I. The following bills, which the Chapter monitored, passed during the closing months of the 2020 legislative session.

1. **Health Care Reform.** Chapter 260 of Acts of 2020. The new law addresses a number of issues, including:

   **Telehealth**

   The law mandates insurance coverage, including MassHealth, for telehealth services in any case where the same in-person service would be covered and the use of telehealth is appropriate. Telehealth coverage includes interactive audio-video, audio only telephone and on-line interactive adaptive interviews. Because of the pandemic, payment parity with in-person services will be in effect for primary care, behavioral health and chronic disease management until January 1, 2023 (Chronic Disease Management would include diabetes, chronic obstructive pulmonary disease, asthma, congestive heart failure, hypertension, history of stroke, cancer and coronary artery disease). Thereafter, payment rates for telehealth need not be the same as in-person services; however, behavioral health payment parity will be permanent.

   The law does not address licensure issues relating to the provision of telehealth services to patients located outside of Massachusetts. That is an issue that remains to be addressed possibly through interstate compact legislation among the states.

   **Scope of Practice**

   Scope of practice for all APRNs (NPs, CRNAs and psychiatric nurse mental health clinical specialist) is expanded. They can order and interpret tests and therapeutics and prescribe medication without physician supervision after a 2 year period of supervision by a physician or independent nurse (the 2 year period after the nurse is certified as an APRN).

   The enacted law authorizes the Nursing Board to promulgate regulations for APRNs relating to the ordering and interpreting of tests and the ordering and evaluation of treatment and the use of therapeutics; “provided, that such services and related care shall not include the interpretation of tests that are beyond the scope of the nurse’s licensure and training.”

   The Nursing Board must also promulgate regulations, subject to approval by the DPH commissioner, to ensure that APRNs are subject to requirements commensurate to those that
Required Notices to Patients of Out of Network Providers

While Chapter 260 did not directly regulate payments to out of network providers, it does impose patient notification responsibilities on health care providers, which can be administratively burdensome.

- Health care providers must notify patients, if not an emergency, upon scheduling a medical service whether the provider is out of the patient’s insurance network and disclose charges, including any facility fee. Must also inform patient that they can obtain the services at a lower cost from a provider in the patient’s insurance network.
- Further, if provider fails to notify a patient in a non-emergency situation whether the provider participates in the patient’s insurance network the provider cannot bill the patient for the medical service except for any applicable co-pay or deductible the patient would be required to pay to a participating provider.
- If a provider refers a patient to another provider (specialist) by directly scheduling, ordering or arranging for the medical service on the patient’s behalf, the referring provider must verify whether the referred provider participates in the patients’ health plan or not, or inform the patient that the referring provider is unable to verify the referred provider’s participation status.
- Insurance carriers must provide consumers with the network status of an identified health care provider, via their toll-free number.

PANDAS/PANS Insurance Coverage

Chapter 260 requires health insurers to cover the use of intravenous immunoglobulin (IVIG) therapy for the treatment of pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS) and pediatric acute-onset neuropsychiatric syndrome (PANS).

2. ROE Act, included in state budget passed in November. Codifies the right to abortion in state law; removes mandatory parental consent to abortion for minors 16 and older; allows for abortions after 24 weeks in cases of lethal fetal anomalies, ensuring medical decisions remain between a patient and their doctor; remove a mandatory 24-hour waiting period for abortion care; and establish safety net coverage for abortion care for people who don’t have health insurance. Chapter supported.

3. Female Genital Mutilation. Chapter 149 of Acts of 2020 “An Act Relative to Female Genital Mutilation,” prohibits female genital mutilation of a child under 18 and provides civil and criminal penalties. DPH is required to develop an educational and outreach program to communities that commonly practice female genital mutilation. Chapter Supported

II. The Chapter is monitoring the following legislation for the 2021-2022 session


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. **Last session MCAAP opposed.** Public Health Committee

3. **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. **MCAAP monitoring.** Education Committee.

4. **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.

5. **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

6. **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

7. **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

8. **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.

9. **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.

10. **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.

• S.1914 & H2972 “Act to Promote Healthy Alternatives to Sugary Drinks” Imposes an excise tax on sugary drinks. **Last Session Chapter did not take a position.** Revenue Committee.

11. **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.
12. **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.

13. **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.**

14. **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.

15. **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.


17. **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 monitoring.** State Administration Committee.