

**Massachusetts Chapter of the American Academy of Pediatrics (MCAAP)**  
**Annual Meeting 2023**  
**Report of Counsel**  
**End of 2022 Legislative Session Report**  
**and**  
**Legislation for 2023-24 Session**

**I. 2022 Enacted Legislation**

The following bills were enacted by the legislature since the 2022 MCAAP Annual Meeting:

**Mental Health.** On the very last day of the formal session in July, 2022 the Legislature passed an omnibus behavioral health bill, “An Act Addressing Barriers to Care for Mental Health.” The new law, Chapter 177 of the Acts of 2022, 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 on line 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.** Chapter 174 of the Acts of 2022), requires state agencies to use a common application for benefits that would allow state agencies with the consent of the applicant to share relevant eligibility information submitted by an applicant with other agencies for eligibility for benefits (Medicaid sharing with SNAP, as an example). The MCAAP supported the establishment of a common application.

**Notice and Disclosure Law Delay.** On July 14<sup>th</sup>, 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. (Chapter 107 of the Acts of 2022)

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. Legislation the Chapter is monitoring for the 2023-2024 legislative session**

**1. Repeal Vaccine Religious Exemption.** H.604, [“An Act Relative to Vaccinations and Public Health”](#) would repeal the religious exemption for childhood vaccines. A **Chapter priority**. MCAAP is a member of a broad based coalition supporting the bill. **Education Committee. Expected to be sent to Public Health Committee. RFDASH bill for advocacy June 2023.**

**2. Community Immunity.** S.1458 & H.2151, [“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.**

**3. Protection of Medical Exemptions.** H.582 [“An Act relative to the protection of medical exemptions for immunizations for school attendance.”](#) is 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.

**4. Cover All Kids.** S.740 & H.1237, [“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. **RFDASH bill for advocacy June 2023**

**5. Healthy Youth.** S.268 & H544, [“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.

**6. Lead Poisoning.** S.1352 & H.2280 [“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.

**7. Epinephrine Supplies in Schools.** H.490 - [“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.

**8. Diet Pills and Muscle–building Supplements.** H.2215 & S.1465 [“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.

**9. Sugary Drinks.** [S.1396 & H.2210 “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.

**10. Prevention and Wellness Trust Fund.** S.1400 & H.2260 [“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.

**11. Child Death Review.** H.3624 & S.1376 [“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. **House by amendment added it to the pending state budget bill that is now before Senate.**

**12. Food Allergy.** S.250 [“An Act to Establish Food Allergy Plans,”](#) would establish food allergy management and prevention plans for schools statewide. Committee on Education. **Chapter supports.**

**13. Safe Communities Act.** S.1510 & H.2288 [“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.

**14. Factor V Leiden Testing.** H.1134 [“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.

**15. Children’s Cabinet.** H.189 [“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.** Children, Families and persons with Disabilities Committee,

**16. Common Start.** S.301 & H.489 [“An Act providing affordable and accessible high quality early education and care to promote child development and well-being and support the economy in the Commonwealth”](#) 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.

**17. Promote Public Safety & better Outcomes for Young Adults.** H.1710 & S942. [“An Act to promote public safety and better outcomes for young adults.”](#) 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. **RFDASH bill for advocacy, June 2023**

**18. Modifier-25.** H.1101 & S.699. [“An Act Relative to Fair and Equitable Compensation for Medical Services”](#) The bill would prohibit health insurers from inappropriately reducing physician reimbursement when a modifier 25 code is applied. **Chapter Supports.** Financial Services Committee.

**19. Child Passenger Safety.** H.2318 & S.1524 [“An Act to Enhance Child Passenger Safety”](#) would require rear facing child seats for children under 2 years of age riding in a vehicle. **Chapter Supports.** Committee on Public Safety and Homeland Security.

**20. Prenatal Substance Exposure. H.173 & S.64** [“An Act to Support Families”](#) would no longer require a mandated reporter to file a 51A report automatically by the singular fact of prenatal substance exposure. **Chapter Supports.** Committee on Children, Families and persons with Disabilities. \*RFDASH bill for advocacy on June 2, 2022

**21. Postural Screening in Schools.** H.2251 & S.1350, [“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. **Chapter monitoring.** Chapter is engaged in further review of bill.

**22. Diaper Benefits Pilot Program.** H.149 & S.104, [“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. **Chapter Supports.** Committee on Children and Families.

**23. Non-medical school staff administering glucagon.** S.279 & H.552, [“An Act improving students’ access to life saving treatments,”](#) 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. **Chapter Supports**

**24. Parentage Terminology.** H.1602 & S.1130 [“An Act relative to parentage to promote children's security,”](#) would update Massachusetts statutes to clarify who can be a parent and how to establish parentage. The bill ensures that all children can access the security of legal parentage, regardless of the circumstances of their birth by providing a path to parentage through birth, adoption, acknowledgment, adjudication, genetics, assisted reproduction, surrogacy, de facto parentage, and presumptions (including a marital presumption). Judiciary Committee. **Chapter Supports.**

**25. Pesticide Protection of Schoolchildren. H.811** [“An Act relative to improving pesticide protections for Massachusetts schoolchildren.”](#) would narrow the list of acceptable pesticides for use on outdoor grounds of any school, childcare center, or school age childcare program in the Commonwealth. Only pesticides considered minimum risk by the U.S. Environmental Protection Agency (EPA) and those permitted for organic use would be allowed, except in the case of a health emergency when school officials could apply for a waiver. Environmental and Natural Resources Committee. **Chapter Supports.**