MCAAP Legislative Update
February 22, 2022

I. Legislation the Chapter is monitoring for the 2021-2022 legislative session that is still active:

1. **Repeal Vaccine Religious Exemption.** H.2411, “An Act Relative to Vaccinations and Public Health” would repeal the religious exemption for childhood vaccines. **Chapter supports.** Public Health Committee is expected to report favorable to House.

2. **Community Immunity.** S.1517 & H.2271, “An Act Promoting Community Immunity.” Requires childhood immunizations for day care, early education, public and private schools and colleges. Maintains the religious exemption with a DPH approved form submitted to DPH after child’s provider acknowledges in writing receipt of exemption application. DPH cannot question religious beliefs of parents and must approve the exemption. Medical exemptions must be filled out by patient’s provider on a DPH form and approved by DPH. **MCAAP opposed.** Public Health Committee expected to report bill favorable to Senate.

3. **Cover All Kids.** S.762 & H.1309, “An Act to Ensure Equitable Health Coverage for Children” would establish a program of comprehensible health coverage for children and young adults under age 21, who are not otherwise eligible for Medicaid solely due to immigration status. Benefits would be same as MassHealth. **Chapter supports.** Health Care Financing Committee. Fav. To SW&Ms.

4. **Mental Health Parity.** S.675 & H.1041 “An Act Relative to Mental Health Parity Implementation” requires all insurers providing mental health and substance abuse coverage file reports with the Commissioner of Insurance describing the process used to develop medical necessity criteria for mental health and substance abuse benefits, including analysis demonstrating that factors used to determine medical necessity criteria are the same as used for medical and surgical benefits. Requires Insurance commissioner enforce applicable federal laws regarding mental health parity to ensure insurers are in compliance. Applies to MassHealth as well. **Chapter supports.** Financial Services Committee. **Included in Senate passed mental health parity bill that includes annual mental health exams (S.1276).**

5. **Healthy Youth.** S.318 & H.673, “An Act Relative to Healthy Youth” would require school districts that choose to offer sexual health education to provide age-appropriate, medically accurate information, including information on both abstinence and contraception; relationship and communications skills to form healthy, respectful relationships; age appropriate information about gender identity and sexual orientation. The bill maintains existing state law that allows parents to remove their children from sex education programs. **Chapter supports.** Education Committee. **Fav. Report. Passed Senate as S.2541. Now in HW&M.**

6. **Lead Poisoning.** S.1397 & H.2410 “An Act Modernizing Childhood Lead Poisoning Prevention,” decreases the action level of lead from 25 micrograms per deciliter to 10; doubles tax credit for owners who de-lead their housing units; and increases penalties for housing discrimination. **Chapter supports.** Public Health Committee. **Fav. Report sent to Health Care Financing Committee**
7. **Epinephrine Supplies in Schools.** H.556 “An Act Relative to Emergency Stock Supply of Epinephrine in Schools,” requires each public school maintain a stock supply of non-patient specific epinephrine available to all students, including students with individualized health care plans prescribing epinephrine injections, to be administered in the event of an anaphylactic emergency. The stock epinephrine would be stored in an easily accessible unlocked location. The number and type of epinephrine auto-injectors required would be based on school population, and the individuals authorized to administer epinephrine would meet certain training requirements for such administration, including the use of epinephrine dose calculation devices. The program would be administered by DPH and funded by assessment on health insurers. **Chapter supports.** Education Committee. Accompanies H.604. **Fav. Report Sent to Health Care Financing**

8. **Diet Pills and Muscle-building Supplements.** H.2331 & S.1525 “An Act Protecting Children from Harmful Diet Pills and Muscle-building Supplements” would ban the sale of over counter diet pills or diet supplements for weight loss to anyone under 18 years of age. Over counter diet pills and diet supplements for weight loss or muscle building “includes, but not limited to, thermogens, which are substances that produce heat in the body and promote calorie burning, lipotropics, which are compounds that break down fat during body metabolism, hormones, including hormone modulators and hormone mimetics, appetite supplements, or ingredients deemed adulterated under 21 USCA sec. 342.” **Chapter supports.** Public Health Committee. **Fav report as new draft (H.4271) sent to Health Care Financing**

9. **Sugary Drinks.** S.1464 & H.2333 “An Act to Protect Youth from the Health Risks of Sugary Drinks,” prohibits marketing of sugary drinks in schools. The bill also requires labeling on certain sugary drink advertisements. Anyone who advertises sugary drinks must include a Warning: Drinking beverages with added sugar(s) contributes to obesity, diabetes, and tooth decay.” Not required on drink containers...limited to advertisements. A limitation on sugary beverages in children’s meals at chain restaurants would be imposed. Chain restaurants can only sell kid’s meal if the default beverage is: water, sparkling water or flavored water with no added natural or artificial sweeteners; nonfat or 1% milk or non-dairy alternative containing no more than 130 calories per container; or 100% juice, with no added sweeteners, in a serving size of no more than 8 oz. **Chapter supports.** Public Health Committee. Still in committee. Reporting date extended to 12/31/22.

10. **Prevention and Wellness Trust Fund.** S.791 & H.1312 “An Act to Promote Public Health through the Prevention and wellness trust fund,” would renew funding for the Prevention and Wellness program that supports health initiatives in high need communities to prevent chronic conditions i.e. childhood asthma. **Chapter supports.** Health Care Financing Committee. Still in Committee.

11. **Child Death Review.** H.2261 & S.1439. “An Act to Promote Public Safety and Certainty Related to Child Deaths” would require the chief medical examiner to review and approve the autopsy findings of a medical examiner, and any change thereto, of a child under the age of two. **Chapter supports.** Public Health Committee. **Fav report now in HW&M.**

12. **Food Allergy.** S.299 “An Act to Establish Food Allergy Plans,” would establish food allergy management and prevention plans for schools statewide. Committee on Education. **Chapter supports.** **Fav. Report now in SW&M.**
13. **Safe Communities Act.** S.1579 & H.2418. “An Act to protect the civil rights and safety of all Massachusetts residents,” would prevent local police departments from enforcing immigration enforcement.

- The bill would prohibit a law enforcement agency from inquiring about a person’s immigration status unless info is required by law or is an element in a crime for which the person is being investigated.
- No police officer can arrest or detain a person solely for immigration enforcement program; exception is if probable cause that the person has committed a crime.
- Police can’t continue to detain a person solely for immigration purpose once the person is released from local custody.

  **Chapter supports.** Public Safety & Homeland Security Committee. **Reporting date extended to 5/4/22.**

14. **Factor V Leiden Testing.** H.1193, “An Act Relative to Testing for Factor V Leiden” would require all women seeking pharmacological contraceptive (oral contraceptive pills and long acting reversible contraceptives or LARCs) to undergo a blood test for FVL. **Chapter opposes.** Financial Services Committee. **Still in Committee.**

15. Children’s Cabinet. H.3187, “An Act to Establish a Massachusetts Children’s Cabinet” which would consist of leaders of various state agencies that affect children. The goal of the Children’s Cabinet would include: Develop a shared vision for Massachusetts children, youth and families; address racial, social and economic disparities, ensuring equitable access to services; foster inter-agency and cross-sector coordination of programs and services for youth and families; review recommendations of legislative studies and state advisory committees and councils; recommend improvements to existing services and programs; produce an annual report on the status of children and youth in the Commonwealth in areas of education (including preschool), health, and other indicators of wellbeing. **Chapter Supports.** State Administration Committee. **Reporting date extended to April 15, 2020.**

16. Common Start. S.362 & H.605 Requires the Commonwealth invest in high quality child care and early education for all families who desire it through family subsidies or direct to provider payments. **Chapter supports goals but concerned whether it is achievable.** Education Committee. **Reporting date extended to May 1, 2022.**

17. Promote Public Safety & better Outcomes for Young Adults. H.1826 & S.290. The bills would raise the age for youth to be subject to juvenile justice from up to age 18, to age 19, 20 and 21 on a gradual basis. **Chapter Supports.** Judiciary Committee. **Reporting Date extended to April 15, 2022.**


**II. Bills supported by the Chapter that were sent to study and are effectively dead for the session:**

1. Protection of Medical Exemptions. H.706 “An Act relative to the protection of medical exemptions for immunizations for school attendance.” A new bill that allows for a medical exemption where a physician
has examined the child and in the physician’s opinion, based the totality of the child's medical circumstances, the child’s health would be endangered by such vaccination. Such opinion may be based upon such factors as are deemed relevant by the physician in their independent medical judgment including, among other factors, concerns regarding an increased risk of adverse events, family history, or exacerbation of pre-existing medical conditions relating to the child. A physician making such determination would not be subject to discipline by BORIM absent manifest bad faith. The bill would maintain the religious exemption. Chapter Opposes. Education Committee. Sent to a Study.