HOUSE No. 1013

The Commonwealth of Massachusetts

PRESENTED BY:

Michael A. Costello

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 relative to strengthening the determination of need process.

PETITION OF:

NAME: DISTRICT/ADDRESS:

Michael A. Costello Ist Essex

HOUSE No. 1013

By Mr. Costello of Newburyport, a petition (accompanied by bill, House, No. 1013) of Michael A. Costello relative to strengthening the determination of need process. Health Care Financing.

[SIMILAR MATTER FILED IN PREVIOUS SESSION SEE HOUSE, NO. 339 OF 2011-2012.]

The Commonwealth of Massachusetts

In the Year Two Thousand Thirteen

An Act relative to strengthening the determination of need process.

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 305 of the Acts of 2008 is hereby amended by deleting section 7 and replacing it with the following new language:

and replacing it with the following new language:
 "Expenditure minimum with respect to substantial capital expenditures", with respect to

4 expenditures and acquisitions made by or for: (1) acute care hospitals and comprehensive cancer 5 centers as defined in section 1 of chapter 118G, only, \$7,500,000, except that expenditures for,

centers as defined in section 1 of chapter 118G, only, \$7,500,000, except that expenditures for,

6 or the acquisition of, major movable equipment not otherwise defined by the department as new

7 technology or innovative services shall not require a determination of need and shall not be

8 included in the calculation of the expenditure minimum; and (2) health care facilities, other than

acute care hospitals, and facilities subject to licensing under chapter 111B, with respect to: (a)

expenditures for, or the acquisition of, medical, diagnostic or therapeutic equipment, \$400,000;

and (b) all other expenditures and acquisitions, \$800,000; provided, however, that expenditures

12 for, or the acquisition of, any replacement of medical, diagnostic or therapeutic equipment

13 defined as new technology or innovative services for which a determination of need has issued or

14 which was exempt from determination of need, shall not require a determination of need and

shall not be included in the calculation of the expenditure minimum; provided further, that

16 expenditures and acquisitions concerned solely with outpatient services other than ambulatory

17 surgery, not otherwise defined as new technology or innovative services by the department, shall

18 not require a determination of need and shall not be included in the calculation of the expenditure

19 minimum, unless the expenditures and acquisitions are at least \$7,500,000, in which case a 20 determination of need shall be required. Notwithstanding the above limitations, acute care hospitals only may elect at their option to apply for determination of need for expenditures and 22 acquisitions less than the expenditure minimum.

Chapter 305 of the Acts of 2008 is hereby further amended in section 11 by deleting the 24 last paragraph and replacing it with the following new language:

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25 Section 53G. Any entity that is certified or seeking certification as an ambulatory 26 surgical center by the Centers for Medicare and Medicaid Services for participation in the Medicare program shall be a clinic for the purpose of licensure under section 51, and shall be 28 deemed to be in compliance with the conditions for licensure as a clinic under said section 51 if 29 it is accredited to provide ambulatory surgery services by the Accreditation Association for 30 Ambulatory Health Care, Inc., the Joint Commission on Accreditation of Healthcare 31 Organizations, the American Association for Accreditation of Ambulatory Surgery Facilities or 32 any other national accrediting body that the department determines provides reasonable 33 assurances that such conditions are met. No original license shall be issued pursuant to said 34 section 51 to establish any such ambulatory surgical clinic unless there is a determination by the 35 department that there is a need for such a facility. For purposes of this section, "clinic" shall 36 include a clinic conducted by a hospital licensed under said section 51 or by the federal 37 government or the commonwealth. The department shall promulgate regulations to implement 38 this section.

SECTION 2. Section 25C of chapter 111 of the General Laws, as appearing in the 2006 40 Official Edition, is hereby amended by inserting after the first paragraph the following new 41 paragraph:

42 "The Department shall conduct a statewide planning initiative for the purposes of 43 studying and coordinating the availability and delivery of health care services within the commonwealth. The initiative shall examine the current supply of inpatient and outpatient 45 services, and technologies and develop a plan for the provision of new services, beds, 46 technologies, and structural expansions throughout the commonwealth, and develop a plan for 47 the continued role of community hospitals and health centers within the commonwealth. The 48 Department shall utilize this plan in its evaluation of all applications for a determination of need, as required by this section, in order to determine whether the proposed expansion construction, 49 or acquisition of health care facilities or services is needed in the Commonwealth, or whether the 50 51 proposed expansion construction, or acquisition of health care facilities or services will 52 unnecessary duplicate ongoing services and increase health care costs in the Commonwealth."

53 Section 25C of chapter 111 of the General Laws is further amended by inserting at the 54 end of the section the following new paragraph:

55 "Any hospital seeking to expand its emergency department shall file a determination of 56 need with the department. In addition to the information required pursuant to this section, the department shall require hospitals seeking emergency department expansions to demonstrate that prior to filing a determination of need application; the hospital has implemented measures to reduce emergency room overcrowding. The department shall promulgate regulations defining the measures hospitals may take to reduce emergency room overcrowding."

61 Section 25C of chapter 111 of the General Laws is further amended by inserting at the 62 end of the 2nd paragraph the following language:

63 "Each person or agency of the commonwealth or any political subdivision thereof filing a 64 determination of need to acquire new technology shall, in addition to the information required by this section, file with the department documentation of programs implemented by the health care facility designed to ensure utilization of all new technology in a manner that is consistent with state and national guidelines. The department shall annually publish a list of state and national 67 guidelines governing the utilization of new technology. The department shall promulgate 68 regulations necessary to enforce this section."

Section 25C of chapter 111 of the General Laws is further amended by deleting the last sentence of the 7th paragraph and replacing it with the following new language:

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"A reasonable fee, established by the department, shall be paid upon the filing of such application. The fee shall be adjusted annually as necessary to accommodate the volume of new applications."

- SECTION 3. Section 3 of chapter 17 of the General Laws is hereby amended by deleting section 3 in its entirety and replacing it with the following new language: 76
- 77 Section 3. (a) There shall be a public health council to advise the commissioner of public health and to perform other duties as required by law. The council shall consist of the commissioner of public health as chairperson and 17 members appointed for terms of 6 years 80 under this section. The commissioner may designate 1 of the members as vice-chairperson and may appoint sub-committees or special committees as needed.
- 82 (b) Four of the members shall be appointed by the governor: 1 shall be appointed from among the chancellor of the University of Massachusetts Medical School and a list of 3 nominated by said chancellor; 1 shall be appointed from among the dean of the University of 85 Massachusetts Amherst School of Public Health or Health Sciences and a list of 3 nominated by said dean; 1 shall be appointed from among the heads of the non-public schools of medicine in the commonwealth or their nominees; and 1 shall be appointed from among the heads of the nonpublic schools or programs in public health in the commonwealth or their nominees.

- 89 (c) Four of the appointed members shall be providers of health services, appointed by 90 the governor: 1 of whom shall have expertise in acute care hospital management; 1 of whom shall have expertise in long term care management; 1 of whom shall have expertise in home or community-based care management, and 1 of whom shall have expertise in the practice of 92 primary care medicine or public health nursing.
- 94 (d) Six of the appointed members shall be non-providers: 1 shall be appointed by the 95 secretary of elder affairs; 1 shall be appointed by the secretary of veterans' services; 1 shall be appointed by the governor from a list of 3 nominated by Health Care For All, Inc.; 1 shall be 96 97 appointed by the governor from a list of 3 nominated by the Coalition for the Prevention of 98 Medical Errors, Inc.; 1 shall be appointed by the governor from a list of 3 nominated by the 99 Massachusetts Public Health Association; and 1 shall be appointed by the governor from a list of 100 3 nominated by the Massachusetts Community Health Worker Network. Whenever an 101 organization nominates a list of candidates for appointment by the governor under this 102 subsection, the organization may nominate additional candidates if the governor declines to 103 appoint any of those originally nominated.
 - (e) Three of the appointed members shall be payers of health care, appointed by the governor: 1 shall represent a health plan licensed in the Commonwealth; 1 shall represent small businesses; and one shall represent large businesses.

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- (f) For purposes of this section, "non-provider" shall mean a person whose background 108 and experience indicate that he is qualified to act on the council in the public interest; who, and 109 whose spouse, parents, siblings or children, have no financial interest in a health care facility; 110 who, and whose spouse has no employment relationship to a health care facility, to a nonprofit service corporation established under chapters 176A to 176E, inclusive, or to a corporation authorized to insure the health of individuals; and who, and whose spouse, is not licensed to 112 113 practice medicine.
- 114 (g) Upon the expiration of the term of office of an appointive member, his successor shall be appointed in the same manner as the original appointment, for a term of 6 years and until 115 the qualification of his successor. The members shall be appointed not later than 60 days after a vacancy. The council shall meet at least once a month, and at such other times as it shall determine by its rules, or when requested by the commissioner or any 4 members. The 118 appointive members shall receive \$100 per day that the council meets, and their reasonably necessary traveling expenses while in the performance of their official duties. 120