

Transition from Acute Care to Post-Acute Care (TACPAC) Task Force

Legal Authority: *Section 25 of Chapter 197 of the Acts of 2024*

Link: <https://malegislature.gov/Laws/SessionLaws/Acts/2024/Chapter197>

Full Text of Statute:

CHAPTER 197, SECTION 25

(a) There shall be a task force to study and propose recommendations to address acute care hospital throughput challenges and the impact of persistent delays in discharging patients from acute to post-acute care settings.

The task force shall examine:

- (i) hospital discharge planning and case management practices;
- (ii) payer administrative barriers to discharge;
- (iii) legal and regulatory barriers to discharge;
- (iv) efforts to increase public awareness of health care proxies and the importance of designating a health care agent;
- (v) post-acute care capacity constraints and additional opportunities to provide financial incentives to increase capacity;
- (vi) administrative day rates and the cost to hospitals of discharge delays;
- (vii) enhanced hospital case management practices and reimbursement for wraparound services;
- (viii) the adequacy of post-acute care facility insurance networks and the establishment of an out-of-network rate for post-acute care facilities;
- (ix) expanding MassHealth Limited coverage to include post-acute and long-term care services;
- (x) the effectiveness of interagency coordination to resolve complex case discharges;
- (xi) the adequacy of reimbursement rates of MassHealth and commercial carriers for nonemergency medical transportation;
- (xii) opportunities to expand coverage and reimbursement for services delivered by mobile integrated health programs certified by the department of public health and by participating providers in the federal Centers for Medicare and Medicaid Services acute hospital care at home program;
- (xiii) alternative transportation options for patients being discharged and transferred to post-acute care facilities or home health agencies; and
- (xiv) the adequacy of state resources and infrastructure to place complex case discharges in appropriate post-acute care settings, including, but not limited to, patients with dementia diagnoses, geriatric patients with psychiatric diagnoses, patients with behavioral health diagnoses, patients with substance use disorder diagnoses, justice-involved patients and patients who have been unable to find an appropriate placement for post-acute care for 6 months or longer.

(b) The task force shall consist of: the secretary of health and human services, or a designee, who shall serve as chair; the assistant secretary for MassHealth, or a designee; the

commissioner of mental health, or a designee; the attorney general, or a designee; the commissioner of correction, or a designee; 1 sheriff appointed by the Massachusetts Sheriffs' Association, Inc.; 1 member representing the division of the probate and family court department of the trial court to be appointed by the chief justice of said division; and 10 members to be appointed by the chair, 1 of whom shall be a representative of the Massachusetts Hospital Association, Inc., 1 of whom shall be a representative of the Massachusetts Senior Care Association, Inc., 1 of whom shall be a representative of the Home Care Alliance of Massachusetts, Inc., 1 of whom shall be a representative of the Massachusetts Academy of Elder Law Attorneys, 1 of whom shall be a representative from the Massachusetts Ambulance Association, Incorporated, 1 of whom shall be a representative from the Massachusetts Association of Health Plans, Inc., 1 of whom shall be a representative from Blue Cross and Blue Shield of Massachusetts, Inc., 1 of whom shall be a representative from an academic medical center located in Worcester county, 1 of whom shall be a representative of an acute care hospital located in Suffolk county and 1 of whom shall be a representative from an acute care hospital designated by the health policy commission as an independent community hospital for the purposes of 105 CMR 100.715(B)(2)(b).

(c) Not later than July 31, 2025, the task force shall submit its report, including its recommendations or any proposed legislation necessary to carry out its recommendations, to the clerks of the house of representatives and the senate, the house and senate committees on ways and means and the joint committee on health care financing.