An Act to improve health care by investing in VALUE

1) **Prioritize investments in primary care and behavioral health within the cost growth benchmark**
   - **Payers and providers must increase combined expenditures on primary care and behavioral health by 30% over three years**
   - **Encourage behavioral health practitioners to accept insurance**
     - Require payers to use a standardized credentialing form so providers only need to complete one application
     - Promote behavioral health reimbursement parity through the establishment of a rate floor for certain services
     - Discourage utilization of out-of-network BH services through increased payer reporting and DOI oversight
   - **Develop behavioral health professional workforce**
     - Require payers to reimburse non-licensed behavioral health professionals in training working in clinical settings
     - Establish a Board of Registration of Recovery Coaches, per the recommendations of the Recovery Coach Commission, to credential and standardize the recovery coach position to promote payer reimbursement
   - **Promote timely, access to appropriate behavioral health treatment**
     - Require payers to maintain accurate and updated provider directories
     - Prohibit payers from denying coverage or imposing additional costs for same-day behavioral health and certain medical visits
     - Require acute care hospitals to maintain clinical capacity to provide or arrange for the evaluation, stabilization and referral of patients with behavioral health conditions in emergency departments
2) **Manage health care cost drivers to protect consumers**
   - **Prohibit surprise billing for emergency and unplanned services rendered by an out of network provider**
     - Establish an out-of-network default rate, as a percentage of the Medicare fee schedule, to apply as the default payment rate for emergency and unplanned services
   - **Limit the use of facility fees**
     - Site-specific limits - providers prohibited from charging a facility fee for services rendered in a HOPD/satellite located more than 250 yards from the main hospital campus
     - Service-specific limits – providers prohibited from charging a facility fee for evaluation and management visits, diagnostics and imaging at HOPD/satellite location regardless of distance from main campus
   - **Strengthen enforcement of the cost growth benchmark** through financial penalty on entities exceeding benchmark
   - **Manage high drug costs**
     - **Subject manufacturers of certain high-cost, recently-approved drugs to HPC accountability process** (greater than $50,000/per person per year)
     - **Impose penalty on manufacturers that increase the price of a drug** by greater than CPI +2% in a given year
     - **Increase state oversight and authority over Pharmacy Benefit Managers (PBMs)** through DOI certification and require reporting to CHIA
     - **Require representatives from pharmaceutical industry to participate in cost trend hearings**
     - **Restrict PBMs from including gag clauses in contracts** and **require that pharmacists ensure consumers pay the lowest cost for a prescription**

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3) Improve access to high-quality, coordinated care

- **Improve scope of practice standards**
  - Allow nurse practitioners and psychiatric nurse mental health clinical specialists to independently prescribe without a supervising physician
  - Create mid-level dental position to provide preventive and basic dental services
  - Align practice standards for optometrists and podiatrists with other states
  - Join the multi-state Nurse Licensure Compact
- **Define and expand access to telemedicine**
  - Establish a regulatory framework for telehealth services
  - Prohibit payers from denying coverage based on the sole fact that the service is provided via telemedicine to ensure coverage parity
- **Define urgent care centers and require broader insurance coverage**
  - Define urgent care services as those that are episodic in nature, generally provided on a walk-in basis, and available to the general public
  - Require entities providing urgent care services to be licensed as a clinic and accept MassHealth members, provide certain behavioral health services and meet standards related to primary care integration
- **Promote health information exchange, ensure quality measure alignment and transfer 11 clinical boards to the Department of Public Health**
  - Expand EOHHS authority to implement health information exchange initiatives, consistent with the recommendations of the Digital Health Council
  - Codify the existing quality alignment taskforce and process to adopt recommended measure set
  - Transfer oversight of 11 boards that license or certify medical and behavioral health professionals from the Division of Professional Licensure to the Department of Public Health
- **Deposit $15 million into the Health Safety Net Trust Fund** to support care provided to uninsured and underinsured patients by acute care hospitals and community health centers

4) Stabilize distressed community hospitals and health centers

- Community Hospital and Health Center Investment Trust Fund (CHHCITF) to be funded through continued transfers from CHIA ($10M), and revenues collected through a penalty on drug manufacturers for excess price increases and penalties on entities referred to HPC for exceeding the benchmark
- Funds would be equitably distributed to community hospitals and health centers

5) Promote market insurance reforms

- **Ensure small employers have access to all options in the merged market**
  - Remove provisions requiring groups of 1-5 to purchase only through brokers
  - Require carriers to list and offer all of their merged market products
  - Promote uptake of high-value insurance products by requiring carriers with >5,000 members to offer at least 1 “innovative product” (e.g. tiered and limited network plans) in at least 2 geographic regions; increasing premium differential for tiered/limited products; promoting robust provider participation by preventing participating providers from opting out of high-value products
- **Merged market commission**
  - Executive Order to conduct a comprehensive study of the merged market and emerging trends and dynamics impacting the market
  - Chaired by the Commissioner of the DOI, will include payer, employer, broker, and consumer representatives with recommendations due by April 30, 2020

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