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

### **Amendment #477: 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 #600: Behavioral Health DSH - SUPPORT**

This amendment directs MassHealth to spend \$13 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 #443: Substance Use prevention, Education and Screening Trust Fund - SUPPORT**

Amendments #443 would provide much needed support for efforts to address substance use disorders in the Commonwealth through education, prevention, intervention and recovery programs. If enacted, this provision would provide \$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.

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

### **Amendment #442: Acute Care Hospitals and #629: Essential Services Task Force - OPPOSE**

Amendment #442 creates a penalty for discontinued essential services, while amendment #629 establishes a task force to review the 'notice and disclosure' process for discontinued essential hospital services. COBTH opposes Amendments #442 and #629 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 #647: Combating VIP Syndrome**

Amendment #647 would impose fines on health care facilities that "designate, mark, label or confer any special status unrelated to medical diagnosis, treatment or care to a patient due to socio-economic status". We believe that patients should be treated with respect and provided with the highest quality of care regardless of their ability to pay or socio-economic status and Amendment #647 is both unnecessary and would have significant unintended negative consequences. Research increasingly shows the impact that socio-economic factors such as housing and employment have on health status and health outcomes. If enacted, this provision would prevent hospitals from conducting discharge planning that takes into account the conditions to which the patient will be returning after hospitalization.