Since the 2019 Chapter Annual Meeting, the Legislature passed the following laws the Chapter supported:

1. **Ban on Flavored Tobacco Products** Chapter 133, "An Act Modernizing Tobacco Control," which would ban the sale of all flavored tobacco products online and at retail shops in Massachusetts and imposes on vaping tobacco products the same tax as cigarettes.

2. **Children’s Health and Welfare** Chapter 124 of the Acts of 2019 “An Act Relative to Children’s Health and Wellness” would require health insurers to maintain accurate directories of participating providers, particularly behavioral health providers; authorizes the Health Policy Commission to conduct an analysis on children with medical complexities; creates a task force on pediatric behavioral health screening; creates a special commission to examine the pediatric workforce and recommend strategies for increasing the pipeline of pediatric providers and expanding access to practicing providers (MCAAP shall have a representative on the commission); and creates a special commission to review the school-based health center program.

3. **Civil Liability Immunity** Chapter 64 of the Acts of 2020 “An Act to Provide Liability Protections for Health Care Workers and Facilities during the COVID-19 Pandemic." Liability immunity for health care professionals and facilities from suit for an act or omission committed in the course of providing health care services during the period of the COVID-19 emergency, provided that:

   1. the health care professional or facility is providing health care services pursuant to a COVID-19 emergency rule and in accordance with otherwise applicable law;

   2. the provision of care or treatment of the individual was impacted by the health care professional’s or facility’s decisions or activities in response to treatment conditions resulting from the COVID-19 outbreak or COVID-19 emergency rules; and

   3. the health care professional or facility acted in good faith.

Immunity does not apply to gross negligence, recklessness or intentional conduct, or discrimination, or false claims actions.
Pending Legislation monitored by Chapter;


2. **Community Immunity.** S.2359 & H.4096, “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. Public Health Committee reported favorably with a redraft that is similar to foregoing description. MCAAP opposes. S.2359 now S. 2763 is now before Senate Ways & Means Committee. H.4096 now H.4784 has been referred to the Joint Committee on Health Care Financing.


4. **Mental Health Parity.** S.588 “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. Mental Health and Substance Abuse Committee. Passed Senate as amended (S2519). Referred to HW&M.

5. **Healthy Youth.** S.263 & H.410, “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. Senate passed redrafted version of S263. Now in HW&M.

6. **Lead Poisoning.** S.1234 & H. 2010 “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 reports favorable. Pending before Health Care Financing Committee.
7. **Nurse Practitioners - Independent Practice.** S.1330 & H. 1867 would grant nurse practitioners independent practice by eliminating the statutory provision requiring NPs to practice under the supervision of a physician for the purposes of ordering tests and therapeutics and prescribing medications. It would also remove the Board of Registration in Medicine from its current role in jointly regulating with the Board of Registration in Nursing the scope of practice of NPs. The scope of practice of NPs would be left solely with the Nursing Board. Moreover, the bill would expand their scope of practice by allowing NPs to interpret tests. Chapter opposes. Public Health Committee. Bills sent to study. Separately, similar legislation, S.2769, granting independent practice to NPs after 2 years of supervision by a physician or independent practice NP is included in a health care bill to be taken up by the Senate on June 25.

8. **Epinephrine Supplies in Schools.** H.463 “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 reports favorable. Referred to Health Care Financing Committee.

9. **Diet Pills and Muscle-building Supplements.** H.1942 “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 reported a redraft favorable. Referred to Health Care Financing Committee.

10. **Sugary Drinks.** S.1291 & H. 1947 “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.1291 reported favorable and referred to SW&M. H.1947 reported favorable and reported to Health Care Financing Committee

- S.1709 & H. 2529 “Act to Promote Healthy Alternatives to Sugary Drinks” Imposes an excise tax on sugary drinks. Revenue Committee.

11. **Prevention and Wellness Trust Fund.** S.1293 & H. 2012 “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. Public Health Committee. Reported favorably and referred to Health Care Financing Committee

12. **Safe Alternative to Toxic Chemicals.** S. 519 “An Act for a Competitive Economy through Safer Alternatives to Toxic Chemicals,” would establish a process to identify safe household chemicals and
encourage their use by banning sale of unsafe chemicals. Chapter supports. Environment, Natural resources and Agriculture Committee. Sent to a study.

13. **Detergent Poisoning.** H.3485 “An Act to Protect Children from Detergent Poisoning,” would regulate liquid detergent packets to make them less attractive to children; require warning labels; and ban sale of liquid detergent packets unless it meets requirements of Mass law as required under this bill. Chapter supports. Public Health Committee. Sent to a study.

14. **Female Genital Mutilation.** S.834 & H.1466. “An Act Relative to Female Genital Mutilation,” would prohibit female genital mutilation of a child under 18 and provides civil and criminal penalties. Bills grant victims a cause of action against a perpetrator regardless of where the mutilation occurs. DPH is required to develop an educational and outreach program to communities that commonly practice female genital mutilation. Chapter Supports. Judiciary Committee. Reported favorably as H.4606 and referred to Health Care Financing Committee.


16. **Food Allergy.** S. 255 “An Act to Establish Food Allergy Plans,” would establish food allergy management and prevention plans for schools statewide. Committee on Education. Chapter supports. Reported favorably as S.2398 and referred to SW&M.

17. **Safe Communities Act.** S 1401 & H.3573. “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.


19. **ROE Act.** S.1209 & H.3320, “An Act to Remove Obstacles and Expand Abortion Access” would: codify the right to abortion in state law; remove mandatory parental consent to abortion; allow 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 supports. Judiciary Committee. Reporting date extended to July 31.

21. Patients First Act S.2769 is the Senate health care reform bill. The bill would require insurance carriers "to cover telehealth services in any case where the same in-person service would be covered". For 2 years the payment for telehealth, including audio only, would be the same as in person visits. The parity provision would sunset July 2021. The bill would allow APRNs (nurse practitioners, nurse anesthetists and psychiatric nurse mental health specialists) to practice independently after 2 years of supervision by a physician or independent nurse. The bill tasks the HPC and Division of Insurance with determining an appropriate out-of-network rate that is “fair for providers and insurers.” The rate would be established based on criteria contained in the bill. Rates would be instituted for 5 year increments beginning in 2021.