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May 17, 2019

The Honorable Michael Rodrigues
Chairman, Senate Ways & Means Committee
Massachusetts State House, Room 212
Boston, MA 02133

Dear Chairman Rodrigues,

The Conference of Boston Teaching Hospitals (COBTH) is an organization representing twelve Boston-area teaching hospitals that works to advance policies critical to the core mission of academic medical centers: advancing medical education, funding biomedical research, improving patient care, and serving vulnerable populations. Our hospitals are majority non-profit, mission driven facilities that remain committed to providing high-quality care to all, regardless of ability to pay. The Massachusetts healthcare system remains a national example due in large part to the collaborative spirit existing between healthcare stakeholders and lawmakers in the Commonwealth and our commitment as a state to making crucial long term investments to promote innovation in healthcare delivery, protect our safety net hospitals, and improve the health of vulnerable populations. In this collaborative spirit, COBTH respectfully asks that you consider our recommendations on the following budget amendments.

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

Amendment #435: Workforce Development & Patient Safety - OPPOSE

This amendment would direct the Department of Public Health (DPH), in consultation with 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 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 Commonwealth has registered their strong opposition on this issue 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.

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

Amendment #521: Protecting Safety Net Hospitals' 340B Savings - SUPPORT

This amendment would ensure that EOHHS could not take action to prevent any eligible hospital from claiming their maximum discount available under the federal 340B program. The rising cost of pharmaceutical drugs continues to pose a challenge to our nation's healthcare system, and hospitals are no exception. As wholesale purchasers of pharmaceutical drugs, hospitals are sensitive to the continuing rise in drug costs and many hospitals rely on the support of the federal 340B drug purchasing program for relief. The 340B program allows hospitals to purchase covered outpatient drugs at a reduced cost from manufacturers, with savings being passed on to patients. In short, this amendment will protect Massachusetts hospitals' ability to offer patients access to essential drugs without suffering fiscal harm.

Amendment #533: MassHealth Complex Care Reimbursement - 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. With hospital reimbursement rates continuing to fall nationwide, it is critical that hospitals be adequately reimbursed for care provided to the most complex and costly patients.

Amendment #612: Protecting the Health Safety Net - SUPPORT

Amendment #612 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 #550: Disproportionate Share Hospital (DSH) Amendment - 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.

Amendment #414 / #606: MassHealth/Behavioral Health 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. As a member of the Massachusetts tMed Coalition, COBTH is supportive of this amendment and multiple avenues for expanding telemedicine access across the Commonwealth; however we continue to advocate for comprehensive telemedicine reform that includes a comprehensive definition of telemedicine (including interactive & asynchronous technology), coverage parity for telemedicine services, and a provision allowing for proxy credentialing for telemedicine providers.

Amendment #575: Nasal Naloxone Coverage - SUPPORT

Amendment #575 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 #589: 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 #524: MassHealth Impact Analysis - SUPPORT

Hospitals increasingly operate in a challenging fiscal environment, and financial certainty is required for the hospital community to continue to survive and thrive. This amendment would require MassHealth to conduct an impact report in advance of any payment methodology changes to demonstrate any potential impacts on non-profit, DSH hospitals. COBTH is supportive of this amendment as a first step to ensure that MassHealth understands the impact of policy changes on the viability of hospitals; however we would encourage the expansion of the report requirement to all hospitals in the Commonwealth. We look forward to future dialogue on this issue with the Legislature and the Administration.

Amendment #434: EOHS and MassHealth Administration – SUPPORT

Increasingly, improving health outcomes for our patients requires the hospital community to collaborate on addressing the social determinants of health. Few factors contribute more to health and development as nutrition and food security, and the hospital community is committed to advocating for expanding access to nutritional support programs for low-income and vulnerable populations. Amendment #434 would earmark \$2 million to establish a pilot program through which applicants and recipients of MassHealth and/or the Medicare Savings Program would be able to simultaneously apply for federally funded SNAP benefits when they apply for or renew MassHealth/Medicare Savings Program benefits.

Thank you for your time and consideration. Please feel free to contact COBTH at alebovitz@cobth.org if you have any questions or would like more information.

Sincerely,



Alec Lebovitz
Government & Community Affairs Specialist
Conference of Boston Teaching Hospitals

CC: Vice Chair Friedman, Asst. Vice Chair Lewis