

# SENATE . . . . . No. 2791

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## The Commonwealth of Massachusetts

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

1 by inserting after section \_ the followings:-

2 " SECTION \_ . Chapter 6A of the General Laws is hereby amended by inserting after  
3 section 16BB the following section:-

4 Section 16CC. (a) There shall be a task force to make recommendations on aligned  
5 measures of health care provider quality and health system performance to ensure consistency in  
6 the use of quality measures in contracts between payers, including the commonwealth and  
7 carriers, and health care providers in the commonwealth, ensure consistency in methods for  
8 evaluating providers for tiered network products, reduce administrative burden, improve  
9 transparency for consumers, improve health system monitoring and oversight by relevant state  
10 agencies and improve quality of care. Through May 2021, the members of the task force shall be  
11 the members of the existing Executive Office of Health and Human Services Quality  
12 Measurement Taskforce. After May 2021, the task force shall include the following members or  
13 their designees: the secretary of health and human services, who shall serve as chair; the  
14 commissioner of public health; the commissioner of mental health; the executive director of the  
15 center for health information and analysis; the executive director of the health policy  
16 commission; the executive director of the group insurance commission; the assistant secretary for

17 MassHealth; the commissioner of insurance; and at a minimum, 13 members who shall be  
18 appointed by the governor, 1 of whom shall be a representative of a provider trade association; 1  
19 of whom shall be a representative of a medical society; 1 of whom shall be a behavioral health  
20 provider; 1 of whom shall be a long-term supports and services provider; 1 of whom shall be a  
21 representative of a community health center serving the Medicaid population; 1 of whom shall be  
22 a representative of a Medicaid managed care organization; 1 of whom shall be a representative of  
23 a statewide ACO; 1 of whom shall be a representative of a commercial managed care  
24 organization; 1 of whom shall be a representative for persons with complex health conditions; 1  
25 of whom shall be a representative for consumers; 1 of whom shall be a representative of a  
26 hospital; at least 1 of whom shall be an academic with expertise in health care quality  
27 measurement 1 of whom shall be a representative of an employer with experience in health care  
28 quality measurement, 1 of whom advanced practice nursing. Members appointed to the task  
29 force shall have experience with and expertise in health care quality measurement. The task force  
30 shall convene annually, with its first meeting occurring not later than January 15, and shall meet  
31 not less than monthly or as determined necessary by the chair of the task force. The task force  
32 shall submit an annual report with its recommendations, including any changes or updates to  
33 aligned measures of health care provider quality and health system performance, to the secretary  
34 of health and human services and the joint committee on health care financing not later than  
35 January 31 of each year with the first report due in the year following the effective date of this  
36 section.

37 (b) The task force shall make recommendations on aligned measures of health care  
38 provider quality and health system performance for use in: (i) contracts between payers,  
39 including the commonwealth and carriers, and health care providers, provider organizations and

40 accountable care organizations, which incorporate quality measures into payment terms,  
41 including the designation of a set of core measures and a set of non-core measures; (ii) assigning  
42 tiers to health care providers in the design of any health plan; (iii) consumer transparency  
43 websites and other methods of providing consumer information and (iv) monitoring system-wide  
44 performance. The task force shall regularly review its recommended aligned measures of health  
45 care provider quality and health system performance, and shall update its recommendations each  
46 year.

47 (c) In developing its recommendations, the task force shall consider evidence-based,  
48 scientifically acceptable, nationally-endorsed quality measures, including, but not limited to,  
49 measures endorsed by the National Committee for Quality Assurance or the National Quality  
50 Forum. Such quality measures shall include, but not be limited to, measures used by the  
51 commonwealth, the Centers for Medicare and Medicaid Services, the group insurance  
52 commission, carriers, and provider organizations in the commonwealth and other states, as well  
53 as other valid measures of health care provider performance, outcomes, including patient-  
54 reported outcomes and functional status, patient experience, disparities, and population health.  
55 The task force shall consider measures applicable to primary care providers, specialists,  
56 hospitals, provider organizations, accountable care organizations, oral health providers and other  
57 types of providers and measures applicable to different patient populations.

58 (d) No later than March 31 of each year, the secretary of health and human services in  
59 consultation with the commissioner of insurance, may establish an aligned measure set to be  
60 used by the commonwealth and carriers in contracts with health care providers that incorporate  
61 quality measures into the payment terms pursuant to sections 4 and 4A of chapter 32A, section  
62 10K of chapter 118E, section 108N of chapter 175, section 8W of chapter 176A, section 4W of

63 chapter 176B, section 4O of chapter 176G, and for assigning tiers to health care providers in  
64 tiered network plans pursuant to section 11 of chapter 176J. The aligned measure set shall  
65 designate: (i) core measures that shall be used in contracts between payers, including the  
66 commonwealth and carriers, and health care providers, including provider organizations and  
67 accountable care organizations, which incorporate quality measures into payment terms; and (ii)  
68 non-core measures that may be used in such contracts. In establishing the aligned measure set,  
69 the secretary of health and human services may consider factors including but not limited to  
70 quality improvement priorities for the Commonwealth, quality measurement innovation, data  
71 collection methodology, and measure feasibility.

72 SECTION \_\_. Section 9 of chapter 13 of the General Laws, as appearing in the 2018  
73 Official Edition, is hereby amended by inserting after the word “workers”, in line 8, the  
74 following words:- , the board of registration in naturopathy, the board of registration of recovery  
75 coaches, the board of registration of social workers, the board of registration of psychologists,  
76 the board of registration of allied mental health and human services professions, the board of  
77 allied health professions, the board of registration of dietitians and nutritionists, the board of  
78 registration in podiatry, the board of registration in optometry, the board of registration of  
79 dispensing opticians, the board of registration of chiropractors, the board of registration of  
80 speech-language pathology and audiology, the board of registration of hearing instrument  
81 specialists.

82 SECTION \_\_. Section 9 of chapter 13 of the General Laws, as appearing in the 2018  
83 Official Edition, is hereby amended by inserting after the word “workers”, in line 8, the  
84 following words:- , the board of registration in naturopathy, the board of registration of recovery  
85 coaches, the board of registration of social workers, the board of registration of psychologists,

86 the board of registration of allied mental health and human services professions, the board of  
87 allied health professions, the board of registration of dieticians and nutritionists, the board of  
88 registration in podiatry, the board of registration in optometry, the board of registration of  
89 dispensing opticians, the board of registration of chiropractors, the board of registration of  
90 speech-language pathology and audiology, the board of registration of hearing instrument  
91 specialists.

92 SECTION \_\_. Section 11D of said chapter 13, as so appearing, is hereby amended by  
93 striking out, in lines 1 and 2, the words “division of professional licensure” and inserting in place  
94 thereof, the following words:- department of public health.

95 SECTION \_\_. Section 79 of said chapter 13, as so appearing, is hereby amended by  
96 striking out, in lines 17 and 18 and in line 27, the words “director of consumer affairs and  
97 business regulations” and inserting in place thereof, each time they appear, the following words:-  
98 commissioner of public health.

99 SECTION \_\_. Section 84 of said chapter 13, as so appearing, is hereby amended by  
100 striking out, in lines 8 and 9, the words “division of professional licensure” and inserting in place  
101 thereof the following words:- department of public health.

102 SECTION \_\_. Said section 84 of said chapter 13, as so appearing, is hereby further  
103 amended by striking out, in lines 44 and 45, inclusive, the words “Division of Professional  
104 Licensure Trust Fund established in section 35V” and inserting in place thereof the following  
105 words:- Quality in Health Professions Trust Fund established in section 35X.

106 SECTION \_\_. Section 88 of said chapter 13, as so appearing, is hereby amended by  
107 striking out, in lines 1 and 2, the words “division of professional licensure” and inserting in place  
108 thereof the following words:- department of public health.

109 SECTION \_\_. The first paragraph of section 90 of said chapter 13, as so appearing, is  
110 hereby amended by striking out the third sentence.

111 SECTION \_\_. Said section 90 of said chapter 13, as so appearing, is hereby amended by  
112 striking out the third paragraph and inserting in place thereof the following paragraph:- The  
113 commissioner of public health shall have authority to review and approve rules and regulations  
114 proposed by the board.

115 SECTION \_\_. Section 94 of said chapter 13, as so appearing, is hereby amended by  
116 striking out, in line 13, the words “director of registration” and inserting in place thereof, the  
117 following words:- commissioner of public health.

118 SECTION \_\_. Said chapter 13 is hereby further amended by adding the following section:-

119 Section 110. (a) There shall be, within the department of public health, a board of  
120 registration of recovery coaches which shall consist of 7 members to be appointed by the  
121 governor, 1 of whom shall be the commissioner of public health or a designee, 1 of whom shall  
122 be the commissioner of mental health or a designee; 1 of whom shall be employed as a recovery  
123 coach, 1 of whom shall be a family member to an individual with a substance use disorder, 1 of  
124 whom shall represent a health plan, 1 of whom shall be a licensed physician or nurse specializing  
125 in addiction, and 1 member of the general public.

126 Members of the board shall be residents of the commonwealth.

127 (b) Each member of the board shall serve for a term of 3 years. Upon the expiration of a  
128 term of office, a member shall continue to serve until a successor has been appointed. A member  
129 shall not serve for more than 2 consecutive terms; provided, however, that a person who is  
130 chosen to fill a vacancy in an unexpired term of a prior board member may serve for 2  
131 consecutive terms in addition to the remainder of that unexpired term.

132 (c) A member may be removed by the governor for neglect of duty, misconduct or  
133 malfeasance or misfeasance in office.

134 (d) The board shall, at its first meeting and annually thereafter, organize by electing from  
135 its membership a chair, a vice-chair and a secretary. Those officers shall serve until their  
136 successors are elected.

137 (e) The board shall meet at least four times annually and may hold additional meetings at  
138 the call of the chair or at such times as may be determined by the board. Board members shall  
139 serve without compensation but shall be reimbursed for actual and reasonable expenses incurred  
140 in the performance of their duties.

141 SECTION \_\_. Section 1 of chapter 112 of the General Laws, as appearing in the 2018  
142 Official Edition, is hereby amended by inserting after the word “dentistry”, in line 12, the  
143 following words:- , the board of registration of genetic counselors, the board of registration of  
144 community health workers, the board of registration in naturopathy, the board of registration of  
145 recovery coaches, the board of registration of social workers, the board of registration of  
146 psychologists, the board of registration of allied mental health and human services professions,  
147 the board of allied health professions, the board of registration of dieticians and nutritionists, the  
148 board of registration in podiatry, the board of registration in optometry, the board of registration

149 of dispensing opticians, the board of registration of chiropractors, the board of registration of  
150 speech-language pathology and audiology, the board of registration of hearing instrument  
151 specialists.

152 SECTION \_\_. Section 23B of said chapter 112, as so appearing, is hereby amended by  
153 adding the following paragraph:- All application fees and civil administrative penalties and fines  
154 collected by the board under sections 23A to 23P<sup>1</sup>/<sub>2</sub>, inclusive, and section 61, shall be deposited  
155 into the Quality in Health Professions Trust Fund established in section 35X of chapter 10.

156 SECTION \_\_. Section 23M<sup>1</sup>/<sub>2</sub> of said chapter 112, as so appearing, is hereby amended by  
157 striking out, in lines 78 to 79, the words “Division of Professional Licensure Trust Fund  
158 established by section 35V” and inserting in place thereof the following words:- Quality in  
159 Health Professions Trust Fund established in section 35X.

160 SECTION \_\_. Section 68 of said chapter 112, as appearing in the 2018 Official Edition, is  
161 hereby amended by adding the following paragraph:- All application fees and civil  
162 administrative penalties and fines collected by the board under sections 61, 66 to 73B, inclusive,  
163 shall be deposited into the Quality in Health Professions Trust Fund established in section 35X  
164 of chapter 10.

165 SECTION \_\_. Section 73E of said chapter 112, as appearing in the 2018 Official Edition,  
166 is hereby amended by adding the following paragraph:- All application fees and civil  
167 administrative penalties and fines collected by the board under sections 61, and 73C to 73M,  
168 inclusive, shall be deposited into the Quality in Health Professions Trust Fund established in  
169 section 35X of chapter 10.



170 SECTION \_\_. Section 91 of said chapter 112, as so appearing, is hereby amended by  
171 adding the following paragraph:- All application fees and civil administrative penalties and fines  
172 collected by the board under sections 61 and 89 to 97, inclusive, shall be deposited into the  
173 Quality in Health Professions Trust Fund established in section 35X of chapter 10.

174 SECTION \_\_. Section 126 of said chapter 112, as so appearing, is hereby amended by  
175 adding the following paragraph:- All application fees and civil administrative penalties and fines  
176 collected by the board under sections 61 and 118 to 129B, inclusive, shall be deposited into the  
177 Quality in Health Professions Trust Fund established in section 35X of chapter 10.

178 SECTION \_\_. Section 136 of said chapter 112, as so appearing, is hereby amended by  
179 adding the following paragraph:- All application fees and civil administrative penalties and fines  
180 collected by the board under sections 61 and 130 to 137, inclusive, shall be deposited into the  
181 Quality in Health Professions Trust Fund established in section 35X of chapter 10.

182 SECTION \_\_. Section 140 of said chapter 112, as so appearing, is hereby amended by  
183 adding the following paragraph:- All application fees and civil administrative penalties and fines  
184 collected by the board under sections 61 and 138 to 147, inclusive, shall be deposited into the  
185 Quality in Health Professions Trust Fund established in section 35X of chapter 10.

186 SECTION \_\_. Section 168 of said chapter 112, as so appearing, is hereby amended by  
187 adding the following paragraph:- All application fees and civil administrative penalties and fines  
188 collected by the board under sections 61 and 163 to 172, inclusive, shall be deposited into the  
189 Quality in Health Professions Trust Fund established in section 35X of chapter 10.

190 SECTION \_\_. Section 197 of said chapter 112, as so appearing, is hereby amended by  
191 adding the following subsection:-

192 (h) All application fees and civil administrative penalties and fines collected by the board  
193 under sections 61 and this section to 200, inclusive, shall be deposited into the Quality in Health  
194 Professions Trust Fund established in section 35X of chapter 10.

195 SECTION \_\_. Section 203 of said chapter 112, as so appearing, is hereby amended by  
196 adding the following paragraph:- All application fees and civil administrative penalties and fines  
197 collected by the board under sections 61 and 201 to 210, inclusive, shall be deposited into the  
198 Quality in Health Professions Trust Fund established in section 35X of chapter 10.

199 SECTION \_\_. (a) As used in this section the following words shall, unless the context  
200 clearly requires otherwise, have the following meanings:-

201 “Department”, the department of public health.

202 “Division”, the division of professional licensure.

203 “Transferring Boards”, the board of registration of social workers, the board of  
204 registration of psychologists, the board of registration of allied mental health and human services  
205 professions, the board of allied health professions, the board of registration of dieticians and  
206 nutritionists, the board of registration in podiatry, the board of registration in optometry, the  
207 board of registration of dispensing opticians, the board of registration of chiropractors, the board  
208 of registration of speech-language pathology and audiology, and the board of registration of  
209 hearing instrument specialists.

210 (b) Notwithstanding any general or special law to the contrary, the division and the  
211 department shall develop and implement a transfer agreement providing for the orderly transfer

212 of personnel, proceeds, rules and regulations, property and legal obligations and functions of the  
213 transferring boards from the division to the department.

214 (c) All petitions, requests, investigations, filings and other proceedings appropriately and  
215 duly brought before, or pending before, the transferring boards, before the transfer, shall  
216 continue unabated and remain in force, and shall be assumed and completed by the transferring  
217 boards after transfer to the department.

218 (d) All orders, advisories, findings, rules and regulations duly made and all approvals  
219 duly granted by the transferring boards, which are in force immediately before the transfer, shall  
220 continue in force and shall thereafter be enforced, until superseded, revised, rescinded or  
221 canceled, in accordance with law, by the transferring boards after transfer to the department.

222 (e) All books, papers, records, documents, equipment, cash and other property, both  
223 personal and real, including all such property held in trust, which immediately before the transfer  
224 are in the custody of the transferring board or the division on behalf of the transferring board,  
225 shall be transferred to the department.

226 (f) All duly existing contracts, leases and obligations of the transferring boards, shall  
227 continue in effect after transfer to the department. No such existing right or remedy of any  
228 character shall be lost, impaired or affected by this act.

229 (g) In consultation with the secretary of administration and finance, the department and  
230 the division, in developing the transfer agreement required under subsection (b), shall identify  
231 the portion of unexpended balances of the Division of Professional Licensure Trust Fund  
232 established in section 35V of chapter 10 that are allocated to the operations of the transferring  
233 boards, including but not limited to payment of salaries, wages, fringe and indirect costs, and all

234 compensation for those employees identified in subsection (i); administrative expenses;  
235 information technology expenses; and indirect expenses. Notwithstanding any general or special  
236 law to the contrary, upon transfer of the transferring boards, the comptroller shall transfer such  
237 portion of the unexpended balances of the Division of Professional Licensure Trust Fund  
238 established in section 35V of chapter 10 of the General Laws to the Quality in Health Professions  
239 Trust Fund established in section 35X of chapter 10 of the General Laws.

240 (h) The comptroller shall take the overall cash flow needs of the commonwealth into  
241 consideration in determining the timing of any transfer of funds provided for in subsection (g).  
242 The comptroller shall provide a schedule of transfers to the secretary of administration and  
243 finance and to the chairs of the house and senate committees on ways and means.

244 (i) The transfer agreement required under subsection (b) shall identify the number of  
245 allocated employees of the division, rounded to the nearest full time employee equivalent, who  
246 are engaged in the work of the transferring boards, in whole or in part, including but not limited  
247 to licensing functions, investigation, prosecution and adjudication. Notwithstanding any general  
248 or special law to the contrary, an equivalent number of division employees shall become  
249 employees of the department upon the execution of the transfer agreement required under  
250 subsection (b) or 18 months from the effective date of this act, whichever occurs first. The  
251 employees selected to transfer from the division to the department shall have been engaged in the  
252 work of the transferring boards, in whole or in part, prior to the transfer.

253 All officers and employees of the division transferred to the department as required under  
254 subsection (i) shall be transferred without impairment of seniority, retirement or other statutory  
255 rights of employees, without loss of accrued rights to holidays, sick leave, vacation and other

256 benefits, and without change in union representation or certified collective bargaining unit as  
257 certified by the state labor relations commission or in local union representation or affiliation,  
258 except as otherwise provided in this act. Terms of service of employees of the program shall not  
259 be deemed to be interrupted by virtue of transfer to the department.

260 Nothing in this section shall be construed to confer upon any employee of the division  
261 transferred to the department as required under subsection (i) any right not held immediately  
262 before the date of said transfer or to prohibit any reduction of salary grade, transfer,  
263 reassignment, suspension, discharge, layoff or abolition of position not prohibited before such  
264 date.

265 (j) Notwithstanding any general or special law to the contrary, the terms and conditions  
266 of any collective bargaining agreement that is in effect upon the transfer with respect to  
267 employees of the division transferred to the department as required under subsection (i) shall  
268 continue in effect until the stated expiration date of such agreement, at which point the  
269 agreement shall expire; provided, however, that all such employees shall continue to retain their  
270 right to collectively bargain under chapter 150E of the General Laws and shall be considered  
271 employees of the department.

272 SECTION\_. The above sections inclusive, shall take effect upon the execution of a  
273 transfer agreement between the department of public health and the division of professional  
274 licensure or 18 months after the effective date of this act, whichever occurs first.”