

Update on selected Massachusetts health bills and legislation in 2017-18

Pending bills

On Nov. 9, 2017 the Massachusetts Senate passed a comprehensive health reform bill, the HEALTH Act, S. 2211, “An Act furthering Health Empowerment and Affordability by Leveraging Transformative Health care.” The text of the bill is posted here:

<https://malegislature.gov/Bills/190/S2202>

The bill now goes to the House which is expected to release its own version of a health reform bill early in 2018.

The Senate bill is 142 pages and addresses a broad array of policies intended to reduce costs and/or improve quality in the health care system. Some provisions affect all health care payers including MassHealth, others exclude MassHealth and some are specific to MassHealth. Some provisions are operational, others require reports or plans.

The Senate bill does not include provisions that the Governor had proposed in his message on the FY 18 budget bill that would have authorized rolling back MassHealth eligibility and benefits subject to federal approval. See, H. 2828, Attachment F (Governor’s message) and chapters 47 and 63 of the Acts of 2017 (the General Appropriations Act and the Employer Assessment). Meanwhile, the Administration requested federal approval of the proposed eligibility and benefit cuts on Sept. 8, 2017.

Health Care for All’s blog post highlights some of the Senate bill’s key provisions here:

<http://www.hcfama.org/blog/senate-passes-comprehensive-health-care-bill>

Additional provisions affecting MassHealth include:

SCO Passive Enrollment. Section 162 directs MassHealth to apply for a waiver to use passive enrollment in the Senior Care Options program. Senior Care Options (SCO) is a managed care program for people age 65 or older that integrates Medicaid and Medicare services and funding. With passive enrollment, MassHealth enrolls eligible seniors into one of the SCO plans subject to the senior’s right to opt out. Under the current system, dually eligible seniors must affirmatively opt in to be enrolled in a SCO plan. In order to use passive enrollment, this provision also requires compliance with added procedural protections set out in Section 164.

Pooled Trusts. Section 109 provides that resources transferred to a pooled disability trust complying with federal requirements will not be treated as disqualifying transfers under MassHealth rules regardless of age. This is current MassHealth policy. However, a rule proposed last year, but not yet finalized, would have limited the benefits of this policy to contributions made by someone under age 65 only.

Legislation enacted in 2017

Employer medical assistance contribution (EMAC) increase. Chapter 63 of the Acts of 2017, signed on August 1, 2017, An Act Further Regulating Employer Contributions to Health Care, temporarily increases the contribution for all employers assessed the EMAC, assesses a temporary supplemental contribution on employers for any non-disabled employees enrolled in MassHealth (excluding MassHealth secondary to employer sponsored insurance) or ConnectorCare and reduces scheduled increases in unemployment insurance contributions. The supplemental contribution cannot exceed \$750 per employee per year. The increases take effect Jan. 2018 and expire Dec 2019. Draft regulations and a set of FAQ are posted here: <https://www.mass.gov/news/updates-in-employer-health-care-contributions-and-experience-rate-schedule-adjustments-for>

Employer reporting form. A Supplemental budget signed on Nov. 13, 2017, ch. 110 Acts of 2017, in Section 12, directs MassHealth to create an employer health care coverage form to be completed annually by employers with 6 or more employees with information concerning employer –sponsored health insurance, provided such information is not used to deny or terminate MassHealth eligibility.

Contraceptive coverage. Chapter 120 of the Acts of 2017 approved Nov. 20, 2017 requires coverage of contraception without cost-sharing in MassHealth and commercial insurance.