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The Conference of Boston Teaching Hospitals Recommends that the Following Amendments be Adopted

Amendment #280: Protections for Hospitals that Contract with MMCOs - SUPPORT

This amendment reestablishes the long-standing practice of allowing healthcare providers to freely negotiate with MassHealth Managed Care Organizations (MCOs) for in-network services and out-of-network non-emergency services provided to patients covered by MassHealth MCOs. Current policy prohibits MassHealth MCOs from reimbursing more than 100% of the MassHealth fee-for-service rates for in-network acute care hospital services. This stems from a 2017 policy which required out-of-network acute care hospitals to accept 100% of the MassHealth fee-for-service rate for non-emergency services provided to MassHealth MCO members.

Amendment #940: Behavioral Health DSH - SUPPORT

This amendment directs MassHealth to spend \$12 million in additional payments for inpatient and outpatient behavioral health and substance use disorders services provided by disproportionate share hospitals (DSH). The funding would be prioritized for those programs that provide services to children and adolescents, and would help fill the gaps that exist in our healthcare system as it relates to behavioral health and substance use disorder services.

Amendment #725: MassPAT Integration - SUPPORT

This amendment allows hospitals to directly access Massachusetts Prescription Awareness Tool (MassPAT) data in real time – enabling quick decision-making and treatment plan options for patients who arrive in the ED suffering from an active overdose. Physicians would be able to view current prescription histories, identify substance use disorder related risks, and develop treatment plans to more effectively address opioid dependence in real-time in the ED. This change would comply with existing federal and state privacy and security rules.

Amendment #1397: EOHHS Technical Changes (1595-1068) - SUPPORT

COBTH supports adoption of the component of amendment 1397 for a technical update to the Medical Assistance Trust Fund (line-item 1595-1068) language, which mirrors the House 2 language related to the pertinent years and payment types that have been federally approved.

Amendment #1268: Increasing Consumer Transparency for Insurance Provider Networks - SUPPORT

This amendment sets standards for insurance carrier provider directories to ensure more accurate and reliable information. Currently, provider directories often contain outdated information on participating providers and their availability. This amendment recommends search function capabilities for online directories and recommends those online directories be updated on a monthly basis with current information from participating providers. The amendment also establishes a taskforce to explore further recommendations to ensure accurate, consistent information across carriers.

Amendment #613: Substance Use prevention, Education and Screening Trust Fund - SUPPORT

Amendment #1170: Opioid Reduction Program - SUPPORT

Amendments #613 and #1170 provide much needed support for efforts to address substance use disorders in the Commonwealth through education, prevention, intervention and recovery programs. Amendment #613 provides \$5 million to support school-based programs that provide education on addiction, substance misuse and other risky behaviors, to help identify and support those at risk for alcohol or substance misuse. Amendment #1170 provides \$10 million in funding for multi disciplinary approaches with funding awarded by the Executive Office of Human Services on a competitive proposal basis.

The Conference of Boston Teaching Hospitals
Recommends that the Following Amendments be Rejected

Amendment #1397: EOHS Technical Changes (4000-7000) - OPPOSE

COBTH strongly supports the approach taken in the House Ways and means proposal related to reimbursement rates for disproportionate share hospitals (DSH) and opposes the section of this amendment related to line item 4000-7000. This amendment that would strike language from the initial HWM FY2019 proposal that provides a 5% adjustment to MassHealth inpatient and outpatient reimbursement rates for disproportionate share hospitals (DSH), replacing it with language *permitting* \$13 million to be paid in the aggregate for DSH. The House Ways and Means' approach builds the DSH payment into the reimbursement rate rather than the current year end payment approach, allowing for greater predictability and the ability to factor such funding into hospital budgeting and operations.

Amendment #494: Acute Care Hospitals - OPPOSE

Amendment #966: Essential Services Task Force - OPPOSE

Amendment #494 creates a penalty for discontinued essential services, while amendment #966 establishes a task force to review the 'notice and disclosure' process for discontinued essential hospital services. COBTH opposes Amendments #494 and #966 in light of the fact that in 2016, the Department of Public Health (DPH) imposed new, significant, and wholly appropriate 'notice and disclosure' requirements related to the closure of hospital essential services. Under the new requirements, in addition to notifying the DPH, the hospital must also provide 90-day notice of such closures to the Health Policy Commission, the Center for Health Information and Analysis, the Massachusetts Attorney General, and the Executive Office of Labor and Workforce Development. These new provisions also require the hospital to provide notice to a number of other stakeholders 30 days *before* filing the 90-day notice with DPH. These stakeholder groups include the hospital's patient and family council, each hospital staff member, every labor organization that represents the hospital's workforce, the state legislative delegation for the hospital's district, and a representative of the municipality where the hospital is located. The aforementioned amendments create punitive and burdensome administrative steps in the 'notice and disclosure' process, which interfere with the newly established and well-regulated process as outlined by the DPH.

Amendment #545: Treatment for Substance Use - OPPOSE

Amendment #545 allows for a 72-hour hold without a court order on patients presenting with signs indicating an opiate-related overdose and who have had a substance use evaluation within the prior seven days. While this amendment is certainly well intentioned, this provision does not address the issue of adequate capacity in clinically appropriate settings. We believe this issue requires a more comprehensive approach and will be adequately addressed in the forthcoming Act Relative to Combating Addiction, Accessing Treatment, Reducing Prescriptions, and Enhancing Prevention (CARE Act).

Amendment #116: MassHealth Control Board - OPPOSE

Amendment #339: MassHealth Control Board - OPPOSE

Amendments #116 and #339 establish a MassHealth Control Board with broad authority to impose changes to the MassHealth program and limit spending to 30% of the state budget with no legislative oversight. Such a drastic reduction in spending will have a devastating impact on enrollees and result in the loss of hundreds of millions of dollars in federally matched funding. Critical decisions on program structure, spending, benefits and eligibility should remain within the purview of the Legislature.

Amendment #337: MassHealth Spending Limit - OPPOSE

Amendment #338: MassHealth Cost Containment - OPPOSE

Amendment #337 caps MassHealth spending at 30% of the total state budget, which would result in massive cuts to the overall program and services. Because the cuts would disproportionately impact MassHealth's expansion programs (90% of which are funded by the federal government), these savings would be felt at the federal level, as opposed to the state. Hundreds of thousands of Massachusetts residents would be adversely impacted, and the state would not be the primary benefactor in capping program spending.

Amendment #106: An Amendment Relative to Proof of Residency - OPPOSE

Amendment #115: An Act Relative to the Utilization of the Systematic Alien Verification for Entitlements Program by the Commonwealth - OPPOSE

Both amendments #106 and #115 would impose new requirements for verification for accessing healthcare services through public programs. As hospitals who care for the most vulnerable patients and their families - regardless of their ability to pay - we oppose measures that would have a chilling effect on people seeking necessary care.