

SENATE No.

The Commonwealth of Massachusetts

PRESENTED BY:

Moore, Richard (SEN)

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the passage of the accompanying bill:

An Act Relative to the Health Care Quality and Cost Council.

PETITION OF:

NAME:

Moore, Richard (SEN)

DISTRICT/ADDRESS:

Worcester and Norfolk

The Commonwealth of Massachusetts

In the Year Two Thousand and Nine

AN ACT RELATIVE TO THE HEALTH CARE QUALITY AND COST COUNCIL.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Section 16K of Chapter 6A of the General Laws is hereby amended by
2 striking out subsections (a) through (c), as so appearing, as amended by section 3 of chapter 305
3 of the acts of 2008, and inserting in place thereof the following three subsections:

4 Section 16K. (a) There shall be established a health care quality and cost council, which shall
5 be an independent public entity not subject to the supervision and control of any other executive
6 office, department, commission, board, bureau, agency or political subdivision of the
7 commonwealth. The council shall promote public transparency of the quality and cost of health
8 care in the commonwealth, and shall seek to support the long term sustainability of health care
9 reform in the Commonwealth by developing recommendations for containing health care costs,
10 while facilitating access to information on health care quality improvement efforts. The council
11 shall disseminate health care quality and cost data to consumers, health care providers and
12 insurers via a consumer health information website pursuant to subsection (e) and (g);

13 establishing cost containment goals pursuant to subsection (h); and coordinate ongoing quality
14 improvement initiatives pursuant to subsection (i).

15 (b) The council shall consist of 18 members and shall be comprised of: (i) 9 ex-officio members,
16 including the secretary of health and human services, the secretary of administration and finance,
17 the state auditor, the inspector general, the attorney general, the commissioner of insurance, the
18 commissioner of health care finance and policy, the commissioner of public health, and the
19 executive director of the group insurance commission, or their designees; and (ii) 9
20 representatives of nongovernmental organizations be appointed by the governor, including 1
21 representative of a health care quality improvement organization recognized by the federal
22 Centers for Medicare and Medicaid Services, 1 representative of the Institute for Healthcare
23 Improvement recommended by the organization's board of directors, 1 representative of the
24 Massachusetts Chapter of the National Association of Insurance and Financial Advisors, 1
25 representative of the Massachusetts Association of Health Underwriters, Inc., 1 representative of
26 the Massachusetts Medicaid Policy Institute, Inc., 1 expert in health care policy from a
27 foundation or academic institution, 1 representative of a non-governmental purchaser of health
28 insurance, 1 organization representing the interests of small businesses, and 1 organization
29 representing the interests of large businesses. At least 1 member of the council shall be a
30 clinician licensed to practice in the commonwealth. Members of the council shall vote annually
31 to select a chair. Members of the council shall be appointed for terms of 3 years or until a
32 successor is appointed. Members shall be eligible to be reappointed and shall serve without
33 compensation, but may be reimbursed for actual and necessary expenses reasonably incurred in
34 the performance of their duties which may include reimbursement for reasonable travel and
35 living expenses while engaged in council business. Chapter 268A shall apply to all council

36 members; provided, however, that the council may purchase from, sell to, borrow from, contract
37 with or otherwise deal with any organization in which any council member is in anyway
38 interested or involved; provided further that such interest or involvement is disclosed in advance
39 to the council and recorded in the minutes of the proceedings of the council; and provided
40 further, that no council member having such interest or involvement may participate in any
41 decision relating to such organization.

42 (c) All meetings of the council shall be in compliance with chapter 30A, except that the council,
43 through its by-laws, may provide for executive sessions of the council. No action of the council
44 shall be taken in an executive session.

45 The council may, subject to chapter 30B and subject to appropriation, procure equipment, office
46 space, goods and services.

47 The executive office of health and human services may provide staff and administrative support
48 as requested by the council, provided however, that all work completed by the executive office
49 of health and human services be approved by the council. The council shall appoint an executive
50 director to oversee the operation and maintenance of the website, ensure compliance with the
51 requirements of this section, and coordinate work completed by the executive office of health
52 and human services and may, subject to appropriation, employ such additional staff or
53 consultants as it deems necessary.

54 The council shall promulgate rules and regulations and may adopt by-laws necessary for the
55 administration and enforcement of this section.

56 SECTION 2. Section 16K of Chapter 6A of the General Laws is further amended by deleting
57 subsections (h) and (i) and replacing them with the following new language:

58 (h) The council, in consultation with its advisory committee, shall develop annual health care
59 cost containment goals. The goals shall be designed to promote affordable, high-quality, safe,
60 effective, timely, efficient, equitable and patient centered health care. The council shall also
61 establish goals that are intended to reduce health care disparities in racial, ethnic and disabled
62 communities. In establishing cost containment goals, the council shall utilize claims data
63 collected from carriers pursuant to this section, and information gathered as part of the Division
64 of Health Care Finance and Policy's public hearings on health care costs pursuant to Section 6 ½
65 of Chapter 118G of the General Laws. For each goal, the council shall identify: the parties that
66 will be impacted; the agencies, departments, boards, or Councils of the Commonwealth
67 responsible for overseeing and implementing the goal; the steps needed to achieve the goal; the
68 projected costs associated with implementing the goal; and the potential cost savings, both short
69 and long-term, attributable to the goal. The council may recommend legislation or regulatory
70 changes to achieve these goals. The council shall publish a report on the progress towards
71 achieving the costs containment goals.

72 (i) The council, in consultation with its advisory committee, shall coordinate and compile data
73 on quality improvement programs conducted by state agencies and public and private health care
74 organizations. The council shall pay specific attention to programs designed to: improve patient
75 safety in all settings of care; reduce preventable hospital readmissions; prevent the occurrence of
76 and improve the treatment and coordination of care for chronic diseases; and reduce variations in
77 care. The council shall compile information on programs conducted by state agencies and public
78 and private health care organizations and make such information available on the council's
79 consumer health information website. The council may recommend legislation or regulatory
80 changes as needed to further implement quality improvement initiatives.