an agency responsible for overseeing the mandated reporter system or aspects thereof, including developing and monitoring training requirements for employees on mandated reporter laws and regulations and responding to reports of intimidation and retaliation.

(d) The commission shall file a report of its findings and recommendations, together with drafts of legislation necessary to carry those recommendations into effect, with the clerks of the senate and the house of representatives, the senate and house committees on ways and means and the joint committee on children, families and persons with disabilities not later than July 31, 2020.

SECTION 18. Notwithstanding any general or special law to the contrary, there shall be a special commission to study and make recommendations regarding the inclusion of a mental

health component within the comprehensive health education curriculum in the public high schools of the commonwealth.

The commission shall consist of: 1 member of the senate to be appointed by the senate president, who shall serve as co-chair; 1 member of the house of representatives to be appointed by the speaker, who shall serve as co-chair; 1 member of the senate to be appointed by the minority leader of the senate; 1 member of the house of representatives to be appointed by the minority leader of the house of representatives; the commissioner of public health or a designee; the commissioner of mental health or a designee; the commissioner of elementary and secondary education or a designee; 1 member of the safe and supportive schools commission or a designee; 2 members to be appointed by the governor; 1 member of the Massachusetts Teachers Association's board of directors; and 1 member of the Massachusetts Association of School Superintendents, Inc.

The commission shall study and report on the inclusion of a mental health component within the comprehensive health education curriculum in the public high schools of the commonwealth and examine best practices for implementing such recommendations and appropriate topics to address in such a curriculum, including, but not limited to, mental health, mental illness, teenage brain development, stress management, physical health, violence prevention, ecological and community health and overcoming mental illness stigma.

The commission shall report its findings and recommendations, including any recommendations for proposed legislation, to the clerks of the senate and the house of representatives, the senate and house committees on ways and means, the joint committee on

education, the joint committee on mental health, substance use and recovery and the joint committee on public health not more than 1 year from the effective date of this act.

SECTION 19. (a) Notwithstanding any general or special law to the contrary, there shall be a pediatric mental health care task force to undertake a comprehensive analysis of the delivery of pediatric mental health services in the commonwealth and make recommendations to improve the availability, access and cost-effectiveness of such services.

(b) The task force shall consist of the following members or a designee: the secretary of health and human services, who shall serve as chair; the assistant secretary for MassHealth; the commissioner of public health; 2 members to be appointed by the senate president; 2 members to be appointed by the speaker of the house of representatives; 1 member to be appointed by the minority leader of the senate; 1 member to be appointed by the minority leader of the house of representatives; and 8 members to be appointed by the governor, 1 of whom shall be a representative of the Massachusetts Health and Hospital Association, Inc., 1 of whom shall be a representative of the Massachusetts Medical Society, 2 of whom shall be representatives of providers of pediatric mental health, 2 of whom shall be representatives of academic medical institutions and 2 of whom shall be representatives of parents or family members of consumers of pediatric mental health services.

(c) The task force shall submit a report of its findings, together with any proposed legislation, to the clerks of the senate and the house of representatives, the joint committee on health care financing and the senate and house committees on ways and means not later than August 1, 2020.

SECTION 20. The division of medical assistance shall develop and implement the redetermination form required in clause (k) of subsection (2) of section 9A of chapter 118E not more than 1 year after the effective date of this act.

SECTION 21. The 3-year plan required in subsection (e) of section 26 of chapter 18B of the General Laws shall be submitted not later than March 31, 2022.

SECTION 22. Sections 3 and 4 shall take effect February 1, 2022.