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

Amendment #438: Support for Complex Care Provided to MassHealth Patients - SUPPORT

This amendment reestablishes MassHealth outlier payments at a level closer to the FY18 amount for services provided to the most complex and sickest MassHealth patients.

Amendment #1071: MassHealth Telemedicine Coverage - SUPPORT

This amendment directs MassHealth to expand coverage of tele-behavioral health services to fee-for-service patients, mirroring recent actions taken by MassHealth to offer these services to managed care patients. Extending telemedicine options for MassHealth patients seeking behavioral health services will lessen geographic disparities in healthcare and aid the Commonwealth in combating the opioid epidemic.

Amendment #1100: Protecting the Health Safety Net - SUPPORT

Amendment #1100 would require the completion of a full transfer of \$15 million from the Commonwealth Care Trust Fund to the Health Safety Net Trust Fund. This transfer has historically been authorized during the Commonwealth's budget process. Adequate funding of the Health Safety Net ensures that hospitals and providers are able to provide health services to the most vulnerable in the Commonwealth, including uncompensated care for those with no ability to pay. Ensuring the fiscal viability of the Health Safety Net is crucial to protect vulnerable patients and the hospitals that provide their care.

Amendment #1142: Nasal Naloxone Coverage - SUPPORT

Amendment #1142 would require health insurance carriers to provide payment for the provision of nasal naloxone rescue kits in hospital emergency departments and outpatient/community-based settings. By ensuring that both emergency & community based hospital providers will have ready access to naloxone, this amendment would bolster the Commonwealth's ability to reverse opioid overdose mortality and address the wider crisis of opioid use.

Amendment #1153: Substance Use Disorder Treatment Support for Providers - SUPPORT

This amendment directs an additional \$500,000 in funding to the Massachusetts Consultation Service for Treatment of Addiction and Pain (MCSTAP) for the purpose of expanding MCSTAP's services offered to providers. In addition to clinical support, this amendment would provide MCSTAP with the funding to offer providers case management and care navigation services, offering enhanced support and resources to providers as they seek to provide/direct patients to community-based treatment for opioid use disorder.

Amendment #1261: Behavioral Health DSH - SUPPORT

Amendment #1261 provides critical fiscal support to Disproportionate Share Hospitals (DSH) which serve a majority of patients on public insurance (Medicare/Medicaid). DSH providers face significant financial challenges stemming from low reimbursement rates for public payer patients and large reductions in supplemental DSH payments from the Commonwealth and federal government in recent years. This amendment would ensure the continuing viability of DSH providers by partially restoring funding for these facilities, as well as a supplemental payment for DSH facilities that serve high proportions of behavioral health patients.

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

Amendment #852: Workforce Development & Patient Safety - OPPOSE

This amendment would direct the Health Policy Commission (HPC) to conduct reports aimed at determining current and future nursing levels, work load, staffing, and nurse-to-patient limits required for the Commonwealth over the coming ten year period. By calling for a new HPC report on these issues, this amendment is seeking to revisit the imposition of mandated nurse staffing ratios in every unit of acute care hospitals. The Legislature has continued to reject this approach for the past twenty years, and the voters of the Commonwealth also registered their strong opposition during the last election, with over 70% of voters rejecting nurse staffing ratios at the ballot box. In addition, the HPC already conducted a study on the imposition of nurse staffing ratios during the lead up to the referendum vote in November 2018, rendering this amendment redundant and unnecessary. COBTH strongly opposes this amendment.

Amendment #147: MassHealth Control Board - OPPOSE

Amendment #147 establishes 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 #150: Utilization of the Systematic Alien Verification for Entitlements Program by the Commonwealth - OPPOSE

Amendment #150 would require state agencies to verify that applicants for public benefits, including health coverage & nutritional support benefits, are U.S. citizens of legally present residents prior to the provision of these benefits. This verification would be conducted via the Systematic Alien Verification Program established by the U.S. Citizenship & Immigration Services. As primarily non-profit providers of healthcare, COBTH member hospitals are dedicated to providing care to all who need it, regardless of ability to pay or immigration status. We are concerned that this amendment, if passed, would create a climate of fear within immigrant communities in the Commonwealth that would lead to a chilling effect where those needing treatment will not seek it for fear of deportation of the patient or a family member. As providers of care first and foremost, COBTH vigorously opposes this amendment.

Amendment #783: Study on Tax Exempt Property - OPPOSE

This amendment would require the Department of Revenue (DOR) to conduct a study on the economic impact on each city and town in the Commonwealth of tax exemptions granted to non-profits, charitable & education institutions, including private secondary schools and property owned by the Commonwealth. In conducting this study, DOR is required to consult with individual town managers/mayors and the Massachusetts Municipal Society. With majority non-profit members, COBTH is sensitive to the economic impact on cities and towns of granting tax exempt status to non-profits, however we would also emphasize the many benefits provided by the non-profit community. In Boston and throughout the Commonwealth, the non-profit community acts as employers, healthcare providers, community leaders, and charitable givers dedicated to betterment of the community. COBTH opposes this amendment as written, and would encourage any future study on non-profit impact to include input from major non-profit industries, including medical providers, educational institutions, and charitable organizations.