

# 5 POINT PLAN FOR REAL REFORM OF THE MASSACHUSETTS HEALTH CARE SYSTEM

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## POINT 1 REFORMING THE ADMINISTRATION OF HEALTH CARE

### **Summary**

The legislation establishes a new Secretary of Health and Mental Hygiene and an Executive Office of Health and Mental Hygiene (creating a separate Executive Office of Human Services). The new executive office will be responsible for the administration of the departments of public health, mental health, the nursing collaborative, the managed care oversight board, the Betsy Lehman Center for Patient Safety, and the Massachusetts Health Care Cost Containment Council that replaces the Division of Health Care Finance and Policy. It specifically establishes the Health Care Cost Containment Council as a quasi-independent agency to focus on improving health quality. The Secretary is expected to serve as the focal point of state government leadership in improving access to health care – both physical and mental health, improving patient safety and health quality outcomes, promoting the development of an adequate health care workforce to serve the needs of the Massachusetts residents, and addressing the concerns about rising cost of health care and health insurance. Of special note is the requirement for the Secretary to take the lead in developing and implementing a comprehensive health care policy for Massachusetts and to regularly review and update the priorities and objectives of the policy. Another important focus that would improve quality and cut health care costs that would benefit from the leadership of a Secretary of Health and Mental Hygiene is the area of prevention – supporting efforts to help the people of Massachusetts become or remain healthy through healthier lifestyles and earlier detection of illness that would save lives and dollars. The current structure that provides a Secretary of Health AND Human Services is much too large to be effectively managed by even the most dedicated public servants and, consequently, the degree of attention that can be paid to leadership in health care is far less than is needed for developing a world class system of health care in the 21st Century.

**Sections 1-3.** Creates two distinct cabinet level positions – Health and Mental Hygiene and Human Services.

Divides the office of health and human services into an executive office of human services and an executive office of health and mental hygiene.

**Section 4.** Establishes the reconfigured Executive Office of Human Services.

The office will include: (1) the department of elder affairs under the direction of a secretary of elder affairs, who shall be appointed by the governor; (2) the division of medical assistance; (3) the office of children, youth and family services, which shall include the department of social services, the department of transitional assistance, the department of youth services, the office of child care services, the child abuse prevention board and the office for refugees and immigrants; (4) the office of disabilities and community services, which shall include the department of mental retardation, the Massachusetts rehabilitation commission, the Massachusetts commission for the blind, the Massachusetts commission for

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the deaf and hard of hearing and the Soldiers' Home in Massachusetts and the Soldiers' Home in Holyoke; and (5) the department of veterans' services under the direction of the secretary of veterans' services, who shall be appointed by the governor.

### **Section 5.** Establishes the new Executive Office of Health and Mental Hygiene

The office will include: 1) the office of health services, which shall include the department of public health, the department of mental health, and the Betsy Lehman center for patient safety and medical error reduction; (2) the managed care oversight board; (3) the health facilities appeals board, (4) the Massachusetts nursing collaborative, and (5) the health care cost containment council, which shall be located within, but not subject to the control of the executive office.

The section also establishes a Health Policy Coordinating Council and framework for a comprehensive state health policy.

### **Section 6.** Public Health Council

Creates an independent Public Health Council comprised of key leaders in state health care appointed by their respective organizations. The Public Health Council members are all appointees of the governor. The intent is to allow the council to be more independent in its actions related to public health.

### **Section 7.** Massachusetts Nursing Collaborative

Establishes in statute an existing collaboration of academic and clinical partners working to address the nursing shortage and to promote the enhancement of the profession of nursing.

### **Section 8.** Transfer of Employees

Provides protection for state employees of the various agencies so that they lose nothing in the transition and reorganization process. It also transfers the function of the Division of Health Care Finance and Policy to the Secretary's office.

### **Section 9.** Transfer of Health Related Boards to Public Health

Completes a reorganization begun two years ago when several health related boards of registration were moved from the office of consumer affairs and business regulation to public health. This change, together with the earlier change would place the following boards within Public Health: the board of registration in medicine; the board of registration in nursing; the board of registration in pharmacy; the board of registration of physician assistants; the board of registration of perfusionists; the board of registration of nursing home administrators; the board of registration in dentistry; the board of registration of respiratory therapists; board of registration of allied health professions; board of registration in podiatry; board of registration in optometry; board of registration of chiropractors; board of registration of health officers; board of registration for speech language pathology and audiology; board of registration of dispensing opticians; and the board of registration of psychologists.

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### **Section 10. Health Care Cost Containment Council**

The purpose of the council to promote the public interest by encouraging the development of competitive health care services, in which health care costs are contained and to assure that all citizens have reasonable access to quality health care. It is further the intent of the council to facilitate the continuing provision of quality, cost-effective health services throughout the Commonwealth by providing data and information to the purchasers and consumers of health care on both cost and quality of health care services, and to assure access to health care services. Nothing in this act shall prohibit a purchaser from obtaining from its third-party insurer, carrier or administrator, nor relieve said third-party insurer, carrier or administrator from the obligation of providing, on terms consistent with past practices, data previously provided to a purchaser pursuant to any existing or future arrangement, agreement or understanding. It is modeled after the Pennsylvania Health Care Cost Containment Council which has been operating for nearly 20 years focusing on quality outcome measures to improve health care and make sure that purchasers get value for their investment.

### **Section 11. Transition**

Mandates cooperation by Human Services in the process of reconfiguring the agencies.

### **Section 12. Effective Date**

Makes the act effective immediately, but provides that transition be completed by July 1, 2006.