

Wednesday, July 29, 2020 (at 11:02 o'clock A.M.).

At the request of the Chair (Mr. Donato), the members and employees joined with him in reciting the pledge of allegiance to the flag.

Pledge of
allegiance.

Petition.

Mr. Moran of Boston presented a petition (accompanied by bill, House, No. 4915) of Michael J. Moran (with the approval of the mayor and city council) relative to certain affordable housing in the Brighton section of the city of Boston; and the same was referred to the committee on Housing. Sent to the Senate for concurrence.

Boston,—
affordable
housing.

Papers from the Senate.

The House Bill making technical corrective changes to the Cape Cod and Islands Water Protection Fund tax assessments (House, No. 4073), came from the Senate passed to be engrossed, in concurrence, with an amendment striking out all after the enacting clause and inserting in place thereof the text contained in Senate document numbered 2851. The amendment was referred, under Rule 35, to the committee on Bills in the Third Reading.

Cape Cod
and Islands,—
tax assessments.

A Bill creating higher education opportunities for students with intellectual disabilities, autism, and other developmental disabilities (Senate, No. 2844) (on Senate, No. 2539); and

Higher
education,—
disabilities.

A Resolve providing for the creation of a special commission relative to the seal and motto of the Commonwealth (Senate, No. 2848, amended in line 28 by inserting after the word “study” the following: “subject to the provisions of Chapter 268A”) (on Senate, resolve No. 1877);

State seal
and motto.

Severally passed to be engrossed by the Senate, were read; and they were referred, under Rule 33, to the committee on Ways and Means.

A petition (accompanied by bill, Senate, No. 2847) of Marc R. Pacheco and Susan Williams Gifford (by vote of the town) for legislation relative to the position of Deputy Chief of Police in the town of Carver, was referred, in concurrence, to the committee on Public Service.

Carver,—
deputy police
chief.

Reports of Committees.

By Mr. Petrolati of Ludlow, for the committee on Steering, Policy and Scheduling, that the following bills be scheduled for consideration by the House:

The Senate Bill authorizing employees of the city of Fall River to purchase credible service for military service time (Senate, No. 2257, amended) [Local Approval Received]; and

Fall River,—
credible
service.

House bills

To create a Boston Fire Department cadet program (House, No. 4824) [Local Approval Received];

Boston,—
fire cadets.

Regarding a pavilion in Mary Dennison Park (House, No. 4842) [Local Approval Received]; and

Framingham,—
Dennison Park.

Establishing a sick leave bank for Miguel Rivera, an employee of the Hampden County Jail (House, No. 4897);

Miguel Rivera,—
sick leave.

Under suspension of Rule 7A, in each instance, on motion of Mr. Wong of Saugus, the bills severally were read a second time forthwith; and they were ordered to a third reading.

Report of the committee on Transportation, ought NOT to pass (under Joint Rule 10), on a message from His Excellency the Governor recommending legislation to promote commercial driver safety (House, No. 3980).

Commercial driver safety.

Under suspension of the rules, on a motion of Mr. Straus of Mattapoisett, the report was considered forthwith. Pending the question on acceptance of the report, the subject-matter was recommitted, on motion of the same member.

By Ms. Khan of Newton, for the committee on Children, Families and Persons with Disabilities, on House, No. 4732, a Bill establishing a COVID-19 local food access emergency fund (House, No. 4898).

COVID-19,—
food access.

By Miss Gregoire of Marlborough, for the committee on State Administration and Regulatory Oversight, on Senate, No. 2268 and House, Nos. 36 and 2698 and on a part of House, No. 27, a Bill relative to the 401(k) CORE program (House, No. 36).

401(k) CORE program.

By the same member, for the same committee, on a message from His Excellency the Governor, a Bill to expand opportunities for minority and women business enterprises in public construction projects (printed in House, No. 4511).

Minority and women business.

Severally read; and referred, under Rule 33, to the committee on Ways and Means.

By Mr. Michlewitz of Boston, for the committee on Ways and Means, that the Bill setting next-generation climate policy (Senate, No. 2500), ought to pass with an amendment striking out all after the enacting clause and inserting in place thereof the text contained in House document numbered 4912; and by striking out the title and inserting in place thereof the following title: “An Act creating a 2050 roadmap to a clean and thriving Commonwealth.”. Referred, under Rule 7A, to the committee on Steering, Policy and Scheduling.

Climate policy.

Mr. Petrolati of Ludlow, for said committee, then reported that the matter be scheduled for consideration by the House.

Under suspension of Rule 7A, on motion of Mr. Michlewitz of Boston, the bill was read a second time forthwith.

The amendments recommended by the committee on Ways and Means then were adopted; and the bill (Senate, No. 2500, amended) was ordered to a third reading.

By Mr. Michlewitz of Boston, for the committee on Ways and Means, that the Bill authorizing the Division of Capital Asset Management and Maintenance to convey certain parcels of land in the city of Salem (Senate, No. 2584), ought to pass with an amendment striking out all after the enacting clause and inserting in place thereof the text contained in House document numbered 4913. Referred, under Rule 7A, to the committee on Steering, Policy and Scheduling.

Salem,—
land.

Mr. Petrolati of Ludlow, for said committee, then reported that the matter be scheduled for consideration by the House.

Under suspension of Rule 7A, on motion of Mr. Tucker of Salem, the bill was read a second time forthwith.

The amendment recommended by the committee on Ways and Means then was adopted; and the bill (Senate, No. 2584, amended) was ordered to a third reading.

By Mr. Michlewitz of Boston, for the committee on Ways and Means, that the Bill authorizing the Massachusetts Department of Transportation to release its interest by deed or to grant an easement in a certain parcel of land in the city of Fall River (Senate, No. 2780), ought to pass with an amendment striking out all after the enacting clause and inserting in place thereof the text contained in House document numbered 4914. Referred, under Rule 7A, to the committee on Steering, Policy and Scheduling.

Fall River,—
land.

Mr. Petrolati of Ludlow, for said committee, then reported that the matter be scheduled for consideration by the House.

Under suspension of Rule 7A, on motion of Mr. Silvia of Fall River, the bill was read a second time forthwith.

The amendment recommended by the committee on Ways and Means then was adopted; and the bill (Senate, No. 2780, amended) was ordered to a third reading.

By Mr. Michlewitz of Boston, for the committee on Ways and Means, that the Bill relative to Gardner Heritage State Park (House, No. 3688), ought to pass with an amendment substituting therefor a Bill authorizing the Division of Capital Asset Management and Maintenance to convey a certain portion of the Gardner Heritage State Park to the city of Gardner (House, No. 4911).

Gardner
Heritage
State Park.

Mr. Petrolati of Ludlow, for said committee, then reported that the matter be scheduled for consideration by the House.

Under suspension of Rule 7A, on motion of Mr. Zlotnik of Gardner, the bill was read a second time forthwith.

The amendment recommended by the committee on Ways and Means then was adopted; and the substituted bill was ordered to a third reading.

Recess.

At twenty-two minutes after eleven o'clock A.M. (Wednesday, July 29), on motion of Mr. Vieira of Falmouth (Mr. Donato of Medford being in the Chair), the House recessed until a quarter after twelve o'clock noon; and at twenty-eight minutes before one o'clock P.M. the House was called to order with the Speaker in the Chair.

Recess.

Quorum.

At the request of Mr. Jones of North Reading, a roll call was taken for the purpose of ascertaining the presence of a quorum; and on the roll call 158 members were recorded as being in attendance.

Quorum,—
yea and nay
No. 242.

[See Yea and Nay No. 242 in Supplement.]

Therefore a quorum was present.

Orders.

On motion of Mr. Galvin of Canton,—

Ordered, That notwithstanding any standing or emergency rule to the contrary, the monitors shall be authorized to cast roll call votes, except quorum roll calls, for Representatives Cronin of Easton, González of Springfield and Whelan of Brewster, while said members are involved in conference committee negotiations.

Committee of
conference,—
voting.

Mr. Galvin of Canton, for the committee on Rules, reported (under the provisions of House Rule 7C) an Order relative to suspending Joint Rule 12A (House, No. 4910).

Joint Rule 12A,—
suspension.

After debate on adoption of the order, Mr. Jones of North Reading and other members of the House moved to amend it in line 45 by inserting after the year: “2020” the following: “; provided that any formal session occurring after that date must be scheduled at least 14 calendar days prior to such formal session”.

After debate on the question on adoption of the amendment, the sense of the House was taken by yeas and nays, at the request of the same member; and on the roll call 33 members voted in the affirmative and 126 in the negative.

Amendment
rejected,—
yea and nay
No. 243.

[See Yea and Nay No. 243 in Supplement.]

Therefore the amendment was rejected.

Subsequently a statement of Mr. Silvia of Fall River was spread upon the records of the House as follows:

MR. SPEAKER: I would like to call to the attention of the House the fact that on the previous roll call, it was my intention to vote in the negative. However, I now find that due to technical problems in relation to voting remotely, for some inexplicable reason, I was recorded in the affirmative. As soon as I realized that there was an error, I contacted my monitor in the House Chamber, but was informed that the vote had been announced and it was too late to change my vote.

Statement of
Mr. Silvia of
Fall River.

Mr. Jones of North Reading and other members of the House then moved to amend the order in line 45 by inserting after the year: “2020” the following: “; provided that any committee poll after that date must be held open for at least 2 hours”.

After debate on the question on adoption of the amendment, the sense of the House was taken by yeas and nays, at the request of Mr. Smola of Warren; and on the roll call 51 members voted in the affirmative and 108 in the negative.

Amendment
rejected,—
yea and nay
No. 244.

[See Yea and Nay No. 244 in Supplement.]

Therefore the amendment was rejected.

On the question on adoption of the order, the sense of the House was taken by yeas and nays, at the request of Ms. Gouveia of Acton; and on the roll call (Mr. Donato of Medford being in the Chair) 159 members voted in the affirmative and 0 in the negative.

Order
adopted,—
yea and nay
No. 245.

[See Yea and Nay No. 245 in Supplement.]

Therefore the order was adopted. Sent to the Senate for concurrence.

Mr. Galvin of Canton, for the committee on Rules, reported (under the provisions of House Rules 7B and 7C) an Order relative to special procedures for consideration of the Senate Bill setting next-generation climate policy (Senate, No. 2500, amended) [for order, see House, No. 4909]. The order was adopted.

Climate
policy,—
procedures.

Engrossed Bills.

The engrossed Bill authorizing the appointing authority of the town of Bridgewater to appoint police cadets (see House, No. 3677, amended) (which originated in the House), having been certified by the Clerk to be rightly and truly prepared for final passage, was passed to be enacted, under suspension of Emergency Rule 2(5), on motion of Mr. D’Emilia of Bridgewater; and it was signed by the acting Speaker and sent to the Senate.

Bill
enacted.

The engrossed Bill relative to certain affordable housing in the city of Chelsea (see House, No. 4368) (which originated in the House), having been certified by the Clerk to be rightly and truly prepared for final passage, was passed to be enacted, under suspension of Emergency Rule 2(5), on motion of Mr. Ryan of Boston; and it was signed by the acting Speaker and sent to the Senate.

Id.

Orders of the Day.

The Senate Bill putting patients first (Senate, No. 2796, amended), was considered.

Patient
safety.

Pending the question on passing the bill, as amended, to be engrossed, in concurrence, Mr. Hendricks of New Bedford and other members of the House moved to amend it by inserting after section 34 the following section:

“SECTION 34A. Chapter 152 of the General Laws is hereby amended by inserting after section 7G the following section: Section 7H: In any claim for compensation where the employee has been diagnosed with COVID-19, it shall be prima facie evidence that (i) the employee was performing his or her regular duties at the time of contracting COVID-19; (ii) the claim comes within the provisions of this chapter and, (iii) sufficient notice of the injury has been given. This section shall apply to persons employed as emergency medical technicians, emergency rooms, and urgent care medical personnel, emergency room and urgent care non-medical staff, and all hospital and medical staff office employees.”

After debate on the question on adoption of the amendment, the sense of the House was taken by yeas and nays, at the request of the same member; and on the roll call 62 members voted in the affirmative and 94 in the negative.

Amendment
rejected,—
yea and nay
No. 246.

[See Yea and Nay No. 246 in Supplement.]

Therefore the amendment was rejected.

Ms. Garlick of Needham and other members of the House then moved to amend the bill by adding the following section:

“SECTION 41. Notwithstanding any general or special law to the contrary, the department of public health shall publish daily on its website the data it receives from health care facilities pursuant to the federal COVID-19 guidance for hospitals. The report shall include data in the aggregate and broken down by health care facility.”

The amendment was adopted.

Ms. Malia of Boston then moved to amend the bill by inserting after section 33 the following section:

“SECTION 33A. (a) For the purposes of this section the following words shall, unless the context clearly requires otherwise, have the following meanings:

‘Health Care Workforce’, personnel employed by or contracted to work at a facility that have an effect upon the delivery of quality care to patients, including but not limited to registered nurses, licensed practical nurses, unlicensed assistive personnel, service, maintenance, clerical, professional and technical workers, and all other health care workers.

‘Facility’ shall mean a hospital licensed under section 51 of this chapter, the teaching hospital of the University of Massachusetts medical school, any licensed private or state-owned and state-operated general acute care hospital, an acute psychiatric hospital, an acute care specialty hospital, or any acute care unit within a state operated healthcare facility. This definition shall not include rehabilitation facilities or long-term care facilities.

(b) Notwithstanding any special or general law to the contrary, each facility shall establish and develop a health care workforce care planning committee within 90 days of the effective date of this act. The membership of the planning committee shall include at least one registered nurse, one unlicensed assistive personnel, one service or maintenance worker, one professional or technical worker, one clerical worker, and one representative for each labor organization representing bargaining units at the facility. The membership of the planning committee shall include no more than the same number of management representatives relative to the number of appointed members of the health care workforce. The committee shall participate in at least one meeting of labor management committee training.

(c) Each facility's health care workforce planning committee shall develop, implement, monitor and regularly adjust a comprehensive care team plan that accounts for each unit or other facility division in which direct patient care is provided. The care team plan shall be developed to ensure that the assigned health care workforce members are sufficient to ensure a safe working environment and to provide quality care to the facility's patients. Further, the care team plan shall account for all anticipated variables that can influence a facility's delivery of quality patient care including but not limited to the development of a comprehensive acuity-based classification system. The care team plan shall include account for (i) the numbers and skill mix of needed health care workforce members to be assigned to patients, (ii) anticipated patient volume, (iii) the time needed to complete expected care tasks, (iv) the need for specialized equipment and technology, (v) the physical environment of the facility; (vi) the necessity of ensuring a safe working environment; and (vii) all quality and safety data submitted on a unit-by-unit basis for each facility through PatientCareLink or any similar system.

(d) The department of public health, in consultation with the health policy commission, shall develop rules and regulations as needed to implement this section."; and

In section 36, in line 747, by inserting after the number "32" the following: ", 33A".

The amendments were adopted.

Mr. McGonagle of Everett and other members of the House then moved to amend the bill by adding the following section:

"SECTION 42. (a) Notwithstanding section 51G of chapter 111 or any general or special law or regulation to the contrary, no acute care hospital, as defined by section 25B of said chapter 111, shall close or discontinue any essential health service, as defined in 105 CMR 130.020, for the remainder of the governor's March 10, 2020 declaration of a state of emergency or any subsequent declaration of a state of emergency in response the outbreak of the 2019 novel coronavirus, also known as COVID-19.

(b) This section shall not apply to the temporary discontinuation or closure of an essential health service by an acute care hospital when such discontinuation or closure is consistent with any rule, requirement, or procedure authorized under the governor's declaration."

The amendment was adopted.

Mr. Golden of Lowell and other members of the House then moved to amend the bill by inserting after section 33A (inserted by amendment) the following section:

"SECTION 33B. (a) Notwithstanding any general or special law to the contrary, the executive office of health and human services shall study the feasibility and cost of converting multiple occupancy bedrooms into single occupancy bedrooms within long-term care facilities for the purpose of compliance with infection control

standards and to provide private isolation space for residents to protect against the spread of contagious diseases.

The secretary shall file the report with the joint committee on health care financing and the house and senate committees on ways and means not later than December 31, 2021. The report shall include, but not be limited to: (i) an analysis of the estimated cost of converting multiple occupancy bedrooms; (ii) the projected health benefits to residents; and (iii) recommendations for an enhanced Medicaid payment structure to support the creation of private isolation space within long-term care facilities.

(b) For the purposes of this section, the ‘long-term care facilities’, shall mean the Soldiers’ Home in Massachusetts, the Soldiers’ Home in Holyoke or a convalescent home, a nursing home, a skilled nursing facility, a rest home or a charitable home for the aged licensed under the provisions of section 71 of chapter 111 of the General Laws.”.

The amendment was adopted.

Ms. Decker of Cambridge and other members of the House then moved to amend the bill in section 4, in line 19; in section 22, in line 210; in section 24, in line 282; in section 25, in line 351; in section 26, in line 415; in section 27, in line 479; and in section 28, in line 542, by inserting after the word “the”, in each instance, the word “evaluation,”. After remarks the amendments were adopted.

Ms. Decker and other members of the House then moved to amend the bill in section 4, in line 20; in section 22, in line 211; in section 24, in line 283; in section 25, in line 352; in section 26, in line 416; in section 27, in line 480; and in section 28, in line 543, by inserting after the word “health”, in each instance, the word “, developmental”. The amendments were adopted.

Ms. Gouveia of Acton and other members of the House then moved to amend the bill in section 4, in line 41; in section 16, in line 139; in section 22, in line 232; in section 24, in line 304; in section 25, in line 373; in section 26, in line 437; in section 27, in line 501; and in section 28, in line 564, by inserting after the word “injury”, in each instance, the words “or acute mental health or behavioral health episode”. The amendments were adopted.

Representatives Moran of Boston and Khan of Newton then moved to amend the bill by adding the following section:

“SECTION 43. Notwithstanding any law or rule to the contrary, for fiscal year 2021 and beyond, in establishing Medicaid reimbursement rates for Medicaid Eligible inpatient services provided by chronic disease rehabilitation hospitals located in the commonwealth that serve solely children and adolescents, the department of health and human services shall apply a multiplier of 1.5 times the hospital’s FY 20 current inpatient per diem rate in fiscal year 2021. For fiscal year 2022 and beyond, such rates of reimbursement shall not be lower than the rates in effect for the prior fiscal year.”.

The amendment was adopted.

Mrs. Ferguson of Holden and other members of the House then moved to amend the bill in section 34, in line 695, by striking out the words “and inpatient services” and inserting in place thereof the words “, inpatient services and cognitive rehabilitation services,”. The amendment was adopted.

Mrs. Kane of Shrewsbury and other members of the House then moved to amend the bill by adding the following section:

“SECTION 44. Section 1. Chapter 111 of the General Laws is hereby amended by adding the following section:—

Section 238. (a) For the purposes of this section the following words shall, unless the context clearly requires otherwise, have the following meanings:—

‘Rare disease’, any disease that affects fewer than 200,000 people in the United States, has status as an orphan disease for research purposes or is known to be substantially under-diagnosed and unrecognized as a result of lack of adequate diagnostic and research information.

‘Rare disease care’, the academic research of a rare disease or the medical treatment of individuals diagnosed with a rare disease.

(b) There is hereby established the rare disease advisory council consisting of the following 29 members: the commissioner, or a designee who shall serve as chair; the executive director, or a designee, of the Massachusetts health policy commission; 2 members of the state senate, or their designee, 1 of whom shall be appointed by the senate president and 1 appointed by the minority leader; 2 members of the house of representatives, or their designee, 1 of whom shall be appointed by the speaker of the house and 1 appointed by the minority leader; 4 persons appointed by the senate president, 1 of whom shall be a pharmacist with experience with drugs used to treat rare diseases, 1 of whom shall be a geneticist licensed and practicing in the state and 1 of whom shall be a registered nurse or advanced practice registered nurse licensed and practicing in the commonwealth with experience treating rare diseases; 4 persons appointed by the speaker of the house, 1 of whom shall be a representative of a health plan or accountable care organization certified by the health policy commission and 1 of whom shall be a genetic counselor with experience providing services to persons diagnosed with a rare disease and 1 of whom shall be a representative from a rehabilitation facility that provides rare disease care; and 15 persons to be appointed by the governor, 2 of whom shall be from academic research institutions that receive grant funding for rare diseases research; 2 of whom shall be physicians licensed and practicing in the state with experience researching, diagnosing or treating rare diseases; 2 of whom shall be hospital administrators, or their designee, from hospitals in the commonwealth that provide care to persons diagnosed with a rare disease, 1 of whom shall represent a hospital in which the scope of service focuses on rare diseases of pediatric patients; 3 of whom shall be representatives of rare disease patient organizations that operate in the commonwealth; 2 of whom shall be a representative of the biotechnology and scientific community who is engaged in rare disease research, including, but not limited to, a medical researcher with experience conducting research on rare diseases; 1 of whom shall be a dietician licensed and practicing in the state with experience administering dietary therapies to those with rare diseases; 2 of whom shall be persons age 18 or older who have a rare disease; and 1 of whom shall be a caregiver of a person with a rare disease.

(c) Each member of the rare disease advisory council shall serve for a term of 3 years and shall serve until their successors have been appointed. The advisory council shall meet periodically no fewer than 4 times annually, with members able to participate in any meeting by teleconference. The members of the advisory council shall serve without compensation. The commissioner shall provide the advisory council with suitable accommodations for its meetings and the department shall further provide administrative support to assist the advisory council.

(d) The rare disease advisory council shall advise the governor, the general court and the department on the incidence of rare disease within the commonwealth and the status of the rare disease community. To achieve its purpose, the advisory council shall:

(i) coordinate the performance of the rare disease advisory council's duties with those of other rare disease advisory bodies, community-based organizations and other public and private organizations within the state for the purpose of ensuring greater cooperation regarding the research, diagnosis and treatment of rare diseases. The

coordination shall require, when appropriate: (1) disseminating the outcomes of the advisory council's research, identified best practices and policy recommendations; and (2) utilizing common research collection and dissemination procedures;

(ii) using existing publicly available records and information, undertake a statistical and qualitative examination of the prevalence and causes of rare disease to develop a profile of the social and economic burden of rare disease in the commonwealth;

(iii) receive and consider reports and testimony from expert individuals, the department, community-based organizations, voluntary health organizations, healthcare providers and other public and private organizations recognized as having expertise in rare disease care, to learn about their contributions to rare disease care and possibilities for the improvement of rare disease care in the commonwealth;

(iv) develop methods to publicize the profile of the social and economic burden of rare disease in the commonwealth to ensure that the public and healthcare providers are sufficiently informed of the most effective strategies for recognizing and treating rare disease;

(v) determine the human impact and economic implications of early treatment of rare diseases versus delayed or inappropriate treatment of rare disease as it pertains to the quality of care, the quality of patients' and their families' lives, and the economic burdens; including insurance reimbursements, rehabilitation, hospitalization and related services on patients, families and the commonwealth;

(vi) evaluate the current system of rare disease treatment and available public resources to develop recommendations to increase rare disease survival rates, improve quality of life and prevent and control risks of co-morbidities for rare disease, based on available scientific evidence;

(vii) research and determine the most appropriate method for the commonwealth to collect rare disease data, including a database of all rare diseases identified in the commonwealth along with known best practices for care of said diseases and such additional information concerning these cases as the advisory committee deems necessary and appropriate to conduct thorough and complete epidemiological surveys of rare diseases, subject to all applicable privacy laws and protections;

(viii) examine the feasibility of developing a rare disease information and patient support network in the commonwealth to aid in determining any genetic or environmental contributors to rare diseases; and

(ix) develop and maintain a comprehensive rare disease plan for the commonwealth, utilizing any information and materials received or developed by the advisory council pursuant to this subsection, and which shall include information specifically directed toward the general public, state and local officials, state agencies, private organizations and associations, and businesses and industries.

(e) The advisory council may apply for, and accept, any grants of money from the federal government, private foundations, or any other source which may be available for programs related to rare diseases or to advance the mission of the advisory council.

(f) On or before December 31st of each calendar year, the advisory council shall file a report with the clerks of the house of representatives and the senate and the executive office for administration and finance, which shall include, but is not limited to: (i) a summary of the current state of comprehensive rare disease plan for the commonwealth; (ii) those actions taken and progress made toward achieving implementation of the comprehensive rare disease plan; (iii) an accounting of all funds received by the council, and the source of those funds; (iv) an accounting of all funds expended by the council; and (v) to the extent practicable, an estimate of any

cost savings on the part of individuals and the commonwealth that will occur upon full implementation of the comprehensive rare disease plan and accompanying programs.

Section 2. Prior to appointing the members of the rare disease advisory council established in this act, the governor or the secretary of the executive office of health and human services shall research and report to the general court, within 30 days of the effective date of this act, existing sources of funding that may be used to finance the formation and operation of the advisory council.

Section 3. On or before 180 days following the effective date of this act, the rare disease advisory council shall provide a preliminary report to the governor, the department of public health and to the general court, by filing the same with the clerks of the house of representatives and the senate. The preliminary report shall include, but is not limited to, an estimate the financial, informational and other resources needed to achieve the goals and duties of the advisory council.”.

The amendment was adopted.

After remarks, Ms. Balser of Newton and other members of the House moved to amend the bill by adding the following section:

“SECTION 45. Notwithstanding any general or special law to the contrary, the Executive Office of Health and Human Services shall organize and establish an online Personal Protective Equipment Exchange for the purpose of identifying, aggregating and making available for purchase and procurement necessary personal protective equipment to be utilized by health care and elder care providers including, but not limited to, nursing facilities, acute care hospitals, resident care facilities, assisted living residences, adult day programs, physician practices, community health centers, ambulatory surgery centers, home health agencies and home care agencies within the Commonwealth. The Executive Office of Health and Human Services shall:

(A) identify and offer qualified wholesalers, manufacturers and suppliers the opportunity to participate on the Exchange;

(B) ensure that the personal protective equipment offered on the Exchange complies with all federal and state requirements and specifications; and

(C) establish and implement a process to receive, negotiate and finalize competitive pricing to be offered for the personal protective equipment placed on the Exchange.

All sales of the personal protective equipment from the Exchange shall be private transactions completed by and between the parties and the Executive Office of Health and Human Services shall have no responsibility to arrange for the processing of such transactions or the delivery of the personal protective equipment. In developing the Exchange. The Executive Office of Health and Human Services shall establish a stakeholder group which shall be comprised of representatives from the Massachusetts Senior Care Association, Massachusetts Health and Hospital Association, Massachusetts Medical Society, SEIU 1199, manufacturers and suppliers and others the Executive Office of Health and Human Services deem necessary to organize and establish the Exchange. The Exchange shall be established within 30 days of enactment of this law.”.

The amendment was adopted.

Representatives Gregoire of Marlborough, Decker of Cambridge and other members of the House then moved to amend the bill in section 4, in lines 27 to 30, inclusive, by striking out the sentence contained in those lines and inserting in place thereof the following sentence: “Eligible health care services shall also include: (i) all health care services delivered through provider-to-provider consultation via telehealth; (ii) all health care services delivered to a patient via telehealth when the

patient is located in a health care facility licensed or certified by the department of public health or the department of mental health or otherwise in the physical presence of a health care professional licensed pursuant to chapter 112; and (iii) any additional health care services to be delivered to a patient via telehealth, while located in their place of residence, that are approved by bulletins or regulations issued or promulgated by the division of insurance and division of medical assistance based on recommendations from the health policy commission.”;

In section 22, in lines 218 to 221, inclusive, by striking out the sentence contained in those lines and inserting in place thereof the following sentence: “Eligible health care services shall also include: (i) all health care services delivered through provider-to-provider consultation via telehealth; (ii) all health care services delivered to a patient via telehealth when the patient is located in a health care facility licensed or certified by the department of public health or the department of mental health or otherwise in the physical presence of a health care professional licensed pursuant to chapter 112; and (iii) any additional health care services to be delivered to a patient via telehealth, while located in their place of residence, that are approved by bulletins or regulations issued or promulgated by the division of insurance and division of medical assistance based on recommendations from the health policy commission.”;

In section 24, in lines 290 to 293, inclusive, by striking out the sentence contained in those lines and inserting in place thereof the following sentence: “Eligible health care services shall also include: (i) all health care services delivered through provider-to-provider consultation via telehealth; (ii) all health care services delivered to a patient via telehealth when the patient is located in a health care facility licensed or certified by the department of public health or the department of mental health or otherwise in the physical presence of a health care professional licensed pursuant to chapter 112; and (iii) any additional health care services to be delivered to a patient via telehealth, while located in their place of residence, that are approved by bulletins or regulations issued or promulgated by the division of insurance and division of medical assistance based on recommendations from the health policy commission.”;

In section 25, in lines 359 to 362, inclusive, by striking out the sentence contained in those lines and inserting in place thereof the following sentence: “Eligible health care services shall also include: (i) all health care services delivered through provider-to-provider consultation via telehealth; (ii) all health care services delivered to a patient via telehealth when the patient is located in a health care facility licensed or certified by the department of public health or the department of mental health or otherwise in the physical presence of a health care professional licensed pursuant to chapter 112; and (iii) any additional health care services to be delivered to a patient via telehealth while located in their place of residence that are approved by bulletins or regulations issued or promulgated by the division of insurance and division of medical assistance based on recommendations from the health policy commission.”;

In section 26, in lines 423 to 426, inclusive, by striking out the sentence contained in those lines and inserting in place thereof the following sentence: “Eligible health care services shall also include: (i) all health care services delivered through provider-to-provider consultation via telehealth; (ii) all health care services delivered to a patient via telehealth when the patient is located in a health care facility licensed or certified by the department of public health or the department of mental health or otherwise in the physical presence of a health care professional licensed pursuant to chapter 112; and (iii) any additional health care services to be delivered

to a patient via telehealth while located in their place of residence that are approved by bulletins or regulations issued or promulgated by the division of insurance and division of medical assistance based on recommendations from the health policy commission.”;

In section 27, in lines 487 to 490, inclusive, by striking out the sentence contained in those lines and inserting in place thereof the following sentence: “Eligible health care services shall also include: (i) all health care services delivered through provider-to-provider consultation via telehealth; (ii) all health care services delivered to a patient via telehealth when the patient is located in a health care facility licensed or certified by the department of public health or department of mental health or otherwise in the physical presence of a health care professional licensed under chapter 112; and (iii) any additional health care services to be delivered to a patient via telehealth, while located in their place of residence, that are approved by bulletins or regulations issued or promulgated by the division of insurance and division of medical assistance based on recommendations from the health policy commission.”;

In section 28, in line 550 to 553, inclusive, by striking out the sentence contained in those lines and inserting in place thereof the following sentence: “Eligible health care services shall also include: (i) all health care services delivered through provider-to-provider consultation via telehealth; (ii) all health care services delivered to a patient via telehealth when the patient is located in a health care facility licensed or certified by the department of public health or the department of mental health or otherwise in the physical presence of a health care professional licensed pursuant to chapter 112; and (iii) any additional health care services to be delivered to a patient via telehealth, while located in their place of residence, that are approved by bulletins or regulations issued or promulgated by the division of insurance and division of medical assistance based on recommendations from the health policy commission.”; and

By adding the following section:

“SECTION 46. (a) Notwithstanding any general or special law to the contrary, the health policy commission shall, from time to time, issue recommendations for additional health care services to be delivered to a patient while the patient is located in their place of residence.

(b) The division of insurance and the division of medical assistance shall issue bulletins or promulgate regulations incorporating the recommendations of the health policy commission on additional health care services that to be provided via telehealth, and such recommendations shall be incorporated not later than 6 months after the health policy commission issues said recommendations.”.

The amendments were adopted.

Representatives Santiago of Boston and Gentile of Sudbury then moved to amend the bill in section 35, in lines 729 and 735, by inserting after the word “provider”, in each instance, the following: “the greater of: (i) 115 per cent of the average rate the carrier pays for that service performed by a health care provider in the same or similar specialty and provided in Massachusetts, as determined by the commissioner of the division of insurance, and in consultation with the center for health information and analysis; and (ii)”;

and the amendments were adopted.

Mr. Honan of Boston then moved to amend the bill by inserting after section 33B (inserted by amendment) the following section:

“SECTION 33C. On or before October 1, 2020, due to the 2019 novel coronavirus, also known as COVID-19, the house of representatives commonwealth resilience and recovery special committee shall hold a hearing to determine the available supplies for personal protective equipment, which meet the standards of the

federal Center for Disease Control that were in effect on January 6, 2020, held by (i) acute care hospitals licensed under section 51 of chapter 111; (ii) any facility as defined under section 1 of chapter 6D; and (iii) any other entities identified by the special committee. The special committee shall also determine anticipated demand for personal protective equipment.”.

The amendment was adopted.

Ms. Dykema of Holliston then moved to amend the bill by inserting after section 37 the following six sections:

“SECTION 37A. Subsection (f) of said section 15 of said chapter 6D, as so appearing, is hereby amended by inserting after the words ‘which providers of’ the following:- health care services and

SECTION 37B. 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 37C. 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 37D. 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 3. [sic] 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 standards of each ACO 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 37F. Notwithstanding any other general or special law to the contrary, not later than January 1, 2021, 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.”.

The amendment was adopted.

Ms. Decker of Cambridge and other members of the House then moved to amend the bill in section 4, in line 41; in section 16, in line 139; in section 22, in line 232; in section 24, in line 304; in section 25, in line 373; in section 26, in line 437; in section 27, in line 501; and in section 28, in line 564, by inserting after the word “symptoms”, in each instance, the words “, and as many refills of that prescription as a provider may issue within their discretion.”

The amendments were adopted.

On the question on passing the bill, as amended, to be engrossed, in concurrence, the sense of the House was taken by yeas and nays, at the request of Mr. Cullinane of Boston; and on the roll call 158 members voted in the affirmative and 0 in the negative.

[See Yea and Nay No. 247 in Supplement.]

Bill passed to
be engrossed,—
yea and nay
No. 247.

Therefore the bill (Senate, No. 2796, amended) was passed to be engrossed. Sent to the Senate for concurrence in the amendments adopted by the House [for text of the House amendments published as amended, see House document numbered 4916].

Recess.

At a quarter before eight o'clock P.M. (Wednesday, July 29), on motion of Mr. Mariano of Quincy (Mr. Donato of Medford being in the Chair), the House recessed until the following day at eleven o'clock A.M.; and at three minutes after eleven o'clock, the House was called to order with Mr. Donato in the Chair.

Recess.