

Massachusetts Gov. Baker's administration files legislation aimed at expanding access to health care

The Baker-Polito Administration today filed comprehensive health care legislation to strengthen the Commonwealth's health care system by increasing access to care and controlling costs for Massachusetts families. The bill would increase investments in behavioral health and primary care through a new spending target for health care providers and payers. It would also control health care costs for residents and families by addressing systemic factors that drive increased spending. The legislation also takes several steps to improve access to high-quality care.

"An Act Investing in the Future of Our Health" includes several components initially filed by the Administration in 2019 and incorporates lessons learned from the COVID-19 pandemic. Governor Charlie Baker announced the filing of the bill today at a visit to Codman Square Health Center alongside officials from Codman and Boston Medical Center. The Administration's visit to Codman highlighted the legislation's focus on increasing access to behavioral health services, especially given the impacts of the pandemic.

"Over the past two years, the Commonwealth's health care workers stepped up to the plate and demonstrated the strengths of our health care system. But the pandemic also shed light on structural, underlying challenges, many of which we proposed addressing with our 2019 legislation," said Governor Charlie Baker. "The bill we are filing today would increase access to

behavioral care and other services that keep people healthier in the long-term by increasing investment in these areas. It would also control the factors that increase costs for residents and families, and improve access to high-quality, coordinated care. We know our partners in the Legislature agree on the need to address these challenges and look forward to working with them to enact these meaningful reforms.”

“We are pleased to file this bill which would make comprehensive changes that improve access to care and control costs for residents and small businesses,” said Lieutenant Governor Karyn Polito. “Our legislation would provide our small business owners with more affordable coverage options for their employees. It will ensure that high-value, affordable plans are easily accessible to small employers and their employees as well as for individuals and families.”

“The delay in preventative and behavioral health services resulting from the COVID-19 pandemic, coupled with the significant workforce challenges within our healthcare systems, require deliberate action to meet the needs of our residents,” said Health and Human Services Secretary Marylou Sudders. “For far too long, primary and behavioral health care have not been at the forefront of our health care system. This legislation is patient-focused, with proposed policies that prioritize the physical and mental health care of all of our residents for years to come.”

The bill includes reforms across three major areas:

- Prioritizing Primary Care and Behavioral Health
- Managing Factors that Increase Costs for Families
- Improving Access to High-Quality Care

Prioritizing Investments in Primary Care and Behavioral Health

This legislation increases investment in primary care and

behavioral health care through setting a statewide target to address historic underinvestment in these services, particularly for individuals who have been historically underserved. The proposal sets a system-wide primary care and behavioral health spending target, requiring health care providers and payers to increase expenditures on primary care and behavioral health by 30% over 3 years, with the initial performance period ending in calendar year 2024. This will result in a substantial rebalancing of funds equal to a system-wide investment of approximately \$1.4 billion into primary care and behavioral health, and improve front door access to services.

- Calendar year 2019 serves 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 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 primary care (PC) and behavioral health (BH) providers, expanding PC/BH networks, increasing access to PC/BH through extended hours and additional telehealth services.

In addition to increasing behavioral health and primary care investments, this legislation reinforces behavioral health coverage parity requirements, supports workforce development and sustainability, and promotes timely access to emergency behavioral health care.

The legislation builds on recent investments in community health centers and establishes a Primary Care and Behavioral Health Equity Trust 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 Factors that Increase Costs for Families

The legislation addresses health care costs through a multi-faceted approach that targets systemic cost drivers and increases affordability for individuals and small businesses.

- **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.
- **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 similar measures used for high-cost payers and providers; 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, this legislation implements small group rate review reforms, as well as recommendations from the Merged Market Advisory Council Report to promote adoption and access to high-value, lower-cost health plans.
- **Improved Access to High-Quality, Coordinated Care**

This legislation modernizes licensure and scope of practice standards and promotes 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 through measures that allow providers to practice at the top of their license and remove barriers to licensure.
- **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 study 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.