

SENATE No. 2377

Senate, October 17, 2019 – Text of the Senate amendment to the 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)

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

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

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

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

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

27 (b)(1) Quarterly, not more than 75 days after the end of each fiscal quarter, the
28 department shall issue a quarterly profile on its website in accordance with section 19 of chapter
29 66 that shall include, but not be limited to, departmental, regional office and area office data on:
30 (i) consumer counts; (ii) the number of reports filed pursuant to section 51A of chapter 119,
31 including counts of reports received, screened-in and screened-out in the quarter; (iii) department
32 case counts, including counts of clinical and adoption cases in the quarter; (iv) consumer
33 demographic information, including race and primary language; (v) counts of children and youth
34 in placement; and (vi) counts of children and youth not in placement.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

192 (f) A provider directory shall inform enrollees and potential enrollees that they are
193 entitled to: (i) language interpreter services at no cost to the enrollee; and (ii) full and equal
194 access to covered services that are required under the federal Americans with Disabilities Act of
195 1990 and Section 504 of the federal Rehabilitation Act of 1973. A provider directory, whether in
196 electronic or print format, shall accommodate the communication needs of individuals with
197 disabilities and include a link to, or information regarding, available assistance for persons with
198 limited English proficiency, including how to obtain interpretation and translation services.

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

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

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

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

212 SECTION 10. Chapter 47 of the acts of 2017 is hereby amended by striking out section
213 128 and inserting in place thereof the following section:-

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

385 (b) The commission shall consist of the following members:-: 1 member of the senate to
386 be appointed by the senate president, who shall serve as co-chair; 1 member of the house of
387 representatives to be appointed by the speaker of the house of representatives, who shall serve as
388 co-chair; the minority leader of the senate or a designee; the minority leader of the house of
389 representatives or a designee; the secretary of health and human services or a designee; the
390 secretary of labor and workforce development or a designee; the commissioner of public health
391 or a designee; and 19 members to be appointed by the governor, 1 of whom shall be a
392 representative of the Massachusetts Health and Hospital Association, Inc., 1 of whom shall be a
393 representative of the Massachusetts Medical Society, 1 of whom shall be a representative of a
394 labor union representing pediatric providers, 1 of whom shall be a representative of the
395 Massachusetts League of Community Health Centers, Inc., 1 of whom shall be a representative
396 of Blue Cross and Blue Shield of Massachusetts, Inc., 1 of whom shall be a representative of
397 Massachusetts Association of Health Plans, Inc., 1 of whom shall represent the commonwealth's
398 medical schools, 1 of whom shall represent the commonwealth's nursing schools, 1 of whom
399 shall represent the commonwealth's social work schools, 1 of whom shall be a representative of
400 the Conference of Boston Teaching Hospitals, Inc., 1 of whom shall be a representative of the
401 National Association of Social Workers, Inc., 1 of whom shall be a representative of the
402 Massachusetts Psychological Association Inc., 1 of whom shall be a representative of the
403 Massachusetts chapter of the American Academy of Pediatrics, 1 of whom shall be a
404 representative of the MAAPPN Massachusetts Association of Advanced Practice Psychiatric
405 Nurses, Inc., 1 of whom shall be a representative of the Massachusetts Psychiatric Society, Inc.,
406 1 of whom shall be a representative of the office of the child advocate, 1 of whom shall be a
407 representative of the Children's Mental Health Campaign, 1 of whom shall be a representative of

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

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

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

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

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

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

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

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

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

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

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

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

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

459 (iii) incorporate health education programs in school curricula;

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

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

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

467 (vii) offer vision and dental services;

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

471 (ix) increase family engagement;

472 (x) improve the coordination of care;

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

474 and

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

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

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

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

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

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

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

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

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

531 (d) The commission shall file a report of its findings and recommendations, together with
532 drafts of legislation necessary to carry those recommendations into effect, with the clerks of the
533 senate and the house of representatives, the senate and house committees on ways and means and
534 the joint committee on children, families and persons with disabilities not later than July 31,
535 2020.

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

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

540 The commission shall consist of: 1 member of the senate to be appointed by the senate
541 president, who shall serve as co-chair; 1 member of the house of representatives to be appointed
542 by the speaker, who shall serve as co-chair; 1 member of the senate to be appointed by the
543 minority leader of the senate; 1 member of the house of representatives to be appointed by the
544 minority leader of the house of representatives; the commissioner of public health or a designee;
545 the commissioner of mental health or a designee; the commissioner of elementary and secondary
546 education or a designee; 1 member of the safe and supportive schools commission or a designee;
547 2 members to be appointed by the governor; 1 member of the Massachusetts Teachers
548 Association's board of directors; and 1 member of the Massachusetts Association of School
549 Superintendents, Inc.

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

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

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

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

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

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

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

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

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