HOUSE . . . . . No. 3614

The Commonwealth of Massachusetts

In the Year Two Thousand Twelve

An Act encouraging nurse practitioner and physician assistant practice of primary care..

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

SECTION 1. Section 2 of chapter 32A of the General Laws, as appearing in the 2008 Official Edition, is hereby amended by striking out paragraph (i) and inserting in place thereof the following two paragraphs:

(i) "Primary care provider", a health care professional qualified to provide general medical care for common health care problems who; (1) supervises, coordinates, prescribes, or otherwise provides or proposes health care services; (2) initiates referrals for specialist care; and (3) maintains continuity of care within the scope of practice.

(j) "Wellness program", a program designed to measure and improve individual health by identifying risk factors, principally through diagnostic testing and establishing plans to meet specific health goals which include appropriate preventive measures. Risk factors may include but shall not be limited to demographics, family history, behaviors and measured biometrics.

SECTION 2. Section 22 of said chapter 32A, as so appearing, is hereby amended by striking out, in line 48, the word "physician" and inserting in place thereof the following word:- provider.

SECTION 3. Section 2 of chapter 32B of the General Laws, as so appearing, is hereby amended by adding the following paragraph:-

(k) "Primary care provider", a health care professional qualified to provide general medical care for common health care problems who; (1) supervises, coordinates, prescribes, or otherwise provides or proposes health care services; (2) initiates referrals for specialist care; and (3) maintains continuity of care within the scope of practice.

21 SECTION 4. Section 19 of said chapter 32B, as so appearing, is hereby amended by
22 striking out, in line 127, the word "physician" and inserting in place thereof the following word:-
23 provider.

24 SECTION 5. Section 1 of chapter 111 of the General Laws, as so appearing, is hereby
25 amended by inserting after the definition of "Nuclear reactor" the following definition:-

26 "Primary care provider", a health care professional qualified to provide general medical
27 care for common health care problems who; (1) supervises, coordinates, prescribes, or otherwise
28 provides or proposes health care services; (2) initiates referrals for specialist care; and (3)
29 maintains continuity of care within the scope of practice.

30 SECTION 6. Section 4J of said chapter 111, as so appearing, is hereby amended by
31 striking out, in line 15, the word "physician" and inserting in place thereof the following word:-
32 provider.

33 SECTION 7. Section 25L of said chapter 111, as so appearing, is hereby amended by
34 inserting after the word "providers", in line 9, the following words:- physician assistants
35 practicing as primary care providers.

36 SECTION 8. Clause (ii) of subsection (a) of section 25L of said chapter 111, as so
37 appearing, is hereby amended by striking out subclause (5) and inserting in place thereof the
38 following subclause:-

39 (5) studying the capacity of public and private medical, nursing, and physician assistant
40 schools in the commonwealth to expand the supply of primary care physicians, nurse
41 practitioners practicing as primary care providers, and physician assistants practicing as primary
42 care providers.

43 SECTION 9. Section 25L of said chapter 111, as so appearing, is hereby amended by
44 striking out subsection (d) and inserting in place thereof the following subsection:-

45 (d) The center shall annually submit a report, not later than March 1, to the governor; the
46 health care quality and cost council established by section 16K of chapter 6A, the health
47 disparities council established by section 16O of chapter 6A; and the general court, by filing the
48 report with the clerk of the house of representatives, the clerk of the senate, the joint committee
49 on labor and workforce development, the joint committee on health care financing, and the joint
50 committee on public health. The report shall include: (i) data on patient access and regional
51 disparities in access to physicians, by specialty and sub-specialty, nurses, and physician
52 assistants; (ii) data on factors influencing recruitment and retention of physicians, nurses, and
53 physician assistants; (iii) short and long-term projections of physician, nurse, and physician
54 assistant supply and demand; (iv) strategies being employed by the council or other entities to
55 address workforce needs, shortages, recruitment and retention; (v) recommendations for

56 designing, implementing and improving programs or policies to address workforce needs,
57 shortages, recruitment and retention; and (vi) proposals for statutory or regulatory changes to
58 address workforce needs, shortages, recruitment and retention.

59 SECTION 10. Chapter 111 of the General Laws is hereby amended by striking out
60 section 25MN, as so appearing, and inserting in place thereof the following section:-

61 (a) There shall be a healthcare workforce advisory council within, but not subject to the
62 control of, the health care workforce center established by section 25L. The council shall advise
63 the center on the capacity of the healthcare workforce to provide timely, effective, culturally
64 competent, quality physician, nursing, and physician assistant services.

65 (b) The council shall consist of 18 members who shall be appointed by the governor: 1 of
66 whom shall be a representative of the Massachusetts Extended Care Federation; 1 of whom shall
67 be a physician with a primary care specialty designation who practices in a rural area; 1 of whom
68 shall be a physician with a primary care specialty who practices in an urban area; 1 of whom
69 shall be a physician with a medical subspecialty; 1 of whom shall be an advanced practice nurse,
70 authorized under section 80B of said chapter 112, who practices in a rural area; 1 of whom shall
71 be an advanced practice nurse, authorized under said section 80B of said chapter 112, who
72 practices in an urban area; 1 of whom shall be a physician assistant with a primary care specialty,
73 authorized under section 9E of said chapter 112, 1 of whom shall be a representative of the
74 Massachusetts Organization of Nurse Executives; 1 of whom shall be a representative of the
75 Massachusetts Academy of Family Physicians; 1 of whom shall be a representative of the
76 Massachusetts Workforce Board Association; 1 of whom shall be a representative of the
77 Massachusetts League of Community Health Centers, Inc.; 1 of whom shall be a representative
78 of the Massachusetts Medical Society; 1 of whom shall be a representative of the Massachusetts
79 Center for Nursing, Inc.; 1 of whom shall be a representative of the Massachusetts Nurses
80 Association; 1 of whom shall be a representative of the Massachusetts Association of Registered
81 Nurses; 1 of whom shall be a representative of the Massachusetts Association of Physician
82 Assistants; 1 of whom shall be a representative of the Massachusetts Hospital Association, Inc.;
83 and 1 of whom shall be a representative of Health Care For All, Inc. Members of the council
84 shall be appointed for terms of 3 years or until a successor is appointed. Members shall be
85 eligible to be reappointed and shall serve without compensation, but may be reimbursed for
86 actual and necessary expenses reasonably incurred in the performance of their duties. Vacancies
87 of unexpired terms shall be filled within 60 days by the appropriate appointing authority.

88 The members of the council shall annually elect a chair, vice chair and secretary and may
89 adopt by-laws governing the affairs of the council.

90 The council shall meet at least bimonthly, at other times as determined by its rules, and
91 when requested by any 8 members.

92 (c) The council shall advise the center on: (i) trends in access to primary care and
93 physician subspecialties, nursing services, and physician assistant services; (ii) the development
94 and administration of the loan repayment program, established under section 25N, including
95 criteria to identify underserved areas in the commonwealth; (iii) solutions to address identified
96 health care workforces shortages; and (iv) the center's annual report to the general court.

97 SECTION 11. Paragraph (a) of section 25N of said chapter 111, as so appearing, is
98 hereby amended by striking out clause (i) and inserting in place thereof the following clause:-

99 (i) are graduates of medical, nursing, or physician assistant schools;

100 SECTION 12. Paragraph (d) of said section 25N of said chapter 111, as so appearing, is
101 hereby amended by striking out clause (i) and inserting in place thereof the following clause:-

102 (i) the number of applicants, the number accepted, and the number of participants by
103 race; gender; medical, nursing, or physician assistant specialty; medical, nursing, or physician
104 assistant school; residence prior to medical, nursing, or physician assistant school; and where
105 they plan to practice after program completion;

106 SECTION 13. Section 67F of said chapter 111, as so appearing, is hereby amended by
107 striking out, in line 15, the word “physician” and inserting in place thereof the following word:-
108 provider.

109 SECTION 14. Section 67F of said chapter 111, as so appearing, is hereby further
110 amended by striking out, in line 19, the word “physician” and inserting in place thereof the
111 following word:- provider.

112 SECTION 15. Section 9E of chapter 112 of the General Laws, as so appearing, is hereby
113 amended by striking out the third sentence.

114 SECTION 16. Said chapter 112, as so appearing, is hereby amended by inserting after
115 section 80H the following section:-

116 80I. When a provision of law or rule requires a signature, certification, stamp,
117 verification, affidavit or endorsement by a physician, when relating to physical and mental
118 health, that requirement may be fulfilled by a nurse practitioner practicing under section 80B of
119 chapter 112. Nothing in this section shall be construed to expand the scope of practice of nurse
120 practitioners. This section shall not be construed to preclude the development of mutually
121 agreed upon guidelines between the nurse practitioner and supervising physician under section
122 80E of chapter 112.

123 SECTION 17. Section 8 of chapter 118E of the General Laws, as appearing in the 2008
124 Official Edition, is hereby amended by inserting after paragraph (f). the following paragraph:-

125 (f1/2). “Primary care provider”, a health care professional qualified to provide general
126 medical care for common health care problems who; (1) supervises, coordinates, prescribes, or
127 otherwise provides or proposes health care services; (2) initiates referrals for specialist care; and
128 (3) maintains continuity of care within the scope of practice.

129 SECTION 18. Section 17A of said chapter 118E, as so appearing, is hereby amended by
130 striking out, in lines 60 and 62, the word “physician” and inserting in place thereof the following
131 word in each instance:- provider.

132 SECTION 19. The third paragraph of section 6 of chapter 118G of the General Laws, as
133 so appearing, is hereby amended by striking out clauses (ii) and (iii) and inserting in place
134 thereof the following three clauses:-

135 (ii) changes in the benefit and cost-sharing design of plans offered by these payers; (iii)
136 changes in measures of plan cost and utilization; provided that this analysis shall facilitate
137 comparison among plans and between public and private payers; and (iv) the type of provider
138 who delivered care.

139 SECTION 20. The fifth paragraph of section 6 of Chapter 118G of the General Laws, as
140 amended by section 13 of chapter 288 of the acts of 2010, is hereby further amended by striking
141 out clauses (viii) and (ix), and inserting in place thereof the following three clauses:-

142 (viii) relative prices paid to every hospital, physician group, ambulatory surgical center,
143 freestanding imaging center, mental health facility, rehabilitation facility, skilled nursing facility
144 and home health provider in the payer's network, by type of provider and calculated according to
145 a uniform methodology; (ix) hospital inpatient and outpatient costs, including direct and indirect
146 costs, according to a uniform methodology; and (x) information concerning the type of provider
147 who delivered care.

148 SECTION 21. Section 1 of chapter 175 of the General Laws, as appearing in the 2008
149 Official Edition, is hereby amended by inserting after the definition of “Net value of policies” the
150 following definition:-

151 “Primary care provider”, a health care professional qualified to provide general medical
152 care for common health care problems who; (1) supervises, coordinates, prescribes, or otherwise
153 provides or proposes health care services; (2) initiates referrals for specialist care; and (3)
154 maintains continuity of care within the scope of practice.

155 SECTION 22. Section 47B of said chapter 175, as so appearing, is hereby amended by
156 striking out, in line 64, the word “physician” and inserting in place thereof the following word:-
157 provider.

158 SECTION 23. Section 47U of said chapter 175, as so appearing, is hereby amended by
159 striking out, in lines 62 and 64, the word “physician” and inserting in place thereof the following
160 word in each instance:- provider.

161 SECTION 24. Section 8A of chapter 176A of the General Laws, as so appearing, is
162 hereby amended by striking out, in line 58, the word “physician” and inserting in place thereof
163 the following word:- provider.

164 SECTION 25. Subsection (c) of said section 8A of chapter 176A, as so appearing, is
165 hereby amended by adding the following paragraph:-

166 For the purposes of this subsection, the term “primary care provider” shall mean a health
167 care professional qualified to provide general medical care for common health care problems
168 who; (1) supervises, coordinates, prescribes, or otherwise provides or proposes health care
169 services; (2) initiates referrals for specialist care; and (3) maintains continuity of care within the
170 scope of practice.

171 SECTION 26. Section 8U of said chapter 176A, as so appearing, is hereby amended by
172 striking out, in lines 64 and 66, the word “physician” and inserting in place thereof the following
173 word in each instance:- provider.

174 SECTION 27. Subsection (c) of said section 8U of chapter 176A, as so appearing, is
175 hereby amended by adding the following paragraph:-

176 For the purposes of this subsection, the term “primary care provider” shall mean a health
177 care professional qualified to provide general medical care for common health care problems
178 who; (1) supervises, coordinates, prescribes, or otherwise provides or proposes health care
179 services; (2) initiates referrals for specialist care; and (3) maintains continuity of care within the
180 scope of practice.

181 SECTION 28. Section 1 of chapter 176B of the General Laws, as so appearing, is hereby
182 amended by inserting after the definition of “Participating optometrist” the following definition:-

183 “Primary care provider”, a health care professional qualified to provide general medical
184 care for common health care problems who; (1) supervises, coordinates, prescribes, or otherwise
185 provides or proposes health care services; (2) initiates referrals for specialist care; and (3)
186 maintains continuity of care within the scope of practice.

187 SECTION 29. Section 4A of said chapter 176B, as so appearing, is hereby amended by
188 striking out, in line 60, the word “physician” and inserting in place thereof the following word:-
189 provider.

190 SECTION 30. Section 4U of said chapter 176B, as so appearing, is hereby amended by
191 striking out, in lines 64 and 66, the word "physician" and inserting in place thereof the following
192 word in each instance:- provider.

193 SECTION 31. Section 1 of chapter 176G of the General Laws, as so appearing, is hereby
194 amended by inserting after the definition of "Person" the following definition:-

195 "Primary care provider", a health care professional qualified to provide general medical
196 care for common health care problems who; (1) supervises, coordinates, prescribes, or otherwise
197 provides or proposes health care services; (2) initiates referrals for specialist care; and (3)
198 maintains continuity of care within the scope of practice.

199 SECTION 32. Section 4M of said chapter 176G, as so appearing, is hereby amended by
200 striking out, in line 54, the word "physician" and inserting in place thereof the following word:-
201 provider.

202 SECTION 33. Section 5 of said chapter 176G, as so appearing, is hereby amended by
203 striking out, in lines 59 and 61, the word "physician" and inserting in place thereof the following
204 word in each instance:- provider.

205 SECTION 34. Section 11 of chapter 176J of the General Laws, as appearing in section
206 73 of chapter 288 of the acts of 2010, is hereby amended by striking out subsection (b) and
207 inserting in place thereof the following subsection:-

208 (b) A tiered network plan shall only include variations in member cost-sharing between
209 provider tiers which are reasonable in relation to the premium charged and ensure adequate
210 access to covered services. Carriers shall tier providers based on quality performance as
211 measured by the standard quality measure set and by cost performance as measured by health
212 status adjusted total medical expenses and relative prices. Where applicable quality measures are
213 not available, tiering may be based solely on health status adjusted total medical expenses or
214 relative prices or both.

215 The commissioner shall promulgate regulations requiring the uniform reporting of tiering
216 information, including, but not limited to requiring, at least 90 days before the proposed effective
217 date of any tiered network plan or any modification in the tiering methodology for any existing
218 tiered network plan, the reporting of a detailed description of the methodology used for tiering
219 providers, including: the statistical basis for tiering; a list of providers to be tiered at each
220 member cost-sharing level; a description of how the methodology and resulting tiers will be
221 communicated to each network provider, eligible individuals and small groups; and a description
222 of the appeals process a provider may pursue to challenge the assigned tier level.

223 SECTION 35. Section 1 of chapter 176O of the General Laws, as appearing in the 2008
224 Official Edition, is hereby amended by inserting after the definition of "Person" the following
225 definition:-

226 "Primary care provider", a health care professional qualified to provide general medical
227 care for common health care problems who; (1) supervises, coordinates, prescribes, or otherwise
228 provides or proposes health care services; (2) initiates referrals for specialist care; and (3)
229 maintains continuity of care within the scope of practice.

230 SECTION 36. Section 7 of said chapter 176O, as so appearing, is hereby amended by
231 striking out, in line 30, the word "physician" and inserting in place thereof the following word:-
232 provider.

233 SECTION 37. Chapter 176O of the General Laws is hereby amended by striking out
234 section 15, as so appearing, and inserting in place thereof the following section:-

235 Section 15. (a) A carrier that allows or requires the designation of a primary care provider
236 shall notify an insured at least 30 days before the disenrollment of such insured's primary care
237 provider and shall permit such insured to continue to be covered for health services, consistent
238 with the terms of the evidence of coverage, by such primary care provider for at least 30 days
239 after said physician provider is disenrolled, other than disenrollment for quality-related reasons
240 or for fraud. Such notice shall also include a description of the procedure for choosing an
241 alternative primary care provider.

242 (b) A carrier shall allow any female insured who is in her second or third trimester of
243 pregnancy and whose provider in connection with her pregnancy is involuntarily disenrolled,
244 other than disenrollment for quality-related reasons or for fraud, to continue treatment with said
245 provider, consistent with the terms of the evidence of coverage, for the period up to and
246 including the insured's first postpartum visit.

247 (c) A carrier shall allow any insured who is terminally ill and whose provider in
248 connection with said illness is involuntarily disenrolled, other than disenrollment for quality-
249 related reasons or for fraud, to continue treatment with said provider, consistent with the terms of
250 the evidence of coverage, until the insured's death.

251 (d) A carrier shall provide coverage for health services for up to 30 days from the
252 effective date of coverage to a new insured by a provider who is not a participating provider in
253 the carrier's network if: (1) the insured's employer only offers the insured a choice of carriers in
254 which said provider is not a participating provider, and (2) said provider is providing the insured
255 with an ongoing course of treatment or is the insured's primary care provider. With respect to a
256 insured in her second or third trimester of pregnancy, this provision shall apply to services
257 rendered through the first postpartum visit. With respect to an insured with a terminal illness, this
258 provision shall apply to services rendered until death.

259 (e) A carrier may condition coverage of continued treatment by a provider under
260 subsections (a) to (d), inclusive, upon the provider's agreeing (1) to accept reimbursement from
261 the carrier at the rates applicable prior to notice of disenrollment as payment in full and not to
262 impose cost sharing with respect to the insured in an amount that would exceed the cost sharing
263 that could have been imposed if the provider had not been disenrolled; (2) to adhere to the
264 quality assurance standards of the carrier and to provide the carrier with necessary medical
265 information related to the care provided; and (3) to adhere to such carrier's policies and
266 procedures, including procedures regarding referrals, obtaining prior authorization and providing
267 services pursuant to a treatment plan, if any, approved by the carrier. Nothing in this subsection
268 shall be construed to require the coverage of benefits that would not have been covered if the
269 provider involved remained a participating provider.

270 (f) A carrier that requires an insured to designate a primary care provider shall allow such
271 a primary care provider to authorize a standing referral for specialty health care provided by a
272 health care provider participating in such carrier's network when (1) the primary care provider
273 determines that such referrals are appropriate, (2) the provider of specialty health care agrees to a
274 treatment plan for the insured and provides the primary care provider with all necessary clinical
275 and administrative information on a regular basis, and (3) the health care services to be provided
276 are consistent with the terms of the evidence of coverage. Nothing in this section shall be
277 construed to permit a provider of specialty health care who is the subject of a referral to
278 authorize any further referral of an insured to any other provider without the approval of the
279 insured's carrier.

280 (g) No carrier shall require an insured to obtain a referral or prior authorization from a
281 primary care provider for the following specialty care provided by an obstetrician, gynecologist,
282 certified nurse-midwife or family practitioner participating in such carrier's health care provider
283 network: (1) annual preventive gynecologic health examinations, including any subsequent
284 obstetric or gynecological services determined by such obstetrician, gynecologist, certified
285 nurse-midwife or family practitioner to be medically necessary as a result of such examination;
286 (2) maternity care; and (3) medically necessary evaluations and resultant health care services for
287 acute or emergency gynecological conditions. No carrier shall require higher copayments,
288 coinsurance, deductibles or additional cost sharing arrangements for such services provided to
289 such insureds in the absence of a referral from a primary care provider. Carriers may establish
290 reasonable requirements for participating obstetricians, gynecologists, certified nurse-midwives
291 or family practitioners to communicate with an insured's primary care provider regarding the
292 insured's condition, treatment, and need for follow-up care. Nothing in this section shall be
293 construed to permit an obstetrician, gynecologist, certified nurse-midwife or family practitioner
294 to authorize any further referral of an insured to any other provider without the approval of the
295 insured's carrier.

296 (h) A carrier shall provide coverage of pediatric specialty care, including mental health
297 care, by persons with recognized expertise in specialty pediatrics to insureds requiring such
298 services.

299 (i) A carrier, including a dental or vision carrier, shall provide health, dental or vision
300 care providers applying to be participating providers who are denied such status with a written
301 reason or reasons for denial of such application.

302 (j) No carrier shall make a contract with a health care provider which includes a provision
303 permitting termination without cause. A carrier shall provide a written statement to a provider of
304 the reason or reasons for such provider's involuntary disenrollment.

305 (k) A carrier, including a dental or vision carrier, shall provide insureds, upon request,
306 interpreter and translation services related to administrative procedures.

307 SECTION 38. Section 20 of said chapter 176O, as so appearing, is hereby amended by
308 striking out, in lines 19 and 22, the words "care physician" and inserting in place thereof the
309 following word:- care provider.

310 SECTION 39. The General Laws are hereby amended by inserting after chapter 176R
311 the following chapter:-

312 Chapter 176S

313 CONSUMER CHOICE OF PHYSICIAN ASSISTANT SERVICES

314 Section 1. As used in this chapter, the following words shall have the following meaning
315 unless the context clearly requires otherwise:

316 "Carrier", an insurer licensed or otherwise authorized to transact accident or health
317 insurance under chapter 175; a nonprofit hospital service corporation organized under chapter
318 176A; a nonprofit medical service corporation organized under chapter 176B; a health
319 maintenance organization organized under chapter 176G; an organization entering into a
320 preferred provider arrangement under chapter 176I; a contributory group general or blanket
321 insurance for persons in the service of the commonwealth under chapter 32A; a contributory
322 group general or blanket insurance for persons in the service of counties, cities, towns and
323 districts, and their dependents under chapter 32B; the medical assistance program administered
324 by the division of medical assistance pursuant to chapter 118E and in accordance with Title XIX
325 of the Social Security Act or any successor statute; and any other medical assistance program
326 operated by a governmental unit for persons categorically eligible for such program.

327 "Commissioner", the commissioner of insurance.

328 "Insured", an enrollee, covered person, insured, member, policyholder or subscriber of a
329 carrier.

330 “Nondiscriminatory basis”, a carrier shall be deemed to be providing coverage on a non-
331 discriminatory basis if its plan does not contain any annual or lifetime dollar or unit of service
332 limitation imposed on coverage for the care provided by a physician assistant which is less than
333 any annual or lifetime dollar or unit of service limitation imposed on coverage for the same
334 services by other participating providers.

335 “Physician assistant”, a person who is a graduate of an approved program for the training
336 of physician assistants who is supervised by a registered physician in accordance with sections
337 9C to 9H, inclusive, of chapter 112.

338 “Participating provider”, a provider who, under the terms and conditions of a contract
339 with the carrier or with its contractor or subcontractor, has agreed to provide health care services
340 to an insured with an expectation of receiving payment, other than coinsurance, co-payments or
341 deductibles, directly or indirectly from the carrier.

342 “Primary care provider”, a health care professional qualified to provide general medical
343 care for common health care problems who; (1) supervises, coordinates, prescribes, or otherwise
344 provides or proposes health care services; (2) initiates referrals for specialist care; and (3)
345 maintains continuity of care within the scope of practice.Section 2. The commissioner and the
346 group insurance commission shall require that all carriers recognize physician assistants as
347 participating providers subject to section 3 and shall include coverage on a nondiscriminatory
348 basis to their insureds for care provided by physician assistants for the purposes of health
349 maintenance, diagnosis and treatment. Such coverage shall include benefits for primary care,
350 intermediate care and inpatient care, including care provided in a hospital, clinic, professional
351 office, home care setting, long-term care setting, mental health or substance abuse program, or
352 any other setting when rendered by a physician assistant who is a participating provider and is
353 practicing within the scope of his professional license to the extent that such policy or contract
354 currently provides benefits for identical services rendered by a provider of health care licensed
355 by the commonwealth.

356 Section 3. A participating provider physician assistant practicing within the scope of his
357 license including all regulations requiring collaboration with a physician under section 9E of
358 chapter 112, shall be considered qualified within the carrier's definition of primary care provider
359 to an insured.

360 Section 4. Notwithstanding any general or special law to the contrary, a carrier that
361 requires the designation of a primary care provider shall provide its insureds with an opportunity
362 to select a participating provider physician assistant as a primary care provider or to change its
363 primary care provider to a participating provider physician assistant at any time during their
364 coverage period.

365 Section 5. Notwithstanding any general or special law to the contrary, a carrier shall
366 ensure that all participating provider physician assistants are included on any publicly accessible
367 list of participating providers for the carrier.

368 Section 6. A complaint for noncompliance against a carrier shall be filed with and
369 investigated by the commissioner or the group insurance commission, whichever shall have
370 regulatory authority over the carrier. The commissioner and the group insurance commission
371 shall promulgate regulations to enforce this chapter.

372 SECTION 40. The commissioner of public health, in consultation with the board of
373 registration in medicine, the board of registration in nursing, the board of registration of
374 physician assistants, and the board of registration in pharmacy, shall create an independent task
375 force to examine the current regulatory structure governing professional relationships between
376 physicians, nurse practitioners, and physician assistants to identify barriers to the coordination of
377 primary care between physicians, nurse practitioners, and physician assistants and the barriers to
378 expanding patient access to primary care through greater utilization of the nurse practitioner and
379 physician assistant workforce, including the administrative simplification of prescribing
380 practices. The task force shall issue a report of its study, including its recommendations and
381 drafts of any legislation, if necessary, with the clerks of the Senate and House of Representatives
382 and the joint committees on public health and health care financing within 1 year of the effective
383 date of this act.

384 SECTION 41. There shall be a special commission to study and make recommendations
385 on the opportunities and challenges faced by primary care physicians in community care settings.
386 The commission shall consist of: the secretary of health and human services or her designee, who
387 shall serve as chair; the commissioner of health care finance and policy or his designee; 1
388 member appointed by the speaker of the house of representatives; 1 member appointed by the
389 senate president; 1 representative of the Mass League of Community Health Centers; 1
390 representative of the Department of Family Medicine at UMass Medical School; 1 representative
391 of the Department of Family Medicine at Boston Medical Center; 1 executive director of a
392 community health center that currently participates in a family medicine residency training
393 program; 1 executive director of a community health center that is the sponsoring organization
394 and holds the credentials for the accredited training program; 1 representative of a health center
395 with an interest in starting a residency program; 1 community health center physician who is a
396 graduate of a community health center residency program; 1 residency director at a community
397 health center; 1 current community health center resident; 1 representative of the Massachusetts
398 Academy of Family Physicians; and 1 representative of the Massachusetts Chapter of the
399 American Academy of Pediatrics.

400 The Commission's review shall include but not be limited to the following: (a) an
401 analysis of the adequacy of the workforce in community health centers in the commonwealth; (b)
402 the workforce needs at community health centers across the commonwealth within the context of

403 the broader workforce shortage issues, and an evaluation on how community health centers can
404 fill those slots; (c) the percentage of residents at health centers that eventually choose to practice
405 in the community health center setting; (d) the contribution community health center residency
406 programs have made in diversifying the physician pipeline and training physicians to address the
407 medical needs of diverse populations; (e) opportunities to improve the training of primary care
408 physicians in leadership roles and in practicing in a coordinated, team-based approach to primary
409 care; (f) barriers to increasing the ability to train family physicians in community health centers
410 (g) the contributions the University of Massachusetts Medical School Learning Contract has
411 made in increasing the primary care workforce in the commonwealth and recommendations for
412 its improvement; (h) opportunities to develop mentorship programs for primary care physicians;
413 (i) the sources of funding for community health center residency programs, and a determination
414 on whether increased state investment will provide benefits for the commonwealth; (j) the
415 feasibility and potential benefits of a supplemental Medicaid fee to community health centers
416 engaged in 3-year residency programs; and, (k) the impact of national health reform on
417 Massachusetts community health center residency programs, both new and existing, and an
418 evaluation of any potential opportunities.

419 The commission shall report its findings, including its recommendations and drafts of any
420 legislation, if necessary, with the clerks of the Senate and House of Representatives and the joint
421 committees on public health and health care financing within 1 year after the effective date of
422 this act.