HOUSE DOCKET, NO. 2091 FILED ON: 2/16/2021

HOUSE . . . . . No. 1251

The Commonwealth of Massachusetts

PRESENTED BY:

Daniel Cahill

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act to incentivize high-value care.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
Daniel Cahill	*10th Essex*	*2/16/2021*

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HOUSE . . . . . No. 1251

By Mr. Cahill of Lynn, a petition (accompanied by bill, House, No. 1251) of Daniel Cahill for legislation to incentivize high-value health care services. Health Care Financing.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE HOUSE, NO. *1138* OF 2019-2020.]

The Commonwealth of Massachusetts

In the One Hundred and Ninety-Second General Court
(2021-2022)

An Act to incentivize high-value care.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Subsection (f) of said section 15 of said chapter 6D, as appearing in the 2018 Official Edition, is hereby amended by inserting after the words “which providers of” the following:- health care services and

SECTION 2. Said subsection (f) of said section 15 of said chapter 6D, as so appearing, is hereby further amended by striking out words “of these services”.

SECTION 3. Said Subsection (f) of said section 15 of said chapter 6D, as so appearing, is hereby further amended by striking out the words “as an approved provider of these free-standing ancillary services for ACO patients”.

SECTION 4. Said Subsection (f) of said section 15 of said chapter 6D, as so appearing, is hereby further amended by striking out the words “of free-standing ancillary services”.

SECTION 5. Said section 15 of said chapter 6D, as so appearing, is hereby amended by adding the following subsection:-

(h) The commission shall annually review the standards published by each certified ACO pursuant to subsection (f) and shall issue a report of its findings, including any recommendations. At a minimum, the commission's review shall include whether the ACO's standards ensure consideration and participation by providers sufficient to ensure the goals of subsection (c) and to maximize value to patients by minimizing price and health status adjusted total medical expenses and maximizing quality and access. Such findings shall be used by the commission in the examination and cross examination of witnesses at the annual cost trend hearings pursuant to section 8. The commission shall biennially amend the minimum standards established under subsection (b) in order to ensure processes by which participants and out-of-ACO arrangements are approved and structured by certified ACOs, including through joint venture arrangements.

SECTION 5. Notwithstanding any other general or special law to the contrary, not later than March 1, 2020, the health policy commission shall promulgate regulations to implement the aggrieved provider review process established in subsection (f) of section 15 of chapter 6D of the General Laws.