



## An Act to Advance Health Equity (H.1250/S.799)

### Section by Section Summary

**Lead Sponsors: Rep. Bud Williams & Rep. Judith Garcia and Sen. Pavel Payano & Sen. Liz Miranda**

*An Act to Advance Health Equity* strengthens the infrastructure Massachusetts needs to advance health equity through systemic change by prioritizing equity in the Massachusetts state government, standardizing and reporting on data to advance health equity, improving access to and quality of care, and investing in community-defined and led efforts to address root causes of health inequities.

### Key Definitions

#### **Sections 3, 4, 25, & 26: Define “Health Equity” and “Priority Population” for HPC and CHIA**

These sections add definitions for “health equity” and “priority population” to the Health Policy Commission (HPC) and Center for Health Information and Analysis (CHIA) statutes (**3 & 4** for HPC and **25 & 26** for CHIA). “Health equity” is defined as “the state in which everyone has a fair and just opportunity to be as healthy as possible,” and the language goes into more detail about addressing historical injustices such as poverty and racism, and the need to address social determinants of health. “Priority population” is defined as “a population that is disproportionately impacted by health disparities.”

### Executive Office of Equity

#### **Sections 1, 2, & 24: Establish a Secretary of Equity and Executive Office of Equity**

**Sections 1 and 2** require the Governor’s cabinet to include a Secretary of Equity and establish an Executive Office of Equity. **Section 24** specifies the Executive Office of Equity’s responsibilities, which are to lead equity efforts across the state government, develop plans to advance equity, and create accessible equity data in the Commonwealth. It also requires the appointment of an Undersecretary of Equity specific to each Executive Office, who will work together to apply an equity lens in all aspects of agency decision making, including service delivery, program development, policy development, and budgeting.

### Gender, Racial, and Ethnic Diversity in State Government Leadership

#### **Sections 5 & 27: Include Persons of Color with Health Equity Experience on the HPC Governing Board and CHIA Oversight Council**

**Sections 5 & 27** require an individual who has health equity experience and is a person of color to be included on the HPC Governing Board and CHIA Oversight Council, respectively.

#### **Section 52: Require at least 50% Women and 25% Black, Indigenous, or Other People of Color within Leadership of Key State Agencies, Boards, and Commissions**

**Section 52** requires the HPC Governing Board, Advisory Board to the Office of Equity, the Board of Registration in Medicine, the Public Health Council, and all boards of registration and certification in the Department of Public Health (DPH) to be composed of at least 50% women and 25% Black, Indigenous, or other people of color.

### Health Policy Commission (HPC)

#### **Section 8: Appoint a Chief Health Equity Officer at HPC**

**Section 8** requires the HPC Executive Director to appoint a Chief Health Equity Officer to assist HPC in carrying out powers and duties relating to reducing health inequities experienced by priority populations.



### **Sections 6-12: Incorporate Work to Advance Health Equity into HPC's Roles and Responsibilities**

**HPC: Sections 6 & 7** require the HPC Executive Director to incorporate health equity into HPC's duties, as approved by the HPC Governing Board. **Sections 9 & 10** require the HPC Governing Board to incorporate health equity into the plan of operation for the HPC. **Section 11** requires the HPC Advisory Council to advise the HPC Executive Director on policies relating to reducing health inequities. **Section 12** requires the HPC to monitor the health care delivery and payment system in the Commonwealth to ensure that patient access to necessary health care services is protected for priority populations.

### **Sections 13 & 35: Use HPC Grants to Reduce Disparities or Advance Equity**

**Sections 13 & 35** require the HPC to consider proposals to reduce disparities or advance equity in making grants from the Healthcare Payment Reform Trust Fund and Distressed Hospital Trust Fund, respectively.

### **Sections 14-19: Require Health Equity as a Topic in the HPC Annual Public Meeting and Annual Report**

**Sections 14 & 15** require the HPC Annual Public Meeting to include health inequities as a topic during the meeting. **Sections 16 & 17** require the HPC Annual Public Meeting to include testimony from providers and payers on efforts taken to reduce health inequities for priority populations. **Sections 18 & 19** require the HPC Annual Report to include estimates on the cost of inequity and give recommendations to reduce health inequities for priority populations.

### **Section 20: Establish Primary Care and Behavioral Health Spending Targets**

**Section 20** requires the HPC Governing Board to establish primary care and behavioral health services spending targets for the Commonwealth. The spending targets shall increase the baseline spending amount by 30% in the first 3-year period and may be modified for subsequent years.

### **Sections 21-23: Require ACOs to Meet or Exceed HHS CLAS and NCQA Distinction in Multicultural Health Care Requirements**

As a part of the ACO certification process, **Sections 21-23** require provider organizations to demonstrate compliance with standards that meet or exceed the National Culturally and Linguistically Appropriate Services (CLAS) standards of the United States Department of Health and Human Services as well as standards to attain the certification of the National Committee for Quality Assurance (NCQA) for the distinction in multicultural health care.

## **Center for Health Information and Analysis (CHIA)**

### **Section 31: Appoint a Chief Health Equity Officer at CHIA**

**Section 31** Requires the CHIA Executive Director to appoint a Chief Health Equity Officer to assist CHIA in carrying out powers and duties relating to reducing health inequities experienced by priority populations.

### **Sections 28-30: Require CHIA to Conduct Health Equity Research, Informed by Consumers**

**Section 28** requires the CHIA Oversight Council to conduct research and analysis on disparities in health equity for priority populations. **Section 29** requires the CHIA Oversight Council to hold public hearings to obtain input relating to health equity research and analysis priorities from healthcare consumers in the Commonwealth, especially from priority populations. **Section 30** requires CHIA to conduct research to



improve understanding of barriers to health equity data collection and how racial and ethnic diversity in the healthcare workforce impacts health equity for priority populations.

### **Sections 32-34: Standardize and Report on Health Equity Data**

**Sections 32 & 33** require CHIA to promulgate regulations to determine the data necessary to analyze health equity disparities in the Commonwealth, in consultation with the Department of Public Health and MassHealth, which shall take into account the health equity standards determined under the MassHealth 1115 waiver approved in 2022. Additionally, requires timely reporting of such data from providers and payers based on existing enforcement mechanisms. **Section 34** requires CHIA's Annual Report to include comparisons of data for the primary care and behavioral health expenditure targets and health equity data.

### **Health Equity Zones**

#### **Section 36: Establish Health Equity Zone Trust Fund to Invest in Building Healthier Communities**

**Section 36** establishes a Health Equity Zone Trust Fund that would fund multi-sector partnerships to identify and create community-determined health equity interventions in historically disinvested communities that have experienced poor health outcomes. It also establishes a Health Equity Zone Advisory Board, which will include community representatives with lived experience of health inequities in their communities, to make recommendations concerning the grants.

### **Workforce**

#### **Sections 40, 47, & 49: Strengthen the Healthcare Workforce Pipeline by Authorizing a Broader Recruitment Initiative, a Career Ladder Program, and Certification Programs for Lower-Wage Positions**

**Section 40** requires the Massachusetts Healthcare Workforce Center to develop an initiative to support the recruitment and retention of individuals who work in health care settings and are not traditionally recipients of scholarship and student loan repayment programs. **Section 47** authorizes a career ladder program for workers in nursing homes, safety net hospitals, and other providers as determined by the Commonwealth Corporation. **Section 49** authorizes the development of standardized, tiered, and stackable credentials for certification of lower-wage positions furnishing services funded through the MassHealth program.

#### **Section 41: Require Health Equity Continuing Education for Licensed Health Professionals**

**Section 41** requires health equity continuing education to be completed at least once every four years by health professions licensed in the Commonwealth during each profession's registration process.

#### **Sections 43 & 44: Require MassHealth Institutional Providers to Implement DEI Initiatives and Agree to Expand Mental Health and Wellness Benefits for Employees**

**Sections 43 & 44** require MassHealth institutional providers to implement measurable diversity, equity, and inclusion (DEI) initiatives (including recruitment, hiring, and retention), and to expand mental health and wellness benefits for employees.

#### **Section 48: Revise Licensing Requirements for Foreign-Trained Health Professionals**

**Section 48** authorizes the Department of Public Health to revise licensing requirements for foreign-trained health professionals to increase healthcare access in underserved areas.



## Healthcare Coverage

### **Section 42: Full MassHealth Coverage for All People who are Otherwise Eligible, Regardless of Immigration Status**

**Section 42** establishes comprehensive healthcare coverage under MassHealth for residents of the Commonwealth who are otherwise eligible, regardless of immigration status.

### **Section 45: Preserve Payment Parity for Telehealth Services for Primary Care and Chronic Disease Management**

**Section 45** preserves telehealth payment parity for chronic disease management and primary care services by repealing the sunset clause in Chapter 260 of the Acts of 2020.

### **Section 46: Address Increasing Cost Burden of Certain Medications for Chronic Conditions**

**Section 46** specifies that the Secretary of Health and Human Services - in consultation with the Secretary of Equity, the Commissioner of Insurance, and others - will identify one to three services, treatments, and prescription drugs that treat select chronic conditions, which will then be subject to cost-sharing adjustments.

## Determination of Need

### **Sections 37-39: Require a Health Equity Assessment as part of the Determination of Need Process**

**Sections 37-39** require DPH to include a health equity assessment as a part of the Determination of Need approval process for the construction of a healthcare facility or change in service of a facility.

## MassHealth

### **Section 50: Provide Funding to Safety Net Hospitals and Community-Based Providers to Advance Health Equity and Address Disparities**

**Section 50** authorizes MassHealth to provide additional funding to safety net hospitals and community-based providers with a high Medicaid payer mix to advance health equity and to address disparities, including for such purposes as patient care operations, access, infrastructure, or capacity building.

### **Section 51: Incentivize Behavioral Health, Oral Health, and Pharmacy Services in Primary Care Settings Under MassHealth**

**Section 51** authorizes the establishment of payment models that incentivize the integration of behavioral health, oral health, and pharmacy services in primary care settings under MassHealth.

## Effective Dates

### **Sections 53-55: Establish Timeframes for Making Sections Effective After Passage**

**Section 53** makes sections 5, 8, 27, and 31 effective 90 days after passage. **Section 54** makes sections 6, 7, 9, 10, 11, 12, 28, 34, 40, 43, 44, 47, 48, 49, and 52 effective 180 days after passage. **Section 55** makes sections 29, 32, 33, and 51 effective 1 year after passage.

**For more information, please contact [hec@massleague.org](mailto:hec@massleague.org).**

*The **Health Equity Compact** is a coalition of over 80 leaders of color who seek to dismantle systemic barriers to equitable health outcomes for all residents of the Commonwealth. Compact members are high-level executives and experts from a diverse set of health, business, labor, and philanthropic organizations, including hospitals, health centers, payers, academic institutions, and public health. Our members are committed to eliminating health inequities as the next chapter of health reform.*