

Massachusetts

State and Local Health Equity Policy Checklist

APRIL 2021

KEY

-  = state requires/mandates
-  = some local and/or state policies, but there is room for improvement
-  = no state/local requirements
-  = n/a

Legislative Reform

POLICY	SCORE	NOTES
Implement Racial Equity Impact Statements for legislation at the state or local levels, including environmental, health and criminal justice areas.		
Expand Health Impact Assessments attached to state and local legislation to include equity considerations.		Massachusetts does not require Health Impact Assessments attached to legislation to include equity considerations. It is important to note, however, that the state's Healthy Transportation Compact requires the use of Health Impact Assessments to determine the effect of transportation projects on public health and vulnerable populations. ¹ Additionally, Boston's Health in All Policies Interagency Task Force performs periodic Health Impact Assessments , which, in the past, have emphasized equity. ²

State Health Planning & Programs

POLICY	SCORE	NOTES
Declare racism a public health crisis and implement steps to address it.	 <p><i>One or more cities/counties within a state has declared racism a public health crisis and has implemented steps to address it, but this has not been done at the state level.</i></p>	<p>Boston's Mayor declared racism a public health crisis, signed a "Mayor's Pledge" focused on policing reforms and committed to pursuing eight strategies to address the impact of racism on Boston residents and their overall health.³</p> <p>Other cities in Massachusetts have adopted similar measures.⁴</p>

Summary and scoring methodology reports are available at www.HealthValueHub.org/Health-Equity-Checklist.

If you know of a policy we overlooked, please contact hubinfo@altarum.org.

State Health Planning & Programs *(continued)*

POLICY	SCORE	NOTES
<p>Develop a ‘Health in All Policies’ strategy at the state or local level.</p>		<p>Boston’s Public Health Commission convened the Boston Health in All Policies Task Force in 2012 to ensure that every resident lives in a healthy community.⁵ The task force works to incorporate health considerations into decision-making across all the agencies and organizations that influence community design, including transportation and development, and engages residents in the process. Health Impact Assessments are one tool the task force uses to focus on equity.⁶</p>
<p>Establish Health Equity Zones to better address social determinants of health.</p>		<p>Massachusetts participated in a federal Promise Zones initiative; however, the program is no longer active.⁷</p>
<p>Create an Equity Strategic Plan to lay out how the state (or local entity within the state) will reduce health disparities.</p>		<p>Racial Justice and Health Equity is the number one priority of the Boston Public Health Commission’s Strategic Plan.⁸ In addition, Massachusetts’ law creating the state’s Office of Health Equity requires the office to “set goals for the reduction of disparities and prepare an annual plan for the Commonwealth to eliminate disparities.”⁹</p>
<p>Fund community-driven health equity action plans.</p>		
<p>Implement participatory budgeting at the state and/or local level for initiatives that focus on health and social determinants of health.</p>		<p>Several cities in Massachusetts have implemented or are moving towards implementing participatory budgeting. Cambridge uses participatory budgeting for one-time capital projects to improve the community.¹⁰ Amherst established a Participatory Budgeting Commission charged with proposing a measure to adopt participatory budgeting or other similar method of resident participation in [Amherst’s] budgeting process” by Dec. 1, 2020.¹¹ Boston’s City Council advanced a potential city charter amendment in December 2020 that would create an independent Office of Participatory Budgeting, which would oversee a “binding decision-making process open to Boston residents that would decide how at least .5% of the budget is allocated,” beginning in fiscal year 2024.¹² The amount would raise to at least 1 percent of the budget by fiscal year 2029.</p>
<p>Emphasize health disparities and equity when developing State Health Assessments & State Health Improvement Plans.</p>		<p>Massachusetts’ 2017 State Health Assessment “applies a Social Determinants of Health lens to its presentation [to help readers] understand major challenges and opportunities for achieving better health equity across all social groups.”¹³ The latest publicly available State Health Improvement Plan (from 2014) identifies health equity as one of three focus areas.¹⁴</p>

State Health Planning & Programs *(continued)*

POLICY	SCORE	NOTES
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Fund community-based organizations operating in the state to reduce disparities and/or provide culturally competent health-related supports.



Massachusetts’ Department of Public Health established the **Community Health Fund**—a grantmaking and capacity-building resource to help organizations and communities address health inequities—in 2017.¹⁵ The Fund supports efforts to improve population health outcomes, address social determinants of health and disrupt the root causes of health inequities, particularly institutional and structural racism.

In 2020, the **Massachusetts Health Policy Commission** invested over \$2.5 million in four new community partnerships through the Moving Massachusetts Upstream (MassUP) investment program.¹⁶ MassUP supports partnerships between healthcare providers and community organizations that aim to improve community health and health equity by addressing two significant social determinants of health: (1) food systems and security and (2) economic stability and mobility.

Massachusetts also established the **Prevention and Wellness Trust Fund** in 2012 to invest in evidence-based community strategies to prevent illness, improve health outcomes and reduce health inequalities across race, ethnicity and income.¹⁷ Clinical-community partnerships focused on childhood asthma, falls among older adults, hypertension and tobacco use. Despite widespread recognition, the Fund was not reauthorized in 2018.

Implement strategies to address specific health outcomes related to inequality in social determinants of health, such as asthma, diabetes, heart disease and maternal mortality, among others.



The Massachusetts Bureau of Community Health and Prevention oversees the **Asthma Prevention Control Program**, a Community Health Worker (CHW)-led home visiting program for high-risk pediatric patients with un-controlled/poorly-controlled asthma and recent emergency department history. Participating CHWs offer low-cost items (such as mattress covers and HEPA vacuums) to remove environmental triggers, advocate on patients’ behalf to their landlords, and connect patients to community resources, among other services, when necessary.¹⁸ Additionally, the state’s **Asthma Strategic Plan** outlines strategies to reduce disparities in asthma outcomes for Massachusetts residents.¹⁹

In addition, the state established a **special legislative commission** to investigate racial disparities related to maternal health and produce recommendations to change the way maternal healthcare is delivered in Massachusetts.²⁰

As stated above, Massachusetts’ **Prevention and Wellness Trust Fund** aimed to improve health outcomes and reduce inequalities by investing in clinical-community partnerships focused on childhood asthma, falls among older adults, hypertension and tobacco use.²¹

Participate in the Government Alliance on Race & Equity (GARE), a national network of local and regional governments to address racial equity.



Boston, Amherst, Lexington, Brookline, and Salem are CORE members of GARE. The Department of Equity & Inclusion in **Cambridge** is an Associate Member of GARE.²²

Data & Reporting

POLICY	SCORE	NOTES
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Create equity reporting requirements for state and local government agencies.



Massachusetts' Office of Health Equity is **lawfully required** to prepare an annual report evaluating the state's progress toward eliminating racial and ethnic health disparities.²³ The report must include quantifiable measures, comparative benchmarks and detail progress on a regional basis when possible.

Use the state's Office of Health Equity/Disparities/Minority Health to analyze and report on existing health disparities and/or equity concerns within the state.



Additionally, the Office of Data Management and Outcomes Assessment produces **Health Status Indicators by Race and Ethnicity reports** comparing health status indicators for Asian, Black, Hispanic, Native American and White populations in Massachusetts.²⁴ The reports include information on maternal and infant health, mortality patterns, health status and risk behaviors, indicators of healthcare access, hospital discharge and incidence of AIDS.

Require nonprofit hospitals to incorporate an equity component into their community health needs assessments and community health improvement plans and/or establish a minimum percentage of non-profit hospitals' Community Benefit that must be invested in programs targeted at reducing health disparities by addressing root causes.



Massachusetts encourages (but does not require) hospitals to consider equity/social determinants of health in community health needs assessments.

Massachusetts' Attorney General's Office issued optional **Community Benefits Guidelines** for nonprofit hospitals, which include the recommendation that hospitals and Health Maintenance Organizations adopt a health equity framework to better recognize the role that racism and institutional bias play in community health outcomes.²⁵ The guidelines also stress the importance of identifying and addressing health disparities and encourage hospitals to stratify data by vulnerable groups or populations in their Community Health Needs Assessments (CHNAs). Additionally, the recommendations stress the importance of considering income level and race/ethnicity (or other characteristics historically linked to discrimination or exclusion of affected populations) when prioritizing community needs, as well as the presence of other significant barriers that hinder access to appropriate care or contribute to poor health outcomes, such as legal status, housing conditions and access to affordable health food.

The Department of Public Health (DPH) requires hospitals navigating the state's Determination of Need (DON) process to produce plans to address a **concrete set** of social determinants of health through **Community-based Health Initiatives**.²⁶ As part of this work, hospitals must submit their CHNAs and community health improvement plans (CHIPs) to demonstrate sound community engagement, as well as their use of data to assess local needs and issues. Based on how well the hospital's CHNA/CHIP meets the DPH's minimum standards, additional community engagement and data collection may be required before the applicant's proposed Community-based Health Initiative is approved. The process is supported by the Attorney General's Community Benefits guidelines.

Data & Reporting (continued)

POLICY	SCORE	NOTES
<p>Increase the validity, use and standardization of data on race, ethnicity and/or languages spoken for state reporting requirements.</p>	<p></p>	<p>In 2007, Massachusetts’ Department of Public Health (DPH) implemented new standards for collecting data on race, ethnicity and languages spoken.²⁷</p> <p>As part of its Culturally and Linguistically Appropriate Services (CLAS) Initiative, the DPH’s Office of Health Equity provided guidance to help the DPH’s programs, as well as agencies that receive direct service grants from DPH, collect diversity data.²⁸</p> <p>Massachusetts required all acute care hospitals to collect and report detailed race and ethnicity demographic information, but the regulation was repealed in 2018.²⁹</p> <p>In a 2021 report, the Attorney General’s Office recommended that state agencies—such as the Center for Health Information and Analysis (CHIA) that oversees the APCD and the Department of Public Health—require payers, providers, laboratories and health departments to report on patient demographics (including race and ethnicity, gender identity and sexual orientation, disability, place of residence, primary language and occupation) when submitting data to the state on all patient events, infectious diseases and other health conditions.³⁰</p>

<p>Include socioeconomic status, race, ethnicity and/or languages spoken in All-Payer Claims Database data.</p>	<p></p>	<p>Massachusetts’ All-Payer Claims Database (APCD) requires payers to submit a Member Eligibility file, which includes race, ethnicity and language information. However, many elements in these files are poorly reported, particularly race and ethnicity.</p> <p>As stated above, in a 2020 report, the Attorney General’s Office recommended that state agencies—such as the Center for Health Information and Analysis (CHIA) that oversees the APCD—require entities to report on patient demographics.³¹</p>
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Health Reform – Coverage

POLICY	SCORE	NOTES
<p>Expand Medicaid eligibility requirements to include all adults with incomes at or below 138 percent of the federal poverty level.</p>	<p></p>	
<p>Provide high-quality, affordable coverage options for people whose incomes are too high to qualify for Medicaid, e.g., Basic Health Plan, reinsurance or augmented premium subsidies.</p>	<p></p>	<p>The Massachusetts Health Connector’s ConnectorCare Program provides additional state subsidies to individuals earning up to 300% of the Federal Poverty Level.³² Enrollees have access to zero- or low-dollar premium plans, zero- or low-dollar copays and do not have deductibles or coinsurance.</p>
<p>Provide one-year continuous eligibility for Medicaid and CHIP.</p>	<p></p>	

Health Reform – Coverage *(continued)*

POLICY	SCORE	NOTES
<p>Provide coverage options to undocumented and recent immigrants.</p>		<p>While undocumented non-U.S. citizens are ineligible to purchase coverage on the Massachusetts Health Connector, the state offers some coverage options for select undocumented individuals.³³ Pregnant women with household incomes below 200% of the Federal Poverty Level (FPL) are eligible for MassHealth Standard. Infants with parents earning below 200% of the FPL, children aged 1-20 in households earning under 150% of the FPL, adults 21-64 with household incomes below 133% of the FPL, and adults 65 or older with household incomes below 100% of the FPL are eligible for MassHealth Limited. Additionally, undocumented persons with a household income below 300% of the FPL may be eligible for Health Safety Net.³⁴</p>

Health Reform – Delivery

POLICY	SCORE	NOTES
<p>Develop Medicaid Managed Care Organization (MCO) contract options for advancing health equity and recommend or require MCOs to complete specific health equity responsibilities.</p>		<p>Massachusetts’ MCOs are required to collect and report some quality measures by race and ethnicity (for example, measures related to diabetes).³⁵ In 2011, MCOs worked with the state’s Medicaid program to create a health needs assessment (to be completed by Medicaid enrollees) with improved race and ethnicity questions. The goal was to allow MCOs to stratify quality indicators by race and ethnicity and develop strategies to target areas of greatest disparity.</p> <p>Massachusetts Medicaid, in collaboration with the University of Massachusetts, developed a risk adjustment methodology for managed care payments and alternative payment models to incorporate key social determinants of health.³⁶ The model includes predictors for unstable housing, disability, agency relationships and serious mental illness and substance use disorders, as well as a summary measure of neighborhood stress based on census block group.³⁷</p> <p>2009 guidelines issued by the Massachusetts Attorney General’s Office encourage MCOs to consider statewide priorities, including promoting health equity for diverse populations.³⁸</p>

<p>Encourage or require Accountable Care Organizations (ACOs) and/or Coordinated Care Organizations (CCOs) to collect equity-focused data, adopt culturally appropriate programs, implement partnerships with community-based organizations in areas with larger minority populations and/or focus on addressing social determinants of health.</p>		<p>Massachusetts requires ACOs to develop relationships with local community organizations to implement social determinant of health interventions.³⁹ ACOs are also required to report on 22 clinical quality and member experience measures, including health-related social needs screenings.⁴⁰</p> <p>Providers participating in global budget-based risk contracts are encouraged to adopt an aligned measure set created by the state’s Quality Measure Alignment Taskforce to advance progress on state health priorities and reduce use of measures lacking value.⁴¹ For 2021, the task force recommends that “measures should be applied in a manner that will advance understanding of [health] inequities.”</p>
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Health Reform – Delivery *(continued)*

POLICY	SCORE	NOTES
<p>Employ Medicaid 1115 and/or 1915 waivers to better address the social determinants of health.</p>		<p>Through creative use of the 1115 demonstration waiver, Massachusetts has funded supportive housing services through Medicaid.⁴² Additionally, Massachusetts’ Delivery System Reform Incentive Payment (DSRIP) initiative, authorized under the 1115 waiver, provides startup and ongoing funding for accountable health structures to address health-related community needs.⁴³ The waiver also allows ACOs to offer members “flexible services,” which include non-medical services designed to address social needs.⁴⁴</p>
<p>Require or incentivize providers participating in Medicaid value-based programs to report on measures related to health equity/disparities.</p>		<p>As stated above, providers participating in global budget-based risk contracts are encouraged to adopt an aligned measure set created by the state’s Quality Measure Alignment Taskforce to advance progress on state health priorities and reduce use of measures lacking value. For 2021, the task force recommends that “measures should be applied in a manner that will advance understanding of [health] inequities.”</p> <p>Massachusetts requires hospitals participating in the MassHealth Hospital Pay-for-Performance Program to collect and report case mix discharge data to the Center for Health Information and Analysis that includes race/ethnicity data elements.⁴⁵ These elements are required to calculate the health disparity measure category in the Executive Office of Health and Human Services manual.</p>
<p>Hold providers participating in Medicaid value-based programs responsible for reducing health disparities by evaluating/scoring performance in this area.</p>		<p>MassHealth evaluates the adequacy of new Accountable Care Organizations and Managed Care Organizations (MCOs)’ networks at addressing language barriers and cultural competency.⁴⁶</p> <p>Managed care entities must also complete two performance improvement projects (PIPs) annually in accordance with 42 CFR 438.330(d).⁴⁷ Massachusetts mandates PIPs that correspond with two quality domains: Behavioral Health (prevention, assessment, and treatment of mental illness, including substance use and other dependencies); and Community Needs Assessment/Risk Stratification (identifying and assessing priority populations for health conditions and social determinants of health and developing appropriate and timely interventions).⁴⁸</p>
<p>Create or expand Accountable Communities for Health with a focus on increasing health equity.</p>		

Health Reform – Delivery *(continued)*

POLICY	SCORE	NOTES
<p>Prioritize funding for communication infrastructure development, including broadband and cellular access, in underserved rural and urban areas.</p>		<p>In 2014, the Massachusetts Broadband Institute (MBI) completed construction of an open-access, middle mile fiber-optic network stretching across 120+ western and central Massachusetts communities to advance progress towards bringing high-speed internet to all parts of the state.⁴⁹ The MBI also oversees the Last Mile Infrastructure Grant program, which provides funding for eligible towns to design, engineer and construct municipally owned broadband networks.⁵⁰</p> <p>In January 2021, the Governor announced plans to expand a WiFi hotspot program statewide to deliver free high-speed access points to Gateway Cities and expand internet accessibility in areas hard-hit economically by the COVID-19 pandemic.⁵¹</p>
<p>Subsidize internet access to expand opportunities for telehealth.</p>		<p>In January 2021, the Massachusetts Broadband Institute launched the Mass Internet Connect program to subsidize internet access for eligible Massachusetts residents through June 30, 2021.⁵² While the program could, theoretically, broaden opportunities for telehealth, the focus is on helping job seekers find employment opportunities.</p>
<p>Expand coverage for telehealth services.</p>		<p>Massachusetts passed a law in 2021 that removes the requirements for providers to document barriers to in-person healthcare visits and the limitation on location settings for telehealth services.⁵³ The law also prohibits insurers from declining coverage for healthcare services solely on the basis that such services were delivered by telehealth, as long as the healthcare services are (1) otherwise covered when provided in-person and (2) may be appropriately provided through telehealth.⁵⁴</p> <p>In 2019, Massachusetts passed a law allowing Medicaid coverage for certain mental health services provided via telehealth, including accessing a therapist, psychiatrist or substance abuse counselor.⁵⁵</p> <p>Due to the COVID-19 pandemic, MassHealth is temporarily permitting providers to deliver all clinically appropriate, medically necessary MassHealth-covered services via telehealth (both audio-only and live video).⁵⁶ The Group Insurance Commission, commercial insurers, Blue Cross Blue Shield of Massachusetts and health maintenance organizations regulated by the Division of Insurance must also allow all in-network providers to deliver clinically appropriate, medically necessary covered services via telehealth.⁵⁷</p>

Health Reform – Delivery *(continued)*

POLICY	SCORE	NOTES
<p>Establish or strengthen telehealth reimbursement parity laws to incentivize providers to deliver these services.</p>		<p>As of 2019, MassHealth reimburses providers for behavioral health services delivered via telehealth at the same rates it pays for in-person visits.⁵⁸</p> <p>In March 2020, the governor issued an Executive Order prohibiting the Group Insurance Commission, commercial insurers, Blue Cross Blue Shield of Massachusetts and health maintenance organizations regulated by the Division of Insurance from establishing lower payment rates for telehealth services than their in-person equivalents during the COVID-19 State of Emergency.⁵⁹ A 2021 law extended rate parity for all telehealth services for 90 days past the State of Emergency.⁶⁰</p> <p>The law also permanently directs licensed hospitals, insurance companies and health maintenance organizations, medical service corporations, preferred provider organizations and the Executive Office of Health and Human Services to ensure that payment rates for in-network providers of behavioral health services delivered via telehealth are no less than payment rates for the same services delivered in-person.⁶¹ Payment parity for primary care and chronic disease management is required for the next two years.⁶²</p>
<p>Waive/limit cost-sharing for telehealth services.</p>		<p>A 2021 law requires parity between copays and deductibles that insurers set for in-person services and telehealth services.⁶³ Additionally, Massachusetts has issued guidance to waive or lower telehealth copayments.⁶⁴</p>
<p>Adopt a global budget system for paying hospitals to better enable them to focus on prevention, care coordination, community-based integration and social determinants of health.</p>		<p>As of 2021, Massachusetts does not require hospitals to be paid through global budgets.</p> <p>Private payer Blue Cross Blue Shield of Massachusetts' Alternative Quality Contract pays physicians through global budgets rather than per test/office visit.⁶⁵ The system emphasizes preventive care to keep patients healthy and gives clinicians flexibility to innovate in patient care, for example, by making social services, behavioral healthcare and home care available to those who need it.</p>
<p>Require workplace-based cultural competency and implicit-bias training for clinicians and other providers.</p>		<p>Community health workers must receive training in ten core competencies for board certification in Massachusetts. Cultural competency is woven throughout many of the core competencies.⁶⁶</p> <p>These requirements do not apply to other clinicians or providers.</p>

COVID-Specific Reforms		
POLICY	SCORE	NOTES
Collect racial equity data to better understand the disparate impact of COVID-19.		Massachusetts reports race and ethnicity data for COVID-19 cases, mortality, hospitalizations, and vaccines, but not for testing and recoveries. ⁶⁷
Implement changes to Medicaid enrollment, including but not limited to presumptive eligibility, cost-sharing provisions, special enrollment periods, increased enrollment assistance and improvements to application processing in response to COVID-19.		Massachusetts extended its Marketplace open enrollment period and has expanded presumptive eligibility . ^{68,69} Beginning March 15, 2020, Massachusetts allows for up to two Hospital Presumptive Eligibility periods in a twelve month period for all eligible individuals. ⁷⁰ As of May 15, 2020, the state allows Hospital Presumptive Eligibility for individuals aged 65 and over who are seeking eligibility in the Age and Disability-Related Poverty Level group and meet the following financial requirements: income below 100% FPL and resources that do not exceed \$2,000 (individual)/\$3000 (couple). ⁷¹ All types of MassHealth, including MassHealth Limited (emergency Medicaid), cover the costs of medically necessary testing and treatment for COVID-19 at no cost to members. ⁷²
Leverage the Emergency Medicaid program to extend COVID-19 testing, evaluation and treatment coverage to undocumented immigrants.		Massachusetts covers COVID-19 testing and treatment for undocumented individuals enrolled in MassHealth Limited (emergency Medicaid) and Health Safety Net. ⁷³
Waive or limit cost-sharing for COVID-19 testing and treatment by private insurers.		Insurance carriers must cover COVID-19 testing for symptomatic persons, asymptomatic persons being admitted to a healthcare facility, persons who are identified as close contacts of another person diagnosed with COVID-19 and persons whose attending provider has ordered a COVID-19 diagnostic test. ⁷⁴ The governor's March 2020 Executive Order requires the Group Insurance Commission and all of the state's insurance carriers to cover, without any cost-sharing, medically necessary treatment related to COVID-19 at in-network providers. ⁷⁵
Provide COVID-19 testing to residents free of charge.		Massachusetts provides COVID-19 testing to residents free of charge. ⁷⁶

Notes

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With support from the Robert Wood Johnson Foundation and Arnold Ventures, the Healthcare Value Hub provides free, timely information about the policies and practices that address high healthcare costs and poor quality, bringing better value to consumers. The Hub is part of Altarum, a nonprofit organization that creates and implements solutions to advance health among at-risk and disenfranchised populations.

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