

SENATE NO. 1278

AN ACT ESTABLISH A PATIENT NAVIGATOR DEMONSTRATION PROGRAM

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

1 SECTION 1. PATIENT NAVIGATOR GRANTS.

2 Section 16 of chapter 6A of the general laws, as appearing in the 2004 Official Edition, is
3 hereby amended by inserting at the end of said section the following:-

4 PATIENT NAVIGATOR GRANTS.

5 (a) The Secretary of Health and Human Services, acting through the Commissioner of the
6 Division of Medical Assistance for the MassHealth program, the Director of the Commonwealth
7 Health Care Connector for the Commonwealth Care Insurance Program, and the Commissioner
8 of the Division of Health Care Finance and Policy for the Safety Net Care Program may, subject
9 to appropriation, make grants to eligible entities for the development and operation of
10 demonstration programs to provide patient navigator services to improve health care outcomes.
11 The Secretary shall coordinate with, and ensure the participation of, such other offices and
12 agencies as deemed appropriate by the Secretary, regarding the design and evaluation of the
13 demonstration programs.

14 (b) Use of Funds- The Secretary shall require each recipient of a grant under this section to use
15 the grant to recruit, assign, train, and employ patient navigators who have direct knowledge of

16 the communities they serve to facilitate the care of individuals, including by performing each of
17 the following duties:

18 (1) Acting as contacts, including by assisting in the coordination of health care services
19 and provider referrals, for individuals who are seeking prevention or early detection
20 services for, or who following a screening or early detection service are found to have a
21 symptom, abnormal finding, or diagnosis of, cancer or other chronic disease.

22 (2) Facilitating the involvement of community organizations in assisting individuals who
23 are at risk for or who have cancer or other chronic diseases to receive better access to
24 high-quality health care services including, but not limited to, creating partnerships with
25 patient advocacy groups, charities, health care centers, community hospice centers, other
26 health care providers, or other organizations in the targeted community.

27 (3) Notifying individuals of clinical trials and, on request, facilitating enrollment of
28 eligible individuals in these trials.

29 (4) Anticipating, identifying, and helping patients to overcome barriers within the health
30 care system to ensure prompt diagnostic and treatment resolution of an abnormal finding
31 of cancer or other chronic disease.

32 (5) Coordinating with the relevant health insurance ombudsman programs to provide
33 information to individuals who are at risk for or who have cancer or other chronic
34 diseases about health coverage, including private insurance, health care savings
35 accounts, and other publicly funded programs including, but not limited to, Medicare,
36 Medicaid, health programs operated by the Department of Veterans Affairs or the
37 Department of Defense, the State children's health insurance program, Commonwealth
38 Care, and any private or governmental prescription assistance programs.

39 (6) Conducting ongoing outreach to health disparity populations, including the
40 uninsured, rural populations, and other medically underserved populations, in addition to
41 assisting other individuals who are at risk for or who have cancer or other chronic
42 diseases to seek preventative care.

43 (c) Prohibitions-

44 (1) REFERRAL FEES- The Secretary shall require each recipient of a grant under this
45 section to prohibit any patient navigator providing services under the grant from
46 accepting any referral fee, kickback, or other thing of value in return for referring an
47 individual to a particular health care provider.

48 (2) LEGAL FEES AND COSTS- The Secretary shall prohibit the use of any grant funds
49 received under this section to pay any fees or costs resulting from any litigation,
50 arbitration, mediation, or other proceeding to resolve a legal dispute.

51 (d) Grant Period-

52 (1) IN GENERAL- Subject to paragraphs (2) and (3), the Secretary may award grants
53 under this section for periods of not more than 3 years.

54 (2) EXTENSIONS- Subject to paragraph (3), the Secretary may extend the period of a
55 grant under this section. Each such extension shall be for a period of not more than 1
56 year.

57 (3) LIMITATIONS ON GRANT PERIOD- In carrying out this section, the Secretary--

58 (A) shall ensure that the total period of a grant does not exceed 4 years; and

59 (B) may not authorize any grant period ending after September 30, 2010.

60 (e) Application-

61 (1) IN GENERAL- To seek a grant under this section, an eligible entity shall submit an
62 application to the Secretary in such form, in such manner, and containing such
63 information as the Secretary may require.

64 (2) CONTENTS- At a minimum, the Secretary shall require each such application to
65 outline how the eligible entity will establish baseline measures and benchmarks that
66 meet the Secretary's requirements to evaluate program outcomes.

67 (f) Uniform Baseline Measures- The Secretary shall establish uniform baseline measures in
68 order to properly evaluate the impact of the demonstration projects under this section.

69 (g) Preference- In making grants under this section, the Secretary shall give preference to
70 eligible entities that demonstrate in their applications plans to utilize patient navigator services
71 to overcome significant barriers in order to improve health care outcomes in their respective
72 communities.

73 (h) Duplication of Services- An eligible entity that is receiving Federal funds for activities
74 described in subsection (b) on the date on which the entity submits an application under
75 subsection (e) may not receive a grant under this section unless the entity can demonstrate that
76 amounts received under the grant will be utilized to expand services or provide new services to
77 individuals who would not otherwise be served.

78 (i) Coordination With Other Programs- The Secretary shall ensure coordination of the
79 demonstration grant program under this section with existing authorized programs in order to
80 facilitate access to high-quality health care services.

81 (j) Study; Reports-

82 (1) FINAL REPORT BY SECRETARY- Not later than 6 months after the completion of
83 the demonstration grant program under this section, the Secretary shall conduct a study

84 of the results of the program and submit to the joint committee on health care financing
85 and the senate and house committees on ways and means a report on such results that
86 includes the following:

87 (A) An evaluation of the program outcomes, including--

88 (i) quantitative analysis of baseline and benchmark measures; and

89 (ii) aggregate information about the patients served and program
90 activities.

91 (B) Recommendations on whether patient navigator programs could be used to
92 improve patient outcomes in other public health areas.

93 (2) INTERIM REPORTS BY SECRETARY- The Secretary may provide interim reports
94 to the joint committee on health care financing and the senate and house committees on
95 ways and means on the demonstration grant program under this section at such intervals
96 as the Secretary determines to be appropriate.

97 (3) REPORTS BY GRANTEEES- The Secretary may require grant recipients under this
98 section to submit interim and final reports on grant program outcomes.

99 (k) Rule of Construction- This section shall not be construed to authorize funding for the
100 delivery of health care services (other than the patient navigator duties listed in subsection (b)).

101 (l) Definitions- In this section:

102 (1) The term “eligible entity” means a public or nonprofit private health center (including a
103 Federally qualified health center (as that term is defined in section 1861(aa)(4) of the Social
104 Security Act)), a hospital, a cancer center, a rural health clinic, an academic health center, or a
105 nonprofit entity that enters into a partnership or coordinates referrals with such a center, clinic,
106 facility, or hospital to provide patient navigator services.

107 (2) The term “health disparity population” means a population that, as determined by the
108 Secretary, has a significant disparity in the overall rate of disease incidence, prevalence,
109 morbidity, mortality, or survival rates as compared to the health status of the general
110 population.

111 (3) The term `patient navigator' means an individual who has completed a training
112 program approved by the Secretary to perform the duties listed in subsection (b).