

**The Commonwealth of Massachusetts**

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**JOURNAL OF THE SENATE.**



**WEDNESDAY, NOVEMBER 8, 2017.**

[108]

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JOURNAL OF THE SENATE.

Wednesday, November 8, 2017.

Met at six minutes past eleven o'clock A.M.

The Senator from Essex and Middlesex, Mr. Tarr, led the President, members, guests and staff in the recitation of the pledge of allegiance to the flag.

Pledge of allegiance.

Reports.

The following reports were severally received and placed on file, to wit:

Report of the Department of Youth Services (pursuant to Section 16 of Chapter 123A of the General Laws) submitting its annual report regarding the treatment provided to sexually dangerous persons (copies having been forwarded as required to the Senate Committee on Ways and Means and Joint Committees on the Judiciary and Public Safety and Homeland Security) (received November 6, 2017); and

DYS,-- annual report. SD2385

Report of the Massachusetts Technology Development Corporation aka MassVentures (under the provisions of Section 6 of Chapter 40G of the General Laws) submitting financial statements for the fiscal years ended June 30, 2017 (received November 6, 2017).

MTDC,-- annual report. SD2386

Report of a Committee.

By Mr. Welch, for the committee on Health Care Financing, that the Senate Bill relative to abusive practices to change sexual orientation and gender identity in minors (Senate, No. 62),-- ought to pass [Estimated cost: less than \$100,000] (Representative Hunt of Sandwich dissenting);

Minors,-- gender identity.

Read and, under Senate Rule 26, referred to the committee on Rules.

Committee Discharged.

Mr. Brownsberger, for the committee on the Judiciary, reported, asking to be discharged from further consideration

Of the petition (accompanied by bill, Senate, No. 905) of Mark C. Montigny, Patricia A. Haddad, Sal N. DiDomenico, Richard J. Ross and other members of the General Court for legislation to strengthen laws combatting human trafficking and protecting survivors of modern-day slavery;

Human trafficking,-- laws.

Of the petition (accompanied by bill, Senate, No. 906) of Mark C. Montigny, Patricia A. Haddad, Sal N. DiDomenico, James M. Cantwell and other members of the General Court for legislation to enhance the lives of survivors of human trafficking; and

Human trafficking,-- lives of survivors.

Of the petition (accompanied by bill, Senate, No. 907) of Mark C. Montigny, Patricia A. Haddad, Sal N. DiDomenico, Richard J. Ross and other members of the General Court for legislation to prevent human trafficking and sexual exploitation in bodyworks establishments;

Bodyworks establishments,-- human trafficking.

And recommending that the same severally be referred to the Senate committee on Rules;

Severally, under Senate Rule 36, the reports were considered forthwith and accepted.

Severally sent to the House for concurrence in the discharge of the joint committee.

PAPERS FROM THE HOUSE.

A Bill designating a certain bridge in the town of Bedford as the Hart-Desiato Bridge (House, No. 4013,-- on House, No. 3888),-- **was read and, under Senate Rule 26, referred to the committee on Rules.**

Bedford,-- Hart-Desiato bridge.

Bills

Directing the Fall River Retirement Board to pay a certain retirement benefit to the surviving spouse of Adam Franco (House, No. 2790,-- on petition) [Local approval received];

Fall River,-- Adam Franco benefits.

Relative to representative town meeting membership in the town of Milford (House, No. 3764,-- on petition) [Local approval received];

Milford,-- town meeting membership.

Relative to the death of Lawrence police patrolman Eugene Scanlon, Sr. on February 12, 1972 (House, No. 3843,-- on petition) [Local approval received]; and

Lawrence,-- Eugene Scanlon, Sr.

Authorizing the town of Lynnfield to convey certain land (House, No. 4010,-- on House, No. 3973) [Local approval received on House, No. 3972];

Lynnfield,-- land conveyance.

**Were severally read and, under Senate Rule 26, placed in the Orders of the Day for the next session.**

Reports

Of the committee on Public Health, asking to be discharged from further consideration

Of the petition (accompanied by bill, House, No. 1200) of Paul McMurtry and others that continuing education necessary for the renewal of a physician's certificate of registration include course on Alzheimer's disease, dementia and other cognitive impairments; and

Physicians,-- certificate renewal.

Of the petition (accompanied by bill, House, No. 1223) of John W. Scibak and other for legislation to establish an Alzheimer's project in the office of the Secretary of Health and Human Services;

Alzheimer's project.

And recommending that the same severally be referred to the committee on Elder Affairs;

**Were severally considered forthwith, under Senate Rule 36, and accepted, in concurrence.**

At seven minutes past eleven o'clock A.M., the President declared a recess for the purpose of attending the Joint Session of the Two Houses to consider certain proposals for Amendments to the Constitution which have been called up for consideration by the Senate and House of Representatives.

Recess.

*Joint Session of the Two Houses to Consider*

*Specific Amendments to the Constitution.*

At four minutes past one o'clock P.M., the two branches met in

Joint convention.

JOINT SESSION

and were called to order by the Honorable Stanley C. Rosenberg, President of

the Senate.

Without action on the matters duly and constitutionally assigned for consideration, on motion of Mr. Rodrigues, at five minutes past one o'clock P.M., the joint session was recessed until one o'clock P.M., on Wednesday, May 9, 2018; and the Senate withdrew from the House Chamber under the escort of the Sergeant-at-Arms.

At twenty-five minutes past one o'clock P.M., the Senate reassembled, the President in the Chair.

*Resolutions.*

The following resolutions (having been filed with the Clerk) were considered forthwith and adopted, as follows:-

Resolutions (filed by Ms. Gobi) "congratulating Alexander Russell Stevenson of the town of Palmer on his elevation to the rank of Eagle Scout."

Alexander Russell.

PAPERS FROM THE HOUSE

*Emergency Preamble Adopted.*

An engrossed Bill relative to the A-B-C Stormwater Flooding Board (see Senate, No. 2127, amended), having been certified by the Senate Clerk to be rightly and truly prepared for final passage and containing an emergency preamble,-- was laid before the Senate; and, a separate vote being taken in accordance with the requirements of Article LXVII of the Amendments to the Constitution, the preamble was adopted in concurrence, by a vote of 6 to 0.

A-B-C Stormwater Flooding Board.

**The bill was signed by the President and sent to the House for enactment.**

*Order Adopted.*

The House Order relative to establishing a joint special committee to make an investigation and study relative to establishing a suitable memorial to Reverend Dr. Martin Luther King, Jr. (House. N0. 3652),-- came from the House adopted by said branch.

Reverend Dr. Martin Luther King, Jr.,-- memorial commission.

**There being no objection, the rules were suspended, on motion of Ms. Chang-Díaz, and the order was considered forthwith and adopted, in concurrence.**

Petitions were severally referred, in concurrence, as follows, to wit:

Petition (accompanied by bill, House, No. 4020) of Thomas J. Calter and Viariato M. deMacedo for legislation to authorize the Silver Lake Regional School District to convey drainage easements to the town of Kingston;

Kingston,-- drainage easements.

**Under suspension of Joint Rule 12, to the committee on Municipalities and Regional Government.**

Petition (accompanied by bill, House, No. 4021) of Lori A. Ehrlich and Thomas M. McGee for legislation to establish a sick leave bank for William Cuttle, an employee of the Department of Children and Families;

William Cuttle,-- sick leave.

**Under suspension of Joint Rule 12, to the committee on Public Service.**

Petition (accompanied by bill, House, No. 4022) of Tricia Farley-Bouvier, Smitty Pignatelli and others for legislation to designate United States highway Route 20 as a state historic highway; and

Route 20,-- historic highway.

Petition (accompanied by bill, House, No. 4023) of Kate Hogan for legislation to designate a certain bridge known as the Washington Street bridge in the town of Hudson as the Private First Class Kenneth M. Thibault memorial bridge;

Hudson,-- Private First Class Kenneth M. Thibault memorial bridge.

**Severally, under suspension of Joint Rule 12, to the committee on Transportation.**

*Orders of the Day.*

The Orders of the Day were considered as follows:

Bills

Regarding the composition of the Boston Arts Commission (House, No. 3460);

Second reading bills.

Relative to the payment of bills of prior fiscal years by the town of Harvard (House, No. 3773);

Exempting positions in the Department of Public Works in the City of Marlborough from the Civil Service Law (House, No. 3883);

Authorizing the appointment of James Atkinson to the position of junior accountant of the police department of the city of Methuen (House, No. 3889); and

Authorizing the city of Medford to issue certain licenses to the Chevalier Theatre for the sale of food and alcoholic beverages (House, No. 3991);

**Were severally read a second time and ordered to a third reading.**

The Senate Committee Bill furthering health empowerment and affordability by leveraging transformative health care (Senate, No. 2190),-- was read a second time.

Health care,-- affordability.

At twenty-five minutes before two o'clock P.M, Mr. Tarr doubted the presence of a quorum. The President, having determined that a quorum was not in attendance, then directed the Sergeant-at-Arms to secure the presence of a quorum.

Quorum.

Subsequently, at twenty-three minutes before two o'clock P.M., a quorum was declared present.

After remarks, pending the question on adoption of the amendment, previously recommended by the committee on Ways and Means, substituting a new draft with the same title (Senate, No. 2202), and pending the main question on ordering the bill to a third reading, Ms. O'Connor Ives and Messrs. Barrett, Lesser and O'Connor moved that the proposed new draft be amended in section 84, by adding at the end the following:-

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“(f) Chapter 93 of the General Laws is hereby amended by striking out section 73 in its entirety and inserting in place thereof the following:-

Section 73. No physician shall sell hearing aids or have a direct or indirect membership, employment, co-ownership, or proprietary interest in or with a business which sells hearing aids to, a person to whom such physician has provided services pursuant to section seventy-two; provided, however, that this restriction shall not apply to an otolaryngologist or a nonprofit or charitable organization, clinic, hospital or health care facility which sells hearing aids that are dispensed by a licensed audiologist or hearing instrument specialist.

An audiologist or otolaryngologist who sells a hearing aid to a person to whom such audiologist or otolaryngologist had provided services pursuant to section seventy-two shall disclose to the prospective purchaser before the sale of the hearing aid the fees for the services provided pursuant to section seventy-two and the terms of the prospective sale of the hearing aid, including a written estimate of the total purchase price, including, but not limited to, the cost of the

hearing aid, the earmold, any batteries or other accessories, and any service costs, and shall inform the prospective purchaser of his right to obtain a hearing aid from a different source.

No person directly or indirectly shall give or offer to give or permit or cause to be given money or anything of value to a physician, otolaryngologist or audiologist as an inducement to influence the recommendation of the purchase of a hearing aid.

Nothing in this section shall prevent a audiologist, physician or otolaryngologist from suggesting a specific make and model of a hearing aid.

SECTION 2. Section 197 of chapter 112 of the General Laws is hereby amended by striking out subsection (a) and inserting in place thereof the following:-

(a) Beginning July 1, 2000, no person shall identify, present or otherwise portray himself as a hearing instrument specialist or practice hearing aid dispensing in the commonwealth unless he is licensed by the board or is an audiologist in the commonwealth, whichever of the registrations is appropriate to the training of the individual; provided, however, that the provisions of this section shall not apply to: (i) persons who only repair or manufacture hearing aids or their accessories, or both; or (ii) persons who engage in the sale of assisted listening devices or systems but not dispensing of hearing aids. Nothing in sections 197 to 200 of chapter 112 shall be construed to prevent an audiologist or hearing instrument specialist from dispensing or selling hearing aids when employed by or affiliated with an otolaryngologist.”

After remarks, the question on adoption of the amendment was determined by a call of the yeas and nays, at nineteen minutes past two o'clock P.M., on motion of Ms. O'Connor Ives, as follows, to wit (yeas 38 – nays 0) [**Yeas and Nays No. 264**]:

**YEAS.**

Barrett, Michael J.	Jehlen, Patricia D.
Boncore, Joseph A.	Keenan, John F.
Brady, Michael D.	Lesser, Eric P.
Brownsberger, William N.	Lewis, Jason M.
Chandler, Harriette L.	L'Italien, Barbara A.
Chang-Diaz, Sonia	Lovely, Joan B.
Creem, Cynthia Stone	McGee, Thomas M.
Cyr, Julian	Montigny, Mark C.
deMacedo, Viriato M.	Moore, Michael O.
DiDomenico, Sal N.	O'Connor, Patrick M.
Donoghue, Eileen M.	O'Connor Ives, Kathleen
Eldridge, James B.	Pacheco, Marc R.
Fattman, Ryan C.	Rodrigues, Michael J.
Feeney, Paul R.	Ross, Richard J.
Forry, Linda Dorcena	Rush, Michael F.
Friedman, Cindy F.	Spilka, Karen E.
Gobi, Anne M.	Tarr, Bruce E.
Hinds, Adam G.	Timilty, Walter F.
Humason, Donald F., Jr.	Welch, James T. – <b>38.</b>

NAYS – 0.

The yeas and nays having been completed at nineteen minutes past two o'clock P.M., the amendment was adopted.

Mr. Pacheco and Ms. Gobi moved that the proposed new draft be amended by adding the following section:-

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“SECTION X. Notwithstanding any general law or special law to the contrary, the Department of Higher Education, in conjunction with the Department of Public Health, shall be granted the authority to establish a Health Corps pilot program which shall be implemented in each of the six Executive Office of Health and Human Services geographic regions. Said pilot program shall allow students of health-care related programs who have already attained a level of licensure and are currently working towards a higher level of licensure at a Massachusetts public institution of higher education or an accredited vocational institution to gain additional learning experience while providing patient care as a cost-mitigating measure. The Departments shall establish guidelines which provide for creation of this pilot program, including but not limited to: patient safety, the receipt of college or program credit to qualified student participants, the supervision of students over the course of their experiential learning, the forgiveness of qualified student loans, and the metrics for measurements of program success and cost savings.”

After remarks, the question on adoption of the amendment was determined by a call of the yeas and nays, at twenty-eight minutes past two o'clock P.M., on motion of Mr. Pacheco, as follows, to wit (yeas 38 – nays 0) [Yeas and Nays No. 265]:

YEAS.

- |                          |                         |
|--------------------------|-------------------------|
| Barrett, Michael J.      | Jehlen, Patricia D.     |
| Boncore, Joseph A.       | Keenan, John F.         |
| Brady, Michael D.        | Lesser, Eric P.         |
| Brownsberger, William N. | Lewis, Jason M.         |
| Chandler, Harriette L.   | L'Italien, Barbara A.   |
| Chang-Diaz, Sonia        | Lovely, Joan B.         |
| Creem, Cynthia Stone     | McGee, Thomas M.        |
| Cyr, Julian              | Montigny, Mark C.       |
| deMacedo, Viriato M.     | Moore, Michael O.       |
| DiDomenico, Sal N.       | O'Connor, Patrick M.    |
| Donoghue, Eileen M.      | O'Connor Ives, Kathleen |
| Eldridge, James B.       | Pacheco, Marc R.        |
| Fattman, Ryan C.         | Rodrigues, Michael J.   |
| Feeney, Paul R.          | Ross, Richard J.        |
| Forry, Linda Dorcena     | Rush, Michael F.        |
| Friedman, Cindy F.       | Spilka, Karen E.        |
| Gobi, Anne M.            | Tarr, Bruce E.          |
| Hinds, Adam G.           | Timilty, Walter F.      |
| Humason, Donald F., Jr.  | Welch, James T. – 38.   |

NAYS – 0.

The yeas and nays having been completed at twenty-nine minutes before three o'clock P.M., the amendment was adopted.

Ms. Friedman and Mr. Cyr moved that the proposed new draft be amended by adding the following section: 5

“SECTION XX. Chapter 32A of the General Laws is hereby amended by inserting after section 17O the following section:-

Section 17P. Any coverage offered through the group insurance commission shall provide coverage for a diabetes prevention program recognized as a National Diabetes Prevention Program as established by the federal Centers for Disease Control and Prevention.”

The amendment was *rejected*.

Ms. Friedman moved that the proposed new draft be amended by adding the following section: 16

“SECTION XX. There shall be a special commission to investigate, study, and evaluate the scope of mental health peer support programs in all regions of the commonwealth to determine the scope of peer programs, classification and types of peer specialists, and appropriate training and certification requirements for such programs. The commission shall consist of the co-chairs of the joint committee on mental health, substance use, and recovery, who shall serve as co-chairs of the commission; the secretary of health and human services or a designee who is a medical professional; the commissioner of mental health or a designee who is a medical professional; the commissioner of public health or a designee; the director of Medicaid or a designee; 1 representative appointed by the commissioner of the Massachusetts rehabilitation commission or a designee; 1 representative from the Transformation Center, a statewide peer-job training organization; 1 representative from the Massachusetts Behavioral Health Partnership; 1 representative from the Association for Behavioral Healthcare; 1 representative from the National Alliance on Mental Illness Massachusetts; 1 individual with lived experience as a consumer of mental health services appointed by the co-chairs of the commission; and 1 family member of a mental health consumer appointed by the co-chairs of the commission.

The commission study shall include, but not be limited to, an examination and identification of best practices related to training and credential requirements for peer specialist programs, including: (1) types and categories of services provided by peer programs, including support, rehabilitation and clinical programs; (2) types and categories of services that require certification; (3) supervision required for categories of services that require certification; (4) hours of formal work or volunteer experience related to mental health and substance use disorders conducted through such programs; (5) types of peer-support specialist exams required for such programs; (6) codes of ethics used by such programs; (7) required or recommended skill sets for such programs; (8) requirements for continuing education; (9) any other criteria necessary to develop peer specialist certification requirements; and (10) best practices from other states.

The commission shall submit its findings and recommendations, together with drafts of legislation necessary to carry those recommendations into effect by filing the same with the clerks of the house of representatives and senate, to the department of mental health and the joint committee on mental health, substance use, and recovery not later than 1 year after the enactment of this act.”

After remarks, the amendment was adopted.

Messrs. Moore, Rodrigues and Cyr moved that the proposed new draft be amended by adding at the following sections:- 33

“SECTION XX. The definition ‘Health care provider’ in section 1 of chapter 111 of the General Laws is hereby amended by inserting after the words ‘registered

nurse,' the following words:- registered pharmacist.

SECTION XX. Chapter 118E of the General Laws is hereby amended by inserting, after section 10G, the following section:-

Section 10H. The division shall provide coverage to patients diagnosed with one or more chronic disease for drug therapy management services by a registered pharmacist acting under a signed agreement as provided in sections 24B1/2 of chapter 112.

SECTION XX. Chapter 32A of the General Laws is hereby amended by inserting, after section 17K, the following section:-

Section 17L. The commission shall provide coverage to patients diagnosed with one or more chronic disease for drug therapy management services by a registered pharmacist acting under a signed agreement as provided in sections 24B1/2 of chapter 112.

SECTION XX. (a) Subsection (c) of Section 24B1/2 of Chapter 112 of the General Laws is hereby amended by striking out, after the word 'physician', the following words:- for asthma, chronic obstructive pulmonary disease, diabetes, hypertension, hyperlipidemia, congestive heart failure, HIV or AIDS, osteoporosis and co-morbidities identified by the supervising physician for the individual patient along with the primary diagnosis.

(b) Section 24B1/2 of Chapter 112 is further amended by inserting at the end of subsection (c) the following sentence:- A pharmacist in the retail setting, who has a collaborative practice agreement with a supervising physician, may administer drugs and biological products that have been ordered by the supervising physician.

SECTION XX. Chapter 94C of the General Laws is hereby amended by inserting, after section 19A, the following section:-

Section 19B. (a) Notwithstanding any other law, a licensed pharmacist may dispense self-administered hormonal contraceptives in accordance with written, standardized procedures or protocols developed by an actively practicing physician registered with the commissioner to distribute or dispense a controlled substance in the course of professional practice pursuant to section 7 if such procedures or protocols are filed at the pharmacist's place of practice and with the board of registration in pharmacy before implementation.

(b) Before dispensing self-administered hormonal contraceptives authorized under this section, a pharmacist shall complete a training program approved by the commissioner, which shall include but not be limited to proper documentation, quality assurance, and referral to additional services, including appropriate recommendation that the patient follow-up with a medical practitioner.

(c) A pharmacist dispensing self-administered hormonal contraceptives under this section shall annually provide to the department of public health the number of times such self-administered hormonal contraceptives is dispensed. Reports made pursuant to this section shall not identify any individual patient, shall be confidential and shall not be public records as defined by clause twenty-sixth of section 7 of chapter 4.

(d) The department of public health, board of registration in medicine, and board of registration in pharmacy shall adopt regulations to implement this section.

SECTION XX. Chapter 94C of the General Laws is hereby amended by inserting, after section 19B, the following section:-

Section 19C. (a) Notwithstanding any other law, a licensed pharmacist may dispense Nicotine replacement products in accordance with written, standardized procedures or protocols developed by an actively practicing physician registered

with the commissioner to distribute or dispense a controlled substance in the course of professional practice pursuant to section 7 if such procedures or protocols are filed at the pharmacist's place of practice and with the board of registration in pharmacy before implementation.

(b) Before dispensing Nicotine replacement products authorized under this section, a pharmacist shall complete a training program approved by the commissioner, which shall include but not be limited to proper documentation, quality assurance, and referral to additional services, including appropriate recommendation that the patient follow-up with a medical practitioner.

(c) A pharmacist dispensing Nicotine replacement products under this section shall annually provide to the department of public health the number of times such Nicotine replacement products is dispensed. Reports made pursuant to this section shall not identify any individual patient, shall be confidential and shall not be public records as defined by clause twenty-sixth of section 7 of chapter 4.

(d) The department of public health, board of registration in medicine, and board of registration in pharmacy shall adopt regulations to implement this section."

The amendment was *rejected*.

After remarks, the amendment was adopted.

Messrs. Moore and Rodrigues moved that the proposed new draft be amended in section 67, by striking subsection (b) of new section 21C, in its entirety, and inserting in the place thereof, the following new subsection:-

"(b) No health benefit plan, as defined in section 1 of chapter 1760 shall impose a cost sharing greater than the amount paid to the pharmacy for the prescription. If the consumer's cost-sharing amount for a prescription medication exceeds the current pharmacy retail price, the pharmacist, or an authorized individual at the direction of a pharmacist, shall notify the consumer that the pharmacy retail price is less than the patient's cost-sharing amount. The pharmacist shall charge the consumer the applicable cost-sharing amount, the allowable claim amount, or the current pharmacy retail price for that prescription medication, as directed by the consumer.

A pharmacist shall not be subject to a penalty by the board of registration in pharmacy or a third party for failure to comply with this section."

The amendment was *rejected*.

Mr. Eldridge, Ms. Friedman and Messrs. Feeney, Cyr and Barrett moved that the proposed new draft be amended by adding the following section:-

"SECTION XX. (a) Notwithstanding the provisions of any general or special law to the contrary, there shall be a licensed certified social worker student education loan repayment pilot program, hereinafter referred to as the pilot program, for the purpose of increasing and retaining access to child welfare services and social services in the commonwealth. The pilot program shall provide financial assistance to eligible program participants to assist them in repaying student education loans, as defined in this section; provided, that the pilot program shall be limited to a total of 100 licensed certified social workers. The pilot program shall be administered by the board of higher education. The board, in collaboration with the executive office of health and human services, shall promulgate guidelines governing the pilot program. The guidelines shall include, but not be limited to, the following provisions: (1) eligibility shall be limited to persons with incomes that do not exceed 500% of the federal poverty level; (2) eligibility shall be limited to persons entering the field of social work after July 1, 2018; (3) eligibility shall be limited to social workers who are licensed certified

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social workers as defined in section 130 of chapter 112 of the General Laws and who are employed in child welfare, or in a geographic or programmatic setting defined as high need under the guidelines governing the pilot program; (4) the commonwealth shall repay a student education loan at a rate not to exceed \$250 per month for a period not to exceed 48 months; (5) payments by the commonwealth shall be made directly to the lender on behalf of a pilot program participant, and shall cover only loan payments owed by the participant in the months during which the participant works in the commonwealth as a licensed certified social worker in child welfare, or in a geographic or programmatic setting defined as high need under pilot program guidelines; (6) procedures for selecting 100 pilot program participants among eligible applicants; and (7) measures to deal with situations in which a pilot program participant ceases to comply with program requirements. For the purposes of this section, the term student education loan shall mean any indebtedness, including interest on such indebtedness, incurred to pay tuition, fees or other direct expenses incurred in connection with the pursuit of an undergraduate or graduate degree by an applicant, but shall not include loans made by any person related to the applicant, or loans paid by credit card.

(b) There is hereby established and set up on the books of the commonwealth a separate fund to be known as the Licensed Certified Social Worker Student Education Loan Repayment Pilot Program Trust Fund, hereinafter referred to as the Licensed Certified Social Worker Education Loan Repayment Fund, to which shall be credited any appropriations or other monies authorized by the general court and designated to be credited thereto. The board of higher education shall hold the Licensed Certified Social Worker Education Loan Repayment Fund in an account separate from other funds or accounts. Amounts credited to the Licensed Certified Social Worker Education Loan Repayment Fund shall be used, without further appropriation, by the commissioner of higher education or his designee, to carry out the licensed certified social worker student education loan repayment pilot program established in this section.

(c) The licensed certified social worker student education loan repayment pilot program shall expire once the final payment is made under this section by the board of higher education on behalf of all pilot program participants. The board of higher education shall evaluate the effectiveness of the pilot program and its benefits and costs to the commonwealth and shall submit a report, together with its recommendations on whether a permanent program should be established and if so how such program should be structured, to the general court by filing the report with the house and senate committees on ways and means and the joint committee on higher education, not less than one year prior to the expiration of the pilot program.”

After remarks, the amendment was *rejected*.

Messrs. Moore and Eldridge and Ms. Gobi moved that the proposed new draft be amended in section 71, by striking subsection (d) in its entirety, and inserting in the place thereof the following two subsections:-

“(d) Prior to rendering non-emergency health care services with total billed charges exceeding \$100, or upon request by a patient or prospective patient receiving any non-emergency health care service, a health care provider not participating in the insured’s network shall, within 2 working days of scheduling the service or receiving the request, disclose the patient’s total out-of-pocket cost, including the provider’s total billed charges, and any facility fees required. If a health care provider is unable to provide a specific amount in advance due to the health care provider’s inability to predict the specific treatment or diagnostic code,

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the health care provider shall disclose a good faith estimate of the patient's total out-of-pocket cost of a proposed admission, procedure or service, including the provider's total billed charges, and any facility fees required. Such disclosures shall be in writing, and shall be acknowledged by the patient in writing and retained in the patient's record.

(e) a health care provider referring a patient to another provider shall disclose: (i) if the provider whom the patient is being referred is part of or represented by the same provider organization, as used in section 11 of chapter 6D; (ii) the network status of the referred provider based on information available to the provider at the time of the referral; and (iii) sufficient information about the referred provider for the patient to obtain additional information about that provider's network status under the patient's health plan and any applicable out-of-pocket costs for that referral pursuant to section 23 of chapter 176O, based on information available to the provider at that time."

The amendment was *rejected*.

Mr. Moore moved that the proposed new draft be amended in lines 706, 1140, 1478, 1523, 1586, 1636, 1684, 1725, and 2307, by inserting after the word "include", the following new phrase:- "in isolation"; and

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In section 43, by inserting in line 733, after subsection (e), the following new subsection:-

"(f) A health professional who is providing a health service may prescribe the patient a drug if both of the following are met: (i) the issuance of a prescription based on a telemedicine encounter shall be held to the same standard of care or practice standards as are applicable to in-person settings. (ii) the drug is not a Schedule II-V controlled substance."

The amendment was *rejected*.

Ms. Friedman and Mr. Cyr moved that the proposed new draft be amended in section 13, by striking out in line 158, the words "and (iv) any other relevant information identified by the commission" and inserting in place thereof the following words:- "(iv) factors unique to behavioral health that may necessitate readmission; and (v) any other relevant information identified by the commission";

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In said section 13, by inserting after the words "models and interventions", in line 164, the following words:- ", including factors unique to behavioral health that may necessitate readmission,"; and

In section 15, by inserting after the words "the provider organization's patient population", in line 186, the following words:- ", including behavioral health status".

The amendment was *rejected*.

Messrs. Moore and Cyr moved that the proposed new draft be amended by inserting after section 46, the following section:-

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"SECTION XX. Chapter 62 of the General Laws is hereby amended by inserting after section 6M the following section:-

Section 6N. (a) The purpose of this section shall be to provide incentives for business to recognize the benefits of wellness programs. Wellness programs implemented by business have resulted in both savings to their premiums as well as overall savings to the cost of health care. The goal of this tax credit is to provide smaller businesses with an expanded opportunity to implement these programs.

(b) There is hereby established a Massachusetts wellness program tax credit. The total of all tax credits available to a taxpayer pursuant to this section or section 38FF of chapter 63 shall not exceed \$10,000 in any 1 tax year. A business that implements a wellness program shall be allowed a credit, to be computed as

hereinafter provided, against taxes owed to the commonwealth under chapter 62 or chapter 63 or other applicable law. For the purposes of this section, ‘businesses’ shall include professions, sole proprietorships, trades, businesses, or partnerships.

(c) The credit allowed under this chapter shall be equal to 25 per cent of the costs associated with implementing a program certified under section 206A of chapter 111, with a maximum credit of \$10,000 per business in any 1 fiscal year. The department of public health shall determine the criteria for eligibility for the credit, the criteria to be set forth in regulations promulgated under this section and section 206A of chapter 111. The regulations shall require proof of using a wellness program qualified under section 206A of chapter 111. The department shall issue a certification to the taxpayer after the taxpayer submits documentation as required by the department. Such certification shall be acceptable as proof that the expenditures related to the implementation of a wellness program for the purposes of the credit allowed under this section.

(d) Wellness program tax credits allowed to a business under this section shall be allowed for the taxable year in which the program is implemented; provided, however, that a tax credit allowed under this section shall not reduce the tax owed below zero. A taxpayer allowed a credit under this section for a taxable year may carry over and apply against such taxpayer's tax liability in any of the succeeding 5 taxable years, the portion, as reduced from year to year, of those credits which exceed the tax for the taxable year.”

The amendment was *rejected*.

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There being no objection, during consideration of the Orders of the Day, Mr. deMacedo moved that the remarks of former Senate President Therese Murray be printed in the Journal of the Senate.

*Remarks of former Senate President Therese Murray.*

I want to thank everyone for being here this evening. It means so much to me to be surrounded by family, friends and colleagues for this moment.

I want to thank a few people in particular who have done so much work to get us to tonight.

First, I want to thank my family. Four generations of my family are here tonight led by our matriarch Ellie Hollum.

I want to thank my sisters and my cousins who were my first and best campaign team, and my daughter Lauren, for supporting me every step of the way.

Without her support, I would not be standing here today. And of course Kevin O’Reilly who chaired all of my campaigns and was never paid.

I would also like to thank my good friend and colleague Senate President Stan Rosenberg for hosting this wonderful reception, and of course to Warren and Lucia Prosperi for working with a very reluctant subject and creating such a wonderful piece of art - filled with the symbolism of the office - for a reason.

I would also like to thank Richard Mulcahy and the Plymouth Art Guild for being partners in this process, and a special thank you to Kirsten Centrella, Rose DeCosta, Samantha Dallaire and Deb Woodman for helping bring together this lovely event.

I was very lucky throughout my tenure in the Senate to have an incredibly talented, hardworking and smart staff all of whom have gone on to do amazing things both in and out of government. Thank you all for being here tonight and for the years of hard work and dedicated service. You made me look good.

Remarks of former  
Senate President  
Therese Murray.

When I left office there were many people that told me I needed to get an official portrait done – and I resisted. But it was the determination of one of my good friends, Linda Bernard, who finally convinced me to sit for the portrait.

Linda, along with former Senator Menard and Cheryl spearheaded the Friends of Terry Murray who volunteered countless hours to see this portrait to reality. Thank you for all of your work and most of all your friendship.

As the first woman to be Senate President, I remember sitting in the President’s office and looking around the room at the pictures lining the walls, all white and all men, and saying to myself, wow you must all be thinking, “What is she doing here?”

Having the opportunity to lead the Senate was a great honor, but for me, I want this portrait to represent more.

I want it to be symbolic of the fact that leadership has many faces and that no matter who you are or where you come from, you can make a difference, you can lead.

I hope that as young women and girls pass by it, it sends a message that nothing can and should ever hold you back from your dreams.

I want my granddaughter Honorah, my grandnieces Erin, Shannon, Katherine and every girl to see it and know that they are not bound by glass ceilings or closed doors - they may have to crash through - but they can and will achieve great things.

I want my grandson Braden, grandnephew Nolan and all boys to see this portrait and understand that leadership is not about gender but an individual’s desire to make a difference.

While this portrait reflects a small part of history in this storied building, I hope that it also inspires the future leaders of our Commonwealth.

Thank you all for your support and friendship and for being here with me this evening.

**Under the provisions of Senate Rule 6, the remarks were printed in the Journal of the Senate.**

The Senate Committee Bill furthering health empowerment and affordability by leveraging transformative health care (Senate, No. 2190),-- was further considered.

Health care,--  
affordability.

Mr. Pacheco moved that the proposed new draft be amended by striking out Section 91.

53

The amendment was *rejected*.

Mr. Pacheco and Ms. Gobi moved that the proposed new draft be amended by inserting the following section:-

54

“SECTION XX. Section 80B of Chapter 112, as appearing in the 2016 Official Edition, is hereby amended by inserting at the end thereof the following 3 paragraphs:-

For the purposes of this section, ‘telemedicine’ shall mean the use of audio, video or other electronic media for a diagnosis, consultation or treatment of a patient’s physical, oral or mental health; provided, however, that ‘telemedicine’ shall not include audio-only telephone, facsimile machine, online questionnaire, texting or text-only e-mail.

Notwithstanding any other provision of this chapter, the board shall allow an advanced practice nurse to obtain proxy credentialing and privileging for telemedicine services with other health care providers, as defined in section 1 of chapter 111, or facilities consistent with Medicare conditions of participation telemedicine standards.

The board shall promulgate regulations regarding the appropriate use of telemedicine to provide health care services. These regulations shall provide for and include, but shall not be limited to: (i) prescribing medications; (ii) services that are not appropriate to provide through telemedicine; (iii) establishing a patient-provider relationship; (iv) consumer protections; and (v) ensuring that services comply with appropriate standards of care.”

The amendment was *rejected*.

Messrs. Tarr and Eldridge and Ms. Gobi moved that the proposed new draft be amended by striking in line 38 the number "10" and inserting in place thereof the following:- “11”; and by inserting after the word "measures" in line 46 the following:- “1 of whom shall represent the Massachusetts Senior Care Association”.

55

The amendment was *rejected*.

Ms. Gobi and Ms. Jehlen moved that the proposed new draft be amended by inserting after section 71 the following section:-

59

“SECTION 71A. Chapter 111 of the Massachusetts General Laws, as appearing in the 2016 Official Edition, is hereby amended by inserting after section 234 the following section:-

Section 235. (a) For purposes of this section, the following terms shall have the following meanings:

‘Allied health professional,’ shall mean a person who holds and maintains a registration, certification, or license to perform health care services by a state or a nationally accredited credentialing organization.

‘Central Service Technician,’ any person, who decontaminates, inspects, assembles, packages, and sterilizes reusable medical instruments or devices in a health care facility.

‘Health care practitioner,’ any person licensed or registered under chapter 111 or 112, including any intern, resident, fellow or medical officer who conducts or assists with the performance of surgery.

‘Health care facility,’ shall mean any ‘hospital’ or any ‘rural hospital’ as defined in section 52 of chapter 111 or surgical services that are provided in a free standing ambulatory surgery center, whether inpatient or outpatient, conducted for charity or for profit and whether or not subject to section 25C, or any other facility employing or using the services of one or more central service technicians.

(b) A health care facility shall not employ or otherwise retain the services of a central service technician unless such person:

(1) Has successfully passed a nationally accredited central service exam for central service technicians, and holds and maintains one of the following credentials administered by a nationally accredited central service technician credentialing organization: the certified registered central service technician credential, the certified sterile processing and distribution technician credential or a substantially equivalent credential; or

(2) Provides evidence that the person was employed as a central service technician in a health care facility on or before December 31, 2017.

(c) A central service technician who does not meet the requirements of paragraph (b)(2) of this section shall have 18 months from the date of hire to obtain the certified registered central service technician credential or the certified sterile processing and distribution technician.

(d) A person who qualifies to function as a central service technician in a health care facility under paragraphs (b)(1) and (2) of this section must annually complete 10 hours of continuing education credits to remain qualified to function

as a central service technician. The continuing education required under this subsection shall be in area related to the functions of a central service technician.

(e) Nothing in this section shall prohibit the following persons from performing the tasks or functions of a central service technicians:

(1) A health care practitioner;

(2) An allied health professional;

(3) A student or intern performing the functions of a central service technician under the direct supervision of a health care practitioner as part of the student's or intern's training or internship.

(f) A health care facility shall, upon the written request of a central service technician, verify, in writing, the central service technician's dates of employment or the contract period during which the central service technician provided services to the health care facility.”; and

By inserting after section 161 the following two sections:-

“SECTION XX. The commissioner of the department of public health may adopt regulations necessary to carry out section 71A. Such regulations shall be adopted not later than 90 days after the effective date of this act.

SECTION XX. Section 71A shall take effect 180 days after the effective date of this act.”

After remarks, the amendment was adopted.

Messrs. Tarr and Eldridge moved that the proposed new draft be amended by striking in line 305 the following:- “rates of institutional post-acute care”.

61

The amendment was *rejected*.

Mr. Cyr and Ms. Gobi moved that the proposed new draft be amended by adding the following section:-

62

“SECTION XX. Chapter 111 is hereby amended by inserting after section 72BB the following new section:-

Section 72CC. (a) As used in this section the following words shall have the following meaning:-

‘Certified Medication Aide,’ any employee of a facility who has completed a department-certified medication administration training program and is therefore qualified to dispense medication to patients in the facility.

(b) The Department shall establish a medication administration training, certification, and supervision program for medication aides. The regulations shall include: (1) provisions for continuing education requirements for certified medication aides; (2) requirements for re-certification of certified medication aides on a biennial basis; (3) fees for the issuance of certification to certified medication aides; and (4) standards for qualification of applicants for certification, including the applicant's criminal history, work record, and prohibitions against behavior which may be potentially harmful to patients.

(c) The Department may promulgate rules and regulations to carry out the provisions of this section.”

The amendment was *rejected*.

Messrs. Cyr and Eldridge and Ms. Gobi moved that the proposed new draft be amended in section 2 by inserting after the words “Society”, in line 40, the following words:- “, 1 of whom shall represent the Massachusetts Senior Care Association”.

64

The amendment was *rejected*.

Mr. Boncore moved that the proposed new draft be amended in section 119 by inserting at the end of line 2336, the following new language:- “In establishing the noncontracted commercial rate for nonemergency services, the division shall take

70

into account the impact the rate will have on premiums under Chapter 176J, Section 6 and the risk of reducing network participation by health care providers. The Division also may establish separate rates for subsidized and nonsubsidized health benefit plans.”; and

In section 120 by inserting at the end of line 2343, the following new language:- “In establishing the noncontracted commercial rate for emergency services, the division shall take into account the impact the rate will have on premiums under Chapter 176J, Section 6 and the risk of reducing network participation by health care providers. The Division also may establish separate rates for subsidized and nonsubsidized health benefit plans.”

The amendment was *rejected*.

Mr. Tarr moved that the proposed new draft be amended by adding the following section: -

71

“SECTION \_\_. Section 429 of Chapter 159 of the acts of 2000 is hereby repealed in its entirety.

After debate, the amendment was adopted.

Mr. Montigny moved that the proposed new draft be amended by inserting after section xx, the following section:-

73

“SECTION \_\_. Chapter 111 of the General Laws is hereby amended by inserting after section 53H the following section:-

Section 53I. (a) Notwithstanding any general or special law to the contrary, no health care provider shall knowingly or intentionally violate department rules and regulations adopted under this chapter, at the direct request of a patient, authorized caregiver or other interested person. Any violation shall be documented and reported by the health care provider to the department within 72 hours. The department may impose penalties including, but not limited to, a fine of up to \$10,000 per violation or complaint to the relevant board of registration. A health care provider who fails to report a violation, as so provided, may be subject to additional penalties up to \$100,000 per violation.

(b) Notwithstanding any general or special law to the contrary, a health care provider shall not knowingly or intentionally designate, mark, label or confer any special status unrelated to medical diagnosis, treatment or care to a patient due to socio-economic status or direct relationship to the health care provider. The department may impose penalties including, but not limited to, a fine of up to \$10,000 per violation or complaint to the relevant board of registration.

(c) A penalty assessed under this section shall not preclude the department from assessing fees for violations under this chapter.

(d) A health care provider reporting a violation pursuant to this section shall be afforded protection from retaliatory action in accordance with section 187 of chapter 149.

(e) All violations under this section shall be published in a clear and conspicuous manner on the department’s website.

(f) The commissioner may promulgate regulations to enforce this section.”

After remarks, the amendment was adopted.

Mr. Tarr moved that the proposed new draft be amended by striking section 125 in its entirety

74

After debate, the question on adoption of the amendment was determined by a call of the yeas and nays, at a quarter before four o’clock P.M., on motion of Mr. Tarr, as follows, to wit (yeas 6 – nays 31) **[Yeas and Nays No. 266]:**

**YEAS.**

deMacedo, Viriato M.  
Fattman, Ryan C.  
Humason, Donald F., Jr.

O'Connor, Patrick M.  
Ross, Richard J.  
Tarr, Bruce E. – 6.

**NAYS.**

Barrett, Michael J.  
Boncore, Joseph A.  
Brady, Michael D.  
Brownsberger, William N.  
Chandler, Harriette L.  
Chang-Diaz, Sonia  
Creem, Cynthia Stone  
Cyr, Julian  
DiDomenico, Sal N.  
Donoghue, Eileen M.  
Eldridge, James B.  
Feeney, Paul R.  
Forry, Linda Dorcena  
Friedman, Cindy F.  
Gobi, Anne M.  
Hinds, Adam G.

Keenan, John F.  
Lesser, Eric P.  
Lewis, Jason M.  
L'Italien, Barbara A.  
Lovely, Joan B.  
McGee, Thomas M.  
Montigny, Mark C.  
Moore, Michael O.  
O'Connor Ives, Kathleen  
Pacheco, Marc R.  
Rodrigues, Michael J.  
Rush, Michael F.  
Spilka, Karen E.  
Timilty, Walter F.  
Welch, James T. – 31.

**ABSENT OR NOT VOTING.**

Jehlen, Patricia D. – 1.

The yeas and nays having been completed at eight minutes before four o'clock P.M., the amendment was *rejected*.

Mr. Boncore and Ms. Friedman moved that the proposed new draft be amended in section 145, in line 2704, by striking the figure “14” and inserting in place thereof the figure: “15”; and in line 2705, by inserting after the words: “public housing authority” the following: “1 of whom shall be a provider of emergency shelter services to homeless individuals”.

75

The amendment was adopted.

Messrs. Tarr and deMacedo moved that the proposed new draft be amended by inserting after section 28 the following section:-

76

“SECTION \_\_. Clause (b) of section 10 of chapter 12C as so appearing is hereby by striking ‘each private health care payer offering small or large group health plans including, but not limited to:’ and inserting in place thereof the following:-‘private health care payers, that comprise at least initially 90 percent of privately covered lives in the Commonwealth and subsequently the remaining 10 percent, and offering small or large group health plans including, but not limited to:’.”

After remarks, the amendment was *rejected*.

Messrs. Tarr and deMacedo moved that the proposed new draft be amended by striking section 29 in its entirety and inserting in place thereof the following:-

82

“SECTION 29. Section 10 of said chapter 12C, as so appearing, is hereby amended by striking out subsection (e) and inserting in place thereof the following:- (e) The center shall under the procedures established by Medicare release at least annually all hospital data including payment and utilization information for services that may be provided in connection with at least the 100

most common inpatient stays. The center may release claims data on at least the 10 most expensive kinds of inpatient stays on average by payer. The center shall release claims data on the 100 most common outpatient procedures. The center may release claims data on the 10 most expensive kinds of outpatient procedures. The center shall release physician, practitioner, and other supplier utilization and payment data that consists of information on services and procedures provided to patients by physicians and other healthcare professionals. The data shall show at least allowed amounts and submitted charges, for those services and procedures by provider. It should allow for comparisons by physician, specialty, location, types of medical services and procedures delivered, payment and submitted charges. Claims for providers that have provided less than five of a certain procedures or service to patients may be excluded by the center. The center shall release claims data on the 100 most commonly prescribed drugs, and the 10 most expensive rugs on average by payer. The center may release any other related claims data the center already collects as part of the categories listed above.

The center shall not be required to build a consumer tool to sort the date, but at a minimum must make it available to the public on their website on an annual basis in a raw but useable form. The center may also incorporate any of the released data listed above into their consumer health information website as established in section 20 of chapter 12C.

After debate, the question on adoption of the amendment was determined by a call of the yeas and nays, at one minute past four o'clock P.M., on motion of Mr. Tarr, as follows, to wit (yeas 5 – nays 32) **[Yeas and Nays No. 267]**:

**YEAS.**

deMacedo, Viriato M.  
Fattman, Ryan C.  
Humason, Donald F., Jr.

O'Connor, Patrick M.  
Tarr, Bruce E. – **5.**

**NAYS.**

Barrett, Michael J.  
Boncore, Joseph A.  
Brady, Michael D.  
Brownsberger, William N.  
Chandler, Harriette L.  
Chang-Diaz, Sonia  
Creem, Cynthia Stone  
Cyr, Julian  
DiDomenico, Sal N.  
Donoghue, Eileen M.  
Eldridge, James B.  
Feeney, Paul R.  
Forry, Linda Dorcena  
Friedman, Cindy F.  
Gobi, Anne M.  
Hinds, Adam G.

Keenan, John F.  
Lesser, Eric P.  
Lewis, Jason M.  
L'Italien, Barbara A.  
Lovely, Joan B.  
McGee, Thomas M.  
Montigny, Mark C.  
Moore, Michael O.  
O'Connor Ives, Kathleen  
Pacheco, Marc R.  
Rodrigues, Michael J.  
Ross, Richard J.  
Rush, Michael F.  
Spilka, Karen E.  
Timilty, Walter F.  
Welch, James T. – **32.**

**ABSENT OR NOT VOTING.**

Jehlen, Patricia D. – **1.**

The yeas and nays having been completed at four minutes past four o'clock P.M., the amendment was *rejected*.

Subsequently, Mr. Tarr moved that the Senate reconsider the vote by which it

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had *rejected* the amendment; and, there being no objection, the motion prevailed.

The recurring question on adoption of the amendment was determined by a call of the yeas and nays, at eight minutes past four o'clock P.M., on motion of Mr. Tarr, as follows, to wit (yeas 6 – nays 31) [**Yeas and Nays No. 268**]:

**YEAS.**

deMacedo, Viriato M.	O'Connor, Patrick M.
Fattman, Ryan C.	Ross, Richard J.
Humason, Donald F., Jr.	Tarr, Bruce E. – 6.

**NAYS.**

Barrett, Michael J.	Keenan, John F.
Boncore, Joseph A.	Lesser, Eric P.
Brady, Michael D.	Lewis, Jason M.
Brownsberger, William N.	L'Italien, Barbara A.
Chandler, Harriette L.	Lovely, Joan B.
Chang-Diaz, Sonia	McGee, Thomas M.
Creem, Cynthia Stone	Montigny, Mark C.
Cyr, Julian	Moore, Michael O.
DiDomenico, Sal N.	O'Connor Ives, Kathleen
Donoghue, Eileen M.	Pacheco, Marc R.
Eldridge, James B.	Rodrigues, Michael J.
Feeney, Paul R.	Rush, Michael F.
Forry, Linda Dorcena	Spilka, Karen E.
Friedman, Cindy F.	Timilty, Walter F.
Gobi, Anne M.	Welch, James T. – 31.
Hinds, Adam G.	

**ABSENT OR NOT VOTING.**

Jehlen, Patricia D. – 1.

The yeas and nays having been completed at ten minutes past four o'clock P.M., the amendment was again *rejected*.

There being no objection, the following matter was taken out of order and considered as follows:

The Senate Bill providing for the establishment of a comprehensive adaptation management plan in response to climate change (Senate, No. 2196),-- was read a third time.

Climate change,--  
plan.

After remarks, the question passing the bill to be engrossed, was determined by a call of the yeas and nays, at twenty-nine minutes past four o'clock P.M., on motion of Mr. Pacheco, as follows, to wit (yeas 38 – nays 0) [**Yeas and Nays No. 269**]:

**YEAS.**

Barrett, Michael J.	Jehlen, Patricia D.
Boncore, Joseph A.	Keenan, John F.
Brady, Michael D.	Lesser, Eric P.
Brownsberger, William N.	Lewis, Jason M.
Chandler, Harriette L.	L'Italien, Barbara A.
Chang-Diaz, Sonia	Lovely, Joan B.
Creem, Cynthia Stone	McGee, Thomas M.

Cyr, Julian	Montigny, Mark C.
deMacedo, Viriato M.	Moore, Michael O.
DiDomenico, Sal N.	O'Connor, Patrick M.
Donoghue, Eileen M.	O'Connor Ives, Kathleen
Eldridge, James B.	Pacheco, Marc R.
Fattman, Ryan C.	Rodrigues, Michael J.
Feeney, Paul R.	Ross, Richard J.
Forry, Linda Dorcena	Rush, Michael F.
Friedman, Cindy F.	Spilka, Karen E.
Gobi, Anne M.	Tarr, Bruce E.
Hinds, Adam G.	Timilty, Walter F.
Humason, Donald F., Jr.	Welch, James T. – 38.

NAYS – 0.

**The yeas and nays having been completed at twenty-eight minutes before five o'clock P.M., the bill was passed to be engrossed. Sent to the House for concurrence.**

*Moment of Silence.*

At the request of the President the members, guests and staff stood in a moment of silence and reflection to the memory of former Worcester Mayor Paul V. Mullaney.

Moment of Silence.

*Recess In Memory of Paul V. Mullaney.*

The Senator from Worcester, Ms. Chandler, the Senator from Worcester, Mr. Moore, and the Senator from Worcester and Norfolk, Mr. Fattman, moved that when the Senate recesses today it do so in memory of former Worcester Mayor Paul V. Mullaney.

Ms. Chandler and Messrs. Moore and Fattman in the Chair, Paul V. Mullaney, known by many as “Mr. Worcester,” died at the age of 97 last Wednesday.

A veteran war hero, a father to nine children, and a grandfather to nineteen, passed away surrounded by his family who “so loved and admired him.”

Mr. Mullaney was born on Gates Street in the Main South area of the city on November 22, 1919. He graduated from South High in 1938 and from the College of the Holy Cross in 1942. During his senior year of college he enlisted with the Marine Corps and began active duty in World War II upon graduation. After the war, he earned his law degree from Boston College Law School.

Two years later he served again with the Marine Corps, fighting in the Korean War where he was awarded three Purple Hearts, as well as a Bronze Star and a Silver Star. He retired a first lieutenant in 1952.

Mr. Mullaney was elected to the Worcester City Council in 1960, and was elected Mayor in 1963. He made an unsuccessful bid for Congress in 1978. From 1978 to 1991 he served as a district court judge.

Mr. Mullaney was the oldest living former mayor and city councilor from the city of Worcester. He was recognized in 2014 for his commitment to the city when the plaza behind city hall was dedicated in his name. Mr. Mullaney was a staple at Worcester political functions and was active in veteran’s affairs issues, helping to

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lead the initiative to erect the Central Massachusetts Korean War Memorial.

Mr. Mullaney was respected by all and his loss comes with great sadness. His dedication to the city of Worcester, the Commonwealth of Massachusetts, and the United States is incredibly commendable and will not be forgotten.

The President in the Chair, accordingly, as a mark of respect in memory of Paul V. Mullaney., at twenty-four minutes before five o'clock P.M., on motion of Ms. Chandler, the Senate recessed until tomorrow at eleven o'clock A.M.

Thursday, November 9, 2017  
[being the legislative session of Wednesday, November 8, 2017.]

Met at a quarter past eleven o'clock A.M.

The Rockport Public School Choir, led the President, members, guests and staff in the recitation of the pledge of allegiance to the flag.

Pledge of allegiance.

*Distinguished Guests.*

There being no objection, the President handed the gavel to Mr. Tarr for the purpose of an introduction. Mr. Tarr then introduced, in the rear of the Chamber, the Rockport Public School Choir. The group consisted of 51 students that ranged from grades 6-12. They were led by Patricia Pike, Director of Choirs for the Rockport Middle School and High School and were accompanied by Superintendent Robert Liebow. The choir performed for the Senate and after withdrew from the Chamber.

Rockport Public School Choir.

*Communication.*

The following communications were severally received and placed on file, to wit:

Communication from the Honorable Stanley C. Rosenberg, President of the Senate, announcing that Senator Paul R. Feeney will replace Senator Jason M. Lewis (pursuant to Section 20 of Chapter 121 of the Acts of 2016) to the Special Commission on Public Records;

Special Commission on Public Records.

Communication from the Honorable Andrea Crighton, Senate Calendar Clerk, in compliance with Massachusetts General Laws Chapter 268A (received in the Office of the Clerk of the Senate on Thursday, November 9, 2017 at ten minutes before ten o'clock A.M.);

Andrea Crighton,-- Chapter 268A.

Communication from the Office of the Comptroller (pursuant to Section 12(a) of Chapter 7A of the General Laws) submitting an updated status report for the FY17 Statutory Basis Financial Report. (received November 7, 2017); and

Comptroller,-- SBFR updated status report. SD2387

Communication from the Department of Public Health relative to plans of correction for the following correctional facilities:

DPH,-- plans of correction. SD2388

Northeastern Correctional Center  
NCCI Gardner (received November 7, 2017).

*Report.*

Report of the Department of Public Health (pursuant to Sections 5, 20 and 21 of Chapter 111 of the General Laws) relative to inspections of the following correctional facilities:

DPH,-- facility inspections. SD2389

Suffolk County House of Correction  
Suffolk County Jail  
Dartmouth Women's Center  
Bristol County Modular Building  
Dartmouth I.C.E. Facility (received November 7, 2017), -- **was placed on file.**

*Placed on File.*

Mr. Barrett, for the committee on Telecommunications, Utilities and Energy, on the communication from the Division of Energy Resources of the Executive

Alternative Energy Portfolio Standard,--

Office of Energy and Environmental Affairs (under the provisions of section 12 of Chapter 25A of the General Laws) submitting amendments to 225 CMR 16, Alternative Energy Portfolio Standard (APS) (House, No. 3955),-- reported recommending that the same be placed on file.

regulations.

**Under Senate Rule 36, the report was considered forthwith and was accepted**

**Sent to the House for concurrence.**

PAPERS FROM THE HOUSE.

A Bill relative to advancing contraceptive coverage and economic security in our state (ACCESS) (House, No. 4009,-- on House, No. 536),-- **was read and, under Senate Rule 27, referred to the committee on Ways and Means**

Contraceptive coverage.

*Resolutions.*

The following resolutions (having been filed with the Clerk) were considered forthwith and adopted, as follows:-

Resolutions (filed by Messrs. Welch and Lesser) “congratulating Roderick L. Ireland on the dedication of the Roderick L. Ireland Courthouse.”

Roderick L. Ireland.

PAPERS FROM THE HOUSE.

A Bill providing for immediate capital improvement needs of the Commonwealth (House, No. 4015, amended,-- on House, No. 3968, in part),-- was read.

Capital improvement.

There being no objection, the rules were suspended, on motion of Mr. Keenan, and the bill was read a second time.

After remarks, and pending the question on ordering the bill to a third reading, Mr. Humason moved that the bill be amended by adding the following section:-

“SECTION 5. The division of capital asset management and maintenance, in consultation with the department of veterans’ services, shall study the long-term capital and deferred maintenance needs of the Soldiers’ Home in Holyoke. The division shall report its findings, including requests for operating and capital expenditures, to the executive office for administration and finance, the house and senate committees on bonding, capital expenditures and state assets, the joint committee on veterans and federal affairs, and the house and senate committees on ways and means, not later than April 30, 2018.”

**After further remarks, the amendment was adopted**

**The bill, as amended, was then ordered to a third reading, read a third time and passed to be engrossed, in concurrence, with the amendment.**

**Sent to the House for concurrence in the amendment.**

*Engrossed Bill.*

An engrossed Bill relative to the A-B-C Stormwater Flooding Board (see Senate, No. 2127, amended) (which originated in the Senate), **having been certified by the Senate Clerk to be rightly and truly prepared for final passage, was passed to be enacted and signed by the President and laid before the Governor for his approbation.**

Bill laid before the Governor.

*Reports of Committees.*

By Mr. Montigny, for the committees on Rules of the two branches, acting

Public employees,-- death benefits.

concurrently, that Joint Rule 12 be suspended on the Senate petition of Eric P. Lesser for legislation to provide fair and equitable line of duty death benefits for public employees.

SD2352

**The rules were suspended, at the request of Mr. Feeney, and the report was considered forthwith. Joint Rule 12 was suspended; and the petition (accompanied by bill) was referred to the committee on Public Service.**

**Sent to the House for concurrence.**

Mr. Montigny, for the committee on Rules, reported that the following matter be placed in the Orders of the Day for the next session:

The House Bill relative to members of the Devens Fire Department (House, No. 1328, amended).

Devens Fire District,-  
- members.

There being no objection, the rules were suspended, on motion of Mr. Eldridge, and the bill was read a second time.

Pending the question on ordering the bill to a third reading, Mr. Eldridge moved that the bill be amended by adding the following section:-

“SECTION 13. This act shall take effect as of October 15, 2017.”

**The amendment was adopted.**

**The bill, as amended, was then ordered to third reading, read third time and passed to be engrossed, in concurrence, with the amendment.**

**Sent to the House for concurrence with the amendment.**

*Matters Taken Out of the Orders of the Day.*

There being no objection, the following matters were taken out of the Orders of the Day and considered as follows:

The House Bill authorizing the town of Truro to convey a perpetual trail easement on conservation land to Truro conservation trust (House, No. 2424),-- **was read a third time and passed to be engrossed, in concurrence.**

Truro,-- land  
conveyance.

The House Bill authorizing the town of Lenox to convey a conservation restriction on certain parcels of land (House, No. 3833, amended),-- **was read a third time and passed to be engrossed, in concurrence.**

Lenox,-- land  
conveyance.

*Orders of the Day.*

The Orders of the Day was were further considered as follows:

The Senate Committee Bill furthering health empowerment and affordability by leveraging transformative health care (Senate, No. 2190),-- was again considered, the main question being on ordering the bill to a third reading.

Health care,--  
affordability.

Mr. Tarr moved that the proposed new draft be amended by inserting at the end thereof the following sections:-

84

“SECTION 1. Subsection (a) of section 12 of chapter 12C of the General Laws, as so appearing, is hereby amended by striking out the second paragraph and inserting in place thereof the following paragraph:--

The center shall, to the extent feasible, make data in the payer and provider claims database available to payers and providers in real-time; provided, however, that all data-sharing complies with applicable state and federal privacy laws.

SECTION 2. Subsection (b) of said section 12 is hereby amended is hereby amended by striking out the fourth sentence.

SECTION 3. Section 20 of said chapter 12C is hereby amended by striking out subsection (b) and inserting in place thereof the following section:--

(b) The website shall provide updated information on a regular basis, but no more than 90 days after data required to post such information has been reported to the center, and additional comparative quality, price and cost information shall be published as determined by the center. To the extent possible, the website shall include: (1) comparative price and cost information for the most common referral or prescribed services, as determined by the center, categorized by payer and listed by facility, provider, and provider organization or other groupings, as determined by the center; (2) comparative quality information from the standard quality measure set and verified by the center, available by facility, provider, provider organization or any other provider grouping, as determined by the center, for each such service or category of service for which comparative price and cost information is provided; (3) general information related to each service or category of service for which comparative information is provided; (4) comparative quality information from the standard quality measure set and verified by the center, available by facility, provider, provider organization or other groupings, as determined by the center, that is not service-specific, including information related to patient safety and satisfaction; (5) data concerning healthcare-associated infections and serious reportable events reported under section 51H of chapter 111; (6) definitions of common health insurance and medical terms, including, but not limited to, those determined under sections 2715(g) (2) and (3) of the Public Health Service Act, so that consumers may compare health coverage and understand the terms of their coverage; (7) a list of health care provider types, including but not limited to primary care physicians, nurse practitioners and physician assistants, and what types of services they are authorized to perform in the commonwealth under applicable state and federal scope of practice laws; (8) factors consumers should consider when choosing an insurance product or provider group, including, but not limited to, provider network, premium, cost-sharing, covered services, and tiering; (9) patient decision aids, which are interactive, written or audio-visual tools that provide a balanced presentation of the condition and treatment or screening options, benefits and harms, with attention to the patient's preferences and values, and which may facilitate conversations between patients and their health care providers about preference-sensitive conditions or diseases such as chronic back pain, early stage of breast and prostate cancers, hip osteoarthritis, and cataracts; provided, however, that decision aids shall be made available on, but not be limited to, long-term care and supports and palliative care; (10) a list of provider services that are physically and programmatically accessible for people with disabilities; and (11) descriptions of standard quality measures, as determined by the statewide quality advisory committee and verified by the center.

(12) comparative price and cost information for the most common referral or prescribed services, as determined by the center, compared to the price and cost information of other states.

SECTION 4. Paragraph (1) of subsection (a) of section 4 of Chapter 176J of the General Laws, as amended by section 8 of chapter 3 of the acts of 2013, is hereby amended by inserting after the fifth sentence the following two sentences:-- Upon the request of an eligible small business, a carrier shall provide that group with the claims data for every health benefit plan that it provides to the eligible small business so that the eligible small business can use such data to help control its health care costs."

After debate, the question on adoption of the amendment was determined by a call of the yeas and nays, at ten minutes before twelve o'clock noon, on motion of

Mr. Tarr, as follows, to wit (yeas 7 – nays 29) [Yeas and Nays No. 270]:

**YEAS.**

deMacedo, Viriato M.	O'Connor, Patrick M.
Fattman, Ryan C.	O'Connor Ives, Kathleen
Humason, Donald F., Jr.	Tarr, Bruce E. – 7.
Moore, Michael O.	

**NAYS.**

Barrett, Michael J.	Hinds, Adam G.
Boncore, Joseph A.	Jehlen, Patricia D.
Brady, Michael D.	Keenan, John F.
Brownsberger, William N.	Lesser, Eric P.
Chandler, Harriette L.	Lewis, Jason M.
Chang-Diaz, Sonia	L'Italien, Barbara A.
Creem, Cynthia Stone	Lovely, Joan B.
Cyr, Julian	McGee, Thomas M.
DiDomenico, Sal N.	Montigny, Mark C.
Donoghue, Eileen M.	Pacheco, Marc R.
Eldridge, James B.	Rodrigues, Michael J.
Feeney, Paul R.	Spilka, Karen E.
Forry, Linda Dorcena	Timilty, Walter F.
Friedman, Cindy F.	Welch, James T. – 29.
Gobi, Anne M.	

**ANSWERED “PRESENT”.**

Ross, Richard J. (*present*) – 1.

The yeas and nays having been completed at two minutes before twelve o'clock noon, the amendment was *rejected*.

Mr. Brady, Ms. Friedman, Messrs. Feeney, Cyr, McGee, Boncore and Timilty, Ms. Gobi and Messrs. Eldridge, O'Connor and Montigny moved that the proposed new draft be amended by inserting at the end thereof the following section:-

87

“SECTION XX: Chapter 32A of the General Laws is hereby amended by striking out section 3 and inserting in place thereof the following section: -

Section 3. There shall be established within the executive office for administration and finance, but not under its jurisdiction, a special unpaid commission to be known as the group insurance commission. The group insurance commission shall consist of the secretary of administration and finance, the commissioner of insurance and 13 members to be appointed by the governor, 1 of whom shall be a representative appointed from a list of 3 representatives who shall be nominated by the president of the Retired State, County and Municipal Employees Association of Massachusetts, 1 of whom shall be a health economist and at least 3 of whom shall be full-time state employees, 1 of whom shall be a member of the Massachusetts Public Employees Council, #93, AFSCME, Massachusetts State Labor Council, AFL/CIO, to be appointed from a list of 3 representatives who shall be nominated by the executive director of the Massachusetts Public Employees Council #93, 1 of whom shall be a member of the Massachusetts State Employees Association, National Association of Government Employees, to be appointed from a list of 3 representatives who shall be nominated by the president of the National Association of Government Employees and 1 labor representative to be appointed by the governor from a list of 3 representatives who

shall be nominated by the president of Local 5000 SEIU/Trial Court and 1 labor representative to be appointed by the governor from a list of 3 representatives who shall be nominated by the president of the Service Employees International Union, Local 509, and 1 labor representative to be appointed by the governor from a list of 3 representatives who shall be nominated by the president of the Massachusetts Organization of State Engineers and Scientists, 1 of whom shall be a management representative who shall be appointed from a list of 3 representatives nominated by the Massachusetts Municipal Association and 1 of whom shall be a labor representative who shall be appointed from a list of 3 representatives nominated by the president of the teachers' union with the greatest amount of active and retired members enrolled in commission health plans. In addition, upon the transfer of 45,000 subscribers from municipal governmental units to the group insurance commission pursuant to section 19 of chapter 32B, there shall be an additional management representative to be appointed by the governor from a list of 3 representatives who shall be nominated by the Massachusetts Municipal Association and an additional labor representative to be appointed by the governor who shall be selected from a list of 3 representatives of municipal public safety employees nominated by the president of the Massachusetts chapter of the AFL/CIO.

Whenever an organization nominates a list of representatives for appointment by the governor under this section, the organization may nominate additional candidates if the governor declines to appoint any of those originally nominated. Not more than 55 per cent of the appointed members of the commission shall be members of the same political party. No member appointed by the governor shall be an insurance agent, broker, employee or officer of an insurance company. Upon the expiration of the term of office of an appointed member, that member's successor shall be appointed in like manner for a term of 3 years. The commission shall be provided with suitable offices and may, subject to appropriation, incur expenses and appoint an executive director who shall be the executive and administrative head of the commission and who shall not be subject to chapter 31. The commission may authorize the executive director to appoint such employees as may be necessary to administer this chapter. There shall be paid by the commonwealth to each appointive member of the commission the necessary expenses actually incurred in the discharge of their official duties.

The commission shall adopt such reasonable rules and regulations as may be necessary for the administration of this chapter and shall make an annual report to the governor and to the general court which shall include any modifications or amendments made to contracts executed under this chapter. The commission shall also hold at least 2 public hearings annually to receive comments and feedback from interested parties prior to a board vote related to any amendment to plan design, cost sharing, deductibles or other state employee cost. The rules and regulations shall be in such form so as to enable employees to understand the benefits available from the insurance program, including the costs thereof.”

After remarks, the amendment was adopted.

Messrs. Lesser and Eldridge, Ms. Gobi and Mr. O'Connor moved that the proposed new draft be amended by inserting the following section:-

88

“SECTION X. Chapter 6 of the General Laws, as so appearing in the 2014 official edition, is hereby amended by inserting after section 15BBBBBB, the following section:-

Section 15CCCCC. The governor shall annually issue a proclamation setting apart May 6th as Moyamoya Awareness Day, to raise awareness of the occurrence

of this rare neurovascular condition seen in children and adults in which the walls of the internal carotid arteries become thickened and narrowed resulting in reduced blood flow and an increased risk of transient ischemic attacks and strokes, and recommending that the day be observed in an appropriate manner by the people.”

After remarks, the amendment was adopted.

Mr. Boncore moved that the proposed new draft be amended by striking section 3 and inserting in place thereof the following section:-

92

“SECTION 3. Section 1 of chapter 6D of the General Laws, as appearing in the 2016 Official Edition, is hereby amended by inserting after the definition of ‘Performance penalty’ the following 3 definitions:-

‘Pharmaceutical industry,’ a group of three pharmaceutical manufacturing companies doing business in the commonwealth selected by the commission on an annual basis that includes: one publicly-traded pharmaceutical manufacturing company; one pharmaceutical manufacturing company that primarily manufactures generic drugs, and one pharmaceutical manufacturing company that has been in existence for less than 10 years.

‘Pharmaceutical manufacturing company’, an entity engaged in the production, preparation, propagation, compounding, conversion or processing of prescription drugs, directly or indirectly, by extraction from substances of natural origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis; or an entity engaged in the packaging, repackaging, labeling, relabeling or distribution of prescription drugs; provided, however, that ‘Pharmaceutical manufacturing company’ shall not include a wholesale drug distributor licensed under section 36B of chapter 112 or a retail pharmacist pharmacy registered under section 39 of said chapter 112.

‘Pharmacy benefit manager’, a person or entity that administers: (i) a prescription drug, prescription device or pharmacist services; or (ii) a prescription drug and device and pharmacist services portion of a health benefit plan on behalf of a plan sponsor including, but not limited to, self-insured employers, insurance companies and labor unions; provided, however, that ‘Pharmacy benefit manager’ shall include a health benefit plan that does not contract with a pharmacy benefit manager and administers its own: (a) prescription drug, prescription device or pharmacist services; or (b) prescription drug and device and pharmacist services portion, unless specifically exempted by the center.”; and

By striking section 10 and inserting in place thereof the following new section:-

“SECTION 10. Section 8 of said chapter 6D, as so appearing, is hereby amended by striking out, in line 32, the words ‘and (xi)’ and inserting in place thereof the following words:-

(xi) representatives of the pharmaceutical industry; (xii) at least 1 pharmacy benefit manager; and (xiii).”

The amendment was *rejected*.

Mr. Cyr moved that the proposed new draft be amended in section 125 by inserting after the word “shall”, in line 2391, the following words:- “implement a pilot program offering the optional expanded plan to interested employers as an employer-sponsored insurance plan. Following the implementation of the pilot program, but not later than January 1, 2019, the office shall”.

93

The amendment was *rejected*.

Mr. Moore and Ms. Gobi moved that the proposed new draft be amended in section 83, by inserting after the figure “(2)”, in line 1276, the following word:- “invasive”;

94

In said section 83, by inserting after the word “injection”, in line 1278, the first time it appears, the following words:- “, intraocular injection”; and

In said section 83, in proposed subsection (a) of proposed section 66C, by striking out the last sentence.

After remarks, the amendment was adopted.

Mr. Tarr moved that the proposed new draft be amended by striking in section 71 lines 1066-1069 the following:- “Prior to an admission, procedure or service, and upon request by a patient or prospective patient, a health care provider shall, not later than 2 workings days after receipt of the request, disclose the allowed amount or charge for the admission, procedure or service, including the amount of any facility fees” and inserting in place thereof the following:- “A health care provider shall prior to an admission, procedure or service disclose to a patient or prospective patient the allowed amount or charge for the admission, procedure or service, including the amount of any facility fees”.

98

After debate, the question on adoption of the amendment was determined by a call of the yeas and nays, at ten minutes past twelve o’clock noon, on motion of Mr. Tarr, as follows, to wit (yeas 12 – nays 26) [**Yeas and Nays No. 271**]:

**YEAS.**

Chang-Diaz, Sonia  
Cyr, Julian  
deMacedo, Viriato M.  
Fattman, Ryan C.  
Humason, Donald F., Jr.  
Jehlen, Patricia D.

L’Italien, Barbara A.  
Moore, Michael O.  
O’Connor, Patrick M.  
O’Connor Ives, Kathleen  
Ross, Richard J.  
Tarr, Bruce E. – **12.**

**NAYS.**

Barrett, Michael J.  
Boncore, Joseph A.  
Brady, Michael D.  
Brownsberger, William N.  
Chandler, Harriette L.  
Creem, Cynthia Stone  
DiDomenico, Sal N.  
Donoghue, Eileen M.  
Eldridge, James B.  
Feeney, Paul R.  
Forry, Linda Dorcena  
Friedman, Cindy F.  
Gobi, Anne M.

Hinds, Adam G.  
Keenan, John F.  
Lesser, Eric P.  
Lewis, Jason M.  
Lovely, Joan B.  
McGee, Thomas M.  
Montigny, Mark C.  
Pacheco, Marc R.  
Rodrigues, Michael J.  
Rush, Michael F.  
Spilka, Karen E.  
Timilty, Walter F.  
Welch, James T. – **26.**

The yeas and nays having been completed at fourteen minutes past twelve o'clock noon, the amendment was *rejected*.

Messrs. Tarr and deMacedo moved that the proposed new draft be amended by striking in line 2019-2020 the following:- “and a participating provider in the insured’s health benefit plan is unavailable”;

100

By striking in lines 2029-2030 the following:- “and a participating provider in the insured’s health benefit plan is unavailable”; and

By inserting in line 2036 after the word “plan” the following:- “if an enrollee covered under a health benefit plan elects to obtain a covered health care service from an out-of-network provider at a price that is the same or less than the statewide average for the same covered health care service based on data reported

on by the center for health information analysis, the carrier shall allow the enrollee to obtain the service from the out-of-network provider at the provider's charge and, upon request by the enrollee, shall apply the payments made by the enrollee for that comparable health care service toward the enrollee's deductible and out-of-pocket maximum as specified in the enrollee's health plan as if the health care services had been provided by an in-network provider. A carrier may use the average price paid to a network provider for the covered comparable health care service under the enrollee's health plan in lieu of the statewide average price as provided by the center for health information analysis so long as the carrier uses a reasonable method to calculate the average price paid and the information is available to enrollees through a website accessible to the enrollee and a toll-free telephone number that provide, at a minimum, information relating to comparable health care services. The enrollee is responsible for demonstrating to the carrier that payments made by the enrollee to the out-of-network provider should be applied toward the enrollee's deductible or out-of-pocket maximum pursuant to this section. The carrier shall provide a downloadable or interactive online form to the enrollee for the purpose of making such a demonstration and may require that copies of bills and proof of payment be submitted by the enrollee. For the purposes of this section, 'out-of-network provider' means a provider located in Massachusetts, New Hampshire or Maine and participates in Medicare”.

After debate, the question on adoption of the amendment was determined by a call of the yeas and nays, at twenty minutes past twelve o'clock noon, on motion of Mr. Tarr, as follows, to wit (yeas 9 – nays 28) [**Yeas and Nays No. 272**]:

**YEAS.**

- |                         |                             |
|-------------------------|-----------------------------|
| Cyr, Julian             | L'Italien, Barbara A.       |
| deMacedo, Viriato M.    | Moore, Michael O.           |
| Fattman, Ryan C.        | O'Connor, Patrick M.        |
| Humason, Donald F., Jr. | Tarr, Bruce E. – <b>9</b> . |
| Lesser, Eric P.         |                             |

**NAYS.**

- |                          |                               |
|--------------------------|-------------------------------|
| Barrett, Michael J.      | Hinds, Adam G.                |
| Boncore, Joseph A.       | Jehlen, Patricia D.           |
| Brady, Michael D.        | Keenan, John F.               |
| Brownsberger, William N. | Lewis, Jason M.               |
| Chandler, Harriette L.   | Lovely, Joan B.               |
| Chang-Diaz, Sonia        | McGee, Thomas M.              |
| Creem, Cynthia Stone     | Montigny, Mark C.             |
| DiDomenico, Sal N.       | O'Connor Ives, Kathleen       |
| Donoghue, Eileen M.      | Pacheco, Marc R.              |
| Eldridge, James B.       | Rodrigues, Michael J.         |
| Feeney, Paul R.          | Rush, Michael F.              |
| Forry, Linda Dorcena     | Spilka, Karen E.              |
| Friedman, Cindy F.       | Timilty, Walter F.            |
| Gobi, Anne M.            | Welch, James T. – <b>28</b> . |

**ANSWERED “PRESENT”.**

- Ross, Richard J. (*present*) – **1**.

The yeas and nays having been completed at twenty-three minutes past twelve o'clock noon, the amendment was *rejected*.

Mr. Timilty moved that the proposed new draft be amended by adding the

following sections:-

“SECTION XX. Sections 41A, 56A and 238 of chapter 224 of the Acts of 2012, are hereby repealed;

SECTION XX. Said chapter 244 is hereby further amended as appearing by striking the word ‘\$15,000,000’ in section 297, and inserting in place thereof the word: ‘\$1,200,000’.

SECTION XX. Section 298 of said chapter 244, as so appearing, is hereby further amended by striking the word ‘2017’, and inserting in place thereof the word: ‘2019’.

SECTION XX. Chapter 62 of the General Laws, as so appearing, is hereby amended by inserting after the fourth paragraph in section 6N the following paragraphs:-

(e) The department of public health shall consult with the department of revenue and individuals from various business and health care organizations from Massachusetts, including but not limited to; the Associated Industries of Massachusetts, the Massachusetts Society of Certified Public Accountants, the Massachusetts chapter of International Health, Racquet and Sportsclub Association, the Massachusetts Association of Health Plans, the Massachusetts chapter of the National Federation of Independent Businesses; the Massachusetts Taxpayer Foundation, and the Smaller Business Association of New England on the promotion of the program to eligible entities.

(f) The department of public health shall set health and economic outcome goals for the wellness program tax credit, including but not limited to (i) program participation increase of 25% per year, (ii) slowed increase in employer health costs, (iii) improvements in employee well-being, and quality of life, and (iv) growth in existing employee wellness programs. The department of public health in consultation with the department of revenue shall study the health and economic outcomes of the program and file a report, together with any recommendations regarding whether there should be legislative changes to the tax credit or whether the health and economic goals of the program can better be served through other means, to the clerks of the house of representatives and senate, chairs of the house and senate committees on ways and means, the house and senate chairs of the joint committee on health care financing, the house and senate chairs of the joint committee on public health and the secretary of the executive office of administration and finance on or before December 1 of each calendar year.

SECTION XX. Chapter 63 of the General Laws, as so appearing, is hereby amended by inserting after the fifth paragraph in section 38FF the following paragraphs:-

(f) The department of public health shall consult with the department of revenue and individuals from various business and health care organizations from Massachusetts, including but not limited to; the Associated Industries of Massachusetts, the Massachusetts Society of Certified Public Accountants, the Massachusetts chapter of the International Health, Racquet and Sportsclub Association, the Massachusetts Association of Health Plans, the Massachusetts chapter of the National Federation of Independent Businesses; the Massachusetts Taxpayer Foundation, and the Smaller Business Association of New England on the promotion of the program to eligible entities.

(g) The department of public health shall set health and economic outcome goals for the wellness program tax credit, including but not limited to (i) program participation increase of 25% per year, (ii) slowed increase in employer health costs, (iii) improvements in employee well-being, and quality of life, and (iv)

growth in existing employee wellness programs. The department of public health in consultation with the department of revenue shall study the health and economic outcomes of the program and file a report, together with any recommendations regarding whether there should be legislative changes to the tax credit or whether the health and economic goals of the program can better be served through other means, to the clerks of the house of representatives and senate, chairs of the house and senate committees on ways and means, the house and senate chairs of the joint committee on health care financing, the house and senate chairs of the joint committee on public health and the secretary of the executive office of administration and finance on or before December 1 of each calendar year.”

The amendment was *rejected*.

Ms. Creem and Mr. Feeny moved that the proposed new draft be amended by inserting the following section:

102

“SECTION XX: There shall be a food allergy task force to investigate the rising prevalence of food allergies in adults and children. The task force shall consist of the secretary of the executive office of health and human services or a designee, who shall serve as chair, the commissioner of the department of public health or a designee; the commissioner of the division of insurance or a designee; the executive director of the Massachusetts Chapter of the American Academy of Pediatrics or a designee; the executive director of the Asthma & Allergy Foundation of America/New England Chapter or a designee, a representative from the Food Allergy Science Initiative at the Broad institute; the president of the Massachusetts Association of Health Plans or a designee; and 2 members appointed by the governor, 1 of whom shall be a physician with experience in food allergies; and 1 of whom shall be a parent of a child with food allergies;

The task force shall consider (i) the rising prevalence of food allergies in adults and children and ways to eliminate or decrease food allergies; (ii) gaps that exist in insurance coverage for food allergy medication and services; and (iii) ways to improve insurance coverage of medically necessary food and formula.

The task force shall file its recommendations, including any drafts of legislation or regulations necessary to carry out its recommendations, to the clerks of the senate and house of representatives, the joint committee on public health, and the joint committee on health care financing not later than December 31, 2019.”

After remarks, the amendment was adopted.

Mr. Ross moved that the proposed new draft be amended by inserting at the end thereof the following section:-

107

“SECTION XX. Section 2 of chapter 111M of the General Laws, as so appearing, is hereby amended by inserting, in line 33, after the word ‘penalty;’ the following words:- ‘provided, however, if during the course of a taxable year a taxpayer becomes unemployed and, as a result, loses health care coverage for the duration of that unemployed period, and that unemployed period is longer than 63 days, the taxpayer shall be exempt from the penalty for the duration of that unemployed period;’.”

After remarks, the amendment was *rejected*.

Mr. Tarr moved that the proposed new draft be amended by inserting after clause (v) in line 1793 the following new clause (vi):-

109

“(vi) a plan compatible with a health savings account authorized under federal law, a health plan design in which enrollees are directly incentivized to shop for low-cost, high-quality participating providers for comparable health care services. Incentives may include, but are not limited to, cash payments, gift cards or credits

or reductions of premiums, copayments or deductibles.”

After remarks, the amendment was adopted.

Messrs. Timilty and Cyr and Ms. Gobi moved that the proposed new draft be amended by striking section 114 in its entirety, and replaced with the following:

110

“SECTION 114. Section 9 of chapter 118E is hereby further amended by adding, after the words ‘pre-admission counseling program’ in the fourth paragraph, the following new paragraph:

The executive office of health and human services, in collaboration with the executive office of elder affairs, the office of Medicaid and the department of public health, shall develop a post-acute care referral consultation program, subject to appropriation, of regional consultation teams to ensure education and outreach to hospital, skilled nursing facility, primary care providers, and consumers on the pre-admission counseling required under this section. A referral for an evidence-based Care Transitions Intervention that includes a home visit by a trained coach shall be included in this post-acute care program. The program shall (i) through outreach and educations in the community, assist providers, consumers and their families in determining appropriate post-acute care settings and (ii) share best practices among providers; and (iii) the Care Transitions Intervention shall be provided to consumers to reduce hospital readmissions.

The program shall also provide outreach and education to ensure that acute care hospitals are offering to patients access to the pre-admission counseling required under this section. The executive office of health and human services shall notify all acute care hospitals at least once annually of the requirements of section 9 of chapter 118E, that consumers seeking admission to a long term care facility paid for by MassHealth be offered pre-admission counseling for long term care services.

A regional consultation team shall include regional representation from: (i) aging service access points members of Mass Home Care, including Care Transition Intervention staff (ii) senior care organization members of the MassHealth Senior Care Options program; (iii) Program of All7 inclusive Care for the Elderly plans; (iv) One Care plans (v) the Massachusetts council on aging;

(vi) the Massachusetts Healthy Aging Collaborative; (vii) skilled nursing facilities; (viii) independent living centers; (ix) and other entities or individuals deemed appropriate by the executive office of health and human services. A regional consultation team shall be based within an aging service access point.

The executive office of health and human services shall submit an initial report to the joint committee on health care financing, the joint committee on elder affairs and the senate and house committees on ways and means not later than March 15, 2018, that details: (i) the anticipated structure for the program; (ii) estimated cost estimates for the implementation and maintenance of the program; (iii) a breakdown of the state investment and anticipated alternate funding sources; and (iv) a timeline for program implementation. Beginning in 2019, the executive office of health and human services shall submit an annual report not later than March 15 to the joint committee on health care financing, the joint committee on elder affairs and the senate and house committees on ways and means that shall include, but not be limited to: (i) education and outreach efforts on preadmission counseling; (ii) the number of providers accessing the program; (iii) the estimated cost estimates for the implementation and maintenance of the program; and (iv) a breakdown of referrals based on the site of post-acute care.”

The amendment was *rejected*.

Mr. O'Connor moved that the proposed new draft be amended in section 2 by

116

inserting after the word “consumers” in line 45 the following:- “, 1 of whom shall represent an independent community hospital not corporately affiliated with an academic medical center”.

The amendment was *rejected*.

Ms. Creem moved that the proposed new draft be amended by inserting the following section:-

117

“SECTION XX. Chapter 12C of the General Laws is hereby amended by striking out section 15, and inserting in place thereof the following section:-

Section 15. (a) For the purposes of this section, the following words shall, unless the context clearly requires otherwise, have the following meanings:

‘Adverse event’, harm to a patient resulting from a medical intervention and not to the underlying condition of the patient.

‘Agency,’ any agency of the executive branch of government in the commonwealth, including but not limited to any constitutional or other office, executive office, department, division, bureau, board, commission or committee thereof; or any authority created by the general court to serve a public purpose, having either statewide or local jurisdiction.

‘Board’, the patient safety and medical errors reduction board.

‘Healthcare-associated infection,’ an infection that a patient acquires during the course of receiving treatment for other conditions within a healthcare setting.

‘Lehman center’, the Betsy Lehman center for patient safety and medical error reduction.

‘Incident’, an incident which, if left undetected or uncorrected, might have resulted in an adverse event.

‘Medical error’, the failure of medical management of a planned action to be completed as intended or the use of a wrong plan to achieve an outcome.

‘Patient safety’, freedom from accidental injury.

‘Patient safety information’, data and information related to patient safety, including adverse events, incidents, medical errors, or healthcare-associated infections that are collected or maintained by agencies.

(b) There shall be established within the center the Betsy Lehman center for patient safety and medical error reduction. The purpose of the Lehman center shall be to serve as a clearinghouse for the development, evaluation and dissemination, including, but not limited to, the sponsorship of training and education programs, of best practices for patient safety and medical error reduction. The Lehman center shall: (1) coordinate the efforts of state agencies engaged in the regulation, contracting or delivery of health care and those individuals or institutions licensed by the commonwealth to provide health care to meet their responsibilities for patient safety and medical error reduction; (2) assist all such entities to work as part of a total system of patient safety; and (3) develop appropriate mechanisms for consumers to be included in a statewide program for improving patient safety. The Lehman center shall coordinate state participation in any appropriate state or federal reports or data collection efforts relative to patient safety and medical error reduction. The Lehman center shall analyze available data, research and reports for information that would improve education and training programs that promote patient safety.

(c) Within the Lehman center, there shall be established a patient safety and medical errors reduction board. The board shall consist of the secretary of health and human services, the executive director of the center, the director of consumer affairs and business regulations and the attorney general. The board shall appoint, in consultation with the advisory committee, the director of the Lehman center by a

unanimous vote and the director shall, under the general supervision of the board, have general oversight of the operation of the Lehman center. The director may appoint or retain and remove expert, clerical or other assistants as the work of the Lehman center may require. The coalition for the prevention of medical errors shall serve as the advisory committee to the board. The advisory committee shall, at the request of the director, provide advice and counsel as it considers appropriate including, but not limited to, serving as a resource for studies and projects undertaken or sponsored by the Lehman center. The advisory committee may also review and comment on regulations and standards proposed or promulgated by the Lehman center, but the review and comment shall be advisory in nature and shall not be considered binding on the Lehman center.

(d) The Lehman center shall develop and administer a patient safety and medical error reduction education and research program to assist health care professionals, health care facilities and agencies and the general public regarding issues related to the causes and consequences of medical error and practices and procedures to promote the highest standard for patient safety in the commonwealth. The Lehman center shall annually report to the governor and the general court relative to the feasibility of developing standards for patient safety and medical error reduction programs for any state department, agency, commission or board to reduce medical errors, and the statutory responsibilities of the commonwealth, for the protection of patients and consumers of health care together with recommendations to improve coordination and effectiveness of the programs and activities.

(e) The Lehman center shall (1) identify and disseminate information about evidence-based best practices to reduce medical errors and enhance patient safety; (2) develop a process for determining which evidence-based best practices should be considered for adoption; (3) serve as a central clearinghouse for the collection and analysis of existing information on the causes of medical errors and strategies for prevention; and (4) increase awareness of error prevention strategies through public and professional education. The information collected by the Lehman center or reported to the Lehman center shall not be a public record as defined in section 7 of chapter 4, shall be confidential and shall not be subject to subpoena or discovery or introduced into evidence in any judicial or administrative proceeding, except as otherwise specifically provided by law.

(f) Notwithstanding any general or special law to the contrary, the Lehman Center and each agency that collects or maintains patient safety information may transmit such information, including personal data under section 1 of chapter 66A, to each other through an agreement, that can be an interagency service agreement, that provides for any safeguards necessary to protect the privacy and security of the information; provided, that the provision of such information is consistent with federal law.

(g) The Lehman center may adopt rules and regulations necessary to carry out the purpose and provisions of this section. The Lehman center may contract with any federal, state or municipal agency or other public institution or with any private individual, partnership, firm, corporation, association or other entity to manage its affairs or carry out the purpose and provisions of this section.

(h) The Lehman center shall report annually to the general court regarding the progress made in improving patient safety and medical error reduction. The Lehman center shall seek federal and foundation support to supplement state resources to carry out the Lehman center's patient safety and medical error reduction goals.”

The amendment was adopted.

Mr. Tarr moved that the proposed new draft be amended by inserting after section 94 the following twelve sections:-

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“SECTION 92. Said chapter 118E is hereby further amended by adding the following 12 sections:-

Section 82. The division on at least a monthly basis, shall receive and review information from the state lottery commission concerning individuals that indicates a change in circumstances that may affect eligibility, including but not limited to changes in income or resources.

Section 83. On at least a monthly basis, the division shall receive and review information from the registry of vital records and statistics concerning individuals enrolled that indicates a change in circumstances that may affect eligibility.

Section 84. On at least a quarterly basis, the division shall receive and review information from the department of unemployment assistance concerning individuals enrolled that indicates a change in circumstances that may affect eligibility, including but not limited to changes in employment or wages.

Section 85. On at least a quarterly basis, the division shall receive and review information from the department of transitional assistance concerning individuals enrolled that indicates a change in circumstances that may affect eligibility, including but not limited to potential changes in residency as identified by out-of-state electronic benefit transfer (EBT) transactions. The division in consultation with the department of transitional assistance shall develop a plan to facilitate, individuals receiving SNAP benefits if eligibility is confirmed by the information shared pursuant to this section

Section 86. The division shall sign a memorandum of understanding with any department, agency, or division for information detailed in this chapter.

Section 87. The division may contract with one or more independent vendors to provide additional data or information which may indicate a change in circumstances that may affect eligibility.

Section 88. The division shall explore joining any multi-state cooperative to identify individuals who are also enrolled in public assistance programs outside of this state, including the National Accuracy Clearinghouse.

Section 89. If the division receives information concerning an individual enrolled indicates a change in circumstances that may affect eligibility, the division shall review the individual’s case.”

After debate, the question on adoption of the amendment was determined by a call of the yeas and nays, at twenty-one minutes before one o’clock P.M., on motion of Mr. Tarr, as follows, to wit (yeas 10 – nays 28) **[Yeas and Nays No. 273]:**

**YEAS.**

deMacedo, Viriato M.  
Fattman, Ryan C.  
Gobi, Anne M.  
Humason, Donald F., Jr.  
Moore, Michael O.

O'Connor, Patrick M.  
O'Connor Ives, Kathleen  
Pacheco, Marc R.  
Ross, Richard J.  
Tarr, Bruce E. – **10.**

**NAYS.**

Barrett, Michael J.  
Boncore, Joseph A.  
Brady, Michael D.  
Brownsberger, William N.

Hinds, Adam G.  
Jehlen, Patricia D.  
Keenan, John F.  
Lesser, Eric P.

Chandler, Harriette L.  
Chang-Diaz, Sonia  
Creem, Cynthia Stone  
Cyr, Julian  
DiDomenico, Sal N.  
Donoghue, Eileen M.  
Eldridge, James B.  
Feeney, Paul R.  
Forry, Linda Dorcena  
Friedman, Cindy F.

Lewis, Jason M.  
L'Italien, Barbara A.  
Lovely, Joan B.  
McGee, Thomas M.  
Montigny, Mark C.  
Rodrigues, Michael J.  
Rush, Michael F.  
Spilka, Karen E.  
Timilty, Walter F.  
Welch, James T. – 28.

The yeas and nays having been completed at eighteen minutes before one o'clock P.M., the amendment was *rejected*.

Mr. O'Connor moved that the proposed new draft be amended in section 69 by inserting after the word "providers" in line 921 the following:- "including, but not limited to, independent community hospitals"; and by inserting after the word "provider" in line 926 the following:- “, independent community hospital”.

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After remarks, the amendment was adopted.

Ms. Donoghue moved that the proposed new draft be amended in section 2 by inserting in line 60 before the term “shall” the following:- “shall include all Healthcare Effectiveness Data and Information Set (HEDIS) measures and”;

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In said section 2 by striking subsection (b) and inserting in place thereof the following new subsection:-

“(b) Periodically, but not more frequent than every three years, the secretary of health and human services shall establish an aligned measure set to be used by the commonwealth and carriers in contracts with health care providers that incorporate quality measures into the payment terms pursuant to section 28 of chapter 32A, section 81 of chapter 118E, section 108N of chapter 175, section 40 of chapter 176A, section 26 of chapter 176B, section 35 of chapter 176G, section 14 of chapter 176I and for assigning tiers to health care providers in tiered network plans pursuant to section 11 of chapter 176J, provided however that a carrier may apply for a waiver from this requirement from the secretary of health and human services. The aligned measure set shall designate: (i) core measures that shall be used in contracts between payers, including the commonwealth and carriers, and health care providers, including provider organizations and accountable care organizations, that incorporate quality measures into payment terms; and (ii) non-core measures that may be used in such contracts”;

In section 43 by inserting at the end of line 745 after the term “health plan”, the following words- “, provided however that a carrier or third party administrator with whom a carrier contracts may apply for a waiver from this requirement from the secretary of health and human services”;

In section 94 by inserting at the end of line 1517 after the term “section 9A”, the following words:- “, provided however that contracted health insurers, health plans, health maintenance organizations, behavioral health management firms and third party administrators under contract with a Medicaid managed care organization or primary care clinician plan may apply for a waiver from this requirement from the secretary of health and human services”;

In section 97 by inserting at the end of line 1574 after the term “health plan”, the following words:- “, provided however that an insurer may apply for a waiver from this requirement from the secretary of health and human services”;

In section 98 by inserting at the end of line 1624 after the term “hospital

service plan”, the following words: “, provided however that a nonprofit hospital service corporation may apply for a waiver from this requirement from the secretary of health and human services”;

In section 99 by inserting at the end of line 1672 after the term “medical service plan”, the following words:- “, provided however that a nonprofit medical service corporation may apply for a waiver from this requirement from the secretary of health and human services”;

In section 100 by inserting at the end of line 1720 after the term “health maintenance contract”, the following words:- “, provided however that a health maintenance organization may apply for a waiver from this requirement from the secretary of health and human services”; and

In section 101 by inserting at the end of line 1762 after the term “health benefit plan”, the following new language:- “, provided however that an organization may apply for a waiver from this requirement from the secretary of health and human services”.

The amendment was *rejected*.

Mr. Ross moved that the proposed new draft be amended in section 145 by striking, in line 2718, the words “and (v) opportunities” and inserting in place thereof the following:- “(v) recommended policies to increase the safety and security of residents of affordable housing by utilizing comprehensive in-state and out-of-state criminal background checks; and (vi) opportunities”.

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The amendment was *rejected*.

Mr. O'Connor moved that the proposed new draft be amended in section 69 by striking the figure “15” in line 989 and inserting thereof the following:- “16”; and

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In said section by inserting after the word "association" in line 996 the following:- “, 1 of whom shall be a person from an independent community hospital”.

The amendment was adopted.

Messrs. Eldridge, Cyr, Hinds, Feeney and Barrett moved that the proposed new draft be amended by adding the following sections:-

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“SECTION XX. Chapter 176Q of the General Laws is hereby amended by inserting after section 18 the following section:-

Section 20. Public Health Insurance Program

(a) As used in this chapter, the following words shall have the following meanings, unless the context clearly requires otherwise:-

‘Board’, the board of the commonwealth health insurance connector, established by subsection (b) of section 2 of chapter 176Q.

‘Carrier’, an insurer licensed or otherwise authorized to transact accident and health insurance under chapter 175; a nonprofit hospital service corporation organized under chapter 176A; a nonprofit medical service corporation organized under chapter 176B; a health maintenance organization organized under chapter 176G.

‘Connector’, the commonwealth health insurance connector authority, established by subsection (a) of section 2 of chapter 176Q.

‘Health benefit plan’, any individual, general, blanket or group policy of health, accident and sickness insurance issued by an insurer licensed under chapter 175; a group hospital service plan issued by a non-profit hospital service corporation under chapter 176A; a group medical service plan issued by a non-profit medical service corporation under chapter 176B; a group health maintenance contract issued by a health maintenance organization under chapter 176G; a coverage for young adults health insurance plan under section 10 of chapter 176J.

The words ‘health benefit plan’ shall not include accident only, credit-only, limited scope vision or dental benefits if offered separately, hospital indemnity insurance policies if offered as independent, non-coordinated benefits, which, for the purposes of this chapter, shall mean policies issued under chapter 175 that provide a benefit not to exceed \$500 per day, as adjusted on an annual basis by the amount of increase in the average weekly wages in the commonwealth as defined in section 1 of chapter 152, to be paid to an insured or a dependent, including the spouse of an insured, on the basis of a hospitalization of the insured or a dependent, disability income insurance, coverage issued as a supplement to liability insurance, specified disease insurance that is purchased as a supplement and not as a substitute for a health plan and meets any requirements the commissioner by regulation may set, insurance arising out of a workers’ compensation law or similar law, automobile medical payment insurance, insurance under which benefits are payable with or without regard to fault and which is statutorily required to be contained in a liability insurance policy or equivalent self-insurance, long-term care if offered separately, coverage supplemental to the coverage provided under 10 U.S.C. section 55 if offered as a separate insurance policy, or any policy subject to chapter 176K or any similar policies issued on a group basis, Medicare Advantage plans or Medicare Prescription drug plans. A health plan issued, renewed or delivered within or without the commonwealth to an individual who is enrolled in a qualifying student health insurance program under section 18 of chapter 15A shall not be considered a health plan for the purposes of this chapter and shall be governed by said chapter 15A. The commissioner of insurance may by regulation define other health coverage as a health benefit plan for the purposes of this chapter.

‘Eligible individual’, an individual who is a resident of the commonwealth; provided, however, that the individual is not offered subsidized health insurance by an employer with more than 50 employees.

‘Eligible small group’, a sole proprietorship, labor union, educational, professional, civic, trade, church, not-for-profit or social organization or firms, corporations, partnerships or associations actively engaged in business that on at least 50 per cent of its working days during the preceding year employed at least one but not more than 50 employees.

‘Eligible large group’, a labor union, educational, professional, civic, trade, church, not-for-profit or social organization or firms, corporations, partnerships or associations actively engaged in business that on at least 50 per cent of its working days during the preceding year employed at least 51 employees.

‘Public health insurance program’, the public health benefits plan offered through the connector established by subsection (b).

‘Seal of approval’, the approval given by the board of the connector to indicate that a health benefit plan meets certain standards regarding quality and value, as established by section 10 of chapter 176Q.

‘Trust fund’, the Public Health Insurance Trust Fund, established by section 2YYYY of chapter 29.

(b) The connector shall provide for the offering of a public health benefits plan, which shall be known as the public health insurance program, to eligible individuals and groups.

(1) The public health insurance program shall:

(i) be made available exclusively through the connector, alongside health benefit plans receiving the connector seal of approval;

(ii) meet all the requirements to receive the connector seal of approval;

- (iii) meet the connector's standards for minimum creditable coverage; and
- (iv) comply with subsections (b), (c), and (d) of section 5 of chapter 176Q.

(c) The executive director of the connector may contract with managed care organizations or other health benefits administrators to administer aspects of plans offered under the public health insurance program.

(d) The connector shall establish premium rates for the public health insurance program at a level sufficient to fully finance the costs of health benefits provided by the public health insurance program and administrative costs related to operating the public health insurance program. The board shall establish payment rates for the public health insurance program for services and providers based on parts A and B of Medicare and may determine the extent to which adjustments to base Medicare payment rates shall be made in order to fairly reimburse providers and medical goods and device makers while maintaining a sufficient provider network.

(e) Health care providers, including physicians and hospitals, participating in Medicare are participating providers in the public health insurance program. The connector shall establish a process for participating providers to opt-out of the public health insurance program. The opt-out process shall:

- (1) prohibit penalties for non-participating providers;
- (2) establish a process for providers to rejoin the program after opting out; and
- (3) establish an annual open enrollment period in which providers may decide whether to participate in the public health insurance program.

(f) The connector shall include in its annual reports the activities, receipts, expenditures, and enrollments of the public health insurance program. The public health insurance program shall be subject to the prescription and oversight of the board and state auditor pursuant to section 14 and section 15 of chapter 176Q.

(g) The connector shall promulgate regulations necessary to implement this section.

SECTION XX. Contracts to administer aspects of the public health insurance program pursuant to subsection (c) of section 20 of chapter 176Q shall only be available to Medicaid managed care organizations that have contracted with the commonwealth as of January 1, 2017. Beginning January 1, 2020, the connector may contract with non-Medicaid managed care organizations to administer aspects of the public health insurance program pursuant to subsection (c) of section 20 of chapter 176Q.

SECTION XX. Chapter 26 of the General Laws is hereby amended by inserting after section 8L the following section:-

Section 8M. Risk Adjustment

(a) The commissioner of insurance may make an assessment against a health plan, health insurer, or health maintenance organization doing business in the commonwealth, as well as the public health insurance program established by subsection (b) of section 20 of chapter 176Q, which shall be referred to herein as 'risk-adjusted health plans', if the actuarial risk of the enrollees of such plans or coverage for a year is less than the average actuarial risk of all enrollees in all risk-adjusted health plans for such year. Self-insured group health plans, which are subject to 29 U.S.C. chapter 18 § 1001 et seq, shall be exempted from such risk adjustment.

(b) Using the criteria and methods developed under subsection (c), the commissioner of insurance shall provide a payment to risk-adjusted health plans with respect to health insurance coverage if the actuarial risk of the enrollees of such plans or coverage for a year is greater than the average actuarial risk of all

enrollees in all risk-adjusted health plans for such year that are not self-insured group health plans.

(c) The commissioner shall establish criteria and methods to be used in carrying out the risk adjustment activities under this section. In calculating the actuarial risk of risk-adjusted health plans, the commissioner may utilize data including but not limited to enrollee demographics, the actual medical costs of enrollees during the previous year, inpatient and outpatient diagnoses in similar fashion as such data are used under parts C and D of title XVIII of the Social Security Act, and such other information as the commissioner determines may be necessary. Upon request, such risk-adjusted health plans shall make information available to the division of insurance for the purposes of risk adjustment under this section. Such information shall be confidential and limited to the minimum amount of personal information necessary. Such information shall not be a public record under clause Twenty-sixth of section 7 of chapter 4 or under chapter 66.

SECTION XX. Chapter 29 of the General Laws is hereby amended by inserting after section 2XXXX the following section:-

Section 2YYYY. There is hereby established and set up on the books of the commonwealth a separate fund to be known as the Public Health Insurance Program Trust Fund. Amounts credited to the trust fund shall be expended without further appropriation for operation of the public health insurance program. Not later than January 1, the comptroller shall report an update of revenues for the current fiscal year. The comptroller shall file this report with the secretary of administration and finance, the office of Medicaid, the joint committee on health care financing, and the house and senate committees on ways and means.

SECTION XX. Subsection (a) of section 5 of chapter 176Q is hereby amended by inserting, after the word ‘carrier’ in line 3, the following words:- , as well as the public health insurance program,

SECTION XX. Section 1 of Chapter 176Q is hereby amended by inserting, after the definition of ‘Eligible Small Groups’, the following definition:-

‘Eligible large groups’, a labor union, educational, professional, civic, trade, church, not-for-profit or social organization or firms, corporations, partnerships or associations actively engaged in business that on at least 50 per cent of its working days during the preceding year employed at least 51 employees.

SECTION XX. Section 4 of chapter 176Q of the General Laws is hereby amended by inserting after the word ‘small’ in line 3, the following words:- ‘and large’; and by striking out, in line 5, the word ‘group’s’, and inserting in place thereof the following words:- ‘or large group’s’.

SECTION XX. Section 123 of chapter 58 of the acts of 2006 is hereby amended by striking out the following:- The director shall collaborate with the secretary of health and human services and the group insurance commission to implement a methodology for the purposes of adjusting for variations in clinical risk among populations served by each of the commonwealth health insurance connector contractors. Adjustments to final payments to each of the contractors for a contract year shall be made in accordance with the risk adjustment methodology.

SECTION XX. The public health insurance program established in section 20 of chapter 176Q shall be made available to eligible individuals and eligible small groups through the commonwealth connector no later than January 1, 2019 and to eligible large groups no later than July 1, 2019.”

After remarks, the amendment was *rejected*.

Mr. Tarr moved that the proposed new draft be amended by inserting at the end of section 123 in line 2352 the following:-“provided further that any hospital

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that experiences 25 percent or more of its readmission from any skilled nursing facility licensed pursuant to 105 cmr 153 shall enter into a memorandum of understanding with such facility relative to protocols for reducing hospital readmission, which shall be submitted to the department of public health”.

After remarks, the amendment was *rejected*.

Mr. O'Connor moved that the proposed new draft be amended in section 74 by inserting after the word “program” in line 1131 the following:- “, provided, however, that if the patient's condition deteriorates, then the current point-of-entry plan will be followed”.

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The amendment was *rejected*.

Ms. Lovely moved that the proposed new draft be amended in section 143 by striking out, in line 2647 the number “7” and inserting in place thereof the following:-“8”; and by inserting, in line 2654, after the word “Inc.” the following:- “; and one of whom shall be a representative of the American Physical Therapy Association of Massachusetts”.

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After remarks, the amendment was adopted.

Messrs. Rodrigues and Eldridge, Ms. Friedman, Ms. Forry, Messrs. Humason, Montigny, Moore, Lewis, Keenan, deMacedo, Cyr, Fattman and O'Connor and Ms. Creem moved that the proposed new draft be amended by inserting the text of Senate document numbered 2216, relative to limiting retroactive clawbacks of health insurance claims for mental health and substance abuse services.

143

After remarks, the amendment was adopted.

*Recess.*

There being no objection, at a four minutes past one o'clock P.M., at the request of Mr. Tarr, for the purpose of a minority caucus, the President declared a recess; and, at twenty-five minutes past three o'clock P.M., the Senate reassembled, the President in the Chair.

Recess.

*Orders of the Day.*

The Orders of the Day was were further considered as follows:

The Senate Committee Bill furthering health empowerment and affordability by leveraging transformative health care (Senate, No. 2190),-- was again considered, the main question being on ordering the bill to a third reading.

Health care,--  
affordability.

Mr. Tarr moved that the proposed new draft be amended by striking section 14 in its entirety.

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After remarks, the amendment was *rejected*.

Mr. Tarr moved that the proposed new draft be amended by inserting after the word "information" in line 888 the following:- “that is compatible and interoperative, to the maximum feasible extent, with existing electronic medical records systems”.

151

After remarks, the amendment was adopted.

Mr. Tarr moved that the proposed new draft be amended by striking section 118 in its entirety

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The amendment was *rejected*.

Ms. Jehlen moved that the proposed new draft be amended by striking, beginning in line 2512, the words “expected benchmarks for providers to demonstrate sustainability due” and inserting in place thereof the following:- “opportunities for continuing funding in similar or new payment types related”; and by striking, beginning in line 2516, the words “structures. The strategic plan

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shall identify: (i) regional disparities in funding” and inserting in place thereof the following:- “structures, including all hospitals eligible for safety net provider payments, essential MassHealth hospitals, and non-state public acute hospitals.

The strategic plan shall identify: (i) continuity of ongoing and sustaining funding for safety net hospitals historically supported through the section 1115 demonstration waiver;”.

The amendment was *rejected*.

Mr. Tarr moved that the proposed new draft be amended by inserting at the end thereof the following section:-

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"SECTION\_. Notwithstanding any general or special law to the contrary, the secretary of health and human services shall analyze the current availability of beds of the post-detoxification treatment of addiction, including the number and geographic distribution of such beds and the relevant wait times for a patient to be placed into them.

Based on such analysis, the secretary shall develop a plan to address any current and reasonably foreseeable deficiencies in the number and availability of such treatment beds, so as to maximize the efficiency of addiction treatment through a continuum of care, and to prevent readmission to initial detoxification treatment as a result of the failure of post-acute treatment availability.

Said analysis and plan shall be reported to the clerks of the house and senate, not later than December 31, 2019.”

The amendment was *rejected*.

Ms. Jehlen moved that the proposed new draft be amended by inserting the following sections:-

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“SECTION XX. Section 1 of chapter 19D of the General Laws is hereby amended by inserting after the definition for ‘elderly housing,’ the following new definition:-

‘Basic Health Services’, injections; application or replacement of simple non-sterile dressings; management of oxygen on a regular and continuing basis when the resident's medical condition warrants; or application of ointments or drops.

SECTION XX. Section 10 of said chapter 19D is hereby amended by striking, in subsection (a), paragraph (5) and inserting in place thereof, the following paragraph: -

(5) For all residents whose service plans so specify, either or both self-administered medication management or basic health services by personnel meeting standards for professional qualifications and training set forth in the regulations.

SECTION XX. Said section 10 of said chapter 19D, as appearing in the 2016 Official Edition, is hereby further amended by inserting, in line 31, after the word “of” the following:- ‘basic health services, or.’

SECTION XX. Said section 10 of said chapter 19D is hereby further amended by inserting the following new subsection:-

(e) The sponsor may advertise, market, and otherwise promote or provide or arrange for the provision of basic health services for assisted living residents and shall administer such care and services in accordance with the requirements set forth herein. A sponsor may not provide basic health services without submitting an operating plan to the Executive Office of Elder Affairs for its approval that explains how the Residence’s basic health services will meet the needs of its resident population or individual residents therein, and the staff qualifications and training for providing such services. Said operating plan shall specify whether all, or certain, of the enumerated basic health services will be offered, steps taken to

provide adequate support and training of nurses who will provide such care, oversight and evaluation of basic health services, provided, however, that no such plan shall restrict resident choice in the delivery of said services by outside health professionals. The Executive Office of Elder Affairs is, hereby, authorized and directed to promulgate appropriate regulations governing the application, criteria for approval or disapproval, and ongoing oversight of basic health services authorized in this section.

SECTION XX. Section 11 of said chapter 19D is hereby amended by striking, in line 2, the word ‘No’ and inserting in place thereof the following:- Except as permitted for residences which opt to provide basic health services, no.”

The amendment was *rejected*.

Mr. Cyr, Ms. Donoghue, Ms. Forry, Messrs. O'Connor, Moore, Hinds, Eldridge and Lewis, Ms. Gobi, Mr. Keenan, Ms. Friedman, Ms. Chang-Diaz, Mr. Feeney, Ms. Jehlen, Mr. Lesser and Ms. Creem moved that the proposed new draft be amended by inserting after section 46 the following section:-

“SECTION 46A. Subsection (b) of section 7B of chapter 64C of the General Laws, as so appearing, is hereby amended by adding the following paragraph:-

In addition to the excise imposed by the first paragraph, an excise shall be imposed on fruit-flavored or other nontobacco-flavored cigars and smoking tobacco at the rate of 170 per cent of the wholesale price of such products. The excise shall be imposed on cigar distributors at the time the fruit-flavored or other nontobacco-flavored cigars or smoking tobacco are manufactured, purchased, imported, received or acquired in the commonwealth. The excise shall not be imposed on any such cigars or smoking tobacco that: (i) are exported from the commonwealth; or (ii) are not subject to taxation by the commonwealth pursuant to any federal law. The excise imposed pursuant to this paragraph shall be deposited in the Prevention and Wellness Trust Fund established under section 2G of chapter 111.”; and

In section 69, by inserting after the word “fund”, in line 894, the following words:- “including, but not limited to, revenue received under the second paragraph of section 7B of chapter 64C”.

PRESIDENT: “Question comes on the amendment; the Senator from Essex, Mr. Tarr.”

MR. TARR: “Mr. President, and through you to the members. Mr. President I appreciate the gentleman’s explanation and I do think the Prevention and Wellness Trust Fund is important, but Mr. President I have a point of parliamentary inquiry.

PRESIDENT: “The gentleman will state his Point of parliamentary inquiry.”

MR. TARR: “Mr. President is the current bill that pends before the Senate a money bill?”

PRESIDENT: “The bill is not a money bill.”

MR. TARR: “Mr. President I move the Senate be in a brief recess so we can consider...”

PRESIDENT: “The Senate will be in a brief recess.”

PRESIDENT: “The Senate will be in order; the Chair recognizes the Senator from Essex, Mr. Tarr.”

MR. TARR: “Mr. President, point of parliamentary inquiry.”

PRESIDENT: “The gentleman will state his point of parliamentary inquiry.”

MR. TARR: “Mr. President, first of all it’s very difficult to hear in the chamber...”

PRESIDENT: “Okay? Is the Senate coming to order so that the gentleman’s important point of parliamentary inquiry can be heard and maybe even the

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Money bill ruling.

important answer to the gentleman's point of parliamentary inquiry?"

MR. TARR: "Thank you Mr. President, and through you to the members; Mr. President the pending amendment creates a tax on some additional products that are not presently taxed with regard to some tobacco products that are flavored and have some other particular attributes. Mr. President it appears that the Chair is of the position that this is not a Money Bill and I'm hoping that the Chair will explain why an increase in a tax would be within the scope, the permissible scope, of this bill given the Chair's previous ruling that this is not a money bill."

PRESIDENT: "I thank the gentleman for his question. The answer is this bill is focused on health care and improving health care. It is not a money bill therefore, it is a policy bill on health care, the revenue that would be raised by applying the tax to cigars does not go into the general fund which would have turned it into a money bill, but it can't be a money bill. It is going into a dedicated fund for the purposes of improving health, so both the underlying policy question is, if we apply the tax will it help improve public health, and it does by reducing the amount of smoking that may be done as a result of the tax; and secondly, the revenue that will be created will not go into a general fund, it will into a designated fund, the purpose of which is to be spent on initiatives that will improve the public health. The Senator from Essex, Mr. Tarr."

MR. TARR: "Thank you, Mr. President. Point of further parliamentary inquiry."

PRESIDENT: "The gentleman will state his point of further parliamentary inquiry."

MR. TARR: "So, Mr. President, is it the Chair's position that if a bill on some general topic such as public health is advanced in the Senate then it is permissible to increase or decrease a tax if it is not the principle purpose of the bill so as to benefit or remove benefit from a particular dedicated fund?"

PRESIDENT: "In response to the gentleman's question, it would be reviewed on a case by case basis and an appropriate decision would be made based on the facts as they arise with that situation."

MR. TARR: "Mr. President, point of further parliamentary inquiry."

PRESIDENT: "The gentleman will state his point of further parliamentary inquiry."

MR. TARR: "So, relating to the specific facts of the instant amendment, the Chair would rule that in a bill that it considers to not have as its principle purpose taxation that if a tax is increased or decreased that would be permissible, this is permissible because it affects a dedicated fund?"

PRESIDENT: "In response to the gentleman, it goes to the intent of the effort. It is not the act of raising or lowering the tax that's relevant, it is what would happen to that revenue and because the revenue would go into a fund which is dedicated to a purpose consistent with the bill that is improving public health it is therefore appropriate to offer this amendment and it does not turn this bill into a money bill, which as you know the Senate cannot turn a bill into a money bill."

MR. TARR: "Mr. President."

PRESIDENT: "The Senator from Essex, Mr. Tarr."

MR. TARR: "Mr. President, point of further parliamentary inquiry."

PRESIDENT: "The gentleman will state his point of further parliamentary inquiry."

MR. TARR: "Mr. President my understanding is this amendment was initially drafted; it accomplished its purpose without imposing or increasing a tax. Therefore the tax is not essential to its purpose as originally drafted. So, is... I'm

hoping the Chair can comment on and rule on the essential nature of this tax in this particular amendment to achieve its purpose.”

PRESIDENT: “Pending before the body is what is most relevant. The original amendment did not reference revenue, the gentleman is correct, however the redraft does reference revenue and it is not the revenue it is the intent of the bill which is to improve public health and the revenue is secondary to the principle purpose of the amendment and of the bill, and it enhances the ability of the amendment and the bill to be more successful as a result of the revenue but it was not the purpose of the amendment or the bill to raise revenue and therefore it is not a money bill, it is the intent of this amendment and this bill to improve public health.” The Senator from Essex, Mr. Tarr.”

MR. TARR: “Thank you Mr. President, and through you to the members. Mr. President I appreciate the rulings of the Chair which clearly opened the door to many new amendments or redrafted amendments in this bill relative to the characterization of what is permissible within its scope and if this is not otherwise the case, I would move that the rulings of the Chair be printed in the journal.”

PRESIDENT: “The gentleman moves that the rulings of the Chair be printed in the journal. Because we have them on tape, we in fact can reproduce them. So, all those in favor of the motion indicate by saying, ‘aye’; oppose, ‘no’; the ‘ayes’ have it and the motion prevails.”

Subsequently, the amendment was adopted.

Ms. Friedman moved that the proposed new draft be amended in section 29, by inserting after the words “common behavioral health services”, in line 499, the following words:- “, including outpatient and diversionary mental health and substance use disorder services,”.

18

After remarks, the amendment was adopted.

Ms. L'Italien moved that the proposed new draft be amended by adding at the end thereof the following sections:

26

“SECTION XX. Chapter 118E of the General Laws, as appearing in the 2014 Official Edition, is hereby amended by inserting after section 10G the following section:

Section 10H: The division shall not prohibit coverage for anti-obesity medication approved by the Federal Drug Administration for the purposes for which it has been prescribed, when it has been prescribed by a health care professional legally authorized to prescribe such medication, and shall seek manufacturer rebates for such medication as provided for under 42U.S.C. 1396 r-8 (b)(1).”

The amendment was *rejected*.

Messrs. Rush and Pacheco, Ms. Gobi and Messrs. Brady and O'Connor moved that the proposed new draft be amended by inserting after section 141 the following section:-

31

“SECTION 141A. Notwithstanding any general or special law to the contrary, the health policy commission shall issue a report on expanding the scope of practice for athletic trainers. The report shall be based on available evidence and information and shall include any legislative and regulatory recommendations on: (i) the safety, efficacy, access and cost of health care services provided by athletic trainers in workplace care settings; and (ii) improving workforce health and reducing health care costs by increasing the employment of athletic trainers in workplace care settings. The commission shall file its report with the joint committee on health care finance and the house and senate committees on ways and means not later than June 1, 2018.”

After remarks, the amendment was adopted.

Messrs. Cyr, Feeney and Eldridge moved that the proposed new draft be amended by inserting after section 10 the following section:-

32

“SECTION 10A. Said section 8 of said chapter 6D, as so appearing, is hereby further amended by inserting after the word ‘system’ in line 46, the following words:- , information on ongoing provider efforts and initiatives that demonstrate planning and investment in worker readiness, including maintaining the engagement of the workforce and any significant workforce changes implemented during the reporting year.”;

In section 23, by inserting after the word “providers”, in line 444, the following words:- “, representatives of labor organizations representing healthcare workers”;

In section 124, by striking out, in line 2355, the word “either”; and

In said section 124, by striking out, in line 2357, the words “or (ii)” and inserting in place thereof the following words:- “(ii) that have engaged in meaningful labor-management initiatives to improve or reduce health care costs; or (iii).”

After remarks, the amendment was adopted.

Mr. Moore moved that the proposed new draft be amended in section 129, by striking the first paragraph in its entirety, and inserting in place thereof the following language:-

42

"SECTION 129. Notwithstanding any general or special law to the contrary, the executive office of health and human services, in consultation with the Massachusetts eHealth Institute, shall work with the executive office of elder affairs, the department of revenue, and other state agencies, to improve the accuracy and integrity of data and to maximize information sharing, to the extent permissible under relevant privacy law, between the senior information management system and the Medicaid management information system operated by the executive office of elder affairs, other agencies within state government, electronic health records systems operated by health care providers, and member information systems operated by managed care organizations."

The amendment was *rejected*.

Mr. Moore moved that the proposed new draft be amended in section 24, by striking said section in its entirety, and inserting in place thereof the following section:-

44

“SECTION 24. Section 1 of chapter 12C of the General Laws, as appearing in the 2016 Official Edition, is hereby amended by inserting after the definition of ‘Patient-centered medical home’ the following 2 definitions:

‘Pharmaceutical manufacturing company’, an entity engaged in the production, preparation, propagation, compounding, conversion or processing of prescription drugs, directly or indirectly by extraction from substances of natural origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis; or an entity engaged in the packaging, repackaging, labeling, relabeling or distribution of prescription drugs; provided, however, that ‘Pharmaceutical manufacturing company’ shall not include a wholesale drug distributor licensed under section 36B of chapter 112 or a retail pharmacy registered under section 39 of said chapter 112.

‘Pharmacy benefit manager’, a person or entity that administers: (i) a prescription drug, prescription device or pharmacist services or (ii) a prescription drug and device and pharmacist services portion of a health benefit plan on behalf of a plan sponsor including, but not limited to, self-insured employers, insurance

companies and labor unions; provided, however, that ‘Pharmacy benefit manager’ shall include a health benefit plan that does not contract with a pharmacy benefit manager and administers its own: (a) prescription drug, prescription device or pharmacist services; or (b) prescription drug and device and pharmacist services portion, unless specifically exempted by the center.”; and

In section 30, by striking said section in its entirety and inserting in place thereof the following section:-

“SECTION 30: Said chapter 12C is hereby further amended by inserting after section 10 the following section:-

Section 10A. (a) The center shall promulgate regulations necessary to ensure the uniform analysis of information regarding pharmaceutical manufacturing companies and pharmacy benefit managers and that enable the center to analyze: (i) year-over-year wholesale acquisition cost changes; (ii) year-over-year trends in net expenditures; (iii) net expenditures in Massachusetts on a subset of brand and generic pharmaceuticals identified by the center for which the state spends significant health care dollars; (iv) information regarding trends of estimated aggregate drug rebates and other price reductions paid by a pharmaceutical manufacturing company in connection with utilization of all pharmaceutical drug products offered by the pharmaceutical manufacturing company; (v) information regarding trends of estimated aggregate drug rebates and other price reductions paid by a pharmacy benefit manager in connection with utilization of all drugs offered through the pharmacy benefit manager; (vi) information regarding pharmacy benefit manager practices in passing drug rebates or other price reductions received by the pharmacy benefit manager to a private or public health care payer or the consumer; (vii) information regarding discount or free product vouchers that a retail pharmacy provides to a consumer in connection with a pharmacy service, item or prescription transfer offer or to any discount, rebate, product voucher or other reduction in an individual's out-of-pocket expenses, including co-payments and deductibles under section 3 of chapter 175H; and (viii) any other information deemed necessary by the center.

(b) The center shall require the submission of available data and other information from pharmaceutical manufacturing companies and pharmacy benefit managers including, but not limited to: (i) changes in wholesale acquisition costs for up to 10 brand or generic prescription drug products, as identified by the center, on an annual basis, that account for a significant share of state health care spending; (ii) for the manufacturers of the up to 10 drugs identified under subsection (i), aggregate, company-level research and development and other capital expenditures for the most recent year for which final audited data is available (iii) a description, suitable for public release, of factors that contributed to reported changes in wholesale acquisition costs for the up to 10 prescription drug products identified by the center under subsection (i).

(c) Except as specifically provided otherwise by the center or under this chapter, data collected by the center pursuant to this section from pharmaceutical manufacturing companies and pharmacy benefit managers shall not be a public record under clause Twenty-sixth of section 7 of chapter 4 or under chapter 66.

Section 10B: Notwithstanding the provisions in sections 8, 9, 10, and 10A of this Chapter, to the extent that those sections of this chapter do not specifically enumerate a category of data or other information that an entity must submit to the center, the legislature must prescribe the submission of such data by amending the relevant section.”

The amendment was *rejected*.

Ms. L'Italien moved that the proposed new draft be amended by inserting at the end thereof the following two sections:-

47

“SECTION XX. Section 2 of chapter 47 of the acts of 2017 is hereby amended, in Item 4510-0710, by striking out the words, ‘the department may expend funds’ and inserting in place thereof the following words:- not less than \$500,000 shall be expended;.

SECTION XX. Said section 2 of said chapter 47 is hereby further amended by striking out the figure, ‘\$10,634,252’ and inserting in place thereof the following figure:- \$11,134,252.”

The amendment was *rejected*.

Messrs. Tarr, Eldridge and Fattman moved that the proposed new draft be amended by adding the following new section:-

52

“SECTION \_\_\_\_\_. Notwithstanding any language to the contrary, the Department of Public Health shall strike the language contained in 105 CMR 153.030(A) and (B).”

After debate, the question on adoption of the amendment was determined by a call of the yeas and nays, at eleven minutes past four o'clock P.M., on motion of Mr. Tarr, as follows, to wit (yeas 6 – nays 31) [**Yeas and Nays No. 274**]:

**YEAS.**

deMacedo, Viriato M.  
Fattman, Ryan C.  
Humason, Donald F., Jr.

L'Italien, Barbara A.  
O'Connor, Patrick M.  
Tarr, Bruce E. – **6.**

**NAYS.**

Barrett, Michael J.  
Boncore, Joseph A.  
Brady, Michael D.  
Brownsberger, William N.  
Chandler, Harriette L.  
Chang-Diaz, Sonia  
Creem, Cynthia Stone  
Cyr, Julian  
DiDomenico, Sal N.  
Donoghue, Eileen M.  
Eldridge, James B.  
Feeney, Paul R.  
Forry, Linda Dorcena  
Friedman, Cindy F.  
Gobi, Anne M.  
Hinds, Adam G.

Jehlen, Patricia D.  
Keenan, John F.  
Lesser, Eric P.  
Lewis, Jason M.  
Lovely, Joan B.  
McGee, Thomas M.  
Montigny, Mark C.  
Moore, Michael O.  
O'Connor Ives, Kathleen  
Pacheco, Marc R.  
Rodrigues, Michael J.  
Rush, Michael F.  
Spilka, Karen E.  
Timilty, Walter F.  
Welch, James T. – **31.**

**ANSWERED “PRESENT”.**

Ross, Richard J. (*present*) – **1.**

The yeas and nays having been completed at a quarter past four o'clock P.M., the amendment was *rejected*.

Mr. deMacedo moved that the proposed new draft be amended by striking section 38, in its entirety.

57

After debate, the question on adoption of the amendment was determined by a call of the yeas and nays, at twenty-five minutes before five o'clock P.M., on motion of Mr. deMacedo, as follows, to wit (yeas 5 – nays 32) [**Yeas and Nays No. 275**]:

**YEAS.**

deMacedo, Viriato M.  
Fattman, Ryan C.  
Humason, Donald F., Jr.

O'Connor, Patrick M.  
Tarr, Bruce E. – 5.

**NAYS.**

Barrett, Michael J.  
Boncore, Joseph A.  
Brady, Michael D.  
Brownsberger, William N.  
Chandler, Harriette L.  
Chang-Diaz, Sonia  
Creem, Cynthia Stone  
Cyr, Julian  
DiDomenico, Sal N.  
Donoghue, Eileen M.  
Eldridge, James B.  
Feeney, Paul R.  
Forry, Linda Dorcena  
Friedman, Cindy F.  
Gobi, Anne M.  
Hinds, Adam G.

Jehlen, Patricia D.  
Keenan, John F.  
Lesser, Eric P.  
Lewis, Jason M.  
L'Italien, Barbara A.  
Lovely, Joan B.  
McGee, Thomas M.  
Montigny, Mark C.  
Moore, Michael O.  
O'Connor Ives, Kathleen  
Pacheco, Marc R.  
Rodrigues, Michael J.  
Rush, Michael F.  
Spilka, Karen E.  
Timilty, Walter F.  
Welch, James T. – 32.

**ANSWERED “PRESENT”.**

Ross, Richard J. (*present*) – 1.

The yeas and nays having been completed at twenty-three minutes before five o'clock P.M., the amendment was *rejected*.

Messrs. Montigny, Moore, O'Connor and Rush, Ms. Gobi, Messrs. Ross and Eldridge and Ms. Creem moved that the proposed new draft be amended in section 70, by adding the following 3 sections:-

“Section 51M. The department shall designate a hospital as an acute stroke ready hospital, a primary stroke center or a comprehensive stroke center if: (i) the hospital has applied to the department for a designation; and (ii) the hospital has been certified by The Joint Commission, the American Heart Association or any other department-approved, nationally-recognized certifying body as an acute stroke ready hospital, primary stroke center or comprehensive stroke center.

Section 51N. The department and regional EMS councils as defined in section 1 of chapter 111C shall establish prehospital care protocols related to the assessment, treatment, transport and rerouting of stroke patients by licensed emergency medical services providers to acute stroke ready hospitals, primary stroke centers and comprehensive stroke centers. The protocols shall include plans for the triage and transport of suspected stroke patients including, but not limited to, those patients who may have an emergent large vessel occlusion, to an appropriate facility within a specified timeframe of onset of symptoms. The protocols shall also include any additional criteria necessary to determine the level of care that is the most appropriate for suspected stroke patients. The protocols shall be based on nationally-recognized guidelines for the transport of acute stroke patients. The protocols shall also consider the capability of an emergency receiving facility to improve outcomes for those patients suspected, based on clinical severity, of having an emergent large vessel occlusion. Each regional EMS council shall establish a prehospital point of entry plan for stroke-related patients for their

own respective region.

The department shall: (i) make available the list of designated stroke centers, including the identification of hospitals with continuous neurointerventional coverage, to the medical director of each licensed emergency medical services provider; (ii) maintain a copy of the list in the office designated within the department to oversee emergency medical services; and (iii) post a list of all designated stroke centers and the level of care to the department website. The department shall update the list of designated stroke centers at least annually.

Section 51O. The department shall establish and maintain a data oversight process to improve the quality of care for stroke patients. The process shall include a stroke registry database that compiles information and statistics on stroke care that align with nationally-recognized stroke measures.

A hospital designated by the department as an acute stroke ready hospital, a primary stroke center or a comprehensive stroke center shall utilize a nationally-recognized data platform to collect the stroke data set that shall be required by the department. The data elements shall be collected through the data registry platform and transmitted to the department for inclusion in the stroke registry.

The department shall convene a group of experts including, but not limited to, a representative from the American Stroke Association, a representative from The Massachusetts Neurologic Association, Inc., a representative from Society of Neurointerventional Surgery, a representative from Massachusetts Council of Community Hospitals, Inc., a representative from Massachusetts College of Emergency Physicians, Inc. and a representative of a regional EMS council, with input from key stroke stakeholders and professional societies, to form a stroke advisory taskforce that shall assist with data oversight, program management and advice regarding the stroke system of care. The task force shall meet not less than quarterly to review data and provide advice.”;

By inserting after section 114 the following section:-

“SECTION 114A. Notwithstanding any general or special law to the contrary, until hospitals have been designated pursuant to section 51M of chapter 111 of the General Laws, the department of public health shall designate primary stroke service hospitals as acute stroke ready hospitals capable of providing care previously designated in regulations as primary stroke service care.

At the time that the department begins the designation of 3 tiers of stroke facilities pursuant to said section 51M of said chapter 111, hospitals may maintain primary stroke service designation utilizing the existing processes and criteria for a 6-month period. At the time that the department begins the designation process, primary stroke service hospitals shall be recognized as acute stroke ready hospitals. After the department has begun the designation process, all primary stroke service hospitals shall be considered acute stroke ready hospitals, regardless of additional capacity, until they receive a higher designation of primary stroke center or comprehensive stroke center.”; and

By inserting after section 147 the following 3 sections:-

“SECTION 147A. The department shall designate hospitals pursuant to section 51M of chapter 111 of the General Laws not later than 180 days after the effective date of this act.

SECTION 147B. The department shall establish protocols pursuant to section 51N of chapter 111 of the General Laws not later than 90 days after the effective date of this act.

SECTION 147C. The department shall establish the data oversight process pursuant to section 51O of chapter 111 of the General Laws not later than 180 days

after the effective date of this act.”

After remarks, the question on adoption of the amendment was determined by a call of the yeas and nays, at twenty-one minutes before five o'clock P.M., on motion of Mr. Montigny, as follows, to wit (yeas 38 – nays 0) [Yeas and Nays No. 276]:

YEAS.

- |                          |                         |
|--------------------------|-------------------------|
| Barrett, Michael J.      | Jehlen, Patricia D.     |
| Boncore, Joseph A.       | Keenan, John F.         |
| Brady, Michael D.        | Lesser, Eric P.         |
| Brownsberger, William N. | Lewis, Jason M.         |
| Chandler, Harriette L.   | L'Italien, Barbara A.   |
| Chang-Diaz, Sonia        | Lovely, Joan B.         |
| Creem, Cynthia Stone     | McGee, Thomas M.        |
| Cyr, Julian              | Montigny, Mark C.       |
| deMacedo, Viriato M.     | Moore, Michael O.       |
| DiDomenico, Sal N.       | O'Connor, Patrick M.    |
| Donoghue, Eileen M.      | O'Connor Ives, Kathleen |
| Eldridge, James B.       | Pacheco, Marc R.        |
| Fattman, Ryan C.         | Rodrigues, Michael J.   |
| Feeney, Paul R.          | Ross, Richard J.        |
| Forry, Linda Dorcena     | Rush, Michael F.        |
| Friedman, Cindy F.       | Spilka, Karen E.        |
| Gobi, Anne M.            | Tarr, Bruce E.          |
| Hinds, Adam G.           | Timilty, Walter F.      |
| Humason, Donald F., Jr.  | Welch, James T. – 38.   |

NAYS – 0.

The yeas and nays having been completed at nineteen minutes before five o'clock P.M., the amendment was adopted.

Ms. Gobi and Mr. Humason moved that the proposed new draft be amended in section 112 by inserting, in line 2203 after the word “mix”, the following:- “, including at least one historically low relative price community hospital that is not part of a large health system” 60

The amendment was *rejected*.

Ms. Friedman and Messrs. Cyr and O'Connor move to amend the proposed new draft by inserting the text of Senate document numbered 2219, relative to medically necessary mental health acute treatment and crisis stabilization services. 65

After remarks, the amendment was *rejected*.

Ms. Friedman, Messrs. Feeney and Eldridge and Ms. Gobi moved that the proposed new draft be amended by adding the following section: 69

“SECTION XX. (a) The department of public health, hereinafter referred to as the department, shall amend the regulations governing the application and licensing procedures and suitability requirements for long-term care facilities, as described in 105 CMR 153.00, to establish new requirements that would precede approval of any application for a new license, any notice of intent for transfer of ownership or any notice of intent to sell any for-profit or non-profit skilled nursing facility.

(b) The department shall work in consultation with the executive office of

elder affairs, the office of Medicaid, the office of the attorney general and all interested stakeholders to review and develop recommendations for the regulatory improvements outlined in subsection (a). Such recommendations shall include regulatory amendments that:

(1) Establish additional threshold requirements for applicants seeking to be deemed suitable by the department under 105 CMR 153.006(D), provided, that the additional requirements shall include but not be limited to mandating submission of an initial prospective annual operating budget and of an attestation concerning any anticipated changes to the facility's workforce or working conditions;

(2) Establish a provisional licensure procedure where original applicants not currently doing business in the commonwealth would be issued a provisional original license that would be subject to bi-annual review and revocation procedures within the first year of operation; and

(3) Provide more transparent, timely, and complete public access to information concerning skilled nursing facility licensing and suitability determination standards.

(c) The department shall convene a meeting of interested stakeholders, review recommendations from those stakeholders and other state entities, and submit appropriate amendments to 105 CMR 153.00 for public review no later than 60 days after passage of this act. The department shall issue the new recommendations no later than 180 days after passage of this act.”

After remarks, the amendment was adopted.

Ms. Friedman moved that the proposed new draft be amended by adding the following sections:

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“SECTION XX. Subsection (a) of section 3 of chapter 176U of the General Laws, as appearing in the 2016 Official Edition, is hereby amended by inserting after the first sentence the following sentence:- A long-term care insurance policy entered into on or after January 1, 2012 shall: (i) have a loss ratio between eighty percent and ninety percent; and (ii) cap premium increases at twenty percent over the life of the policy.

SECTION XX. Subsection (d) of said section 3 of said chapter 176U, as so appearing, is hereby amended by inserting after the word ‘regulation’, in line 50, the following words:- ; provided further, that regulations shall be adopted in accordance with subsection (a) of this section.

SECTION XX. Clause (vi) of subsection (a) of section 7 of said chapter 176U, as appearing in the 2016 Official Edition, is hereby amended by inserting after the words ‘determinations and penalties’, in lines 24 and 25, the following words:- ; provided, that filings served upon the division of insurance related to rate increases must be served concurrently on the office of the attorney general and notice provided to policyholders.

SECTION XX. Subsection (c) of said section 7 of said chapter 176U, as so appearing, is hereby amended by striking out the words ‘, in the commissioner’s discretion and may, on motion of the attorney general.’.”

The amendment was *rejected*.

Messrs. Cyr and Eldridge moved that the proposed new draft be amended in section 18 by striking after the word "events," in line 304, the following words:- “rates of institutional post-acute care”; and

91

In section 137 by striking clause (iii).

The amendment was *rejected*.

Mr. Tarr moved that the proposed new draft be amended by inserting in line 1784 after the word “plans” the following:- “provided however that a carrier shall

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offer in all geographic areas a plan that conforms to clauses (iv) and (v) of this section”.

After remarks, the amendment was *rejected*.

Messrs. Lesser, Lewis, Feeney, Eldridge, Fattman and Barrett, Ms. Gobi and Mr. O'Connor moved that the proposed new draft be amended by striking the word “interactive” in section 43, in line 705, and inserting in place thereof the words: “synchronous or asynchronous”;

111

In said section 43 in line 706-707 by striking the words “provided, however, that “telemedicine” shall not include audio-only telephone, facsimile machine, online questionnaire, texting or text-only e-mail” and inserting in place thereof the words “provided, however, that ‘telemedicine’ shall not include audio-only telephone and facsimile communications”;

In said section 43 in line 714, after the word “review”, by striking the following “, including preauthorization,”;

In said section 43, in line 731, by striking the word “telemedicine”;

In section 75, in line 1138, by inserting after the words “use of” the words: “synchronous or asynchronous”;

In said section 75 in lines 1140-1141 by striking the words “provided, however, that ‘telemedicine’ shall not include audio-only telephone, facsimile machine, online questionnaire, texting or text-only e-mail” and inserting in place thereof the words: “provided, however, that ‘telemedicine’ shall not include audio-only telephone and facsimile communications”;

In section 94, in line 1477, by striking the word “interactive” and inserting in place thereof the words “synchronous or asynchronous”;

In said section 94, in lines 1478-1479 by striking the words “provided, however, that ‘telemedicine’ shall not include audio-only telephone, facsimile machine, online questionnaire, texting or text-only e-mail” and inserting in place thereof the words: “provided, however, that ‘telemedicine’ shall not include audio-only telephone and facsimile communications”;

In said section 94 in line 1484, after the word “review” by striking the following “, including preauthorization,”;

In said section 94, in line 1502, by striking the word “telemedicine”;

In section 96, in line 1522, by striking the word “interactive” and inserting in place thereof the words: “synchronous or asynchronous”;

In said section 96, in lines 1523-1524 by striking the words “provided, however, that ‘telemedicine’ shall not include audio-only telephone, facsimile machine, online questionnaire, texting or text-only e-mail” and inserting in place thereof the words: “provided, however, that ‘telemedicine’ shall not include audio-only telephone and facsimile communications”;

In said section 96 in line 1533, after the word “review” by striking the following “, including preauthorization,”;

In said section 96 in line 1551, by striking the word “telemedicine”;

In section 98, in line 1585, by striking the word “interactive” and inserting in place thereof the words: “synchronous or asynchronous”;

In said section 98, in lines 1586-1587 by striking the words “provided, however, that ‘telemedicine’ shall not include audio-only telephone, facsimile machine, online questionnaire, texting or text-only e-mail” and inserting in place thereof the words: “provided, however, that ‘telemedicine’ shall not include audio-only telephone and facsimile communications”;

In said section 98 in line 1594, after the word “review” by striking the following “, including preauthorization,”;

In said section 98 in line 1610, by striking the word “telemedicine”;

In section 99, in line 1635, by striking the word “interactive” and inserting in place thereof the words: “synchronous or asynchronous”;

In said section 99, in lines 1636-1637 by striking the words “provided, however, that ‘telemedicine’ shall not include audio-only telephone, facsimile machine, online questionnaire, texting or text-only e-mail” and inserting in place thereof the words: “provided, however, that ‘telemedicine’ shall not include audio-only telephone and facsimile communications”;

In said section 99 in line 1643, after the word “review” by striking the following “, including preauthorization,”;

In said section 99 in line 1658, by striking the word “telemedicine”;

In section 100, in line 1682, by striking the word “interactive” and inserting in place thereof the words: “synchronous or asynchronous”;

In said section 100, in lines 1684-1685 by striking the words “provided, however, that ‘telemedicine’ shall not include audio-only telephone, facsimile machine, online questionnaire, texting or text-only e-mail” and inserting in place thereof the words: “provided, however, that ‘telemedicine’ shall not include audio-only telephone and facsimile communications”;

In said section 100 in line 1691, after word “review” by striking the following “, including preauthorization,”;

In said section 100 in line 1706, by striking the word “telemedicine”;

In section 101, in line 1724, by striking the word “interactive” and inserting in place thereof the words: “synchronous or asynchronous”;

In said section 101, in lines 1725-1726 by striking the words “provided, however, that ‘telemedicine’ shall not include audio-only telephone, facsimile machine, online questionnaire, texting or text-only e-mail” and inserting in place thereof the words: “provided, however, that ‘telemedicine’ shall not include audio-only telephone and facsimile communications”;

In said section 101, in line 1732, after the word “review” by striking the following “, including preauthorization,”.

In said section 101 in line 1749, by striking the word “telemedicine”.

In section 117, in line 2304, by inserting after the word “services.” the following paragraph:

“The Department and the Office, working in conjunction with the board of registration in Medicine, shall promulgate regulations regarding the appropriate use of telemedicine to provide health care services. These regulations shall provide for and include, but shall not be limited to: (i) prescribing medications; (ii) services that are not appropriate to provide through telemedicine; (iii) establishing a patient-provider relationship; (iv) consumer protections; and (v) ensuring that services comply with appropriate standards of care.”

In said section 117, in line 2305, by striking the word “interactive” and inserting in place thereof the words: “synchronous or asynchronous”; and

In said section 117, in lines 2307-2308 by striking the words “provided, however, that ‘telemedicine’ shall not include audio-only telephone, facsimile machine, online questionnaire, texting or text-only e-mail” and inserting in place thereof the words: “provided, however, that ‘telemedicine’ shall not include audio-only telephone and facsimile communications”.

The amendment was *rejected*.

Mr. O'Connor moved that the proposed new draft be amended in section 41 by striking the word "and" in line 672; and

By inserting after the word "analysis" in line 673 the following:- “; and (vii) is

an independent community hospital not corporately affiliated with an academic medical center”.

The amendment was *rejected*.

Mr. Fattman moved that the proposed new draft be amended by inserting after section \_\_ the following section:-

133

“SECTION\_\_. Chapter 176Q of the General Laws is hereby amended by adding the following section:-

Section 19. The authority shall work with carriers to adjust cost sharing levels in health benefit plan designs for the open enrollment period in 2018 to test the impact on nonemergency visits to the emergency department. The cost sharing level shall match or exceed 42 CFR 447.54 for persons enrolled under chapter 118E of the General Laws.”

The amendment was *rejected*.

Ms. L'Italien moved that the proposed new draft be amended by adding at the end thereof the following sections:

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"SECTION 1. Chapter 175 of the General Laws is hereby amended by inserting after section 277 the following section:

Section 228. Patient Cost-Sharing Obligation for Prescription Drugs

(A) As used in this section the following words shall, unless the context clearly requires otherwise, have the following meanings:-

‘Connector’ means the Commonwealth health insurance connector authority.

(B) Notwithstanding any law, after January 1, 2018, each health insurance carrier shall apply the prescription drug cost-sharing provisions of the Connector standard benefit design to all state regulated plans, including non-standard plans sold through the Connector and state regulated plans sold outside of the Connector. Cost-sharing includes copayments, coinsurance, and deductibles.

(C) A health plan that meets the requirements of a catastrophic plan, as defined in 45 C.F.R. § 156.155, shall be exempt from the requirements of subsection B.

(D) For any enrollee that is enrolled in a plan that, but for the requirements of subsections B would be a High Deductible Health Plan as defined in section 223(c)(2) of the Internal Revenue Code of 1986, subsection B shall be applicable only after the minimum annual deductible specified in section 223(c)(2) of the Internal Revenue Code of 1986 is reached.

(E) The Massachusetts Division of Insurance shall promulgate any regulations necessary to implement and enforce this Act.

SECTION 2. Chapter 176A of the General Laws is hereby amended by inserting after section 38 the following section:

Section 39. Patient Cost-Sharing Obligation for Prescription Drugs

(A) As used in this section the following words shall, unless the context clearly requires otherwise, have the following meanings:-

‘Connector’ means the Commonwealth health insurance connector authority.

(B) Notwithstanding any law, after January 1, 2018, each health insurance carrier shall apply the prescription drug cost-sharing provisions of the Connector standard benefit design to all state regulated plans, including non-standard plans sold through the Connector and state regulated plans sold outside of the Connector. Cost-sharing includes copayments, coinsurance, and deductibles.

(C) A health plan that meets the requirements of a catastrophic plan, as defined in 45 C.F.R. § 156.155, shall be exempt from the requirements of subsection B.

(D) For any enrollee that is enrolled in a plan that, but for the requirements of

subsections B would be a High Deductible Health Plan as defined in section 223(c)(2) of the Internal Revenue Code of 1986, subsection B shall be applicable only after the minimum annual deductible specified in section 223(c)(2) of the Internal Revenue Code of 1986 is reached.

(E) The Massachusetts Division of Insurance shall promulgate any regulations necessary to implement and enforce this Act.

SECTION 3. Chapter 176B of the General Laws is hereby amended by inserting after section 24 the following section:

Section 25. Patient Cost-Sharing Obligation for Prescription Drugs

(A) As used in this section the following words shall, unless the context clearly requires otherwise, have the following meanings:-

‘Connector’ means the Commonwealth health insurance connector authority.

(B) Notwithstanding any law, after January 1, 2018, each health insurance carrier shall apply the prescription drug cost-sharing provisions of the Connector standard benefit design to all state regulated plans, including non-standard plans sold through the Connector and state regulated plans sold outside of the Connector. Cost-sharing includes copayments, coinsurance, and deductibles.

(C) A health plan that meets the requirements of a catastrophic plan, as defined in 45 C.F.R. § 156.155, shall be exempt from the requirements of subsection B.

(D) For any enrollee that is enrolled in a plan that, but for the requirements of subsections B would be a High Deductible Health Plan as defined in section 223(c)(2) of the Internal Revenue Code of 1986, subsection B shall be applicable only after the minimum annual deductible specified in section 223(c)(2) of the Internal Revenue Code of 1986 is reached.

(E) The Massachusetts Division of Insurance shall promulgate any regulations necessary to implement and enforce this Act.

SECTION 4. Chapter 176G of the General Laws is hereby amended by inserting after section 32 the following section:

Section 33. Patient Cost-Sharing Obligation for Prescription Drugs

(A) As used in this section the following words shall, unless the context clearly requires otherwise, have the following meanings:-

‘Connector’ means the Commonwealth health insurance connector authority.

(B) Notwithstanding any law, after January 1, 2018, each health insurance carrier shall apply the prescription drug cost-sharing provisions of the Connector standard benefit design to all state regulated plans, including non-standard plans sold through the Connector and state regulated plans sold outside of the Connector. Cost-sharing includes copayments, coinsurance, and deductibles.

(C) A health plan that meets the requirements of a catastrophic plan, as defined in 45 C.F.R. § 156.155, shall be exempt from the requirements of subsection B.

(D) For any enrollee that is enrolled in a plan that, but for the requirements of subsections B would be a High Deductible Health Plan as defined in section 223(c)(2) of the Internal Revenue Code of 1986, subsection B shall be applicable only after the minimum annual deductible specified in section 223(c)(2) of the Internal Revenue Code of 1986 is reached.

(E) The Massachusetts Division of Insurance shall promulgate any regulations necessary to implement and enforce this Act.

SECTION 5. Chapter 32A of the General Laws is hereby amended by inserting after section 27 the following section:

Section 28. Patient Cost-Sharing Obligation for Prescription Drugs

(A) As used in this section the following words shall, unless the context clearly requires otherwise, have the following meanings:-

‘Connector’ means the Commonwealth health insurance connector authority.

(B) Notwithstanding any law, after January 1, 2018, each health insurance carrier shall apply the prescription drug cost-sharing provisions of the Connector standard benefit design to all state regulated plans, including non-standard plans sold through the Connector and state regulated plans sold outside of the Connector. Cost-sharing includes copayments, coinsurance, and deductibles.

(C) A health plan that meets the requirements of a catastrophic plan, as defined in 45 C.F.R. § 156.155, shall be exempt from the requirements of subsection B.

(D) For any enrollee that is enrolled in a plan that, but for the requirements of subsections B would be a High Deductible Health Plan as defined in section 223(c)(2) of the Internal Revenue Code of 1986, subsection B shall be applicable only after the minimum annual deductible specified in section 223(c)(2) of the Internal Revenue Code of 1986 is reached.

(E) The Massachusetts Division of Insurance shall promulgate any regulations necessary to implement and enforce these sections.

SECTION 6. These sections shall take effect January 1, 2018."

The amendment was *rejected*.

Mr. Tarr moved that the proposed new draft be amended by adding the following section: -

147

“SECTION \_\_\_\_ . Notwithstanding any law to the contrary, MassHealth shall recognize in the rates governing Medicaid nursing facility services the allowable costs of nurse practitioner services.”

After remarks, the amendment was adopted.

Messrs. Cyr, Hinds and deMacedo moved that the proposed new draft be amended by adding the following section:-

155

“SECTION XX. (a) Notwithstanding any general law, special law, or regulation to the contrary, an acute care hospital that meets at least one of the following criteria shall be exempt from the provisions of this act set forth in subsection (b) of this section: (1) has Sole Community Hospital status under Medicare; (2) is located at least 35 miles away from any other Massachusetts acute care hospital with the same Medicare classification; or (3) is geographically isolated such that there is no alternative acute care hospital in Massachusetts of the same Medicare classification accessible by road.

(b) Hospital meeting one of the criteria set forth in subsection (a) of this section shall be exempt from the following provisions of this act: (1) all provisions of the act concerning provider price variation, including without limitation those provisions included within sections 41, 112, 115, and 156; (2) all provisions of the act concerning the prohibition on facility fees, including without limitation those provisions included within sections 43, 70, 109, 142, 147-149; (3) all provision of the Act concerning out-of-network services, including without limitation those provisions including within sections 22, 103, 104, 109, 119; and (4) all provisions of the Act concerning the readmissions reduction benchmark, including without limitation those provisions included within sections 5, 6, 11, 13-16, 120, 123, 137, 159.”

The amendment was *rejected*.

*Suspension of Senate Rule 38A.*

Ms. Chandler moved that Senate Rule 38A be suspended to allow the Senate to meet beyond the hour of 8:00 P.M.; and the same Senator requested unanimous consent that the rules be suspended without a call of the yeas and nays. There being no objection, the motion was considered forthwith, and it was adopted.

Senate Rule 38A.

Messrs. Hinds, Humason and Cyr moved that the proposed new draft be amended by inserting after section 71 the following section:-

30

“SECTION 71A. Chapter 111C of the General Laws is hereby amended by striking out section 25, as so appearing, and inserting in place thereof the following section:-

Section 25. (a) When a class I, II or V ambulance transports a patient receiving care at the paramedic level of advanced life support, the ambulance shall be staffed in accordance with regulations promulgated by the department; provided, however, that there shall be not less than 2 emergency medical technicians, at least 1 of whom shall be certified at the EMT-Paramedic level.

(b) When a class I, II or V ambulance transports a patient receiving care at the non-paramedic level of basic life support, the ambulance shall be staffed in accordance with regulations promulgated by the department; provided, however, that there shall be not less than 2 emergency medical technicians.

(c)(1) For the purposes of this subsection, the following words shall have the following meanings:

‘First responder’, a police officer, a firefighter or an emergency reserve of a volunteer fire department or fire protection district who has been authorized and deemed qualified to staff an ambulance by the rural volunteer ambulance service’s affiliate hospital medical director pursuant to the rural volunteer ambulance service’s affiliation agreement and the department’s regulations; provided, however, that “first responder” shall not include a police officer, firefighter or person engaged in police and fire work whose duties are primarily clerical or administrative.

‘Rural volunteer ambulance service’, a not-for-profit primary ambulance service staffed by volunteers operating in a service zone with a population density of less than 500 residents per square mile as designated in a department-approved service zone plan.

(2) Notwithstanding subsection (b), when a class I, II or V ambulance operated by a rural volunteer ambulance service transports a patient receiving care at the nonparamedic level of basic life support, the ambulance may be staffed in accordance with regulations promulgated by the department; provided, however, that there shall be at least 1 emergency medical technician and 1 first responder.”

After remarks, the amendment was adopted.

Messrs. Eldridge and Hinds moved that the proposed new draft be amended by striking section 144 in its entirety and inserting in place thereof the following section:-

35

“SECTION 144. There shall be a special commission to study and make recommendations on how to license foreign-trained medical professionals and medical professionals trained or licensed in other jurisdictions to expand and improve access to medical services in rural and underserved areas.

The commission shall consist of: (i) the secretary of health and human services or a designee, who shall serve as chair; (ii) the commissioner of public health or a designee; (iii) 1 member appointed by the senate president; (iv) 1 member appointed by the speaker of the house; (v) 1 member appointed by the minority leader of the senate; (vi) 1 member appointed by the minority leader of the house; (vii) the house and senate chairs of the joint committee on public health;

and (viii) 9 members appointed by the governor, 1 of whom shall be a member of the governor's advisory council for refugees and immigrants, 1 of whom shall be a representative of the Massachusetts Immigrant and Refugee Advocacy Coalition, Inc., 1 of whom shall be a representative of the division of health professional licensure, 1 whom shall be a member of the board of registration in medicine, 1 of whom shall be a member of the board of registration in dentistry, 1 member of the board of registration in pharmacy, 1 of whom shall be a member of the board of registration in nursing, 1 of whom shall be a member of the board of registration of psychologists and 1 of whom shall be a member of the board of allied health professionals

The commission shall examine and make recommendations on topics including, but not limited to: (i) ways to implement strategies to integrate foreign-trained medical professionals and medical professionals trained or licensed in other jurisdictions into rural and underserved areas that are in need of access to medical services; (ii) ways to identify state and national licensing regulations that pose barriers to practice for foreign-trained medical professionals and medical professionals trained or licensed in other jurisdictions; (iii) state licensing requirements that pose barriers to practice for foreign-trained medical professionals and medical professionals trained or licensed in other jurisdictions; (iv) alternate approaches by other states to integrate foreign-trained medical professionals and medical professionals trained or licensed in other jurisdictions into rural and underserved areas; and (v) other matters pertaining to licensing foreign-trained medical professionals and medical professionals trained or licensed in other jurisdictions. The commission may hold hearings and invite testimony from experts and the public to gather information. The report may include recommended guidelines for full licensure and conditional licensing of foreign-trained medical professionals and medical professionals trained or licensed in other jurisdictions.

The commission shall file its recommendations, including any drafts of legislation or regulations necessary to carry out its recommendations, to the clerks of the senate and house of representatives, the joint committee on public health and the joint committee on health care financing not later than March 1, 2019.”

After remarks, the amendment was adopted.

Ms. Friedman, Messrs. Cyr and O'Connor moved that the proposed new draft be amended by inserting after section 145 the following section:-

48

“SECTION 145A. Notwithstanding any general or special law to the contrary, MassHealth, in consultation with the center for health information and analysis, shall report on the costs incurred by efficiently and economically operated outpatient and diversionary behavioral health providers in providing outpatient and diversionary behavioral health services. MassHealth may contract with an independent research entity with experience in determining the costs of providing outpatient and diversionary behavioral health services.

The report shall analyze the cost of efficiently and economically operating outpatient and diversionary behavioral health providers by examining the 20 highest volume outpatient and diversionary billing codes utilized in providing services to MassHealth members, including services administered by MassHealth managed care organizations, accountable care organizations, managed behavioral health organizations with whom MassHealth may contract for management of behavioral health benefits, the managed behavioral health organization for the primary care clinician plan and MassHealth fee for service. The report's analysis shall be based on data from not less than 15 outpatient and diversionary behavioral health providers representing the diversity of providers across the commonwealth

with consideration given to, but not limited to: (i) geographic location; (ii) whether the provider serves adults and children; (iii) providers serving racial and ethnic minority groups, including those for whom English is not a primary language; and (iv) the overall size of the outpatient and diversionary behavioral health providers in terms of annual revenues.

MassHealth, or the independent research entity if contracted, shall recommend an appropriate methodology for determining the true cost of providing the services identified as the 20 highest volume outpatient and diversionary billing codes; provided, however, that the methodology may be developed through on-site interviews with organizations participating in the project.

MassHealth shall submit its findings and recommendations, together with drafts of legislation necessary to carry those recommendations into effect, by filing the same with the clerks of the senate and house of representatives, the joint committee on mental health, substance use and recovery, the joint committee on health care financing and the joint committee on financial services not later than March 1, 2018.”

After remarks, the amendment was adopted.

Mr. Pacheco moved that the proposed new draft be amended in section 88, by striking out, in line 1375, the word “clinical”; and in said section 88, by striking out, in line 1378, the words “clinical practice experience” and inserting in place thereof the following words:- “practice authority”.

49

After remarks, the amendment was adopted.

Ms. L'Italien moved that the proposed new draft be amended by adding the following 3 sections:

79

"SECTION XX. Subdivision (P) of Section 110 of Chapter 175, as appearing in the 2016 Official Edition, is hereby amended by striking, in line 463, the words ‘under 26 years of age’ and inserting in place thereof the following words:- ‘until a child’s 26th birthday or without regard to age, so long as the dependent is mentally or physically incapable of earning their own living due to disability’.

SECTION XX. Section 4T of Chapter 176G of the General Laws, as appearing in the 2016 Official Edition, is hereby amended by striking, in line 6, the words ‘under 26 years of age’ and inserting in place thereof the following words:- until a child’s 26th birthday or without regard to age, so long as the dependent is mentally or physically incapable of earning their own living due to disability.

SECTION XX. Section 1 of Chapter 176J of the General Laws, as appearing in the 2016 Official Edition, is hereby amended by striking, in line 85, the words: ‘the end of the child’s twenty-sixth year of age’ and inserting in place thereof:- until a child’s 26th birthday or without regard to age, so long as the dependent is mentally or physically incapable of earning their own living due to disability.”

After remarks, the amendment was adopted.

Ms. Friedman moved that the proposed new draft be amended by striking out section 39 and inserting in place thereof the following section:

83

“SECTION 39. There shall be a special commission to study and make recommendations on how to expand and improve access to urgent behavioral health care services.

The commission shall consist of the house and senate chairs of the joint committee on mental health, substance use and recovery who shall serve as co-chairs; the house and senate chairs of the joint committee on health care financing; the commissioner of mental health or a designee; the commissioner of public health or a designee; a representative of the Association for Behavioral Healthcare; a representative of the Massachusetts Psychiatric Society; a representative of the

Massachusetts Psychological Association; a representative of the National Association of Social Workers; a representative of the Massachusetts Health & Hospital Association; a representative of the National Alliance on Mental Illness; a representative of M-POWER; and a representative of the Massachusetts Association for Mental Health.

The commission shall examine and make recommendations on topics including, but not limited to: (1) current availability and location of urgent behavioral health care services; (2) barriers to developing or providing urgent behavioral health care services, including rates of reimbursement for such services; (3) adequacy of existing regulatory structure to facilitate the development and provision of urgent behavioral health care services; and (4) issues related to compliance with state and federal parity laws.

The commission may hold hearings and invite testimony from experts and the public to gather information. The commission shall file its recommendations, including any drafts of legislation or regulations necessary to carry out its recommendations, to the house and senate clerks, the joint committee on mental health, substance use and recovery and the joint committee on health care financing not later than January 1, 2019.”

The amendment was adopted.

Mr. Lesser moved that the proposed new draft be amended by inserting after section 69 the following section:-

135

“SECTION 1. Subsection (b) of section 25N ½ of said chapter 111, as so appearing, is hereby amended by striking out the first 2 paragraphs and inserting in place thereof the following 3 paragraphs:-

Pursuant to regulations to be promulgated by the health care workforce center, there shall be established a primary care and family medicine residency grant program. The program shall finance the training of primary care providers and family physicians at teaching community health centers. Eligible applicants shall include teaching community health centers accredited through affiliations with a commonwealth-funded medical school or licensed as part of a teaching hospital with a residency program in family medicine and teaching health centers that are the independently accredited sponsoring organization for the residency program and whose residents are employed by the health center. Eligible residency programs shall be accredited by the Accreditation Council for Graduate Medical Education.

To receive funding, an applicant shall: (i) include a review of recent graduates of the community health center's residency program, including information regarding the type of practice the graduates are involved in 2 years following graduation from the residency program; and (ii) achieve a threshold of not less than 50 per cent for the percentage of graduates practicing primary care or as a family physician within 2 years after graduation. Graduates practicing more than 50 per cent inpatient care or more than 50 per cent specialty care as listed in the American Medical Association Masterfile shall not qualify as graduates practicing primary care.

The health care workforce center shall require applicants to include the following information and give preference to those applicants who meet any of the following criteria: (i) have a proven record of placing graduates in areas of unmet need; (ii) have a record of or written plan for attracting and admitting underrepresented minorities or economically-disadvantaged groups; or (iii) host their programs or clinical training sites in areas of unmet need.”

After remarks, the amendment was adopted.

*Recess.*

There being no objection, at a twenty minutes before six o'clock P.M., the President declared a recess subject to the call of the Chair; and, at eleven minutes past eight o'clock P.M., the Senate reassembled, the President in the Chair.

Recess.

*Orders of the Day.*

The Orders of the Day was were further considered as follows:

The Senate Committee Bill furthering health empowerment and affordability by leveraging transformative health care (Senate, No. 2190),-- was again considered, the main question being on ordering the bill to a third reading.

Health care,--  
affordability.

Messrs. Cyr, Eldridge and Barrett, Ms. Friedman, Ms. Chang-Diaz, Messrs. Brady, Hinds, Feeney, Lesser, Boncore and Montigny, Ms. L'Italien, Ms. Forry, Messrs. Keenan, Lewis and Rush, Ms. Gobi, Messrs. Brownsberger and O'Connor and Ms. Creem moved that the proposed new draft be amended by inserting after section 145 the following section:

2

“SECTION 145A. (a) Notwithstanding any general or special law to the contrary, the following terms shall have the following meanings unless the context clearly requires otherwise:-

‘Single payer benchmark’, the estimated total costs of providing health care to all residents of the commonwealth under a single payer health care system in a given year.

‘Single payer health care’, a system that provides publicly financed, universal access to health care for the population through a unified public health care plan.

(b) The center for health information and analysis shall recommend a methodology to develop a single payer benchmark. The single payer health care system considered under the single payer benchmark shall offer continuous, comprehensive and affordable coverage for all residents of the commonwealth regardless of income, assets, health status or availability of other health coverage. The benchmark may consider the costs of a single-payer health care system at different actuarial values, levels of cost-sharing and levels of provider reimbursement; provided however that the benchmark shall include all actuarial values, levels of cost-sharing and levels of provider reimbursement considered by the center. In developing the methodology, the center shall monitor, review and evaluate reports related to single payer health care and the performance of single payer health care systems in other states and countries.

(c) The center for health information and analysis, in conjunction with the health policy commission and the division of insurance, shall provide an annual report detailing a comparison of the actual health care expenditures in the commonwealth for 2016, 2017 and 2018 with the single payer benchmark for 2016, 2017 and 2018, respectively, indicating whether the commonwealth would have saved money while expanding access to care under a single payer health care system. The first report shall be filed by not later than July 1, 2018 to the clerks of the senate and house of representatives, the joint committee on health care financing and the senate and house committees on ways and means.

(d) If a report under subsection (c) determines that the single payer benchmark outperformed the actual total health care expenditures in the commonwealth in 2016, 2017 or 2018 the health policy commission shall submit a proposed single payer health care implementation plan to the clerks of the senate and house of representatives, the joint committee on health care financing and the senate and

house committees on ways and means within 1 year of the date that the report is filed. The plan may include proposed legislation to implement a single payer health care system that offers continuous, comprehensive and affordable coverage for all residents regardless of income, assets, health status or availability of other health coverage. When developing the implementation plan, the commission shall hold not less than 3 public hearings and seek stakeholder input from across the commonwealth.”

After debate, the question on adoption of the amendment was determined by a call of the yeas and nays, at a half past eight o'clock P.M., on motion of Mr. Cyr, as follows, to wit (yeas 35 – nays 3) [**Yeas and Nays No. 277**]:

**YEAS.**

- |                          |                         |
|--------------------------|-------------------------|
| Barrett, Michael J.      | Lesser, Eric P.         |
| Boncore, Joseph A.       | Lewis, Jason M.         |
| Brady, Michael D.        | L'Italien, Barbara A.   |
| Brownsberger, William N. | Lovely, Joan B.         |
| Chandler, Harriette L.   | McGee, Thomas M.        |
| Chang-Diaz, Sonia        | Montigny, Mark C.       |
| Creem, Cynthia Stone     | Moore, Michael O.       |
| Cyr, Julian              | O'Connor, Patrick M.    |
| DiDomenico, Sal N.       | O'Connor Ives, Kathleen |
| Donoghue, Eileen M.      | Pacheco, Marc R.        |
| Eldridge, James B.       | Rodrigues, Michael J.   |
| Feeney, Paul R.          | Rosenberg, Stanley C.   |
| Forry, Linda Dorcena     | Rush, Michael F.        |
| Friedman, Cindy F.       | Spilka, Karen E.        |
| Gobi, Anne M.            | Tarr, Bruce E.          |
| Hinds, Adam G.           | Timilty, Walter F.      |
| Jehlen, Patricia D.      | Welch, James T. – 35.   |
| Keenan, John F.          |                         |

**NAYS.**

- |                      |                              |
|----------------------|------------------------------|
| deMacedo, Viriato M. | Humason, Donald F., Jr. – 3. |
| Fattman, Ryan C.     |                              |

**ANSWERED “PRESENT”.**

- Ross, Richard J. (*present*) – 1.

The yeas and nays having been completed at twenty-seven minutes before nine o'clock P.M., the amendment was adopted.

Ms. Friedman and Mr. Cyr moved that the proposed new draft be amended by adding the following sections:

“SECTION XX. Section 2 of chapter 123 of the General Laws, as appearing in the 2016 Official Edition, is hereby amended by striking out, in line 2, the words ‘and subject to appropriation’.

SECTION XX. Said section 2 of said chapter 123, as so appearing, is hereby further amended by inserting after the word ‘facilities’, in lines 13 and 14, the following words:- ‘, and (4) shall be developed in a manner consistent with available physician resources and in accordance with national standards for providing evening and night coverage for hospitals’.”

The amendment was *rejected*.

Ms. L'Italien moved that the proposed new draft be amended by adding at the end thereof the text of Senate document numbered 2220, relative to transparency in

7

22

prescription drug formularies.

After remarks, the amendment was *rejected*.

Messrs. McGee, Cyr, Eldridge and Feeney and Ms. Forry moved that the proposed new draft be amended by inserting after section 39 the following section:-

34

“SECTION 39A. Subsection (d) of section 2GGGG of chapter 29 of the General Laws, as appearing in the 2016 Official Edition, is hereby amended by adding the following sentence:- Monies deposited into the fund under subsection (k) of section 10A of chapter 6D may be expended to support innovative workforce initiatives, including labor management initiatives intended to reduce 30-day readmission rates.”

After remarks, the amendment was adopted.

Mr. Cyr, Ms. L'Italien, Mr. Hinds, Ms. Jehlen and Mr. O'Connor moved that the proposed new draft be amended in section 41, by striking out, in line 632, the figure “2” and inserting in place thereof the following figure:- “3”; and

50

In said section 41, by inserting after proposed section 2ZZZZ the following section:-

“Section 2AAAAA. There shall be a Community Health Center Transformation Fund. The fund shall consist of: (i) revenue from appropriations or other money authorized by the general court and specifically designated to be credited to the fund; (ii) funds from private sources including, but not limited to, gifts, grants and donations received by the commonwealth that are specifically designated to be credited to the fund; and (iii) interest earned on money in the fund. Amounts credited to the fund shall be subject to further appropriation and any money remaining in the fund at the close of a fiscal year shall not revert to the General Fund. Money in the fund shall be provided to distressed community health centers, based on financial need.”

After remarks, the amendment was adopted.

Ms. L'Italien and Mr. Cyr moved that the proposed new draft be amended adding at the end thereof the following section:

66

"SECTION XX: Notwithstanding any general or special law to the contrary, The executive office shall report to the house and senate committees on ways and means not later than June 30, 2018 on the availability of a waiver and, if applicable, the estimated net state cost of a waiver that would allow individuals qualifying for Medicaid and at risk of entering a nursing home to reside in a certified assisted living residence. the executive office of health and human services may request a waiver from the federal Centers for Medicare and Medicaid Services to allow individuals qualifying for Medicaid and at risk of entering a nursing home to reside in a certified assisted living residence."

After remarks, the amendment was adopted.

Ms. Friedman and Messrs. deMacedo, Eldridge and O'Connor moved that the proposed new draft be amended by inserting after section 145 the following section:-

77

“SECTION 145A. There shall be a task force to investigate timely updating of provider directories by health insurance carriers and determine ways to ensure that the general public is able to view all of the current health care providers for a health insurance plan.

The task force shall be consist of the commissioner of insurance or a designee, who shall serve as chair, and 8 members to be appointed by the commissioner, 1 of whom shall be a representative of the Massachusetts Association of Health Plans, Inc., 1 of whom shall be a representative of a commercial health insurer, 1 of

whom shall be a representative of Blue Cross and Blue Shield of Massachusetts, Inc., 1 of whom shall be a representative of Health Care for All, Inc., 1 of whom shall be a representative of consumer rights, 1 of whom shall be a representative of the Massachusetts Hospital Association, Inc., 1 of whom shall be a representative of the Massachusetts Council of Community Hospitals, Inc. and 1 of whom shall be a representative of the Massachusetts League of Community Health Centers, Inc.; provided, however, that the commissioner may appoint additional members to the task force. The commissioner shall file the task force's recommendations with the joint committee on health care financing not later than May 1, 2018."

After remarks, the amendment was adopted.

Mr. deMacedo moved that the proposed new draft be amended by striking, in lines 2195 to 2196, inclusive, the following: "deposited into the Hospital Alignment and Review Trust Fund established in section 2ZZZZ of chapter 29" and inserting in place thereof the following: "returned to carriers which shall certify to the division that the full sum is used directly to reduce premiums".

67

The amendment was *rejected*.

Mr. Lesser moved that the proposed new draft be amended by inserting the following section:-

80

"SECTION X. Notwithstanding any general or special law to the contrary, the center for health information and analysis shall conduct a review of a mandated health benefit proposal to require coverage of acupuncture services rendered by a licensed acupuncturists pursuant to sections one hundred and forty-eight to one hundred and sixty-two, inclusive, of chapter 112 of the General Laws. The review shall be performed by the center consistent with section 38C of chapter 3 of the General Laws. The center shall evaluate the impact of such a mandate as a requirement for all of the health plans and policies under subsection (a) of said section 38C of said chapter 3. The center shall file its review with the clerks of the senate and house of representatives, the joint committee on health care financing, the joint committee on public health and the senate and house committees on ways and means."

After remarks, the amendment was adopted.

Mr. Lesser, Ms. Donoghue, Ms. Gobi and Mr. Humason moved that the proposed new draft be amended by inserting in section 156, in line 2768, after "4" the following words:- "(b) through (f)"; and in line 2769 by inserting after "2022" the following words: "and section 4 (a) of said chapter 176W of the General Laws shall take effect on January 1, 2021".

95

The amendment was *rejected*.

Messrs. Timilty and Eldridge moved that the proposed new draft be amended in section 20, by inserting after the word "programs", in line 312, the following words:- ", which may include community care transitions coaching programs led by community-based, nonprofit entities,".

112

After remarks, the amendment was adopted.

Mr. Fattman moved that the proposed new draft be amended by inserting after section 94 the following section:-

132

"SECTION 94A. Said chapter 118E is hereby further amended by adding the following 2 sections:-

Section 82. The division shall expand cost-sharing for any person that qualifies for coverage under this chapter to the extent permitted under 42 CFR 447.54.

Section 83. The division shall submit an amendment to the state's section 1115 waiver by January 1, 2019 to increase cost-sharing above federal limits under

42 CFR 447.54 for persons enrolled under chapter 118E after the third nonemergency visit to an emergency facility.”

The amendment was *rejected*.

Ms. O'Connor Ives and Messrs. Rodrigues and Montigny moved that the proposed new draft be amended by inserting after section 141 the following section:-

142

“SECTION 141A. Notwithstanding any general or special law to the contrary, the group insurance commission shall conduct a review and submit a report on the use coverage of medically-necessary brand name prescription drugs. The report shall include, but not be limited to: (i) a description of the current group insurance policy on brand name and generic prescription drug coverage; (ii) definitions of terms that determine coverage decisions; and (iii) an outline of the appeal process when prescription drug benefits are reduced or denied, including the following information for the past 5 years, broken down by year: (1) the number of prescriptions for brand-name medications written due to a medical necessity, as stated by a practitioner, that were denied through coverage by the group insurance commission; (2) the number of people who have been denied coverage for brand name medications that have appealed or are appealing that denial; and (3) the number of appeals denied.

The commission shall report its findings to the joint committee on healthcare financing, the joint committee on public service and the senate and house committees on ways and means not later than May 1, 2018.”

After remarks, the amendment was adopted.

Ms. Lovely and Messrs. Pacheco and O'Connor moved that the proposed new draft be amended in section 89, in the proposed first paragraph of subsection (a) of proposed section 80H of chapter 112, by adding the following sentence:- “Nothing in this section shall require a nurse anesthetist to obtain prescriptive authority to deliver anesthesia care, including the proper administration of the drugs or medicine necessary for the delivery of anesthesia care.”; and in said section 89, by striking out, in lines 1402 and 1405, each time it appears, the word “clinical”.

144

After remarks, the amendment was adopted.

*Recess.*

There being no objection, at four minutes before nine o'clock P.M., at the request of Mr. Tarr, for the purpose of a minority caucus, the President declared a recess; and, at sixteen minutes past nine o'clock P.M., the Senate reassembled, the President in the Chair.

Recess.

*Orders of the Day.*

The Orders of the Day was were further considered as follows:

The Senate Committee Bill furthering health empowerment and affordability by leveraging transformative health care (Senate, No. 2190),-- was again considered, the main question being on ordering the bill to a third reading.

Health care,--  
affordability.

Messrs. Boncore and deMacedo, Ms. Donoghue, Ms. Gobi and Messrs. O'Connor, Brady and Cyr moved that the proposed new draft be amended in section 70, by inserting after the word “campus”, in line 1048, the following words:- “unless the facility fee was charged, billed or collected by the hospital-based facility on or before July 1, 2017”; by striking out sections 147, 148 and 149; in section 157, by striking out, in line 2766, the figure “, 43”; in said section 157, by striking out, in line 2767, the figure “, 70”; in said section 157, by inserting after

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the figure “123”, in line 2767, the following words:- “, sections 29 and 30 of chapter 32A of the General Laws”; and in said section 157, by striking out, in lines 2767 and 2768, the words “sections 28 and” and inserting in place thereof the following word:- “section”.

After remarks, the amendment was adopted.

Mr. Barrett moved that the proposed new draft be amended by adding the following 2 sections:-

149

“SECTION XX. Chapter 6D of the General Laws, as appearing in the 2016 Official Edition, is hereby amended by inserting after section 15 the following section:-

Section 15A. The commission shall promulgate regulations to safeguard and enhance quality, outcomes, equity, and participant preferences and choice within workplace wellness programs. Such regulations shall require any employer utilizing workplace wellness programs that include financial incentives to participate in biometric screenings to adhere to the Employee Wellness Code of Conduct, or disclose to employees that it does not.

SECTION XX. Section 206A(a) of Chapter 111 of the General Laws, as appearing in the 2016 Official Edition, is hereby amended by inserting after the second sentence, the following sentence:-

Any business that implements a wellness program that includes financial incentives to participate in biometric screenings and does not adhere to the Employee Wellness Code of Conduct shall not be provided with a seal of approval under this section.”

The amendment was *rejected*.

Mr. Cyr and Feeney, Ms. Gobi and Mr. O'Connor moved that the proposed new draft be amended by adding the following section:

8

“SECTION XX. Section 226 of chapter 111 of the General Laws, as appearing in the 2016 Official Edition, is hereby amended by striking out subsection (h).”

The amendment was *rejected*.

Mr. Eldridge moved that the proposed new draft be amended in section 41, by inserting after the word “statewide”, in line 669, the following word:-“average”;

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In section 112, in subsection (a) of section 3 of proposed chapter 176W, by adding the following sentence:- “When conducting its review, the council shall ensure that the target hospital rate distribution and growth in hospital spending support the goals of the cost growth benchmark established in section 9 of chapter 6D and do not directly contribute to increased consumer health care costs.”;

In said section 112, by striking out, in line 2144, the word “comply” and inserting in place thereof the following word:- “align”;

In said section 112, by inserting after the word “achieve”, in line 2155, the following words:- “alignment with”;

In said section 112, by inserting after the word “on”, in line 2160, the following words:- “not less than”;

In said section 112, by inserting after the word “spending”, in line 2163, the following words:- “; provided, however, that the council may reduce the overall amount to be assessed to the identified hospitals in the aggregate or on a specific hospital basis based on the degree to which actual hospital spending that exceeded target commercial growth is predominantly attributable to hospitals that have not been identified to be assessed”;

In said section 112, in the first paragraph of subsection (c) of section 4 of proposed chapter 176W, by inserting after the first sentence the following

sentence:- “In making the definition determination, the council shall ensure that a proposed definition does not negatively impact the goals of the cost growth benchmark established in section 9 of chapter 6D and the cost of health insurance premiums”; and

In section 115, by inserting after the word “statewide”, in line 2269, the following word:- “average”.

The amendment was adopted.

Mr. Pacheco moved that the proposed new draft be amended in section 21, in subsection (a) of proposed section 15A, by striking out the last sentence and inserting in place thereof the following sentence:- “In developing the program, the commission shall consult with physicians, podiatrists, pharmacists, nurses, private insurers, hospitals, pharmacy benefit managers, the MassHealth drug utilization review board, the University of Massachusetts Medical School and researchers and organizations that are engaged in the development, training and deployment of health practitioner education outreach programs.”.

36

After remarks, the amendment was adopted.

Messrs. Tarr and deMacedo moved that the proposed new draft be amended by striking section 38 in its entirety and inserting in place thereof the following:-

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“SECTION 38. The center in consultation with the division of MassHealth shall develop and implement a system to determine employees who receive medical assistance, medical benefits or assistance through masshealth or the health safety net trust fund as established under chapter 118E and whether said employees have access to health benefit plans with minimum creditable coverage as defined under chapter 111M and 956 CMR 5.03. Said center in consultation with said division of mass health shall develop a plan to ensure said employees are enrolled in a health benefit plan that ensures optimum health care outcomes in the most cost effective manner.

The center may establish interagency agreements to collect information to fulfill the requirements of this section including but not limited to, an interagency agreement to access and utilize information collected through the health insurance responsibility disclosure form established under section 79 of chapter 118E.

Said plan shall not include the names of any individual public health access program beneficiaries and shall be subject to privacy standards pursuant to Public Law 104-191 and the Health Insurance Portability and Accountability Act of 1996. The plan shall be filed with the clerks of the house and senate, the joint committee on health care financing and the house and senate committee on ways and means by December 31, 2018.”

After debate, the question on adoption of the amendment was determined by a call of the yeas and nays, at two minutes before ten o'clock P.M., on motion of Mr. Tarr, as follows, to wit (yeas 5 – nays 33) [**Yeas and Nays No. 278**]:

**YEAS.**

deMacedo, Viriato M.  
Fattman, Ryan C.  
Humason, Donald F., Jr.

O'Connor, Patrick M.  
Tarr, Bruce E. – 5.

**NAYS.**

Barrett, Michael J.  
Boncore, Joseph A.  
Brady, Michael D.  
Brownsberger, William N.  
Chandler, Harriette L.

Keenan, John F.  
Lesser, Eric P.  
Lewis, Jason M.  
L'Italien, Barbara A.  
Lovely, Joan B.

Chang-Diaz, Sonia  
Creem, Cynthia Stone  
Cyr, Julian  
DiDomenico, Sal N.  
Donoghue, Eileen M.  
Eldridge, James B.  
Feeney, Paul R.  
Forry, Linda Dorcena  
Friedman, Cindy F.  
Gobi, Anne M.  
Hinds, Adam G.  
Jehlen, Patricia D.

McGee, Thomas M.  
Montigny, Mark C.  
Moore, Michael O.  
O'Connor Ives, Kathleen  
Pacheco, Marc R.  
Rodrigues, Michael J.  
Rosenberg, Stanley C.  
Rush, Michael F.  
Spilka, Karen E.  
Timilty, Walter F.  
Welch, James T. – 33.

**ANSWERED “PRESENT”.**

Ross, Richard J. (*present*) – 1.

The yeas and nays having been completed at ten o'clock P.M., the amendment was *rejected*.

Mr. Tarr moved that the proposed new draft be amended by striking subsections (a)-(d) in subsection 2ZZZZ in section 41;

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In section 111 by striking in line 2070-2071 the following:- “The connector may seek a state innovation waiver under 42 U.S.C. 18052 to fund this program” and inserting in place thereof the following:- “provided that the state shall seek and obtain a state innovation waiver under 42 U.S.C. 18052 to fund this program”;

By striking section 112 in its entirety; and

By striking section 156 in its entirety.

After debate, the amendment was *rejected*.

At eight minutes before eleven o'clock P.M, Mr. Tarr doubted the presence of a quorum; but a quorum was deemed present

Quorum.

Messrs. Montigny, Ross, Eldridge, Cyr and Feeney, Ms. Jehlen, Mr. Barrett, Ms. Chang-Diaz, Mr. Timilty, Ms. O'Connor Ives, Mr. Hinds, Ms. Gobi, Ms. Lovely and Messrs. Lesser and Tarr moved that the proposed new draft be amended by inserting after section 10 the following section:-

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“SECTION 10A. Said section 8 of said chapter 6D, as so appearing, is hereby further amended by inserting after the word ‘commission’, in line 59, the first time it appears, the following words:- ; and (iii) in the case of pharmacy benefit managers and pharmaceutical manufacturing companies, testimony concerning factors underlying prescription drug costs and price increases, the impact of manufacturer rebates, discounts and other price concessions on net pricing, the availability of alternative drugs or treatments and any other matters as determined by the commission.”;

In section 21, by inserting after the word “entity”, in line 363, the following words:- “that has familiarity with the development and approval of pharmaceuticals or biologics or studies and compares the clinical effectiveness and value of prescription drugs”;

In said section 21, by inserting after the word “agency”, in line 369, the following words:- “and to acute hospitals, ambulatory surgical centers and surcharge payors”;

By inserting after section 23 the following section:-

“SECTION 23A. Chapter 12 of the General Laws is hereby amended by striking out section 11N and inserting in place thereof the following section:-

Section 11N. (a) The attorney general shall monitor trends in the health care

market including, but not limited to, trends in provider organization size and composition, consolidation in the provider market, payer contracting trends, patient access and quality issues in the health care market and prescription drug cost trends. The attorney general may obtain the following information from a private health care payer, public health care payer, pharmaceutical manufacturing company, pharmacy benefit manager, provider or provider organization as any of those terms may be defined in section 1 of chapter 6D: (i) any information that is required to be submitted under sections 8, 9 10 and 10A of chapter 12C; (ii) filings, applications and supporting documentation related to any cost and market impact review under section 13 of said chapter 6D; (iii) filings, applications and supporting documentation related to a determination of need application filed under section 25C of chapter 111; and (iv) filings, applications and supporting documentation submitted to the federal Centers for Medicare and Medicaid Services or the Office of the Inspector General for any demonstration project. Under section 17 of said chapter 12C and section 8 of said chapter 6D and subject to the limitations stated in those sections, the attorney general may require that any provider, provider organization, pharmaceutical manufacturing company, pharmacy benefit manager, private health care payer or public health care payer produce documents, answer interrogatories and provide testimony under oath related to health care costs and cost trends, pharmaceutical costs, pharmaceutical cost trends, the factors that contribute to cost growth within the commonwealth's health care system and the relationship between provider costs and payer premium rates and the relationship between pharmaceutical drug costs and payer premium rates.

(b) The attorney general may investigate any provider organization referred to the attorney general by the health policy commission under section 13 of chapter 6D to determine whether the provider organization engaged in unfair methods of competition or anticompetitive behavior in violation of chapter 93A or any other law and, if appropriate, take action under said chapter 93A or any other law to protect consumers in the health care market.

(c) The attorney general may investigate a pharmaceutical manufacturing company or pharmacy benefit manager referred to the attorney general by the center for health information and analysis under section 11 of chapter 12C to determine whether the pharmaceutical manufacturing company or pharmacy benefit manager engaged in unfair methods of competition or anticompetitive behavior in violation of chapter 93A or any other law and, if appropriate, take action under said chapter 93A or any other law to protect consumers in the health care market.

(d) The attorney general may intervene or otherwise participate in efforts by the commonwealth to obtain exemptions or waivers from certain federal laws regarding provider market conduct, including, from the federal Office of the Inspector General, a waiver or expansion of the safe harbors' provided for under 42 U.S.C. § 1320a-7b and obtaining from the federal Office of the Inspector General a waiver of or exemption from 42 U.S.C. § 1395nn subsections (a) to (e), inclusive.

(e) Nothing in this section shall limit the authority of the attorney general to protect consumers in the health care market under any other law.”;

In section 30, in proposed section 10A, by striking out subsections (a) and (b) and inserting in place thereof the following 2 subsections:-

“(a) The center shall promulgate regulations necessary to ensure the uniform analysis of information regarding pharmaceutical manufacturing companies and pharmacy benefit managers and that enable the center to analyze: (i) year-over-year

wholesale acquisition cost changes; (ii) year-over-year trends in net expenditures; (iii) net expenditures on subsets of brand and generic pharmaceuticals identified by the center; (iv) research and development costs as a percentage of revenue, costs paid with public funds and costs paid by third parties, to the extent such costs are attributable to a specific product or set of products; (v) annual marketing and advertising costs, identifying costs for direct-to-consumer advertising; (vi) annual profits over the most recent 5-year period; (vii) information regarding trends of estimated aggregate drug rebates and other price reductions paid by a pharmaceutical manufacturing company in connection with utilization of all pharmaceutical drug products offered by the pharmaceutical manufacturing company; (viii) information regarding trends of estimated aggregate drug rebates and other price reductions paid by a pharmacy benefit manager in connection with utilization of all drugs offered through the pharmacy benefit manager; (ix) information regarding pharmacy benefit manager practices in passing drug rebates or other price reductions received by the pharmacy benefit manager to a private or public health care payer or to the consumer; (x) information regarding discount or free product vouchers that a retail pharmacy provides to a consumer in connection with a pharmacy service, item or prescription transfer offer or to any discount, rebate, product voucher or other reduction in an individual's out-of-pocket expenses, including co-payments and deductibles under section 3 of chapter 175H; (xi) cost disparities between prices charged to purchasers in the commonwealth and purchasers outside of the United States and (xii) any other information deemed necessary by the center.

(b) The center shall require the submission of available data and other information from pharmaceutical manufacturing companies and pharmacy benefit managers including, but not limited to: (i) changes in wholesale acquisition costs for prescription drug products as identified by the center; (ii) aggregate, company-level and product-specific research and development to the extent attributable to a specific product or products and other relevant capital expenditures for the most recent year for which final audited data are available for prescription drug products as identified by the center; (iii) the price paid by the manufacturer to acquire the prescription drug product if not developed by the manufacturer; (iv) the 5-year history of any increases in the wholesale acquisition costs; (v) annual marketing and advertising expenditures apportioned by activities directed to consumers and prescribers for prescription drug products as identified by the center; and (vi) a description, suitable for public release, of factors that contributed to reported changes in wholesale acquisition costs for prescription drug products as identified by the center.”;

By striking out section 31 and inserting in place thereof the following section:-

“SECTION 31. Section 11 of chapter 12C of the General Laws, as so appearing, is hereby amended by striking out in its entirety and inserting in place thereof the following:-

Section 11. The center shall ensure the timely reporting of information required under sections 8, 9, 10 and 10A. The center shall notify payers, providers, provider organizations, pharmacy benefit managers and pharmaceutical manufacturing companies of any applicable reporting deadlines. The center shall notify, in writing, a private health care payer, provider, provider organization, pharmacy benefit manager or pharmaceutical manufacturing company that it has failed to meet a reporting deadline and that failure to respond within 2 weeks of the receipt of the notice shall result in penalties. The center shall assess a penalty

against a private health care payer, provider, provider organization, pharmacy benefit manager or pharmaceutical manufacturing company that fails, without just cause, to provide the requested information within 2 weeks following receipt of the written notice required under this paragraph of up to \$5,000 per week for each week of delay after the 2-week period following receipt of the written notice; provided, however, that the maximum annual penalty against a private health care payer, provider, provider organization, pharmacy benefit manager or pharmaceutical manufacturing company under this section shall be \$200,000. Amounts collected under this section shall be deposited in the Healthcare Payment Reform Fund established in section 100 of chapter 194 of the acts of 2011.

The center shall notify the attorney general of any pharmaceutical manufacturing company or pharmacy benefit manager that fails to comply with this section for further action pursuant to section 11N of chapter 12 or any other law.

For the purposes of this section, the center may promulgate regulations to define ‘just cause’; and

By inserting after section 35 the following section:-

“SECTION 35A. Said chapter 12C is hereby further amended by striking out section 17, as so appearing, and inserting thereof the following section:-

Section 17. The attorney general may review and analyze any information submitted to the center under sections 8, 9, 10, 10A and the health policy commission under section 8 of chapter 6D. The attorney general may require that any provider, provider organization, pharmaceutical manufacturing company, pharmacy benefit manager or payer produce documents, answer interrogatories and provide testimony under oath related to health care costs and cost trends, pharmaceutical cost trends, factors that contribute to cost growth within the commonwealth's health care system and the relationship between provider costs and payer premium rates. The attorney general shall keep confidential all nonpublic information and documents obtained under this section and shall not disclose the information or documents to any person without the consent of the provider, pharmaceutical manufacturing company, pharmacy benefit manager or payer that produced the information or documents except in a public hearing under said section 8 of said chapter 6D, a rate hearing before the division of insurance or in a case brought by the attorney general, if the attorney general believes that such disclosure will promote the health care cost containment goals of the commonwealth and that the disclosure shall be made in the public interest after taking into account any privacy, trade secret or anticompetitive considerations. The confidential information and documents shall not be public records and shall be exempt from disclosure under clause Twenty-sixth of section 7 of chapter 4 or section 10 of chapter 66.”

After remarks, the amendment was adopted.

Messrs. Timilty and Feeney, Ms. Gobi and Mr. O'Connor moved that the proposed new draft be amended by inserting after section 145 the following section:-

“SECTION 145A. (a) Within 45 days after the effective date of this act, the health policy commission shall conduct a public hearing on adherence to patient limits set forth in section 231 of chapter 111 of the General Laws. The commission shall issue a report which shall include, but not be limited to: (i) recommendations to measure adherence to patient limits; (ii) recommendations for methods to report potential violations of patient limits; and (iii) recommendations for measures to ensure adherence to patient limits. The commission shall issue their report to the chairs of the joint committee on health care financing, the clerks of the senate and

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house of representatives and the commissioner of public health.

(b) The health policy commission, in consultation with the department of public health shall adopt regulations to ensure adherence to patient limits set forth in section 231 of chapter 111 of the General Laws which shall include, but not be limited to: (i) a reporting process for violations of said section 231 of said chapter 111; (ii) a process for investigating reported violations; and (iii) appropriate sanctions which shall include fines of up to \$25,000 for each separate and distinct violation of patient limits set forth in said section 231 of said chapter 111 not later than 90 days after the effective date of this act.”

After remarks, the amendment was adopted.

There being no objection, the following matter was taken out of order and considered as follows:

The House Bill authorizing the Department of Elder Affairs to establish a home care worker registry (House, No. 3821, amended),-- was considered, the main question being on accepting the House amendment.

Home care worker registry.

**Pending the question on the adoption of the several pending amendments and pending the main question on accepting the House amendment, on motion of Ms. Chandler, the further consideration thereof was postponed until the next session.**

The Senate Committee Bill furthering health empowerment and affordability by leveraging transformative health care (Senate, No. 2190),-- was again considered, the main question being on ordering the bill to a third reading.

Health care,-- affordability.

Messrs. Cyr and Eldridge, Ms. Gobi and Ms. Jehlen moved that the proposed new draft be amended by inserting the text of Senate document numbered 2221, relative to coordinated care protocols in public housing.

9

After remarks, the amendment was adopted.

Ms. Jehlen and Mr. Montigny moved that the proposed new draft be amended by inserting the following section:-

10

“SECTION XX. Notwithstanding any special or general law to the contrary, the center for health information and analysis, in consultation with MassHealth, the executive office of elder affairs and the health policy commission, shall conduct an examination of cost trends and financial performance among skilled nursing facilities, as defined under 957 CMR 7.02. The information shall be analyzed on an institution-specific, provider organization and industry-wide basis and shall include, but not be limited to: (i) gross and net patient service revenues; (ii) other sources of operating and non-operating revenue; (iii) trends in relative price, payer mix, case mix, utilization and length of stay dating back to 2010; (iv) affiliations with other health care providers including, but not limited to, preferred clinical relationships and partnerships; (v) categories of costs including, but not limited to, general and administrative costs, nursing and other labor costs and salaries, building costs, capital costs and other operating costs; (vi) total spending on direct patient care as a percent of total operating expenses; (vii) operating and total margin; (viii) occupancy rates; and (ix) other relevant measures of financial performance and service delivery. These measures shall distinguish long-term from short-stay residents to the extent possible.

The report and any recommendations shall be filed with the clerks of the senate and house of representatives, the chairs of the house and senate committees on ways and means and the chairs of the joint committee on elder affairs not later than December 31, 2018.”

The amendment was adopted.

Ms. Jehlen, Ms. Gobi, Ms. Friedman, Messrs. Eldridge, Cyr and Feeney, Ms. Creem and Mr. Montigny moved that the proposed new draft be amended by inserting the following section:-

11

“SECTION XX: Section 28 of chapter 118E of the General Laws is hereby amended by inserting at the end thereof the following paragraph:-

A transfer of resources to a special needs trust that conforms to 42 USC §1396p(d)(4)(C) established solely for the benefit of a disabled individual of any age shall not be treated as a disposal of resources for less than fair market value.”

The amendment was adopted.

Ms. L'Italien and Messrs. Lewis, Cyr, Eldridge and Feeney moved that the proposed new draft be amended by inserting after section 114 the following section:-

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“SECTION 114A. Notwithstanding any general or special law to the contrary, the executive office of elder affairs shall develop a plan to transfer funds from item 9110-1455 to increase eligibility for the Qualified Medicare Beneficiary, Specified Low-Income Medicare Beneficiary and Qualified Individual programs described in 42 U.S.C. §1396(a)(10)(E) and administered through the executive office of health and human services.

The executive office of health and human services shall develop a plan to raise or eliminate an asset test, raise the level of income eligibility, or both, to best expand access to the Medicare Savings Program for low-income elders if a transfer is implemented. The amount transferred from 9110-1455 shall not exceed the estimated annual cost of expanding coverage as established by the executive office of health and human services; provided, however, that no transfer shall result in reduced eligibility to the Prescription Advantage program established in the executive office of elder affairs.

Not later than September 1, 2018, the executive office shall report on whether there is planned transfer and, if so, the amount of funds expected to be transferred, the expected increased capacity in eligibility for the Medicare Savings Program and whether additional transfers are anticipated and the executive office shall submit an additional report outlining the same criteria not less than 60 days before any subsequent transfers.”

The amendment was adopted.

Ms. Lovely moved that the proposed new draft be amended by inserting at the end thereof the following section:-

137

“SECTION XX. Chapter 118E of the General Laws shall be amended by inserting after section 25 the following section:

Section 25A. The division shall disregard income in an amount equivalent to one hundred sixty-five percent (165%) of the federal poverty level, as adjusted annually, in determining eligibility for the Qualified Medicare Beneficiary, Specified Low-Income Medicare Beneficiary and Qualified Individual programs, described in 42 U.S.C. §1396(a)(10)(E) and also known as the Medicare Savings or Medicare Buy-In Programs.

The division shall not apply an asset test in determining eligibility for the Qualified Medicare Beneficiary, Specified Low-Income Medicare Beneficiary and Qualified Individual programs, described in 42 U.S.C. §1396(a)(10)(E) and also known as the Medicare Savings or Medicare Buy-In Programs.

The division shall amend its state plan and promulgate regulations to implement said income disregards and asset test elimination.”

The amendment was *rejected*.

Ms. Spilka moved that the proposed new draft be amended in section 70, by inserting after the word “or”, in line 1038, the following word:- “any”;

In section 71, by inserting after the word “provider”, in line 1085, the following words:- “under the patient’s health plan”;

In said section 71, by striking out, in line 1089, the words “that referral” and inserting in place thereof the following words:- “services sought from the referred provider”;

In section 102, by striking out, in line 1812, the words “a provider” and inserting in place thereof the following words:- “any of its participating providers”;

In section 110, by striking out, in line 1969, the words “they the” and inserting in place thereof the following word:- “a”;

In said section 110, by striking out, in line 1977, the word “will” and inserting in place thereof the following word:- “may”;

In section 112, by striking out, in line 2197, the word “council”, the first time it appears, and inserting in place thereof the following word:- “committee”;

In section 115, by striking out, in line 2266, the word “assessment” and inserting in place thereof the following word:- “alignment”;

In section 142, by inserting after the word “at”, in line 2625, the following word:- “each”; and

In said section 142, by striking out, in line 2630, the word “a”, the third time it appears, and inserting in place thereof the following words:- “separately for on-campus and off-campus hospital-based facilities, a”.

The amendment was adopted.

The Ways and Means amendment, as amended, was then adopted.

The bill (Senate, No. 2202, amended) was then ordered to a third reading and read a third time.

After remarks, the question on passing the bill to be engrossed was determined by a call of the yeas and nays, at three minutes before twelve o’clock midnight, on motion of Mr. Welch, as follows, to wit (yeas 33 — nays 6) [**Yeas and Nays No. 279**]:

**YEAS.**

- |                          |                         |
|--------------------------|-------------------------|
| Barrett, Michael J.      | Keenan, John F.         |
| Boncore, Joseph A.       | Lesser, Eric P.         |
| Brady, Michael D.        | Lewis, Jason M.         |
| Brownsberger, William N. | L’Italien, Barbara A.   |
| Chandler, Harriette L.   | Lovely, Joan B.         |
| Chang-Diaz, Sonia        | McGee, Thomas M.        |
| Creem, Cynthia Stone     | Montigny, Mark C.       |
| Cyr, Julian              | Moore, Michael O.       |
| DiDomenico, Sal N.       | O’Connor Ives, Kathleen |
| Donoghue, Eileen M.      | Pacheco, Marc R.        |
| Eldridge, James B.       | Rodrigues, Michael J.   |
| Feeney, Paul R.          | Rosenberg, Stanley C.   |
| Forry, Linda Dorcena     | Rush, Michael F.        |
| Friedman, Cindy F.       | Spilka, Karen E.        |
| Gobi, Anne M.            | Timilty, Walter F.      |
| Hinds, Adam G.           | Welch, James T. — 33.   |
| Jehlen, Patricia D.      |                         |

**NAYS.**

- |                      |                      |
|----------------------|----------------------|
| deMacedo, Viriato M. | O’Connor, Patrick M. |
|----------------------|----------------------|

**UNCORRECTED PROOF.**

Fattman, Ryan C.  
Humason, Donald F., Jr.

Ross, Richard J.  
Tarr, Bruce E. – 6.

**The yeas and nays having been completed at twelve o'clock midnight, the bill was passed to be engrossed [For text of Senate Bill, printed as amended, see Senate, No. 2211].**

**Sent to the House for concurrence.**

Pursuant to Senate Rule 38A½ the Senate adjourned to meet again on Monday next at eleven o'clock A.M.

Senate Rule 38A½ .