



Legislative Update June 2020

HB1732 - An Act providing access to full spectrum addiction treatment services

Sponsor

Rep. Elizabeth A. Malia (D)

Summary

Requires the contributory group insurance commission for public employees (GL 32A), the division of medical assistance (GL 118E), health insurers (GL 175), non-profit hospital service corporations (GL 176A), medical service corporations (GL 176B), and health maintenance organizations (GL 176G) to provide coverage for medically necessary acute treatment services, medically necessary clinical stabilization services and medically necessary transitional support services for up to 30 days, without preauthorization; defines transitional support services as short-term, residential support services, which typically following clinical stabilization services, for the purpose of supporting patients through the addiction recovery process and into the transition to outpatient or other step-down addiction recovery care.

History

02/26/2019 H - Referred to Joint Committee on Mental Health and Substance Abuse

09/04/2019 10:00 AM - Public Hearing, A-2

02/05/2020 H - Attached to favorable report by Joint Committee of SB1150

HB909 - An Act to require health care coverage for the emergency psychiatric services

Sponsor

Rep. Ruth B. Balser (D)

Summary

Requires the contributory group health insurance for public employees, health insurance policies, non-profit hospital service corporations, medical service corporations and health maintenance organizations to provide coverage for medically necessary emergency service programs provided by the Massachusetts Behavioral Health Partnership.

History

02/26/2019 H - Referred to Joint Committee on Financial Services

06/06/2019 11:00 AM - Public Hearing, Room 222

02/05/2020 H - Reported favorably by Joint Committee on Financial Services

03/02/2020 H - Referred to Joint Committee on Health Care Financing 03/23/2020

H - Extension order filed (until 12/31/2020)

HB912 - An Act to increase ensure dependent health coverage for adults with disabilities

Sponsor

Rep. Christine Barber (D)

Summary

Amends GL 175:110 (general or blanket policies), GL 176G:4T (health maintenance organizations – coverage for eligible dependents under 26 years of age) and GL 176J:1 (small group health insurance – definitions) by requiring coverage of group members' children, regardless of age, who are mentally or physically incapable of earning their own living due to disability.

History

02/26/2019 H - Referred to Joint Committee on Financial Services

11/14/2019 1:00 PM - Public Hearing, A-1

02/05/2020 H - Reported favorably by Joint Committee on Financial Services

03/02/2020 H - Referred to Joint Committee on Health Care Financing

06/22/2020 H - Extension order filed (until 12/31/2020)

HB947 - An Act relative to insurance coverage for PANDAS/PANS

Sponsor

Rep. Josh S. Cutler (D)

Summary

Amends multiple General Laws to require health insurance policies to include coverage for treatment of pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute-onset neuropsychiatric syndrome; requires such coverage to include the use of intravenous immunoglobulin therapy.

History

02/26/2019 H - Referred to Joint Committee on Financial Services

07/09/2019 11:00 AM - Public Hearing, Gardner Auditorium

02/05/2020 H - Reported favorably by Joint Committee on Financial Services

03/02/2020 H - Referred to Joint Committee on Health Care Financing

06/22/2020 H - Extension order filed (until 12/31/2020)

HB968 - An Act relative to improving lives by ensuring access to brain injury treatment

Sponsor

Rep. Kimberly Ferguson (R)

Summary

Adds new Sections to GL Chapter 32A regulating health insurance for public employees, GL Chapter 175 regulating health insurance, GL Chapter 176A regulating non-profit hospital service corporations, and GL Chapter 176G regulating health maintenance organizations, to provide coverage for treatment related to or resulting from acquired brain injuries; defines acquired brain injuries as those occurring after birth from various causes, including disease, toxins or traumatic brain injury; prohibits imposing lifetime limits or unreasonable annual limits on the coverage; requires companies to provide training to employees responsible for pre-authorization of services or utilization reviews about this coverage.

History

02/26/2019 H - Referred to Joint Committee on Financial Services

07/09/2019 11:00 AM - Public Hearing, Gardner Auditorium

02/05/2020 H - Reported favorably by Joint Committee on Financial Services

03/02/2020 H - Referred to Joint Committee on Health Care Financing

06/22/2020 H - Extension order filed (until 12/31/2020)

HB979 - An Act regarding cervical cancer and women's preventative health

Sponsor

Rep. William C. Galvin (D)

Summary

Amends various provisions of the General Laws to direct insurers to provide coverage for cytological screenings and HPV screenings with no cost sharing to the member.

History

02/26/2019 H - Referred to Joint Committee on Financial Services

10/08/2019 11:00 AM - Public Hearing, Gardner Auditorium

02/05/2020 H - Reported favorably by Joint Committee on Financial Services

03/02/2020 H - Referred to Joint Committee on Health Care Financing 03/23/20

06/22/2020 H - Extension order filed (until 12/31/2020)

HB987 - An Act concerning the safety of autistic and Alzheimer's individuals

Sponsor

Rep. Colleen M. Garry (D)

Summary

Adds new Section 9D to GL Chapter 118E (Division of Medical Assistance) to direct health benefit plans to provide full coverage for technology-assisted tracking devices for insured individuals who are diagnosed with dementia, Alzheimer's disease or autism spectrum disorder; defines technology-assisted tracking devices.

History

02/26/2019 H - Referred to Joint Committee on Financial Services

07/09/2019 11:00 AM - Public Hearing, Gardner Auditorium

02/05/2020 H - Reported favorably by Joint Committee on Financial Services

03/02/2020 H - Referred to Joint Committee on Health Care Financing

06/22/2020 H - Extension order filed (until 12/31/2020)

HB991 - An Act advancing and expanding access to telemedicine services

Sponsor

Rep. Thomas A. Golden, Jr. (D)

Summary

Requires the contributory group or general health insurance system for public employees (GL Chapter 32A), the division of medical assistance (GL Chapter 118E), health insurers (GL Chapter 175), non-profit hospital service corporations (GL Chapter 176A), medical service corporations (GL Chapter 176B), health maintenance organizations (GL Chapter 176G), preferred provider arrangements (GL Chapter 176I), to provide coverage for telemedicine services offered by a contracted provider; prohibits allowing carriers to meet network adequacy through only seeing telemedicine patients; prohibits health care providers from requiring patients to have an in person visit prior to using telemedicine services; allows patients to decline to receive services via telemedicine; prohibits costs of in person visits from exceeding those for telemedicine services; requires that the Board of Registration in Medicine allow Massachusetts licensed physicians to obtain proxy credentialing and privileging for telemedicine services with other healthcare providers or facilities consistent with federal Medicare Conditions of Participation telemedicine standards; and requires that the Board adopt regulations governing the appropriate use of telemedicine to provide health care services.

History

02/26/2019 H - Referred to Joint Committee on Financial Services

02/26/2019 S - Concurred in committee referral

10/01/2019 1:00 PM - Public Hearing, A-2

04/09/2020 H - Reported favorably by Joint Committee on Financial Services

04/09/2020 H - Referred to Joint Committee on Health Care

06/22/2020 H - Extension order filed (until 12/31/2020)

HB1126 - An Act to ensure affordable health connector coverage

Sponsor

Rep. Ruth B. Balsler (D)

Summary

Amends GL 29:2000 (Commonwealth Care Trust Fund) by requiring use of the to ensure affordable premiums and cost-sharing for enrollees with income at or below 300 per cent of the federal poverty guidelines, who are eligible for premium assistance payments and point-of-service cost-sharing subsidies; requires a full accounting of revenues credited to the fund and transfers and expenditures out of the fund at least annually; directs the board of the health insurance connector to consider affordability of plans, and to ensure that there are multiple plans available for individuals at various poverty levels; authorizes the board to seek additional health plan participants if the traditional process yields insufficient choice.

Complete History

02/26/2019 H - Referred to Joint Committee on Health Care Financing

06/11/2019 10:30 AM - Public Hearing, Gardner

06/22/2020 H - Extension order filed (until 12/31/2020)

HB1133 - An Act to ensure prescription drug cost transparency and affordability

Sponsor

Rep. Christine Barber (D)

Summary

Amends a variety of health care related General Laws with the general intent of lowering prescription drug prices and increasing transparency relative to how prices are set. In particular, the bill defines 'biosimilar' pharmaceuticals, and distinguishes between generic and brand name drugs; requires pharmacy benefit managers to testify in the public hearings that the Health Policy Commission must hold subsequent to the annual report submitted by the Center for Health Information and Analysis; allows the Health Policy Commission to review the price of prescription drugs if certain triggers are met; requires the Commission to develop, implement and promote an evidence-based outreach and education program to support the therapeutic and cost-effective utilization of prescription drugs for physicians, podiatrists, pharmacists and other health care professionals; Requires the Center for Health Information and Analysis to be more active in investigating drug pricing, and to pass the costs of those investigations on to the industry; establishes a comprehensive framework, whereby EOHHS and the MassHealth drug utilization board establish a pharmaceutical spending target of at least 20%, and undertake efforts to negotiate supplemental rebate agreements with pharmaceutical manufacturers. The bill also authorizes the Attorney General to investigate anticompetitive behavior in the pharmaceutical industry; amends provisions of the Controlled Substances Act to assure that no pharmacy can be penalized for informing an insured of any differential between the insured's cost-sharing amount under the plan and the amount an individual would pay for acquisition of the drug without using any health plan or health insurance coverage. Adds a new and untitled GL Chapter 176W which requires pharmacy benefit managers to be licensed the Division of Insurance, and establishes the requirements for licensing; establishes that pharmacy benefit managers have a fiduciary duty to a health benefits client.

History

02/26/2019 H - Referred to Joint Committee on Health Care Financing

04/11/2019 1:00 PM - Public Hearing, A-1

06/22/2020 H - Extension order filed (until 12/31/2020)

HB1134 - An Act relative to providing immediate relief to businesses on health care costs

Sponsor

Rep. F. Jay Barrows (R)

Summary

Imposes a moratorium on the enactment of any and new mandated health benefit legislation; repeals the requirement from the FY 2005 budget whereby the Executive Office of Health and Human Services must produce a list of employers who have 50 or more employees using public health assistance each year.

History

02/26/2019 H - Referred to Joint Committee on Health Care Financing

06/11/2019 10:30 AM - Public Hearing, Gardner Auditorium

06/22/2020 H - Extension order filed (until 12/31/2020)

HB1163 - An Act establishing a special commission to study the implementation of single payer health care in the Commonwealth

Sponsor

Rep. Kate Hogan (D)

Summary

Establishes an eighteen member Special Commission to conduct an investigation and study of the methods, cost and feasibility of establishing single payer health care in the Commonwealth; articulates the qualifications of Commission members; identifies several areas of investigation for the Commission; requires the Commission to submit its report to the legislature by June 30, 2020.

Complete History

02/26/2019 H - Referred to Joint Committee on Health Care Financing

06/11/2019 10:30 AM - Public Hearing, Gardner Auditorium

06/22/2020 H - Extension order filed (until 12/31/2020)

HB1180 - An Act limiting out of pocket expenses

Sponsor

Rep. Paul W. Mark (D)

Summary

Amends GL 32A:6 and GL 32B: 22 (Group Insurance Commission Benefits) to establish that, for active and retired employees, their dependents and the survivors of deceased employees, including municipal subscribers, the maximum amount of deductibles and copayments for covered services during an enrollment year in a plan shall not exceed \$2,500 for individual coverage and \$5,000 for family coverage; amends GL 32A:9 to provide that any excess premium payments made by the Commonwealth and or its employees and retirees shall remain in the trust fund, to be utilized for the purposes of paying the out of pocket expenses in excess of the limitations established by this Act or improving insurance benefits for its employees and retirees.

History

02/26/2019 H - Referred to Joint Committee on Health Care Financing

07/16/2019 10:30 AM - Public Hearing, A-1

06/22/2020 H - Extension order filed (until 12/31/2020)

SB1235 - An Act relative to step therapy and patient safety

Sponsor

Sen. Julian A. Cyr (D)

Summary

Adds new Sections 237-237C to GL Chapter 111, regulating the use and coverage of step therapy protocols in medical treatment; defines step therapy protocols as a specific sequence in which prescription drugs for a specified medical condition and which are medically appropriate for a particular patient are provided; establishes and regulates the membership of a special commission to study and assess the implementation of step therapy process reforms; requires submission of findings and recommendations within nine months; regulates the evaluation of step therapy protocols, and requires use clinical data to determine their effectiveness; requires insurance companies which restrict the use of a particular drug included in step therapy to establish a clear readily accessible and convenient process to request a step therapy exception; requires insurance companies and MassHealth to grant the exception in the listed circumstances, including when the required drug is known to be contraindicated with other drugs in the protocol or when the patient has tried and failed on the required drug.

History

02/28/2019 S - Referred to Joint Committee on Public Health

08/08/2019 S - Discharged and referred to Joint Committee on Health Care Financing

10/08/2019 12:00 PM - Public Hearing, Room 428

12/04/2019 S - Reported favorably as amended by Joint Committee on Health Care Financing

12/04/2019 S - New draft substituted - SB2433

SB2433 - An Act relative to step therapy and patient safety

Sponsor

Joint Committee on Health Care Financing

Summary

Regulates the use of step therapy protocols, requiring use of prescription drugs for specified medical conditions in a specific, predetermined sequence, and requests for exceptions from the protocol; establishes a new GL 118E:10M, regulating the expeditious granting of an exception from a mandated step protocol by MassHealth under the listed circumstances, including contraindication of required drugs, expectations of ineffective results and the enrollee is stable under a prescription drug recommended by their prescriber; requires authorization of coverage of the pharmaceutical recommended by the prescriber after approval of the exception. Additionally establishes a new GL 176O:12A, regulating the development of step therapy protocols, including clinical review criteria and review of the needs of atypical patient populations and diagnoses; requires development of clear readily accessible and convenient processes to request step therapy exception; requires granting of the exception under the listed circumstances including contraindication of required drugs, expectations of ineffective results and the enrollee is stable under a prescription drug recommended by their prescriber; requires approval or denial of applications for exceptions within 72 hours of receipt of all relevant information; limits controls on step therapy protocols to health insurance policies issued after January 1, 2021. Establishes and regulates the membership and operation of a commission on step therapy protocols within the division of insurance; directs the commission to study and assess the implementation of step therapy process reforms, and to analyze the impact of step therapy protocols on total medical expenses, health care quality outcomes, premium cost, and out-of-pocket costs to the consumer, and the health care cost benchmark; requires submission of findings and recommendations within 9 months, and biennially afterwards. (New draft of SB1235. The new language makes largely technical and grammatical changes to the original text, and reverses the order of content delivery.)

History

12/04/2019 S - New draft of SB1235

12/04/2019 S - Referred to Senate Committee on Ways and Means

SB612 - An Act advancing and expanding access to telemedicine services

Sponsor

Sen. Jason M. Lewis (D)

Summary

Amends various General Laws to allow health care insurers to provide coverage and negotiate reimbursement rates for health care services provided through the use of telemedicine. Telemedicine is defined as the use of synchronous or asynchronous audio, video or other electronic media for the purpose of diagnosis, consultation, prescribing, and treatment of a patient's physical, oral and mental health care that meets applicable health information privacy and security standards similar to those provided during an in-person visit. Telemedicine specifically does not include audio-only telephone or facsimile machine communications. These provisions are established in parallel to the Group Insurance Commission (GL 32A), Medicaid (GL 118E), Indemnity Plans (GL 175), Non-profit Hospital Service Corporations (GL 176A), Medical Service Corporations (GL 176B), and Health Maintenance Organizations (GL 176G). In addition, the Board of Registration in Medicine will be required to allow MA licensed physicians to obtain proxy credentialing and privileging for telemedicine services with other healthcare providers or facilities consistent with federal Medicare Conditions of Participation telemedicine standards; (Note: this bill is in large part a refile of SB549 from the 2017-2018 session, with a few additions. It establishes that any resulting regulations must prohibit providers from charging more for in-person services than telemedicine; that patients have a right to refuse telemedicine services in favor of in-person services; that network adequacy will still be derived from the availability of in-person services; and directing the Division of Insurance and EOHHS to file a joint report to the legislature every five years beginning January 1st, 2021.)

History

02/28/2019 S - Referred to Joint Committee on Financial Services

10/01/2019 1:00 PM - Public Hearing, A-2

02/06/2020 S - Reported favorably by Joint Committee on Financial Services

02/06/2020 S - Referred to Senate Committee on Ways and Means

06/18/2020 S - Reported favorably as amended by Senate Committee on Ways & Means carrying SB596

06/18/2020 S - New draft recommended - SB2769

SB2769 - An Act Putting Patients First

Sponsor

Senate Committee on Ways & Means

Summary

Enacts a diverse array of healthcare reforms, including consumer protections regarding out-of-network and emergency care; requiring insurance carriers to allow for telehealth; significant changes to which health care providers may dispense medications listed as controlled substances; licensure for dental therapists; authorizing the treatment of glaucoma by optometrists; requiring community health workers to be trained in oral health; and a number of reporting requirements related to the COVID-19 pandemic.

History

06/18/2020 S - Recommended new draft of SB612

06/18/2020 S - Placed in the Orders of the Day for the next session (6/25/2020) with the amendment pending. Amendments are due 6/22 at 1PM.

SB596 - An Act relative to full application of telemedicine coverage

Sponsor

Sen. Anne Gobi (D)

Summary

Amends several different provisions of General Law to establish that a health care insurer may limit coverage of telemedicine services to those health care providers in a telemedicine network approved by the insurer. In addition, a contract that provides coverage for services may contain a provision for a deductible, copayment or coinsurance requirement for a health care service provided through telemedicine as long as the deductible, copayment or coinsurance does not exceed the deductible, copayment or coinsurance applicable to an in-person consultation. Coverage for health care services are to be consistent with coverage for health care services provided through in-person consultation.

History

02/28/2019 S - Referred to Joint Committee on Financial Services

10/01/2019 1:00 PM - Public Hearing, A-2

02/06/2020 S - Reported favorably by Joint Committee on Financial Services

02/06/2020 S - Referred to Senate Committee on Ways & Means

06/18/2020 S - Attached to favorable report by Senate Committee of SB612

SB546 - An Act improving lives by ensuring access to brain injury treatment

Sponsor

Sen. Harriette L. Chandler (D)

Summary

Adds new sections to GL Chapter 32A regulating health insurance for public employees, GL Chapter 175 regulating health insurance, GL Chapter 176A regulating non-profit hospital service corporations, and GL Chapter 176G regulating health maintenance organizations, to provide coverage for treatment related to or resulting from acquired brain injuries; defines acquired brain injuries as those occurring after birth from various causes, including disease, toxins or traumatic brain injury; prohibits imposing lifetime limits or unreasonable annual limits on the coverage; requires companies to provide training to employees responsible for preauthorization of services or utilization reviews about this coverage.

History

02/28/2019 S - Referred to Joint Committee on Financial Services

07/09/2019 11:00 AM - Public Hearing, Gardner Auditorium

02/05/2020 S - Reported favorably by Joint Committee on Financial Services

04/21/2020 S - Referred to Joint Committee on Health Care Financing

06/22/2020 H - Extension order filed (until 12/31/2020)

SB561 - An Act empowering health care consumers

Sponsor

Sen. Brendan Crighton (D)

Summary

This bill sets forth parallel provisions relative to transparency in the development of drug formularies to a number of different chapter dealing with various kinds of health insurance. (Please note that a drug formulary is a list of prescription drugs, both generic and brand name, used by practitioners to identify drugs that offer the greatest overall value, which is normally maintained by a committee of physicians, nurse practitioners, and pharmacists.) Specifically, the provisions require that every any health insurance provider post the formulary for the health plan on the carrier's web site in a manner that is accessible and searchable by enrollees, potential enrollees, and providers; update the formulary within 24 hours of making changes; and include an enumerated set of information, especially information with respect to cost sharing and coinsurance. Essentially identical provisions are added to the chapter on 175 (Insurance), 176A (Non-profit Hospital Service Corporations), 176B (Medical Service Corporations), 176G (Health Maintenance Organizations), and 32A (Group Insurance Commission).

History

02/28/2019 S - Referred to Joint Committee on Financial Services

09/23/2019 11:00 AM - Public Hearing, Gardner Auditorium

02/05/2020 S - Reported favorably by Joint Committee on Financial Services

04/23/2020 S - Referred to Joint Committee on Health Care Financing

06/22/2020 H - Extension order filed (until 12/31/2020)

SB577 - An Act relative to prescription drug voice synthesizers

Sponsor

Sen. Diana DiZoglio (D)

Summary

Adds new §47X to GL 175 to require all blanket or general health insurance policies that provide for prescription drug coverage to provide coverage for medically prescribed voice synthesizers; defines such synthesizers; requires all individuals and institutions providing services to disabled persons to inform such persons of the availability of such synthesizers. Synthesizers would be covered for persons who suffer conditions that cause them to prefer audio information to written, but would still require a prescription.

History

02/28/2019 S - Referred to Joint Committee on Financial Services

10/08/2019 11:00 AM - Public Hearing, Gardner Auditorium

02/05/2020 S - Reported favorably by Joint Committee on Financial Services

04/30/2020 S - Referred to Joint Committee on Health Care Financing

06/22/2020 H - Extension order filed (until 12/31/2020)

SB585 - An Act to ensure dependent health coverage for adults with disabilities

Sponsor

Sen. Paul Feeney (D)

Summary

Amends GL 175:110 (general or blanket policies), GL 176G:4T (health maintenance organizations – coverage for eligible dependents under 26 years of age) and GL 176J:1 (small group health insurance – definitions) by requiring coverage of group members' children, regardless of age, who are mentally or physically incapable of earning their own living due to disability.

History

02/28/2019 S - Referred to Joint Committee on Financial Services

11/14/2019 1:00 PM - Public Hearing, A-1

02/05/2020 S - Reported favorably by Joint Committee on Financial Services

04/30/2020 S - Referred to Joint Committee on Health Care Financing

06/22/2020 H - Extension order filed (until 12/31/2020)

SB613 - An Act relative to insurance coverage for PANDAS/PANS

Sponsor

Sen. Jason M. Lewis (D)

Summary

Amends multiple General Laws to require health insurance policies to include coverage for treatment of pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute-onset neuropsychiatric syndrome; requires such coverage to include the use of intravenous immunoglobulin therapy.

History

02/28/2019 S - Referred to Joint Committee on Financial Services

07/09/2019 11:00 AM - Public Hearing, Gardner Auditorium

02/05/2020 S - Reported favorably by Joint Committee on Financial Services

05/07/2020 S - Referred to Joint Committee on Health Care Financing

06/22/2020 H - Extension order filed (until 12/31/2020)

SB614 - An Act to help patients and reduce healthcare costs by ensuring patient adherence to medications

Sponsor

Sen. Joan B. Lovely (D)

Summary

Requires health insurance policies to cover partial supplies of any covered prescription drug, if the partial supply is for the purpose of synchronizing the date for refilling multiple prescription; prohibits insurance policies from pro-rating dispensement fees even where partial refills are pro-rated.

History

02/28/2019 S - Referred to Joint Committee on Financial Services

09/23/2019 11:00 AM - Public Hearing, Gardner Auditorium

02/05/2020 S - Reported favorably by Joint Committee on Financial Services

05/07/2020 S - Referred to Joint Committee on Health Care Financing

06/22/2020 H - Extension order filed (until 12/31/2020)

SB616 - An Act relative to insurance coverage for mammograms and breast cancer screening

Sponsor

Sen. Joan B. Lovely (D)

Summary

Requires health insurance policies, non-profit hospital service corporations, or medical service corporations to include the following testing for breast cancer, including baseline mammograms, including tomosynthesis, ultrasound evaluation, magnetic resonance imaging (MRI) scans, when determined to be medically necessary.

History

02/28/2019 S - Referred to Joint Committee on Financial Services

10/08/2019 11:00 AM - Public Hearing, Gardner Auditorium

02/05/2020 S - Reported favorably by Joint Committee on Financial Services

03/09/2020 S - Referred to Joint Committee on Health Care Financing

06/22/2020 H - Extension order filed (until 12/31/2020)

SB617 - An Act providing health insurance coverage for scalp and facial hair prosthesis

Sponsor

Sen. Joan B. Lovely (D)

Summary

Amends several General Laws to establish that health insurance policies must provide benefits on a nondiscriminatory basis for any other prosthesis, coverage for expenses for facial medical pigmentation or scalp hair prostheses worn for hair loss (suffered as a result of the treatment of any form of cancer or leukemia or alopecia). Coverage is to be subject to a written statement by the treating physician that the facial medical pigmentation or scalp hair prosthesis is medically necessary; such coverage is to be subject to the same limitations and guidelines as other prostheses. These provisions apply in parallel to the Group Insurance Commission (GL 32A), Indemnity Plans (GL 175), Non-profit Hospital Service Corporations (GL 176A), Medical Service Corporations (GL 176B), and Health Maintenance Organizations (GL 176G), but not to Medicaid (GL 118E).

History

02/28/2019 S - Referred to Joint Committee on Financial Services

10/08/2019 11:00 AM - Public Hearing, Gardner Auditorium

02/05/2020 S - Reported favorably by Joint Committee on Financial Services

03/09/2020 S - Referred to Joint Committee on Health Care Financing

06/22/2020 H - Extension order filed (until 12/31/2020)

SB655 - An Act relative to ambulance service reimbursement

Sponsor

Sen. Walter F. Timilty (D)

Summary

Establishes a new GL 176D:3C requiring health insurance carriers, including health maintenance organizations, hospital service corporations, preferred provider arrangements and insurance companies, to directly and promptly pay ambulance service companies for emergency services rendered to an insured, even if they are not under a contractual agreement; requires the insured to assign their benefits to the ambulance company in order to facilitate payment, even if the insurance contract prohibits assignment of benefits; does not classify payment of the insured as payment of the ambulance company; establishes payment rates equal to those established by municipalities; does not create an entitlement to coverage for ambulance services; authorizes municipalities to appeal to the commissioner of insurance for a municipally established ambulance rate increase that is in excess of the current Health Care Cost Benchmark.

History

02/28/2019 S - Referred to Joint Committee on Financial Services

05/07/2019 10:30 AM - Public Hearing, A-2

06/18/2020 H - Extension order filed (until 7/15/2020)

SB674 - An Act to ensure effective health care as a right

Sponsor

Sen. Julian A. Cyr (D)

Summary

Directs the center for health information and analysis shall to recommend a methodology to develop a single payer benchmark; requires the single payer benchmark to offer continuous, comprehensive and affordable health care coverage for all residents of the commonwealth regardless of income, assets, health status or availability of other health coverage; further requires CHIA to create an annual report detailing comparative costs and health care access with and without a single payer benchmark, and to submit a proposed single payer health care implementation plan if the single payer benchmark outperforms actual total healthcare expenditures.

History

02/28/2019 S - Referred to Joint Committee on Health Care Financing

06/11/2019 10:30 AM - Public Hearing, Gardner Auditorium

06/22/2020 H - Extension order filed (until 12/31/2020)

SB680 - An Act relative to children with medical complexity

Sponsor

Sen. Sal N. DiDomenico (D)

Summary

Directs the Health Policy Commission to conduct an analysis of children with medical complexity; sets forth the types of data said analysis should include; requires the Commission to submit its findings to the Administration and the Legislature no later than one year after passage of this Act; further requires the Commission to file an updated report by January 1 of each odd-numbered year, beginning in 2021.

History

02/28/2019 S - Referred to Joint Committee on Health Care Financing

05/14/2019 10:30 AM - Public Hearing, A-1

06/22/2020 H - Extension order filed (until 12/31/2020)

SB696 - An Act to promote transparency and cost control of pharmaceutical drug prices

Sponsor

Sen. Eric Lesser (D)

Summary

Adds new provisions to GL c.6D (Health Policy Commission) requiring the Commission, in consultation with the Center for Health Information Analysis, to develop a list of critical prescription drugs for which there is a substantial public interest in understanding its pricing. This list is to include the top twenty selling drugs in the Commonwealth, and other drugs based on an enumerated list of factors. For each prescription drug that the Commission places on the critical prescription drug list, manufacturers must provide a detailed set of reports to the Commission. The Commission is to promulgate regulations, the violation of which could subject a manufacturer to monetary penalties of not more than \$100,000 for each failure to comply with the requirements of this section. The commission is to annually identify those critical prescription drugs that due to their cost, jeopardize the Commonwealth's ability to meet the statewide health care cost growth benchmark (as established in the 2014 Health Care Cost Containment Act). Finally, the Commission, in consultation with CHIA and DPH, is to conduct an analysis of the impact on health care costs of the use of discounts, rebates, coupons, copay waivers, patient assistance programs, product vouchers or other reduction in an individual's out-of-pocket expenses, for biological products and prescription drugs.

History

02/28/2019 S - Referred to Joint Committee on Health Care Financing

04/11/2019 1:00 PM - Public Hearing, A-1

06/22/2020 H - Extension order filed (until 12/31/2020)

SB697 - An Act establishing a public health option

Sponsor

Sen. Jason M. Lewis (D)

Summary

Adds a short Chapter 176S to the General Laws entitled 'Public Health Insurance Option.' In brief, the chapter would require the Commonwealth Connector Authority to offer a public health benefits plan - the 'public health insurance option' - to eligible individuals and large groups, to ensure choice, competition, and stability of affordable, high quality coverage throughout Massachusetts. Additionally, requires that the public option (a) be made available exclusively through the Commonwealth Connector, alongside health benefit plans receiving the Connector seal of approval, (b) meet all the requirements established for health benefit plans to receive the Commonwealth Connector seal of approval, (c) meet the Connector's standards for minimum creditable coverage; regulates definitions related to the public health option; requires that only Medicaid managed care organizations administer the public option; authorizes the Commonwealth Connector Board to establish the premium rates for the public health insurance option.

History

02/28/2019 S - Referred to Joint Committee on Health Care Financing

06/11/2019 10:30 AM - Public Hearing, Gardner Auditorium

06/22/2020 H - Extension order filed (until 12/31/2020)

SB706 - An Act to ensure prescription drug cost transparency and affordability

Sponsor

Sen. Jason M. Lewis (D)

Summary

Amends a variety of health care related General Laws with the general intent of lowering prescription drug prices and increasing transparency relative to how prices are set. In particular, the bill defines 'biosimilar' pharmaceuticals, and distinguishes between generic and brand name drugs; requires pharmacy benefit managers to testify in the public hearings that the Health Policy Commission must hold subsequent to the annual report submitted by the Center for Health Information and Analysis; allows the Health Policy Commission to review the price of prescription drugs if certain triggers are met; requires the Commission to develop, implement and promote an evidence-based outreach and education program to support the therapeutic and cost-effective utilization of prescription drugs for physicians, podiatrists, pharmacists and other health care professionals; Requires the Center for Health Information and Analysis to be more active in investigating drug pricing, and to pass the costs of those investigations on to the industry; establishes a comprehensive framework, whereby EOHHHS and the MassHealth drug utilization board establish a pharmaceutical spending target of at least 20%, and undertake efforts to negotiate supplemental rebate agreements with pharmaceutical manufacturers. The bill also authorizes the Attorney General to investigate anticompetitive behavior in the pharmaceutical industry; amends provisions of the Controlled Substances Act to assure that no pharmacy can be penalized for informing an insured of any differential between the insured's cost-sharing amount under the plan and the amount an individual would pay for acquisition of the drug without using any health plan or health insurance

coverage. Adds new and untitled GL Chapter 176W, which requires pharmacy benefit managers to be licensed the Division of Insurance, and establishes the requirements for licensing; establishes that pharmacy benefit managers have a fiduciary duty to a health benefits client.

History

02/28/2019 S - Referred to Joint Committee on Health Care Financing

04/11/2019 1:00 PM - Public Hearing, A-10

06/22/2020 H - Extension order filed (until 12/31/2020)

SB707 - An Act relative to premium impact statements

Sponsor

Sen. Joan B. Lovely (D)

Summary

Requires that prior to the adoption, amendment, or repeal of any health care or health insurance related regulation, an agency must file with the Secretary of State's office a public notice of the proposed action and include a 'premium impact statement,' in which the agency must calculate the impact the proposed action will or will not have on health insurance premium rates in Massachusetts. In addition, the Joint Committees of the General Court and the House and Senate Committees on Ways and Means are prohibited from favorably reporting any bill or petition relative to health care or health insurance that has not first received a premium impact statement conducted by the Center for Health Information and Analysis. (Please note that one legislature cannot generally bind or limit the actions of a future legislature, and that a provision such as this would need to be adopted into the Joint Rules of the House and Senate.)

History

02/28/2019 S - Referred to Joint Committee on Health Care Financing

07/16/2019 10:30 AM - Public Hearing, A-1

06/22/2020 H - Extension order filed (until 12/31/2020)

SB711 - An Act relative to coverage for chronic illness

Sponsor

Sen. Mark C. Montigny (D)

Summary

Amends Chapter 58 of the Acts of 2006 'An Act Providing Access to Affordable, Quality, Accountable Health Care' to provide that no deductible or copay may be charged for the treatment of any chronic disease, illness, or condition. (Also known as GL 176J:5).

History

02/28/2019 S - Referred to Joint Committee on Health Care Financing

04/11/2019 1:00 PM - Public Hearing, A-1

06/22/2020 H - Extension order filed (until 12/31/2020)

SB712 - An Act to promote transparency and prevent price gouging of pharmaceutical drug prices

Sponsor

Sen. Mark C. Montigny (D)

Summary

Amends various provisions related to the operation of the health policy commission (GL 6D); allows the commission to assess increased expenses related to growth in pharmaceutical or biomedical products to pharmaceutical manufacturing companies and pharmacy benefit managers; exempts pharmacy benefit managers that are surcharge payors from the additional assessment; requires inclusion of at least 3 representatives of the pharmaceutical industry and at least 1 pharmacy benefit manager as witnesses in public hearings held by the HPC, to provide testimony on factors that affect prescription drug costs and price increases, the impact of manufacturer rebates, discounts and other price concessions on net pricing, the availability of alternative drugs or treatments and any other relevant matters. Additionally, directs the HPC to conduct an annual study of pharmaceutical manufacturing companies with pipeline drugs, generic drugs or biosimilar drug products that may impact statewide health care expenditures; allows the use of interim studies if necessary; requires pharmaceutical manufacturing companies to provide early notice to the HPC for any pipeline drug, abbreviated new drug applications for generic drugs, or a biosimilar biologics license application; regulates the content of the notice, including the health condition being treated and estimated market entry; requires pipeline drugs to include additional information regarding the FDA designation (orphan drug, fast track, breakthrough therapy, accelerated approval, priority review). Directs the attorney general to monitor health care market trends, including, trends in provider organization size and composition, consolidation in the provider market, payer contracting trends, patient access and quality issues in the health care market and prescription drug cost trends; allows the attorney general to obtain information from health care market participants; charges the attorney general with investigating whether market participants are engaged in unfair methods of competition or anticompetitive behavior, and to take action as necessary. Instructs the center for health information and analysis (CHIA) (GL 12C) to establish regulations that ensure uniform analysis of information on pharmaceutical manufacturing companies and pharmacy benefit managers, including year to year and net changes in costs, expenditures and profits, as defined, and the timely reporting of required information by payers, providers, provider organizations, pharmacy benefit managers and pharmaceutical manufacturing companies; increases weekly and maximum penalties imposed for delayed reporting; allows the attorney general to review information provided to CHIA, and to request further information through interrogatories or testimony under oath; regulates the collection and disclosure of such information.

History

02/28/2019 S - Referred to Joint Committee on Health Care Financing

04/11/2019 1:00 PM - Public Hearing, A-1

06/22/2020 H - Extension order filed (until 12/31/2020)

SB715 - An Act relative to pharmaceutical price transparency and cost sharing

Sponsor

Sen. Patrick O'Connor (R)

Summary

Adds new Section 10B to GL 12C (Center for Health Information and Analysis) to require a pharmacy or pharmacist to disclose to a purchaser any and all relevant information pertaining to the clinical efficacy or the availability of a therapeutically equivalent alternative prescription medication or alternative methods of purchase, including paying in cash; prevents provider organizations from prohibiting a pharmacist or pharmacy from providing purchasers with such information or for selling a lower-priced drug to the insured.

History

02/28/2019 S - Referred to Joint Committee on Health Care Financing

04/11/2019 1:00 PM - Public Hearing, A-1

06/22/2020 H - Extension order filed (until 12/31/2020)

SB720 - An Act to strengthen the management of the health care connector

Sponsor

Sen. Bruce E. Tarr (R)

Summary

Amends GL 176Q:2 (Massachusetts Health Connector Board) to add two representatives of organizations representing employers; further amends said Chapter by subjecting the Connector to the open meeting law and directs the ANF Secretary to annually review and evaluate the return on investments made by the Connector.

History

02/28/2019 S - Referred to Joint Committee on Health Care Financing

07/16/2019 10:30 AM - Public Hearing, A-1

06/22/2020 H - Extension order filed (until 12/31/2020)

SB721 - An Act relative to mandatory prescription drug coverage

Sponsor

Sen. Bruce E. Tarr (R)

Summary

Amends GL 111M:1 regulating the minimum creditable coverage of individuals under health care plans, by allowing such plans to exclude prescription drug coverage.

History

02/28/2019 S - Referred to Joint Committee on Health Care Financing

04/11/2019 1:00 PM - Public Hearing, A-1

06/22/2020 H - Extension order filed (until 12/31/2020)

SB1150 - An Act providing access to full spectrum addiction treatment services

Sponsor

Sen. John F. Keenan (D)

Summary

Requires the contributory group insurance commission for public employees (GL 32A), the division of medical assistance (GL 118E), health insurers (GL 175), non-profit hospital service corporations (GL 176A), medical service corporations (GL 176B), and health maintenance organizations (GL 176G) to provide coverage for medically necessary acute treatment services, medically necessary clinical stabilization services and medically necessary transitional support services for up to 30 days, without preauthorization; defines transitional support services as short-term, residential support services, which typically following clinical stabilization services, for the purpose of supporting patients through the addiction recovery process and into the transition to outpatient or other step-down addiction recovery care.

History

02/28/2019 S - Referred to Joint Committee on Mental Health, Substance Use and Recovery

09/04/2019 10:00 AM - Public Hearing, A-2

02/05/2020 S - Reported favorably by Joint Committee on Mental Health, Substance Use and Recovery carrying HB1732

05/11/2020 S - Referred to Joint Committee on Health Care Financing

06/22/2020 H - Extension order filed (until 12/31/2020)

SB1685 - An Act to ensure affordable health connector coverage

Sponsor

Sen. Patricia D. Jehlen (D)

Summary

Amends GL 29:2000 (Commonwealth Care Trust Fund) to allow for use of the fund for premium assistance and cost sharing subsidies for enrollees making under 300% of the federal poverty level; requires a full accounting of revenues, transfers, and expenditures by the fund to be reported to the insurance connector board annually; amends GL 176Q:3, establishing the powers of insurance connector, to alter the power to determine premium assistance and cost-sharing such that the connector may offer cost-sharing subsidies and directs the board to seek additional participation of health benefit plans to ensure a minimum standard of plan choice for low-income enrollees.

History

02/28/2019 S - Referred to Joint Committee on Revenue

06/17/2019 H - Discharged and referred to Joint Committee on Health Care Financing

07/16/2019 10:30 AM - Public Hearing, A-1

06/22/2020 H - Extension order filed (until 12/31/2020)

SB606 - An Act promoting continuity of care for multiple sclerosis treatment

Sponsor

Sen. John F. Keenan (D)

Summary

Adds new sections to GL Chapter 32A regulating health insurance for public employees, GL Chapter 175 regulating health insurance, GL Chapter 176A regulating non-profit hospital service corporations, and GL Chapter 176G regulating health maintenance organizations, which require coverage for previously prescribed disease modifying prescription drugs for the treatment of multiple sclerosis; prohibits imposing any greater deductible, coinsurance, copayments or out-of-pocket limits than for similar benefits.

History

02/28/2019 S - Referred to Joint Committee on Financial Services

07/09/2019 11:00 AM - Public Hearing, Gardner Auditorium

02/05/2020 S - Reported favorably as amended by Joint Committee on Financial Services

04/27/2020 S - New draft substituted -SB2660

SB2660 - An Act promoting continuity of care for Multiple Sclerosis treatment

Sponsor

Joint Committee on Financial Services

Summary

Adds new sections to GL 32A regulating health insurance for public employees, GL 175 regulating health insurance, GL 176A regulating non-profit hospital service corporations, and GL 176G regulating health maintenance organizations, which require coverage for previously prescribed disease modifying prescription drugs for the treatment of multiple sclerosis; prohibits imposing any greater deductible, coinsurance, copayments or out-of-pocket limits than for any other benefits; entitles insureds to a one time 30 day transition fill within the first 90 days of coverage, or one infusion during the first 90 days of coverage, prior to receipt of documentation regarding previous treatment. (New draft of SB606. The new language makes technical and grammatical changes, and additionally requires one course of treatment during the initial 90 days of coverage.)

History

04/27/2020 S - New draft of SB606

04/27/2020 S - Referred to Joint Committee on Health Care Financing

06/22/2020 H - Extension order filed (until 12/31/2020)

Study Order Bills

HB911 - An Act to increase access to lactation support through proper reimbursement

Sponsor

Rep. Christine Barber (D)

Summary

Adds new Section 47CC to GL Chapter 175 to require all health insurance policies to provide coverage for lactation support consisting of, at a minimum, lactation care and services provided by a qualified lactation care provider, the costs of breastfeeding equipment and the performance of any necessary maternal and newborn clinical assessments; defines lactation care and services, breastfeeding equipment and qualified lactation care provider; prohibits insurers from taking certain actions to avoid compliance with this provision, including denying a covered person eligibility or providing incentives (monetary or otherwise) to a health care practitioner intended to induce such practitioner to provide care to a covered person in a manner inconsistent with this requirement.

History

02/26/2019 H - Referred to Joint Committee on Financial Services

10/08/2019 11:00 AM - Public Hearing, Gardner Auditorium

02/05/2020 H - Accompanied study order

HB946 - An Act relative to payments for use of ambulance services

Sponsor

Rep. Josh S. Cutler (D)

Summary

Adds a new Section 3C to GL Chapter 176D, requiring health insurance carriers, including health maintenance organizations, hospital service corporations, preferred provider arrangements and insurance companies, to directly and promptly pay ambulance service companies for emergency services rendered to an insured, even if they are not under a contractual agreement; requires the insured to assign their benefits to the ambulance company in order to facilitate payment, even if the insurance contract prohibits assignment of benefits; does not classify payment of the insured as payment of the ambulance company; establishes payment rates equal to those established by municipalities, unless they are a non-profit licensed to operate critical care services for both ground and air transport; does not create an entitlement to coverage for ambulance services.

History

02/26/2019 H - Referred to Joint Committee on Financial Services

05/07/2019 10:30 AM - Public Hearing, A-2

02/05/2020 H - Accompanied study order

HB955 - An Act relative to payments for use of ambulance services

Sponsor

Rep. Angelo L. D'Emilia (R)

Summary

Adds a new Section 3C to GL Chapter 176D, requiring health insurance carriers, including health maintenance organizations, hospital service corporations, preferred provider arrangements and insurance companies, to directly and promptly pay ambulance service companies for emergency services rendered to an insured, even if they are not under a contractual agreement; requires the insured to assign their benefits to the ambulance company in order to facilitate payment, even if the insurance contract prohibits assignment of benefits; does not classify payment of the insured as payment of the ambulance company; establishes payment rates equal to those established by municipalities, unless they are a non-profit licensed to operate critical care services for both ground and air transport; does not create an entitlement to coverage for ambulance services.

History

02/26/2019 H - Referred to Joint Committee on Financial Services

05/07/2019 10:30 AM - Public Hearing, A-2

02/05/2020 H - Accompanied study order

HB959 - An Act requiring continual coverage of prescription medication

Sponsor

Rep. Shawn Dooley (R)

Summary

Requires the contributory health insurance system for public employees, health insurance companies, non-profit hospital service corporations, medical service corporations and health maintenance organizations to provide coverage for prescription medication previously prescribed and covered for preexisting conditions; permits coverage of a comparable equivalent or generic medication approved to treat the pre-existing condition, with the prior approval of the prescriber.

Complete History

02/26/2019 H - Referred to Joint Committee on Financial Services

07/09/2019 11:00 AM - Public Hearing, Gardner Auditorium

02/05/2020 H - Accompanied study order

HB963 - An Act ensuring consumer choice of health care providers

Sponsor

Rep. Carolyn C. Dykema (D)

Summary

Adds a new Section 15A to GL Chapter 6D, which prohibits health insurers, nonprofit hospital service corporations, nonprofit medical service corporations, health maintenance organizations, preferred provider organizations or accountable care organizations from excluding licensed health care providers from participating in their network; requires providers seeking participation to be in the geographic coverage area and to agree to meet terms and conditions of participation; requires health care payors to provide written notice to providers whom they deny participation, stating the conditions the provider does not satisfy.

History

02/26/2019 H - Referred to Joint Committee on Financial Services

10/29/2019 1:00 PM - Public Hearing, B-2

02/05/2020 H - Accompanied study order

HB986 - An Act relative to access to care for Ehler Danlos syndrome patients

Sponsor

Rep. Colleen M. Garry (D)

Summary

Requires the contributory group health insurance program for public employees, health insurance policies, non-profit hospital service corporations, medical service corporations and health maintenance organizations to provide coverage for preventative, ongoing chronic maintenance and acute treatment physical therapy for Ehler-Danlos syndrome patients.

History

02/26/2019 H - Referred to Joint Committee on Financial Services

02/26/2019 S - Concurred in committee referral

11/18/2019 11:00 AM - Public Hearing, A-2

02/05/2020 H - Accompanied study order

HB990 - An Act relative to insurance coverage for PANDAS/PANS

Sponsor

Rep. Carmine Gentile (D)

Summary

Amends multiple General Laws to require health insurance policies to include coverage for treatment of pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute-onset neuropsychiatric syndrome; requires such coverage to include the use of intravenous immunoglobulin therapy.

History

02/26/2019 H - Referred to Joint Committee on Financial Services

02/26/2019 S - Concurred in committee referral

07/09/2019 11:00 AM - Public Hearing, Gardner Auditorium

02/05/2020 H - Accompanied study order

HB997 - An Act relative to increasing consumer access to licensed rehabilitation counselors

Sponsor

Rep. Jim Hawkins (D)

Summary

Expands coverage of mental health benefits provided under the contributory health insurance system for public employees, or by health insurance companies, non-profit hospital service corporations, medical service corporations and health maintenance organizations, by repealing coverage limited to licensed alcohol and drug counselor I, and including coverage for licensed rehabilitation counselors.

History

02/26/2019 H - Referred to Joint Committee on Financial Services

10/08/2019 11:00 AM - Public Hearing, Gardner Auditorium

02/05/2020 H - Accompanied study order

HB999 - An Act providing insurance coverage for Alfi's syndrome

Sponsor

Rep. Natalie Higgins (D)

Summary

Amends multiple General Laws to require health insurance plans to cover the diagnosis and treatment of Alfi's syndrome.

History

02/26/2019 H - Referred to Joint Committee on Financial Services

11/18/2019 11:00 AM - Public Hearing, A-2

02/05/2020 H - Accompanied study order

HB1001 - An Act relative to behavioral health telemedicine

Sponsor

Rep. Natalie Higgins (D)

Summary

Amends multiple General Laws governing health insurance plans to require coverage for behavioral health services provided by telemedicine at a rate of reimbursement no less than the coverage provided though in-person consultation or in-person delivery of services; defines telemedicine.

History

02/26/2019 H - Referred to Joint Committee on Financial Services

10/01/2019 1:00 PM - Public Hearing, A-2

02/05/2020 H - Accompanied study order

HB1002 - An Act expanding access to telemedicine services

Sponsor

Rep. Kate Hogan (D)

Summary

Amends various General Laws to allow health care insurers to provide coverage and negotiate reimbursement rates for health care services provided through the use of telemedicine (defined as the use of two-way audio-visual interaction or store-and-forward technology, defined as the transmission of a patient's medical information, such as digital images, documents, and pre-recorded video, from an originating site to the physician at the distant site for clinical evaluation). These requirements are provided in parallel to GL Chapter 32A (Group Insurance Commission), Chapter 176A (Non-profit Hospital Service Corporations), Chapter 176B (Medical Service Corporations), and Chapter 176G (Health Maintenance Organizations), but not Chapter 175 (Indemnity Plans).

History

02/26/2019 H - Referred to Joint Committee on Financial Services

10/01/2019 1:00 PM - Public Hearing, A-2

02/05/2020 H - Accompanied study order

HB1036 - An Act relative to ensuring treatment for genetic craniofacial conditions

Sponsor

Rep. Dylan Fernandes (D)

Summary

Requires various kinds of health insurers to provide coverage for medically necessary functional repair or restoration of craniofacial disorders, with the exception of coverage for cleft lip and cleft palate which is prescribed elsewhere in the General Laws. Coverage is not include cosmetic surgery or for dental or orthodontic treatment unrelated to congenital defects, developmental deformities, trauma, tumors, infections or disease; the benefits in this section will not be subject to any greater deductible, coinsurance, copayments or out-of-pocket limits than any other benefit provided by the commission. These requirements are enacted in parallel, and include GL Chapter 32A (Group Insurance Commission), Chapter 118E (Medicaid), Chapter 175 (Indemnity Plans), Chapter 176A (Non-Profit Hospital Service Corporations), Chapter 176B (Medical Service Corporations), Chapter 176G (Health Maintenance Organizations), and Chapter 176I (Preferred Provider Plans).

History

03/08/2019 H - Referred to Joint Committee on Financial Services

11/18/2019 11:00 AM - Public Hearing, A-2

02/05/2020 H - Accompanied study order

HB1072 - An Act to prevent inappropriate denials for medically necessary services

Sponsor

Rep. David M. Nangle (D)

Summary

Amends GL 175:24B relative to modification in covered services or payments by establishing that an insurance policy must provide the policyholder prior notice of modifications in covered services, as well as an annual notice listing all preferred or selective providers of health care services. Insurers must also provide prior notice to providers of health care services who have been regularly paid for services, including any changes in clinical review criteria; all required notices must be made at least 60 days before the effective date of any modification. These provisions are to apply to GL Chapter 175 (Indemnity Plans), Chapter 176A (Non-profit Hospital Service Corporations), Chapter 176B (Medical Service Corporations), Chapter 176G (Health Maintenance Organizations) and Chapter 176I (Preferred Provider Plans).

History

02/26/2019 H - Referred to Joint Committee on Financial Services

10/29/2019 1:00 PM - Public Hearing, B-2

02/05/2020 H - Accompanied study order

HB1095 - An Act enhancing access to telemedicine services

Sponsor

Rep. Jeffrey N. Roy (D)

Summary

Requires the contributory group or general health insurance system for public employees (GL Chapter 32A), the Division of Medical Assistance (Chapter 118E), health insurers (Chapter 175), non-profit hospital service corporations (Chapter 176A), medical service corporations (Chapter 176B), health maintenance organizations (Chapter 176G), and preferred provider arrangements (Chapter 176I), to provide coverage for telemedicine services offered by a contracted provider; defines telemedicine as the use of interactive audio, video or other electronic media for a diagnosis, consultation or treatment of a patient's physical, oral or mental health; excludes audio-only telephone, facsimile machine, online questionnaire, texting or text-only e-mail from the definition; authorizes utilization reviews for services offered through telemedicine to the same extent as other in person services; prohibits health benefits providers from requiring health care providers from demonstrating barriers to in person visits prior to receiving reimbursement for telemedicine services offered; directs the board of registration in medicine to allow a physician to obtain proxy credentialing and privileging for telemedicine services.

History

02/26/2019 H - Referred to Joint Committee on Financial Services

10/01/2019 1:00 PM - Public Hearing, A-2

02/05/2020 H - Accompanied study order

HB1115 - An Act relative to the care and treatment of patients with mitochondrial disease

Sponsor

Rep. Thomas M. Stanley (D)

Summary

Requires coverage by various kinds of health insurance providers to provide coverage for treatment of mitochondrial disease, including the use of vitamin and nutritional supplements, such as CoEnzyme Q10, Vitamin E, Vitamin C, Vitamin B1, Vitamin B2, Vitamin K1 and L-Carnitine. This requirement is enacted in parallel, and includes GL Chapter 32A (Group Insurance Commission), Chapter 175 (Indemnity Plans), Chapter 176A (Non-Profit Hospital Service Corporations), Chapter 176B (Medical Service Corporations), and Chapter 176G (Health Maintenance Organizations).

History

02/26/2019 H - Referred to Joint Committee on Financial Services

11/18/2019 11:00 AM - Public Hearing, A-2

02/05/2020 H - Accompanied study order

HB1116 - An Act relative to ensuring treatment for genetic craniofacial conditions

Sponsor

Rep. Thomas M. Stanley (D)

Summary

Requires various kinds of health insurers to provide coverage for medically necessary functional repair or restoration of craniofacial disorders, with the exception of coverage for cleft lip and cleft palate which is prescribed elsewhere in the General Laws; coverage is not include cosmetic surgery or for dental or orthodontic treatment unrelated to congenital defects, developmental deformities, trauma, tumors, infections or disease; the benefits in this section will not be subject to any greater deductible, coinsurance, copayments or out-of-pocket limits than any other benefit provided by the commission; these requirements are enacted in parallel, and include GL Chapter 32A (Group Insurance Commission), Chapter 118E (Medicaid), Chapter 175 (Indemnity Plans), Chapter 176A (Non-Profit Hospital Service Corporations), Chapter 176B (Medical Service Corporations), Chapter 176G (Health Maintenance Organizations), and Chapter 176I (Preferred Provider Plans).

History

02/26/2019 H - Referred to Joint Committee on Financial Services

11/18/2019 11:00 AM - Public Hearing, A-2

02/05/2020 H - Accompanied study order

HB1119 - An Act relative to women's health

Sponsor

Rep. Chynah Tyler (D)

Summary

Requires the contributory group health insurance program for public employees, the division of medical assistance, health insurance policies, non-profit hospital service corporations, medical service corporations and health maintenance organizations to provide coverage for long acting reversible contraceptives, including their insertion and removal; directs the department of public health to develop a program to expand the number of health care providers that offer long-acting reversible contraceptives; requires the division of medical assistance to provide separate billing for postpartum visits.

History

02/26/2019 H - Referred to Joint Committee on Financial Services

10/08/2019 11:00 AM - Public Hearing, Gardner Auditorium

02/05/2020 H - Accompanied study order

HB2670 - An Act relative to requiring premium impact statements

Sponsor

Rep. F. Jay Barrows (R)

Summary

Requires that prior to the adoption, amendment, or repeal of any health care or health insurance related regulation, an agency must file with the Secretary of State's office a public notice of the proposed action and include a 'premium impact statement,' in which the agency must calculate the impact the proposed action will or will not have on health insurance premium rates in Massachusetts. In addition, the Joint Committees of the General Court and the House and Senate Committees on Ways and Means are prohibited from favorably reporting any bill or petition relative to health care or health insurance that has not first received a premium impact statement conducted by the Center for Health Information and Analysis.(NOTE: One legislature cannot generally bind or limit the actions of a future legislature, and a provision such as this would need to be adopted into the Joint Rules of the House and Senate.)

History

02/26/2019 H - Referred to Joint Committee on State Administration and Regulatory Oversight

10/01/2019 1:00 PM - Public Hearing, B-1

02/06/2020 H - Accompanied study order

SB540 - An Act providing hearing aids for persons with sensory impairedness

Sponsor

Sen. Joseph Boncore (D)

Summary

Amends various GLs to require that health insurance carriers provide the cost of 1 hearing aid per hearing-impaired ear per insured with hearing impairment or additional sensory disabilities such as severe vision loss or blindness up to \$500 and 80% coverage of the next \$1,500 for each hearing aid every 2 years, including all related services prescribed by a licensed audiologist or hearing instrument specialist; provides that the insured may choose a higher priced hearing aid and pay the difference in cost above the coverage limit without any financial or contractual penalty to the insured or to the hearing aid provider; and prohibits the imposition of any greater deductible, coinsurance, co-payments or out-of-pocket limits on these benefits than on other benefits provided by the insurer.

History

02/28/2019 S - Referred to Joint Committee on Financial Services

10/08/2019 11:00 AM - Public Hearing, Gardner Auditorium

02/05/2020 S - Accompanied study order

SB548 - An Act expanding access to affordable telemedicine services

Sponsor

Sen. Harriette L. Chandler (D)

Summary

Requires the contributory group or general health insurance system for public employees (GL 32A), the division of medical assistance (GL 118E), health insurers (GL 175), non-profit hospital service corporations (GL 176A), medical service corporations (GL 176B), health maintenance organizations (GL 176G), preferred provider arrangements (GL 176I), to provide coverage for telemedicine services offered by a contracted provider; defines telemedicine as the use of interactive audio, video or other electronic media for a diagnosis, consultation or treatment of a patient's physical, oral or mental health; excludes audio-only telephone, facsimile machine, online questionnaire, texting or text-only e-mail from the definition; authorizes utilization reviews for services offered through telemedicine to the same extent as other in person services; prohibits health benefits providers from requiring health care providers from demonstrating barriers to in person visits prior to receiving reimbursement for telemedicine services offered; directs the board of registration in medicine to allow a physician to obtain proxy credentialing and privileging for telemedicine services.

History

02/28/2019 S - Referred to Joint Committee on Financial Services

10/01/2019 1:00 PM - Public Hearing, A-2

02/05/2020 S - Accompanied study order

SB549 - An Act relative to women's health

Sponsor

Sen. Sonia R. Chang-Diaz (D)

Summary

Requires the contributory group health insurance program for public employees, the division of medical assistance, health insurance policies, non-profit hospital service corporations, medical service corporations and health maintenance organizations to provide coverage for long acting reversible contraceptives, including their insertion and removal; directs the department of public health to develop a program to expand the number of health care providers that offer long-acting reversible contraceptives; requires the division of medical assistance to provide separate billing for postpartum visits.

History

02/28/2019 S - Referred to Joint Committee on Financial Services

10/08/2019 11:00 AM - Public Hearing, Gardner Auditorium

02/05/2020 S - Accompanied study order

SB556 - An Act authorizing telemedicine services

Sponsor

Sen. Joanne Comerford (D)

Summary

Adds new Section 2E to GL Chapter 112 (Registration of Certain Professions and Occupations) to prohibit a health professional from providing a telehealth service without obtaining the patient's consent for treatment; directs the Board of Registration in Medicine to promulgate regulations to implement this provision; requires health care services provided by telemedicine to conform to the standards of care applicable to the provider's profession and to applicable federal and state health information privacy and security standards as well as informed consent; defines health professional, telehealth, telehealth service and telemedicine.

History

02/28/2019 S - Referred to Joint Committee on Financial Services

10/01/2019 1:00 PM - Public Hearing, A-2

02/05/2020 S - Accompanied study order

SB558 - An Act relative to insurance companies and quality measures

Sponsor

Sen. Cynthia Stone Creem (D)

Summary

Amends GL 32:2 to provide definitions relative to physician performance and quality. Amends GL 32A:21 relative to insurance companies and quality measures to provide the minimum attributes for contracting with insurance carriers regarding physician performance tracking including public disclosure of methodologies, input from physicians, mechanisms to ensure accuracy, etc. Prohibits a carrier from establishing a physician performance evaluation program unless it meets those same minimum attributes. Amends GL 176J:11, the statute governing tiered network plans under the small group health insurance chapter, to direct the commissioner to determine standard tiering criteria to be used for health outcomes, quality performance, and cost performance. Further directs the commissioner to regulate uniform criteria for determining network adequacy for a tiered network plan. Additionally allows carrier to reclassify provider tiers and determine provider participation in selective and tiered plans no more than once per calendar year unless lowering their tier. All promotional materials must be readily understandable to consumers. The commissioner shall monitor the websites and phone services for completeness, accuracy, and understandability and may issue guidelines for best practices.

History

02/28/2019 S - Referred to Joint Committee on Financial Services

10/29/2019 1:00 PM - Public Hearing, B-2

02/05/2020 S - Accompanied study order

SB570 - An Act relative to out-of-pocket expenses for prescription drug coverage

Sponsor

Sen. Sal N. DiDomenico (D)

Summary

Adds new provisions to existing health insurance law which new provisions regulate the coverage of prescription drugs in those health plans. In particular, the bill would prohibit insurance contracts from imposing any cost-sharing that exceeds \$100 for a 30-day supply for a covered prescription drug or place all drugs in a given class on the highest cost-sharing tier in a tiered formulary. In addition, a health plan that provides coverage for prescription drugs must allow enrollees to request an exception to the formulary. On the other hand the bill specifies that health plans will not be required to provide coverage for any additional drugs not otherwise required by law, implement specific utilization management techniques, such as prior authorization or step therapy, or cease the utilization of tiered cost-sharing structures, including those strategies used to incentivize use of preventive services, disease management, and low-cost treatment options. These same provisions are applied to GL 175 (Indemnity Plans), 176A (Non-Profit Hospital Service Corporations), GL 176B (Medical Service Corporations) and GL 176G (Health Maintenance Organizations).

History

02/28/2019 S - Referred to Joint Committee on Financial Services

11:00 AM - Public Hearing, Gardner Auditorium

02/05/2020 S - Accompanied study order

SB572 - An Act providing for coverage of necessary aqua therapy

Sponsor

Sen. Sal N. DiDomenico (D)

Summary

Amends GL 175 (Insurance) to require all group and individual policies of accident or sickness insurance issued, delivered or renewed within the Commonwealth to cover, without preauthorization, medically necessary aqua therapy provided by a licensed aqua therapist; provides that medical necessity shall be determined by the treating clinician in consultation with the patient and noted in the patient's medical record.

History

02/28/2019 S - Referred to Joint Committee on Financial Services

10/08/2019 11:00 AM - Public Hearing, Gardner Auditorium

02/05/2020 S - Accompanied study order

SB597 - An Act providing coverage for hearing aids

Sponsor

Sen. Adam G. Hinds (D)

Summary

Amends multiple General Laws to require health insurance carriers to provide coverage for hearing aids and related services; specifies said services and caps on coverage.

History

02/28/2019 S - Referred to Joint Committee on Financial Services

10/08/2019 11:00 AM - Public Hearing, Gardner Auditorium

02/05/2020 S - Accompanied study order

SB600 - An Act for greater fairness in insurance policies

Sponsor

Sen. Patricia D. Jehlen (D)

Summary

Amends GL c.175 (Insurance) by adding new provisions that establish that if a policy, contract, certificate, or agreement offered, issued, delivered, or renewed, provides life insurance, health insurance, annuities, accident insurance, long term care insurance, or disability insurance coverage for any Massachusetts resident and contains a provision that reserves discretionary authority to the insurer to determine eligibility for benefits or coverage, to interpret the terms of the policy, contract, certificate, or agreement, or to provide standards of interpretation or review that are inconsistent with the laws of the Commonwealth, that provision is to be void and unenforceable.

History

02/28/2019 S - Referred to Joint Committee on Financial Services

07/23/2019 10:30 AM - Public Hearing, B-2

02/05/2020 S - Accompanied study order

SB601 - An Act to reduce the cost of pharmacy benefits

Sponsor

Sen. Patricia D. Jehlen (D)

Summary

Adds new Section 226A to GL 175 (Insurance) to (i) prohibit a pharmacy benefits manager from requiring pharmacy or other provider accreditation standards or certification requirements inconsistent with the requirements of the Massachusetts Board of Registration in Pharmacy or other state or federal entity; (ii) prohibit a health carrier or pharmacy benefit manager from requiring a covered person to use, or penalizing said person for not using, a specific retail, mail order pharmacy or other network pharmacy provider in which said manager has an ownership interest or that has an ownership interest in a pharmacy benefit manager; (iii) prohibit such carriers and managers from providing financial incentives to covered persons to use such providers; (iv) prohibit a pharmacy benefit manager from charging a health carrier or health benefit plan more than what was paid to the pharmacy that provided the service; (v) require each such manager to submit an annual transparency report to the division of insurance; lists the categories of information to be contained in said report; defines health carrier, pharmacy benefit manager, health benefit plan, covered person, pharmacy, network pharmacy, retail pharmacy, mail order pharmacy, aggregate retained rebate percentage, rebates, trade secrets and cost share/cost sharing.

History

02/28/2019 S - Referred to Joint Committee on Financial Services

09/23/2019 11:00 AM - Public Hearing, Gardner Auditorium

02/05/2020 S - Accompanied study order

SB603 - An Act relative to the care and treatment of patients with mitochondrial disease

Sponsor

Sen. John F. Keenan (D)

Summary

Amends multiple General Laws to require health insurance carriers to provide coverage for the treatment of mitochondrial disease; requires ssaid treatment to include, but not be limited to, the use of vitamin and nutritional supplements, such as CoEnzyme Q10, Vitamin E, Vitamin C, Vitamin B1, Vitamin B2, Vitamin K1 and L-Carnitine.

History

02/28/2019 S - Referred to Joint Committee on Financial Services

11/18/2019 11:00 AM - Public Hearing, A-2

02/05/2020 S - Accompanied study order

SB624 - An Act relative to an affordable health plan

Sponsor

Sen. Michael O. Moore (D)

Summary

Enacts a new section in the GL c.176J (Small Group Health Insurance) to require carriers that offers health benefit plans to eligible small businesses must offer an 'Affordable Health Plan' to all eligible individuals and small businesses, containing benefits that are actuarially equivalent to the lowest level benefit plan available to the general public within the Connector, other than the young adult plan. In addition, the bill strikes out provisions that currently require that to the maximum extent possible, carriers attribute every member to a primary care provider.

History

02/28/2019 S - Referred to Joint Committee on Financial Services

11/14/2019 1:00 PM - Public Hearing, A-1

02/05/2020 S - Accompanied study order

SB631 - An Act relative to health insurance penalties

Sponsor

Sen. Patrick O'Connor (R)

Summary

Amends GL 111M:2 (Duty of Certain Persons to Obtain and Maintain Health Insurance Coverage) to provide that, if during the course of a taxable year a taxpayer becomes unemployed and, as a result,

loses health care coverage for the duration of said unemployed period, and said period is longer than 63 days, the taxpayer shall be exempt from the tax penalty for the duration of that period.

History

02/28/2019 S - Referred to Joint Committee on Financial Services

10/01/2019 1:00 PM - Public Hearing, A-2

02/05/2020 S - Accompanied study order

SB647 - An Act relative to small group eligibility

Sponsor

Sen. Bruce E. Tarr (R)

Summary

Amends the definition of eligible small groups in GL 176Q (Commonwealth Health Insurance Connector) to include businesses with up to 75 employees; current law limits such eligibility to businesses with no more than 50 employees.

History

02/28/2019 S - Referred to Joint Committee on Financial Services

11/14/2019 1:00 PM - Public Hearing, A-1

02/05/2020 S - Accompanied study order

SB648 - An Act relative to providing short term health care plans

Sponsor

Sen. Bruce E. Tarr (R)

Summary

Amends GL 111M (Individual Health Coverage) to add a new section providing for short term plans. In particular, the bill would establish that a person eligible for individual health coverage be allowed to purchase coverage under an individual, nonrenewable short term medical plan; that short term medical plans may be sold or renewed consecutively up to a total policy duration of 24 months; that upon offering a short term medical plan, an insurer must provide written disclosure that the short term plan is not subject to the provisions of guaranteed renewal; and that the termination of a short-term medical policy constitute a 'qualifying event' allowing a person to enroll in an individual health insurance plan pursuant to the special election rules established by any other qualifying event. A short-term medical plan is health coverage that is less than 12 months long.

History

02/28/2019 S - Referred to Joint Committee on Financial Services

11/14/2019 1:00 PM - Public Hearing, A-1

02/05/2020 S - Accompanied study order

SB649 - An Act relative to mandated benefits

Sponsor

Sen. Bruce E. Tarr (R)

Summary

Requires an analysis of the financial impact of any new mandated health benefit proposal, including the extent to which the proposed insurance coverage would increase or decrease the cost of the treatment and services over the next 5 years. Additionally requires a party, organization, or state agency proposing a mandated health benefit to have the proposal reviewed by the Division of Insurance; describes the duties of the Division relative to the review and evaluation; and allows health insurance carriers to offer one or more flexible health benefit policies within certain parameters.

History

02/28/2019 S - Referred to Joint Committee on Financial Services

11/14/2019 1:00 PM - Public Hearing, A-1

02/05/2020 S - Accompanied study order
