



A Healthy Commonwealth

A Five Year Plan for Massachusetts 2012

■ **Senator Richard T. Moore, Senate Chair**
Joint Committee on Health Care Financing

January 2007

In the 2005-2006 Session, the Legislature laid the foundation for a healthy Commonwealth with the passage of our landmark health care reform law. In addition to expanding access to affordable health insurance, the reforms included development of a statewide infection control program, advancement of the eHealth initiatives, initiation of a pediatric palliative care program, and enhancement of the state's prevention agenda. Several other important steps such as the purchase of hypodermic needles without prescription also contributed to improving the health of the people of the Commonwealth.

While these reforms have received much attention and praise both here at home and across the nation, they were just the first steps toward creating a world-class health care system for everyone in our Commonwealth.

If we are to sustain, and move beyond the dramatic gains being realized with the passage of health reform, key quality, safety, and cost control measures are needed. This document, "A Healthy Commonwealth 2012" is Senator Richard T. Moore's health care legislative agenda for the 2007-2008 legislative session.

Clearly, the foundation for this agenda is the landmark health care reform achieved in Chapter 58 of the Acts of 2006. The bills that comprise "A Healthy Commonwealth 2012" collectively represent the second phase of the state's health reform agenda. While listed in no particular order, each of these initiatives will bring Massachusetts even closer to the goal of quality, affordable health care for all and will help to grow and stimulate the critical health care sector of our state's economy.



Complete text and summary information for all health care related bills being filed by Senator Moore for the 2007-2008 Session are available at www.senatormoore.com/health

— Ensuring Consumer Health Care Quality —

Legislation will be filed to monitor hospital infection policies and practices and hold facilities accountable for outcomes. Chapter 58 of the Acts of 2006, Section 2, Item 4570-1502, provided \$1 million for implementation of a proactive statewide infection prevention and control program in the department of public health, through its division of health care quality. The program is to be implemented in licensed health care facilities following protocols of the Centers for Disease Control for adherence to infection control practices that are the keys to preventing the transmission of infectious diseases, and that infection control practices shall include, but not be limited to, hand hygiene; standard precautions and transmission-based precautions, including contact, droplet and airborne, and respiratory hygiene. The infection prevention and control program includes mandatory education in the recommended infection control practices for licensed health care personnel and employees of licensed health care facilities and penalties for individual and institutional noncompliance with Centers for Disease Control protocols. The Consumer Health Care Quality Act actually provides the framework for implementation of the infection control and quality improvement program.

■ **Senator Moore's Related Legislation for the 2007-2008 Session**

An Act Promoting Consumer Health Care Quality

Medical errors injure approximately 1 million Americans each year during the course of their hospital stay; up to 100,000 of those patients die as a result. This bill would reduce such adverse outcomes and reform how doctors notify both patients and the Commonwealth about these errors when they do occur. Specifically, the bill asks hospitals to follow the recommendations of the Department of Public Health's Statewide Infection Prevention and Control Initiative to reduce medical errors. It would require hospitals to notify patients about medical errors, publicly report infection rates and report so called "never events" to DPH. The bill would also exempt a doctor's apology from lawsuits and require hospitals to establish Rapid Response Teams which patients and families could activate when immediate medical attention is needed.

An Act Relative to a Statewide System for Reporting Hospital Acquired Infections

This bill, which is model in part on a landmark bill passed in New York, would require all acute care hospitals to track and then report certain types of hospital-acquired infections. Initially, all hospitals will be required to track and report hospital acquired infections that occur in critical care units to include surgical wound infections and central line related bloodstream infections. The Department could then add additional types of hospital acquired infections.

An Act Relative to Medical Errors

(Re-file of Senate 1305 from the 2005-2006 session)

This bill would expand adverse event reporting to the Betsy Lehman Center based on a list of extremely rare medical errors identified by the National Quality Forum as events that should never happen to a patient, including surgery on the wrong body part or on the wrong patient. The bill would also absolve public and private payers of paying for services that resulted in any of these adverse events and there would be a prohibition on balance billing.

— Promoting Quality Measurement in Health Care —

The Baldrige National Quality Program, administered through the National Institute of Standards and Technology has developed the Baldrige Health Care Criteria for Performance Excellence. The Health Care criteria help health care organizations respond to current challenges and address all the complexities of delivering today's results while preparing effectively for the future. The institutional self analysis and site visit by a team of performance management leaders focus on health care and service delivery outcomes, patient and other customer outcomes, financial and market outcomes, human resource outcomes, organizational effectiveness outcomes, and leadership and social responsibility outcomes.

■ Senator Moore's Related Legislation for the 2007-2008 Session

An Act Establishing Health Care Criteria for Performance Excellence

This bill would utilize Baldrige Health Care Criteria for Performance Excellence, a nationally accepted format, for measuring performance excellence in health care as part of the work of the Commonwealth's new Cost and Quality Council.

— Continuing Progress of the Massachusetts
e-Health Initiative —

The Massachusetts e-Health Initiative has set a goal of implementing Computerized Physician Order Entry (CPOE) in all Massachusetts acute care hospitals within four years. A five hospital pilot project is in its second year and the results are most encouraging. CPOE has been demonstrated to reduce medication errors (ADE or adverse drug events) and to enhance decision support capabilities that improve resource utilization and reduce the length of hospital stay.

Chapter 58 of the Acts of 2006 appropriated \$5 million in FY 2007 to continue the CPOE initiative. In three years, a fully implemented CPOE initiative in all hospitals is projected to produce a net savings of \$1 billion a year. Full deployment of this system, and other technology initiatives, is essential to containing health care costs without reducing health care quality or access. A budget request will be made for \$25 million in FY 2008 to support physician training, subsidize technology acquisition, and promote leadership efforts.

■ Senator Moore's Related Legislation for the 2007-2008 Session

An Act Provide for Investment in the Acquisition, Upgrading, Development and Implementation of Technology to Improve the Management and Delivery of Health Care in the Commonwealth (Re-file of Senate 717 from the 2005-06 session)

This bill would authorize the Commonwealth to issue a bond that shall provide for grants and zero or low interest loans to state and local agencies of government, institutions of higher education, health care providers, and other health care organizations. The grants and loans would be used to monitor or implement patient safety, medical error reduction systems including but not limited to medication error reduction systems.

An Act Providing for the Investment in Advanced Technologies in Health Care to Stimulate Job Creation, Economic Opportunity, and Quality Health Care in the Commonwealth
(Re-file of Senate 275 from the 2005-06 session)

This bill creates the Massachusetts Advanced Technologies in Health Care Trust Fund to expand Massachusetts's technology sector. It aims to stimulate the Commonwealth's economy by providing economic investment grants to promising technology developments that could contribute to the economy, public health, and safety of Massachusetts citizens.

An Act Relative to Incentive Payments for Medical Offices Use of Technology
(Re-file of Senate 280 from the 2005-2006 session)

This bill would require the Office of Medicaid to pay any health care provider, including hospitals, clinics and doctors' offices, "annual incentive payments" for using computerized provider order entry (CPOE) record systems for Medicaid-eligible services.

An Act Relative to Reimbursements for Electronic Medical Consultations
(Re-file of Senate 279 from the 2005-2006 session)

This bill would require the executive office of health and human services to conduct a study of the feasibility of providing Medicaid reimbursement to health care providers for consultations with patients conducted via e-mail. It would further require the results of the study to be filed with the joint committee on health care financing.

An Act to Promote the Use of Health Information Technology

Establishes the Massachusetts e-Health Institute and e-Health Institute Fund to develop and implement a statewide health information technology plan, and to make grants to health care providers to enable them to participate in implementation of the plan.

An Act to Reduce Administrative Burdens in the Delivery of Health Care through the Use of New Technology
(Re-file of Senate 278 from the 2005-2006 session)

This bill would create the Patient Safety Technology Trust Fund, to support investments necessary to promote health care quality and safety. Initially, the trust fund would provide grants for computerized physician order entry (CPOE) electronic medical records (EMR) and supporting tools; this funding would expand based on evolving technology and determinations of usefulness to include other patient safety technology for hospitals and physician offices. Funding would be sufficient to generate \$750 million over 5 years. Responsibility for funding is shared fairly among providers, payors, the state, self-insured plans and any other engaged groups.

— Continuing Progress of Prevention Initiatives —

This will be a major initiative to prevent hip fractures through fall prevention. The Massachusetts Department of Public Health, Division of Violence and Injury Prevention documents that in 2004, hospitals reported more than 25,000 falls-related hospital admissions. These 25,000 were more than 50% of all injury related discharges contrasting with motor vehicle injuries requiring inpatient care that totaled 4,532. Legislation will be filed to create a special commission on falls prevention and to establish a pilot program to conduct home-based fall risk assessments and implement prevention strategies including teaching physical activity and exercise, medication review and management, and environmental modifications. The bill will also seek to raise awareness of falls prevention practices through public education for older adults, family members and caregivers.

At the other end of the age scale, the prevention focus must be on establishing standards for proper nutrition and exercise for the Commonwealth's youth to stem the rising level of diabetes and other health conditions associated with obesity.

■ Senator Moore's Related Legislation for the 2007-2008 Session

An Act to Prevent Falls Among Older Adults

This bill creates a Falls Prevention Program in the Commonwealth. It would require the Secretary of Elder Affairs to: (1) oversee and support a statewide education campaign focusing on reducing falls among older adults, on preventing repeat falls, and on educating health professionals about falls risk, assessment, and prevention; and (2) award grants for local, regional and statewide education campaigns.

An Act Relative to the Prevention of Falls in the Elderly Community

This bill would establish a commission on falls prevention to study and make recommendations on how to reduce the likelihood of seniors suffering from debilitating falls in the Commonwealth.

An Act Promoting Healthy Alternatives in the Commonwealth's Public Schools Food Programs
(Re-file of Senate 107 and Senate 2373 from the 2005-06 session)

The purpose of this bill is to reduce obesity and improve the health of Massachusetts's children by establishing a five-year school nutrition demonstration project that implements stricter standards of nutrition in public schools by limiting the types of food and beverages offered in vending machines located on school property.

— Focusing Leadership in Health Policy —

Legislation will be filed to establish an Executive Office of Health and a Secretary of Health who will be the Governor's point person to lead the implementation of the state's landmark health care access, cost and quality legislation. With health care among the top concerns of Massachusetts residents, the state needs focused leadership during this crucial implementation phase and in the years to come.

The combination of Health with Human Services creates an agency that is too large to be effectively managed when both areas have constant demands for state attention and oversight. Health reform isn't completed with the passage of Chapter 58, it has really just begun. Continued high level leadership will be needed for some years to come. The new cabinet level agency would include the Department of Public Health, the Department of Mental Health, the Division of Health Care Finance and Quality, the Division of Medical Assistance and several smaller units.

■ Senator Moore's Related Legislation for the 2007-2008 Session

An Act Reforming the Administration of Health Care (Re-file of Senate 736 from the 2005-2006 session)

This bill would divide the Executive Office of Health and Human Services into an Executive Office of Human Services and an Executive Office of Health. The combination of Health with Human Services creates an agency that is too large to be effectively managed when both areas have constant demands for state attention and oversight. Health reform isn't completed with the passage of Chapter 58, it has really just begun. Continued high level leadership will be needed for some years to come. The new cabinet level agency would include the Department of Public Health, the Department of Mental Health, the Division of Health Care Finance and Quality, the Division of Medical Assistance and several smaller units.

An Act Financing Health Care through Moral Obligation Bonds

The community hospital system is financially stressed, yet needs to significantly invest in capital improvements. Other states have utilized a system known as Moral Obligation Bonds that don't legally mandate repayment by the state, but utilize the state's credit rating. The financial market has recognized this mechanism and there have been no defaults. This bill will utilize the expertise of the Mass. Health and Educational Facilities Authority to establish such a system for capital investment in our fifty plus community hospitals.

— Reforming Medical Malpractice Laws —

Medical malpractice premiums and the tendency of health care practitioners to practice defensive medicine are driving up the cost of health care without, necessarily, improving patient safety. Studies suggest that most patients who are injured in the health care system are reluctant to challenge their doctor or hospital, but are concerned when the "wall of silence" is raised if an adverse event occurs. The health professions lose valuable knowledge when information on errors remains confidential and the trust of patients in their providers is seriously eroded. Many patients do not have sufficient damage done from mistakes or "near mistakes" to warrant the investment in research and time needed by the legal community to pursue litigation. Too often these patients and their families are left on their own, dissatisfied with the response of their health providers, and sometimes left with the bill for the mistake.

The current system is too adversarial, fails to effectively compensate those injured, undermines trust in the system, and fails to provide information that could reduce the chance of recurrence of mistakes by the same parties or by others who could learn from the situation – possibly developing ways to avoid such mistakes. A specialized health court, where the presiding judge has both legal and medical background, who relies on expert testimony of his or her choosing rather than on ei-

ther or both sides in dispute, and who can assign damages in proportion to liability involved would go a long way to improving the system.

■ **Senator Moore's Related Legislation for the 2007-2008 Session**

An Act Reforming the Medical Malpractice System
Re-file of Senate 1009 from the 2005-06 session)

This bill will make several fundamental changes to the medical malpractice system such as, stricter standards on expert witnesses, the elimination of joint and several liability, and extension of the collateral source rule to future sources of compensation. In addition, the bill sets up a system of medical malpractice "reinsurance" for physicians to help lower premiums, requires that the DOI approve increases in medical malpractice premiums, mandates that surgeons use patient education to lower rates of postoperative surgery complications, that hospitals file nurse staffing plans to ensure appropriate coverage by nurses and that mediation be made available to avoid costly litigation.

An Act Establishing a Massachusetts Health Court

Medical malpractice claims rarely address the needs of patients that were harmed because the degree of harm is insufficient to realize the kind of settlement that would be necessary to justify the investment in building a case. As a result most patients are not helped and lose trust in their health care providers because providers are driven to remain silent rather than work with the patient to correct, as best possible, any errors. The lack of communication between provider and patient also reduces the educational benefit of learning from the mistake and making corrections in the system to help prevent similar mistakes in the future. A specialized court system with judges expert in health care, expert witnesses chosen by the court rather than from either side, utilizing a model similar to the Workers Compensation/Industrial Accident Board system would be established to resolve patient care disputes.

An Act to Encourage Health Professionals to Apologize for Mistakes

This bill establishes a program that offers legal protection against potentially "self-incriminating" use of apologies by health providers to injured patients and families and provides resources for educating and helping all stakeholders (patients, providers, lawyers, insurers, etc.) understand the value of doctors apologizing for medical errors.

An Act establishing and evaluating an administrative medical liability system to restore fairness and reliability to the medical justice system; promoting patient safety by fostering alternatives to the current medical tort litigation

This bill would establish an administrative medical liability system demonstration program. An Administrative Medical Liability System Commission would award up to three demonstration grants for a period of not more than five years to hospitals and their affiliated physicians for the development, implementation and evaluation of alternatives to the current tort litigation for resolving disputes over injuries allegedly caused by hospitals or physicians. Participating hospital or physician would agree to compensate all patients who suffer temporary or permanent injury as a result of an avoidable medical error for economic and non-economic damages. Independent medical experts shall be consulted in specific cases to determine compensable inju-

ries. Such compensation would be uniform for injuries based on type of injury, severity of the injury, age, life expectancy, past and future wages.

An Act Establishing the Office of Health Care Ombudsman

Modeled after the nursing home ombudsman, the bill creates a dispute resolution system for hospitals, medical centers, insurance companies, and physician practice groups to reduce the likelihood of medical malpractice claims and promote the use of lessons learned from medical mistakes to improve the health care system. Patients are not asked to waive their right to litigate.

— **Promoting Safe Health Care Work Schedules** —

Physicians-in-training and nurses routinely work long hours to care for patients. Recent studies have demonstrated that long work hours with insufficient recovery time – whether mandatory or voluntary – significantly increase risk of serious injury or death to patients and may even result in the health professional being injured or killed in an accident after their shift.

Although the Graduate Medical Education sector has voluntarily agreed to limit resident physician hours to no more than 80 hours per week, 83% of residents report routinely exceeding that average. Long shifts have also complicated the workplace for nurses and compromised patient safety. Clearly, the profession seems unable to regulate itself.

Legislation will be filed to set parameters for work hours with reductions over time as workforce shortages are addressed and as technology can be employed to offset any shortage of personnel.

■ **Senator Moore's Related Legislation for the 2007-2008 Session**

An Act relative to Patient and Medical Intern and Resident-Physician Safety and Protection
(Re-file of Senate 1263 from the 2005-06 session)

This bill would authorize and direct the Department of Public Health to promulgate rules and regulations relative to limiting the number of hours medical interns and resident-physicians work in any given week. The bill establishes in the law that interns, resident physicians and fellows working in excess of the ACGME recommended 80 work week is prima facie evidence of mistreatment of patients. This puts some "teeth" in the professional standards. This is critical since studies have demonstrated that over 83% currently work in excess of the recommended hours over a year after the medical profession agreed to the 80 hours limits for safe care. The bill also sets up a commission within DPH to determine if the duty hour schedule should be reduced below the 80 hours.

— **Renewing the Foundation of Public Health** —

Massachusetts was the first state in the Nation to establish a state department of public health. Paul Revere was the first President of the Boston Board of Health. Despite this proud history, the Massachusetts Department of Public Health currently has no Office of Local Public Health Services and no regional health planners to work with local boards and departments of public health.

This leaves local public health agencies without any support, resources, technical assistance or guidance for building healthy communities, let alone for planning for public health emergencies, like pandemic flu. Furthermore, the local appropriations for public health are limited, especially during difficult budget years. Since public health officers and board members are enforcing state and local laws, Massachusetts should provide matching grants to communities to help them achieve progress in addressing key health indicators provided they employ qualified public health professionals.

Legislation will be filed to re-establish the Office of Local Public Health, provide regional health planners and establish a state grant program to build the local public health infrastructure.

■ **Senator Moore's Related Legislation for the 2007-2008 Session**

An Act to improve the Effectiveness of Public Health Services and Promotion of Prevention

The purpose of the bill is to strengthen the state and local public health infrastructure by providing state funding to enhance local public health both directly and by requiring a level of local funding in keeping with the Massachusetts Public Health Association's Agenda for Public Health Leadership.

— **Addressing the Health Care Workforce Shortage** —

Critical shortages of health care professionals exist and are growing at a time when the population is becoming older and more culturally diverse placing great stress on most health care providers. Currently, there are not enough primary care physicians or specialists in obstetrics, there is an insufficient supply of psychiatrists and other in the mental health professionals, and there is a significant shortage of nurses. Contributing to this problem is the high cost of education for medical and nursing students and, in nursing, a shortage of nursing faculty and clinical sites. Legislation will be filed to ease the financial burden on those who seek to enter health fields provided they agree to work in our state and in geographic areas and specialties where needs exists.

■ **Senator Moore's Related Legislation for the 2007-2008 Session**

An Act to Promote Safe Patient Care and Support the Nursing Profession
(Re-file of Senate 1260 from the 2005-06 session)

This bill will provide a process to bolster the supply of nurses and nurse faculty through incentives for students and matching grants for hospitals. It also creates a public accountability process for developing staffing patterns for patient care. The bill further provides a process to evaluate and report on measures to improve the quality of patient care through staffing patterns.

An Act Creating a Special Task Force to Make an Investigation and Study on Issues Related to the Health Care Workforce
(Re-file of Senate 1113 from the 2005-06 session)

This bill would create a commission to study workforce issues in the health care industry. The Commonwealth is already in the midst of a nursing shortage and, as our population continues to age, will find itself lacking adequate staff in other sectors of the industry. This commission

would study the impact of current and potential workforce shortages on the quality of health care, what Massachusetts is doing to develop its health care workforce, and make recommendations on how the Commonwealth can continue to attract professionals to certain health related fields.

An Act to Ensure Adequate School Nursing Services
(Re-file of 339 from the 2005-06 session)

This bill would require the Department of Public Health to determine the sufficient number of school nurses as needed to meet the various health needs of the school-aged children in each of the Commonwealth's school districts. Establishment of "one-size fit all" ratio for school health services in statute would not take into account a district's individual needs in terms of the acuity of those in need of health services. Additionally, the geographical uniqueness of a particular community may require more nursing services than a school system of comparable size.

An Act Establishing the Nursing and Allied Health Trust Fund
(Re-file of Senate 737 from the 2005-2006 session)

The bill would establish the Massachusetts Nursing and Allied Health Workforce Development Trust Fund. While no revenue stream for the fund is defined in the bill, it could receive appropriations or other funds authorized by the legislature, as well as federal grants, loans, and private donations. The fund would be administered by the Chancellor of Higher Education and would be used (in the form of grants and other payments) on activities designed to a) increase the number of nursing and allied health faculty and students in Massachusetts and b) improve nursing and allied health education in the state's public higher education institutions. The fund could also pay for administration of the Massachusetts Nursing and Allied Health Workforce Development Initiative.

An Act to Promote Enhanced Access to Physicians

This bill, modeled on the "Educational Assistance for Teachers Program," would encourage outstanding medical school graduates and medical residents to work in underserved practice fields in the Commonwealth by providing financial assistance for the repayment of qualified education loans.

An Act Adopting the Nurse Licensure Compact

This bill will allow Massachusetts to join the growing ranks of states with interstate nursing compacts (NLC). Joining the NLC will decrease barriers to nursing care and will help ensure the availability of licensed nurses during a disaster or other time of great need for qualified nursing services. The NLC will also provide for greater nurse mobility, of particular value in our New England region with close proximity to bordering states. Further the NLC will clarify the authority to practice for nurses currently engaged in tele-nursing, interstate practice, or other models of contemporary nursing practice. The Mass. Board of Registration in Nursing's role in patient safety and public protection will also be enhanced by earlier identification of nurses facing adverse actions in other states. Of additional note, the NLC enhances information sharing among states and facilitates an accurate understanding of the nursing population.

— Aging with Dignity —

A report prepared in 2003 by the Massachusetts Technology Collaborative and the New England Health Care Institute reported that by monitoring diabetic patients and those with congestive heart failure using home monitoring devices would produce a net savings of \$687 million per year – mostly in reduced hospitalizations and emergency room visits.

Legislation will be filed to promote the use of telemedicine to enhance the efficiency in the delivery of home health services. Other efforts to support of the “Equal Choice” concept for long term care will be to enhance the quality of senior services to help people remain in their homes and the promotion of long term care insurance. Legislation will be filed requiring that everyone over age 35 have such insurance and establishing a tax credit to offset the cost of such coverage.

■ [Senator Moore’s Related Legislation for the 2007-2008 Session](#)

An Act Promoting Telemedicine and Efficiency in the Delivery of Health Care

This bill would direct MassHealth to create a state based home telehealth rate to allow home health agencies to provide this vital service to MassHealth patients with chronic diseases. Home telehealth systems have proven especially ideal for chronic disease management. Telehealth use has been found to: 1) Increase contact between the patient and healthcare professionals, while eliminating some travel time; 2) enhance comprehensive health education and patient self management; 3) allow for early interventions leading to reduced hospitalizations and emergency care visits; 3) reduce overall home nursing visits; 4) increase patient satisfaction, and comfort levels. However, despite spending more than \$1.4 billion on long term care for elders, Massachusetts Medicaid program will not cover this cost savings technology for clients getting home care.

An Act to Promote Access to High Quality, Affordable Long Term Living for Massachusetts Senior Citizens

This bill would expand upon the "Equal Choice" concept for long term care to enhance the quality of senior services, to help people remain in their homes, and to promote long term care insurance. It would require persons over age 35 to have long term care insurance and allow for a tax credit to offset the cost of such coverage.

— Restoring Trust in Health Care —

Prescription medications have become an essential part of health care helping to manage disease and treating many illnesses. However, such medications are expensive and not always prescribed to provide maximum benefit for patients. Currently, physicians don’t get enough education in the burgeoning number of drugs and their side effects. They should be encouraged to work with in voluntary affiliations with pharmacists for Collaborative Drug Treatment Management of chronically ill patients. Legislation is needed to authorize this partnership. Research has demonstrated that pharmaceutical marketing has improperly influenced physician prescribing patterns. Legislation is needed to protect patients and physicians by requiring pharmaceutical marketers to follow their own industry’s code of ethics and to require that results of clinical trials of medication be reported regardless of the outcome.

■ Senator Moore's Related Legislation for the 2007-2008 Session

An Act Relative to Drug Samples

(Re-file of Senate 1268 from the 2005-06 session)

This legislation sets forth standards for the distribution of drug samples. Such as the prescriber providing the patient with information about the drug sample, allowing a pharmacist to dispense a drug sample under physician approval, and requiring pharmaceutical manufacturers to keep records of their distribution of drug samples to prescribers.

An Act requiring Certain Health Care Professionals to File Prescription Ethics and Responsibility Confirmation Statements

(Re-file of Senate 1270 from the 2005-06 session)

This bill requires physicians, physician assistants, certain nurses, dentists, pharmacists, assistant pharmacists, optometrists, and podiatrists to file Prescription Ethics and Responsibility Confirmation or "PERC" statements with their respective boards upon license renewal. The PERC statement is to contain the name and address of the donor and the market value or a reasonable estimate of any gifts or honoraria worth more than \$50 that is received from a pharmaceutical company. The purpose of this act is to ensure balance, independence, integrity, professional objectivity and scientific rigor in all prescriber-patient relationships. All prescribers receiving gifts or honoraria from persons who manufacture, sell, market or distribute prescription drugs or medical devices are expected to publicly disclose such benefits. The intent of this disclosure is not to prevent a prescriber from receiving such gift or honoraria, but rather to provide patients and the general public with information on which they can make their own judgments. It remains for the patient to determine whether the prescriber's interests or relationships may influence the practice of health care with regard to objectivity or integrity.

An Act Ensuring Ethical Relationships in Health Care

The legislation adopts essentially the provisions of the Pharmaceutical Research Manufacturers Association code on interactions with healthcare professionals and provides enforcement mechanisms to ensure an ethical relationship between pharmaceutical companies and health care professionals to promote the safety of patients and avoid unethical marketing practices.

An Act to Reform the Relationships between Health Care Providers and Suppliers of Health Care Services, Products, Equipment and Medication; Commission on Medical Ethics and Health Care Professional Conduct established

(Re-file of Senate 1303 from the 2005-06 Session)

This bill creates a new Chapter to the General Laws that would address ethical and oversight matters pertaining to the relationships between health care providers and the suppliers of medical products. Similar to the Commonwealth's current campaign finance reporting system, it would require health care providers to disclose gifts or financial relationships said provider may have with suppliers of medical products. The bill would also establish a 5 member Commission on Medical Ethics and Health Profession Conduct to promulgate rules and regulations for the collection of statements of financial interests and to investigate and adjudicate, as the primary civil enforcement agency for all violations under this Act.

— Reducing Cost/Improving Quality through
Chronic Care Management —

Another key area in promoting quality health care and cost containment is in chronic care management. Many patients with chronic diseases are not benefiting from effective care management processes. Among leading physician practices in the United States, examples of comprehensive, evidence based chronic care management processes can be found. Among these practices, however, the use of such processes for patients with asthma, congestive heart failure, depression, and diabetes varied greatly. The use of computer based information systems to support the care of patients with chronic diseases could be considerably expanded. The future agenda for improving physician practices should include redesigning work processes to address physicians' concerns about workload, promotion of a culture that supports quality improvement, diffusion of clinical information systems, and financial incentives to reward practices that improve the care and outcomes of patients with chronic disease.

If Massachusetts is to contain costs of Medicaid and of the new Health Care Access Reform law without sacrificing quality of care, improved management of individuals with chronic health conditions is essential. The best management of chronic care relies on linkage with technology systems. Legislation will be filed in this area for consideration in the new session.

■ [Senator Moore's Related Legislation for the 2007-2008 Session](#)

An Act Providing for a Commonwealth Care Medical Home Demonstration Program

This bill establishes the Commonwealth Care Medical Home Demonstration Program for the purpose of redesigning the health care delivery system to provide targeted, accessible, continuous, and coordinated, family-centered care to high need populations including, but not limited to those with multiple chronic illnesses that require regular monitoring, advising, or treatment.

An Act to Promote a Statewide System for Chronic Care Management to Improve Health Care Quality and Contain Costs

If Massachusetts is to contain costs of Medicaid and of the new Health Care Access Reform law without sacrificing quality of care, improved management of individuals with chronic health conditions is essential. The best management of chronic care relies on linkage with technology systems. This bill would establish a statewide strategy for chronic care management. Such a strategy would use the eHealth initiative to develop a chronic care infrastructure, prevention of chronic conditions, and chronic care management program. It would also establish the Chronic Care Management Program in the Executive office of Health and Human Services to promote collaborative strategies for managing chronic diseases among health care professionals and insurers.

An Act To Establish Collaborative Drug Therapy Management to Improve Pharmaceutical Care for Patients in the Commonwealth
(Re-file of Senate 408 from the 2005-06 session)

This legislation would authorize pharmacists to engage in collaborative drug therapy management practice under the supervision and direction of a physician. Prescription drugs and pharmaceutical care are essential tools in today's health care delivery system. Collaborative drug

therapy management combines the skill and expertise of physicians and pharmacists to improve pharmaceutical care for patients and health care consumers. Participation in collaborative drug therapy management practice would be completely voluntary. Only pharmacists and physicians who agree to collaborate would enter into an agreement and develop mutually agreed upon collaborative practice protocols. Over 39 states have authorized collaborative drug therapy management practice. As a recognized leader in the provision of quality health care, it is time for Massachusetts to adopt this well-established and successful pharmaceutical care initiative.

— Expanding the State Vaccination Program —

There are three new vaccines that, if effectively deployed, will significantly reduce the cost of health care and improve health outcomes for Massachusetts residents. Rotavirus vaccine to reduce child morbidity and mortality from diarrheal disease ; Meningococcal vaccine to reduce the morbidity and mortality among young people attending residential camp or college settings; and Human Papilloma Virus vaccine to reduce sexually transmitted disease in boys and girls, and cervical cancer in women. Currently, Massachusetts supports vaccinations, mostly for childhood illnesses, at a cost of about \$36.8 million. To add the new vaccines and account for increases in cost of current vaccines (\$2.3 million), the amount needed will be about \$61.8 million for FY 2008, however, the health benefits and savings from these new vaccines warrants full scale deployment.

■ Senator Moore's Related Legislation for the 2007-2008 Session

An Act Requiring Immunization of Children Against Human Papilloma Virus (HPV)

The U. S. Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices has unanimously recommended that 11 and 12 year old girls be routinely vaccinated against Human Papilloma Virus (HPV) which has been linked to nearly all cases of cervical cancer. Cervical cancer is the second leading cause of cancer deaths among women. Approximately 10,000 cases of cervical cancer are diagnosed each year in the United States, resulting in nearly 4,000 deaths. A new vaccine, approved by the FDA has the potential to reduce the cervical cancer death rate by more than two-thirds. In addition to the prevention benefits of this vaccine, the Commonwealth could save millions of dollars in avoided costs of caring for women with cervical cancer. This bill would require that all sixth grade females in public and non-public schools be immunized against Human Papilloma Virus unless the parents of the student provide a written statement that vaccination conflicts with sincerely held religious beliefs. The bill also provides that the Commonwealth will cover the cost of the immunizations for children whose financial eligibility is below 300% of the federal poverty guidelines.

An Act Establishing the Massachusetts Immunization Registry

This bill would establish an immunization registry in the Department of Public Health. Healthy People 2010 established the goal of increasing to 95% the proportion of children from birth through age 5 enrolled in a fully operational immunization registry. In 1993, the Center for Disease Control's (CDC) National Immunization Program (NIP) began awarding planning grants to develop immunization registries in every state. Since that time, the CDC has awarded additional funds to promote and support the development of registries throughout the United States (9/03 Immunization Program Operations Manual). The CDC is a strong proponent of

developing electronic registries to improve the quality and quantity of vaccine-delivery systems. Many states already have legislation authorizing an immunization registry.

— Strengthening the Mental Health Safety Net —

Major reform of the state's mental health care system for children must be a priority over the next several years. The "system" has been described as "a complicated maze of fractured care, inadequate insurance coverage, programs too few and far between, and access defined by limitations in covered diagnoses and services." An estimated 100,000 children in Massachusetts do not receive the mental health care they need because of lack of attention to prevention, timely diagnosis, and appropriate intervention. The centerpiece of this priority must be passage of a comprehensive mental health parity law with a focus on services to children including comprehensive insurance coverage for mental health care.

■ Senator Moore's Related Legislation for the 2007-2008 Session

An Act Requiring the DMA to Reimburse Hospitals for the Costs of Psychiatric Patients on Medical Units

(Re-file of Senate 1146 from the 2005-06 session)

Requires the Division of Medical Assistance to ensure that hospitals where mentally ill patients are on medical units, that the units be reimbursed for services at the standard payment amount per discharge rate.

An Act to Require Equitable Payment from the Commonwealth

(Re-file of Senate 718 from the 2005-06 session)

This bill would require EOHHS agencies to compensate behavioral health hospitals their full negotiated rate for behavioral health services provided to MassHealth Patients who are also clients of such agencies, for whom no appropriate alternative placement is available. EOHHS agencies would no longer be allowed to use the "AND" rate category to reimburse hospitals for services provided to an individual who the agency could not appropriately place elsewhere. Hospitals would have to demonstrate a good faith effort to make such appropriate alternative placement before receiving such full rate.

An Act to Preserve Access to Behavioral Health Services

(Re-file of Senate 1147 from the 2005-06 session)

Ensures that access to needed behavioral health services is based only on clinical acuity and medical necessity determinations by the treating physician, and mandates a study of the current gaps in the behavioral health services and ways to fix these gaps prior to any changes in the current carve-out contracts.

An Act to Ensure Continuity of Behavioral Health Services

(Re-file of Senate 607 from the 2005-06 session)

It is common practice for insurance companies to "Carve-Out" the administration of its behavioral health services to separate companies. The Carve-Out firms typically will be responsible for authorization of services, concurrent reviews, and claims payment. However, should a

carve-out firm encounter financial difficulties or become insolvent, the insurance company should still be responsible for providing that its consumers and providers are not penalized by discontinuance of services. This bill contains two major provisions to protect consumers and providers in the event a utilization review company or other third party is unable to carry out its functions on behalf of an insurance company. Additionally, this bill would ensure that all mandated benefits continue to be in effect for those covered by the insurance company, regardless of whether the carve-out becomes insolvent or otherwise financially unable to continue to operate. Lastly, the bill would provide that providers are not penalized should the insurance company be unable to pay for legitimate claims.

An Act to Provide Equitable Coverage for Mental and Substance Abuse
(Re-file of Senate 1148 from the 2005-06 session)

This bill would include providing parity of coverage in insurance laws for substance abuse and chemical dependency. In the spring of 2000, the Legislature enacted Chapter 80, which provided full parity for biologically based brain disorders. Several of those illnesses were named; however, there was no mention of coverage for substance abuse and chemical dependency unless the individual was being treated for those illnesses in conjunction with treatment for mental disorders. There should be full parity for substance abuse and chemical dependency, not dependent tied to concomitant mental illness.

An Act Authorizing Educational Psychologists to Receive Certain Insurance Payments
(Re-file of Senate 1149 from the 2005-06 session)

Current law states that health insurers are required to reimburse certain licensed mental health professionals including psychotherapists licensed to practice medicine (psychiatrists), psychologists, licensed clinical social workers, clinical specialists in psychiatric and mental health nursing and mental health counselors for outpatient mental health services. Current Massachusetts law provides for licensure of educational psychologists, but does not require insurers to cover their services. This legislation would require health insurers to add licensed educational psychologists to the group of providers they are required to reimburse for outpatient mental health services.

— Strengthening Health Care Reform —

In 2006, Massachusetts enacted landmark health care access, cost and quality legislation that has become a catalyst among the states to address health reform. However, much more needs to take place for implementation of health reform to be successful. We cannot be satisfied until our health care is the best in the nation. Legislation is needed to move Massachusetts into the next phases in health care reform: to make affordable, quality health care accessible to all residents of Massachusetts and to build on the momentum of the provisions currently being implemented.

The proposal would increase access to services by: extending dental coverage to all Commonwealth Care enrollees, make smoking cessation services permanent for all Mass Health enrollees, guarantee all Commonwealth Care enrollees are covered for medically necessary ambulance services, enable eligible individuals to qualify for the Uncompensated Care Pool while awaiting Mass Health or Commonwealth Care enrollment, requiring Mass Health to pay the fee for obtaining out-of-state birth certificates that are mandated by federal requirements, raising the minimum employer coverage so that “fair and reasonable” means 50% contribution and 50% participation. The proposal

would also ensure affordability through: reducing the cost of children's health coverage in Mass Health and Children's Medical Security Plan when parents are enrolled in Commonwealth Care, reducing Commonwealth Care premium levels and cost sharing requirements to amounts that low-income families can afford, and defining affordability for those between 100% and 400% of the federal poverty level as between 0% and 5% of income.

■ Senator Moore's Related Legislation for the 2007-2008 Session

An Act Establishing a Reinsurance Program to Protect Consumers of Small Group Health Insurance

The study conducted of the merger of the individual and small group health insurance markets projects that individuals (about 42, 000 people) will experience an average 15% reduction in rates, while those in small groups (about 500,000 people) will experience an average 1.5% increase in rates. In order to prevent an increase in small group rates specifically triggered by the market merger, the bill would establish a reinsurance fund to "normalize" the impact of the merger. Experts estimate that the reinsurance would require an appropriation of \$33 million for every one percent of reinsurance, therefore a fund of about \$50 million would be needed.

An Act Establishing a Special Commission on Future Needs of the Health System

With the dramatic growth in the older population and demographic changes in the population that will result in an older, less healthy, culturally diverse health system there is a need to look at issues such as expansion of teaching hospitals, community hospitals, health centers, school-based health centers – Who should expand and where? How many beds are needed in 2025 and 2050? Can more be done with e-Health, prevention, quality improvement? How do we deal with language and cultural differences in the population? How do we finance the health system? Is bigger always better?



Complete text and summary information for all health care related bills being filed by Senator Moore for the 2007-2008 Session are available at www.senatormoore.com/health