



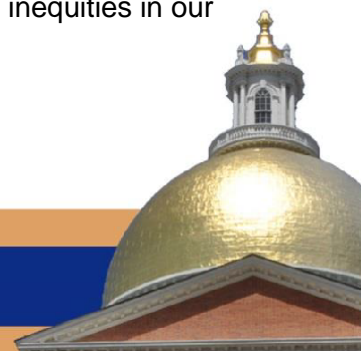
AN ACT INVESTING IN THE FUTURE OF OUR HEALTH

This legislation requires health care providers and payers to increase investment in primary care and behavioral health through setting a statewide spending target and addresses excess costs and affordability through a multi-faceted approach that both targets systemic cost drivers and promotes patient access to high-value, affordable care, incorporating lessons learned from the COVID-19 pandemic. The bill centers on three key areas:

- **Prioritizing Primary Care and Behavioral Health:** increases investment in primary care and behavioral health care through setting a statewide target to address historic underinvestment in these services, particularly for underserved populations
- **Managing Health Care Cost Drivers:** addresses excess costs and affordability through a multi-faceted approach that targets systemic cost drivers and promotes consumer access to high-value, affordable care.
- **Improving Access to High-Quality Coordinated Care:** promotes access to high-quality, coordinated care and modernizes licensure and practice standards.

Prioritizing Investments in Primary Care and Behavioral Health

- **Primary Care and Behavioral Health Spending Target:** This legislation sets a system-wide primary care (PC) and behavioral health (BH) spending target, requiring providers and payers to increase expenditures on primary care and behavioral health by 30% over 3 years, with the initial measurement period ending in calendar year 2024. This will result in a substantial rebalancing of funds equal to an investment of approximately \$1.4 billion into primary care and behavioral health.
 - Calendar year 2019 will serve as the baseline year that calendar year 2024 spending will be measured against.
 - Providers and payers must achieve the target while remaining under the [health care cost growth benchmark](#).
 - Recognizing systems will have varying baselines and tools to achieve the target, the legislation does not prescribe how payers and providers achieve the target. Payers and providers can achieve the target through strategies such as increased rates to PC/BH providers, expanding PC/BH networks, increasing access to PC/BH through extended hours and additional telehealth services.
- **Behavioral Health Policies and Reforms:** In addition to increasing behavioral health and primary care investments, this legislation ensures behavioral health coverage parity, supports workforce development and sustainability, and promotes timely access to emergency behavioral health care.
- **Establishes a Primary Care and Behavioral Health Equity Trust Fund:** This bill establishes a fund to provide enhanced funding to primary care and behavioral health providers serving Medicaid members. Approximately 20% of the funds will be earmarked for grants to high public-payer providers in target equity communities. This fund will help increase access to these critical services and level the inequities in our health care system.



Managing Health Care Cost Drivers

- **Surprise billing protections for certain Out of Network (OON) services:** This bill establishes a default payment rate of reimbursement that carriers must pay to out-of-network providers for unforeseen OON services, effectively removing the patient from the payment dispute. The proposed default rate is consistent with [EOHHS' 2021 Out-Of-Network Recommended Rate Report](#) and the "Qualifying Payment Amount" in the federal *No Surprises Act*.
- **Limits on facility fees:** To address the high cost of facility fees on both consumers and the system at large, this proposal establishes site-specific and service-specific limits on facility fees charged by hospitals.
- **Increased accountability for drug manufacturers:** To address year-over-year increases in pharmacy cost and spending growth, this proposal will: 1) hold high-cost drug manufacturers accountable through a framework to that currently used for payers and providers that exceed the cost growth benchmark; 2) impose penalties on excessive drug price increases; and 3) establish new oversight authority for pharmacy benefit managers (PBMs).
- **Merged Market Reforms:** To ensure individuals and small business owners have access to more affordable insurance coverage options for their businesses and employees, this legislation
 - Removes the requirement that small groups of 1-5 employees purchase through intermediaries to ensure these groups have access to all health plan products offered in the merged market.
 - Establishes a 3-year pilot program to allow group purchasing cooperatives to be treated as large employers for the purposes of offering health insurance outside of the merged market. The pilot will allow for an evaluation of the cooperatives' experience and how their premiums compare to merged market premiums.
 - Implements small group rate review reforms.
 - Implements recommendations from the Merged Market Advisory Council Report to promote adoption and access to high-value, lower-cost health plans.

Improve Access to High-Quality Coordinated Care

- **Scope of Practice and licensure standards:** Improvements to scope of practice standards and other licensure requirements will strengthen the health care workforce and expand capacity to ensure access to high-quality coordinated care through measures such as:
 - Providing flexibility for greater collaboration for physician assistants – allowing physician assistants to work collaboratively with a clinical team including one or more supervising physicians.
 - Removing barriers to licensure for dentists.
 - Establishing a mid-level licensed dental professional, referred to as dental therapists.
 - Expanding scope of practices to podiatrists, permitting them to treat the lower leg in addition to the foot.
- **Multistate licensure compact:** This legislation authorizes Massachusetts entry into the Interstate Medical Licensure Compact (ICLM). The ICLM is an agreement among participating U.S. states to work together to significantly streamline the licensing process for physicians who want to practice in multiple states. It offers a voluntary, expedited pathway to licensure for physicians who qualify.
- **Health Care workforce:** This bill directs the Center for Health Information Analysis (CHIA) to conduct a study of the health care workforce in the Commonwealth, including how it is changing over time, the supply of and demand for workers, demographic characteristics of the workforce including race, ethnicity, language, and age, geographic variations, job satisfaction, retention, and turnover, and other issues affecting the Commonwealth's healthcare workforce.

- **Urgent Care:** This legislation defines “urgent care services” and requires entities providing urgent care services to be licensed as a clinic and accept MassHealth members.
- **Telehealth:** To reduce barriers and advance adoption of telehealth, this bill provides increased flexibility for providers delivering telehealth services. Specifically, this legislation clarifies BORIM policy authorizing providers to render telehealth services without limitation to location or setting, so long as the provider is compliant with federal and state licensing requirements of the state in which the patient is physically located.
- **Modernizing data standards and health information exchange:** Proposals within this legislation will improve the ability for providers and the health care delivery system more broadly to exchange necessary information to improve patient access and care coordination.
 - *MOLST to POLST:* The Portable Order for Life-Sustaining Treatment (POLST) is a medical order that communicates the patient’s end-of-life care treatment preferences. Currently, Massachusetts uses the paper based Medical Order for Life-Sustaining Treatment (MOLST). This legislation authorizes the Executive Office of Elder Affairs (EOEA) to make the transition from the current paper based MOLST system to the electronic POLST (ePOLST) system. This transition will ensure that end-of-life wishes are more easily accessible and honored across care sites, providers, and state lines.
 - *Establishing data standards:* This legislation strengthens EOHHS’ authority to require entities, including payers, to participate and implement health information exchange initiatives consistent with the recommendations of the Digital Health Council. This strengthened authority will allow EOHHS to require health care entities to adopt and use uniform health data standards.
- **Quality Measurement Alignment:** Codifies the existing Quality Measure Alignment Taskforce and directs the taskforce to make recommendations to EOHHS relative to an aligned quality measure set for required adoption in ACOs and other risk-based contracts.