I. Enacted Legislation

The State Legislature concluded its formal session on July 31, 2022. The following bills were enacted by the legislature in the closing days of the formal session:

**Mental Health.** On the very last day of the session the Legislature passed an omnibus behavioral health bill (S.3097 “An Act Addressing Barriers to Care for Mental Health”), which the governor signed into law. The new law, Chapter , includes the following provisions:

- enforcement of mental health parity for insurance coverage;
- coverage for annual mental health wellness exams performed by a mental health professional or primary care provider, which may be provided by the primary care provider as part of an annual preventive visit;
- expands access to psychiatric care by requiring insurance coverage for mental health and substance use disorder benefits offered through the psychiatric collaborative care model,
- addresses mental health ED Boarding by creating an online portal to enable providers to search open beds; requires all hospital EDs to have a behavioral health clinician available to evaluate and stabilize a person admitted to ED; and requires establishment of an expedited psychiatric inpatient admission protocols that includes a requirement that EDs report boarding of children for expedited placement to appropriate treatment programs within 48hrs;
- Requires each public school to have written emergency medical and behavioral health crisis plans.

MCAAP supported the bill. RFDASH bill for advocacy June, 2022.

**Common Application.** Included in the state budget passed in July was a provision requiring state agencies to use a common application for benefits that would, with the consent of the applicant, allow the agencies to share relevant eligibility information submitted by an applicant with other agencies for eligibility for benefits (Medicaid sharing with SNAP, as an example). Governor Baker sent that provision back to the Legislature with a proposed amendment which was adopted by the Legislature and passed. The governor is expected to sign it into law (H.5108, “An Act providing for the development and implementation of a secure common application portal for individuals to simultaneously apply for state-administered needs-based benefits and services”). The MCAAP has supported the establishment of a common application.

**Notice and Disclosure Law Delay.** On July 14th, the Legislature enacted a pandemic policy extension bill which includes a provision to delay the Department of Public Health’s implementation of the state’s price transparency/notice and disclosure requirements law, including penalties for violations, until January 1, 2025.

As a reminder, the Legislature passed a law in 2020 requiring all physicians, and other health care providers, to disclose to patients if they participate in the patient’s insurance network and, if the patient requests it, to provide the patient with the cost of the service. DPH and the Board of Registration in Medicine published guidelines for physicians, which went into effect on January 1, 2022. Because the
federal No Surprises Act took effect at the same time as the state law and requires certain patient disclosures as well (which are not as administratively difficult as the state law, nor as onerous for any violation), the Legislature postponed implementation of the state law until July 31, 2022. This was intended to allow the state time to determine if the laws can be reconciled. However, federal officials are still working on regulations to implement the notice provisions of the No Surprises Act. Faced with the July 31 deadline to act and the uncertainty regarding the No Surprises Act final rules on notice/disclosure, the Legislature has now postponed implementation until January 1, 2025.

**Protection of Reproductive Rights.** In reaction to the U.S. Supreme Court’s decision overturning Roe v. Wade, the Legislature passed and Gov. Baker signed into law, Chapter 127 of the Acts of 2022, which shield providers from out-of-state prosecution for reproductive and gender affirming care that are legal here and would make emergency contraception more readily accessible. In addition, the law allows abortions after 24 weeks if warranted because of a grave fetal diagnosis that indicates that the fetus is incompatible with sustained life outside of the uterus without extraordinary medical interventions.

II. The following is a list of bills the MCAAP took a position on during the 2021/22 Legislative session. The final disposition for each bill is at the end of the bill summary. Although the Legislature remains in session for the remainder of 2022, those sessions are informal meaning that there are no roll calls and any bill that moves requires unanimous consent (any member present at a legislative session can object and the bill would be set aside). Therefore, the likelihood of any of the bills moving is remote and these bills will likely be refiled for the 2023 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. MCAAP does not support because bill maintains religious exemption. Public Health Committee. Reporting date extended to December 31. Sen Rausch attached a revised version as an amendment to Senate Economic Development bill. MCAAP opposed amendment. No action on Economic Development bill by July 31 end of formal session.

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. Chapter Opposes. Education Committee. Sent to a Study.


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. Referred to HW&M.


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 which sent bills to study.

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. Fav. To HW&M.
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. Fav. report. Referred to SW&M.

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. Sent to study.

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. House by amendment added it to the state budget bill. Did not survive budget conference committee report.

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. Favor. Referred to 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. Report Fav as H2418. Referred to HW&M.

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. *Report Fav as H.5088. Referred to HW&M.*

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. *Report Fav. To Senate. Revised as S2997. Passed and referred to HW&M.*

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. *Sent to Study.*


22. **Postural Screening in Schools.** H.2335, “An Act to update postural screenings in schools” which updates the statutory mandate for postural screening in schools by requiring a screening during one of the grades 6, 7, 8 or 9. Public Health Committee. *Reported fav. to Health Care Financing Committee which gave it a fav. report and referred to HW&M.*

23. **Diaper Benefits Pilot Program.** H.206, “An Act Establishing a Diaper Benefits Pilot Program” which would establish a pilot program throughout the Commonwealth that would fund up to 12
organizations to distribute diapers to families in need. Committee on Children and Families. Reported fav. and referred to HW&M

24. Non-medical school staff administering glucagon. S335, “An Act Allowing Non-medical School Staff to Administer Glucagon in an Emergency” which would allow non-medical school staff to be trained to administer the emergency medication glucagon to a student with diabetes who is experiencing a dangerous, severely low, blood glucose level. Education Committee. Reported fav and referred to SW&M.