



An Act to Promote Cost Containment, Transparency and Efficiency in the Delivery of Quality Health Care

1. Access to Primary Care

- Authorizes UMass Medical School to increase the class size of medical students and expand primary care programs and primary care residency training efforts.
- Creates an enhanced “learning contract” for UMass Medical students who commit to working four years in primary care in Massachusetts, providing a greater tuition incentive for those who participate, but also including a tougher penalty for students who don’t complete their commitment.
- Establishes a Massachusetts Primary Care Recruitment Center to conduct outreach initiatives and advertising campaigns to attract primary care providers to rural and underserved communities and coordinate state-offered loan forgiveness and affordable housing programs, overseen by the Department of Public Health.
- Establishes a primary care workforce development and loan forgiveness grant program for residents and nurses at community health centers, community hospitals and other facilities in underserved areas, overseen by the Massachusetts Primary Care Recruitment Center.
- Creates an affordable housing model for health care professionals committed to providing care in underserved regions.
- Expands role of nurse practitioners and physician assistants by requiring insurers to recognize them as primary care providers and list them on any publicly available list of participating providers.
- Expands the number of physician assistants that a physician may supervise from 2 to 4 in medically underserved areas.

- Establishes a Nursing and Allied Health Workforce Development Trust Fund to increase the nursing workforce and creates a loan forgiveness/incentive program for nursing graduates who commit to serve as nursing faculty for a specified number of years.

2. Enhanced Transparency of Health Care Costs

- Authorizes the Health Care Cost and Quality Council to hold an annual public hearing with health care providers to investigate and report health care cost drivers and make cost-reduction recommendations.
- Requires public review of any insurance company submitting a rate increase above 7 percent, conducted by the Department of Insurance and the Attorney General's Office, focusing on administrative costs and executive compensation packages.
- Creates a special commission to review the regulation, oversight and disposition of the reserves and surpluses of health insurers.
- Requires clinical labs to report the detection of any infectious diseases in their specimens as directed by the Department of Public Health.
- Authorizes the Health Care Cost and Quality Council, in consultation with the Department of Public Health, to establish a list of so-called "never-events" to be updated annually. Prohibits any third-party payers from reimbursing a provider or health care facility for services that resulted in or from a "never-event".

3. Technology

- Requires statewide adoption of electronic health records by the year 2015 to improve patient safety and lower costs. After this deadline, physician competency in health information technology would be required for medical board registration.

- Establishes the Massachusetts e-Health Institute, under the Massachusetts Technology Collaborative, to facilitate the financing and deployment of the statewide, compatible system of electronic health records.
- Sets a deadline of 2012 for statewide adoption of Computerized Physician Order Entry systems (CPOE). After this date, the use of CPOE systems would be required for hospital licensure.
- Sets statewide standard for uniform billing and coding among health care providers and insurance companies to reduce administrative costs.

4. Financial Incentives

- Strengthens the Determination of Need (DON) process to help maintain standards of quality, and ensure the efficient and equitable deployment of health care resources across the Commonwealth.
- Establishes a Purchasing Reform subcommittee of the Health Care Quality and Cost Council to coordinate public and private “pay-for-performance” efforts to drive greater quality and value in the market. The subcommittee will develop common purchasing principles and share strategies for promoting and rewarding health care quality and efficiency.
- Authorizes MassHealth to establish a three-year “Medical Home” demonstration program to promote coordinated, comprehensive patient care and strengthen the role of primary care providers.
- Directs the Executive Office of Health and Human Services to maximize enrollment in the managed care “Senior Care Options” program and report on managed care cost-savings for disabled members.
- Directs the Medical Care Advisory Committee at MassHealth to study methods of improving reimbursements or bonuses for those engaged in primary care.

Other provisions of the legislation include:

- A ban on pharmaceutical representatives giving gifts of any value to physicians.
- A Pharmacy Academic Detailing Program to educate providers who prescribe expensive brand name drugs on the use of therapeutic alternatives in lower cost brand names and generic drugs.
- Authorization for a Medical Malpractice Study, directing the Division of Insurance to conduct an investigation into the high costs of medical malpractice coverage for health care providers and the possibility of prorating premiums for providers who practice less than full time.
- Authorization for the Attorney General to establish a Community Benefits Task Force to conduct a study of community benefits contributions by non-profit health care providers and insurers in the Commonwealth.
- Compliance with reporting and preventing infections to support the Department of Public Health regulatory enforcement.
- Patient and Family Advisory councils in all hospitals to ensure consumer involvement in health care delivery.
- The reduction of medical record storage requirements, changing the required number of years to retain records from 30 to 15 years.

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