SENATE DOCKET, NO. 686 FILED ON: 1/14/2025

# SENATE . . . . . No. 1493

## The Commonwealth of Massachusetts

PRESENTED BY:

***John J. Cronin***

*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 for improving patient outcomes across the continuum.

PETITION OF:

| NAME: | DISTRICT/ADDRESS: |
|---|---|
| *John J. Cronin* | *Worcester and Middlesex* |

SENATE DOCKET, NO. 686 FILED ON: 1/14/2025

# SENATE . . . . . No. 1493

By Mr. Cronin, a petition (accompanied by bill, Senate, No. 1493) of John J. Cronin for legislation to improve patient outcomes across the continuum. Public Health.

## The Commonwealth of Massachusetts

**In the One Hundred and Ninety-Fourth General Court**
**(2025-2026)**

An Act for improving patient outcomes across the continuum.

*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. Chapter 6A of the General Laws is hereby amended by inserting after section 16FF, as so appearing, the following new section:-

Section 16GG. (a) As used in this section, the following words shall, unless the context clearly requires otherwise, have the following meanings:

"Adult", an individual who is older than 22 years of age.

"Awaiting post-acute care disposition", waiting not less than 72 hours to be moved from an acute care facility to a post-acute care facility.

"Boarding", waiting not less than 12 hours to be placed in an appropriate therapeutic setting after: (i) being assessed; (ii) being determined in need of acute psychiatric treatment, crisis stabilization unit placement, community-based acute treatment, intensive community-based acute treatment, continuing care unit placement or post-hospitalization residential placement; and

(iii) receiving a determination from a licensed health care provider of medical stability without the need for urgent medical assessment or hospitalization for a physical condition.

"Post-acute care facility",

(b) The secretary of health and human services shall facilitate psychiatric and substance use disorder inpatient admissions for adults seeking to be admitted from an emergency department or hospital medical floor by developing and maintaining a confidential and secure online portal that enables health care providers, health care facilities and payors to conduct a real-time bed search for patient placement. The online portal shall provide real-time information on the specific availability of all licensed psychiatric and substance use disorder inpatient beds that shall include, but not be limited to: (i) location; (ii) care specialty; and (iii) insurance requirements. The online portal and information contained in the online portal shall not be a public record under clause Twenty-sixth of section 7 of chapter 4 or under chapter 66.

SECTION 2. Section 22 of chapter 6D is hereby further amended by striking paragraph (a)(3) and replace with the following new language:-

(3) The goal of the state health resource plan shall be to promote the appropriate and equitable distribution of health care resources across geographic regions of the commonwealth based on the needs of the population on a statewide basis and the needs of particular geographic and demographic groups. The recommendations shall support, at a minimum, the commonwealth's goals of: (i) maintaining and improving the quality of and access to health care services; (ii) ensuring a stable and adequate health care workforce; (iii) meeting the health care cost growth benchmark established pursuant to section 9; (iv) supporting innovative health care delivery and alternative payment models as identified by the commission; (v) avoiding

unnecessary duplication of health care resources; (vi) advancing health equity and addressing health disparities; (vii) integrating oral health, mental health, behavioral health and substance use disorder treatment services with overall medical care; (viii) aligning housing, health care and home care to improve overall health outcomes and reduce costs; (ix) tracking trends in utilization and promoting the best standards of care; (x) ensuring equitable access to health care resources across geographic regions of the commonwealth, and (xi) informing the material cost and market review process administered by the commission and the determination of need program administered by the department of public health.

SECTION 3. Said section 22 of chapter 6D is hereby further amended by striking paragraph (b)(2) and replace with the following new language:-

(2) Each focused assessment may present findings that include, but are not limited to: (i) the extent to which supply, distribution and capacity of a given health care resource aligns with projected need at the statewide or regional level; (ii) the extent to which supply, distribution and capacity of a given health care resource exceeds the projected need at the statewide or regional level; (iii) health system factors driving any documented health disparities; (iv) services or providers, including in a specific geographic area, that are critical to the proper functioning of the health care system; (v) estimates of where and how many additional units of service would be needed in the state or in a specific geographic area to meet projected need; (vi) an analysis of health care workforce needs; (vii) identification of barriers impacting accessibility of available health care resources by specific populations; and (vii)i legislative, regulatory or other policy recommendations to address the drivers of health disparities, access barriers and areas of misalignment of need and supply, distribution and capacity.

SECTION 4. Section 25C of chapter 111 is hereby amended by striking paragraph (g) and (k) and replacing them with the following new language:-

(g) The department, in making any determination of need, shall encourage appropriate allocation of private and public health care resources and the development of alternative or substitute methods of delivering health care services so that adequate health care services will be made reasonably available to every person within the commonwealth at the lowest reasonable aggregate cost, including but not limited to, availability of resources at the lowest cost setting. The department, in making any determination of need, shall consider: (i) the state health resource plan developed pursuant to section 22 of chapter 6D; (ii) the commonwealth's cost containment goals; (iii) the impacts on the applicant's patients, including considerations of health equity, the workforce of surrounding health care providers and on other residents of the commonwealth; and (iv) any comments and relevant data from the center for health information and analysis, the health policy commission including, but not limited to, any cost and market impact review report submitted pursuant to subsection (l) of section 13 of chapter 6D and any other state agency; provided however that the department shall not approve any application for services if the office of health resource planning, established in section 22 of chapter 6D, has found that the existing supply, distribution and capacity of the proposed health care resource exceeds the projected need at the statewide or regional level where the proposed project will be sited. The department may impose reasonable terms and conditions on the approval of a determination of need as the department determines are necessary to achieve the purposes and intent of this section. The department may also recognize the special needs and circumstances of projects that: (i) are essential to the conduct of research in basic biomedical or health care delivery areas or to the training of health care personnel; (ii) are unlikely to result in any increase in the clinical bed

capacity or outpatient load capacity of the facility; and (iii) are unlikely to cause an increase in the total patient care charges of the facility to the public for health care services, supplies and accommodations, as such charges shall be defined from time to time in accordance with section 5 of chapter 409 of the acts of 1976.

(k) Determinations of need shall be based on the written record compiled by the department during its review of the application and on such criteria consistent with sections 25B to 25G, inclusive, as were in effect on the date of filing of the application, which shall include the report of the office of health resource planning established in section 22 of chapter 6D. In compiling such record the department shall confine its requests for information from the applicant to matters which shall be within the normal capacity of the applicant to provide. In each case the action by the department on the application shall be in writing and shall set forth the reasons for such action; and every such action and the reasons for such action shall constitute a public record and be filed in the department.

SECTION 5. Chapter 111: Section 70I. Reduction of Duplicate Diagnostic Services

Section 70I. (a) For the purposes of this section, the following term shall have the following meaning:

“Health insurance payer”, an individual or entity that pays for or arranges for the purchase of health care services provided by acute hospitals, the office of Medicaid and its contracted managed care entities and the group insurance commission.

(b) Each hospital in the Commonwealth shall file with the department, within thirty (30) days following the start of the hospital’s fiscal year, a written plan designed to eliminate the

unnecessary duplication of diagnostic services performed on a patient by the hospital or health system or another hospital or diagnostic facility.

(c) The plan shall include the following:

1) Procedures for sending and receiving diagnostic, imaging and other test results from or to another hospital or provider of care, including the adoption of interoperable electronic health records; 2) A plan to improve the hospital's ability to send and receive such test results from or to other providers of care; and 3) A defined and written procedure for determining whether any such test results can be appropriately used in the patient's treatment.

(d) The department shall notify the hospital that the plan has been approved or disapproved within thirty (30) days after filing, based on a determination as to whether the plan adequately addresses the issues of patient safety and costs of duplicating diagnostic tests. If such a hospital’s plan has not been acted upon by the department within forty-five (45) days, the plan shall be deemed approved.

(e) The department shall approve any plan that it determines is reasonably likely to eliminate unnecessary duplicate diagnostic services and has a reasonable expectation for successful implementation.

(f) If the department determines that a hospital’s plan is unacceptable or incomplete, the department shall disapprove of a hospital’s plan and require the hospital to submit a revised plan within thirty (30) days and may recommend specific elements for approval. If the revised plan continues to be disapproved, or if a hospital fails to submit a plan, the commissioner may issue an order that such a plan be submitted immediately, or the hospital may be subject to penalties pursuant to subsection (f).

(g) If the department determines that a hospital has: (i) willfully neglected to file a plan with the department subsection (e); (ii) failed to file an acceptable plan in good faith with the department; (iii) failed to implement the plan in good faith; or (iv) knowingly failed to provide information required by this section to the department, the department may assess a civil penalty to the hospital of not more than $500,000.

(h) Health insurance payers may deny payment for any duplicate services furnished unless the hospital can establish that the duplicate service was medically necessary and appropriate. In the event that a health insurance payer denies payment for duplicate services, the hospital may not balance bill the insured for those services.

(i) The department shall promulgate regulations implementing this section, which shall include standards for determining whether a diagnostic service shall be considered a duplication of a previous diagnostic service.

SECTION 6. Section 51 of chapter 111 of the General Laws is hereby amended by inserting after paragraph eleven, the following new paragraph:-

“The department shall require all licensed facilities to operate on 24 hours a day, 7 days a week basis for admissions and discharges.”