HOUSE DOCKET, NO. 2275 FILED ON: 1/20/2011

HOUSE . . . . . No. 2078

The Commonwealth of Massachusetts

PRESENTED BY:

Daniel B. Winslow

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the passage of the accompanying:

An Act relative to affordable health insurance..

PETITION OF:

NAME:	DISTRICT/ADDRESS:
Daniel B. Winslow	*9th Norfolk*
Robert L. Hedlund	☐ *[District]* ☐
Steven S. Howitt	*4th Bristol*
Steven L. Levy	*4th Middlesex*
Daniel K. Webster	*6th Plymouth*
Donald H. Wong	*9th Essex*

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HOUSE . . . . . No. 2078

By Mr. Winslow of Norfolk, a petition (accompanied by bill, House, No. 2078) of Daniel B. Winslow and others relative to the approval of affordable health insurance contacts by the Commissioner of Insurance. Financial Services.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE
HOUSE
, NO. *1042* OF 2009-2010.]

The Commonwealth of Massachusetts

An Act relative to affordable health insurance..

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

SECTION 1. Chapter 175 of the General Laws, as appearing in the 2008 Official Edition, is hereby amended by inserting after section 111H, the following section:—

Section 111I. (a) Except as otherwise provided in this section, the commissioner shall not disapprove a policy of accident and sickness insurance which provides hospital expense and surgical expense insurance solely on the basis that it does not include coverage for at least 1 mandated benefit.

(b) The commissioner shall not approve a policy of accident and sickness insurance which provides hospital expense and surgical expense insurance unless it provides, at a minimum, coverage for:

(1) pregnant women, infants and children as set forth in section 47C;

(2) prenatal care, childbirth and postpartum care as set forth in section 47F;

(3) cytologic screening and mammographic examination as set forth in section 47G;

(3A) diabetes-related services, medications, and supplies as defined in section 47N;

(4) early intervention services as set forth in said section 47C; and

15 (5) mental health services as set forth in section 47B; provided however, that if the policy
16 limits coverage for outpatient physician office visits, the commissioner shall not disapprove the
17 policy on the basis that coverage for outpatient mental health services is not as extensive as
18 required by said section 47B, if the coverage is at least as extensive as coverage under the policy
19 for outpatient physician services.

20 (c) The commissioner shall not approve a policy of accident and sickness insurance
21 which provides hospital expense and surgical expense insurance that does not include coverage
22 for at least one mandated benefit unless the carrier continues to offer at least one policy that
23 provides coverage that includes all mandated benefits.

24 (d) For purposes of this section, "mandated benefit" shall mean a requirement in this
25 chapter that requires coverage for specific health services, specific diseases or certain providers
26 of health care.

27 (e) The commissioner may promulgate rules and regulations as are necessary to carry out
28 this section.

29 (f) Notwithstanding any special or general law to the contrary, no plan approved by the
30 commissioner under this section shall be available to an employer who has provided a policy of
31 accident and sickness insurance to any employee within 12 months.

32 SECTION 2. Chapter 176A of the General Laws is hereby amended by inserting after
33 section 1D the following section:

34 Section 1E. (a) Except as otherwise provided in this section, the commissioner shall not
35 disapprove a contract between a subscriber and the corporation under an individual or group
36 hospital services plan solely on the basis that it does not include coverage for at least one
37 mandated benefit.

38 (b) The commissioner shall not approve a contract unless it provides, at a minimum,
39 coverage for:

40 (1) pregnant women, infants and children as set forth in section 8B;

41 (2) prenatal care, childbirth and postpartum care as set forth in section 8H;

42 (3) cytologic screening and mammographic examination as set forth in section 8J;

43 (3A) diabetes-related services, medications, and supplies as defined in section 8P;

44 (4) early intervention services as set forth in said section 8B; and

45 (5) mental health services as set forth in section 8A; provided however, that if the
46 contract limits coverage for outpatient physician office visits, the commissioner shall not

47 disapprove the contract on the basis that coverage for outpatient mental health services is not as
48 extensive as required by said section 8A, as long as such coverage is at least as extensive as
49 coverage under the contract for outpatient physician services.

50 (c) The commissioner shall not approve a contract that does not include coverage for at
51 least one mandated benefit unless the corporation continues to offer at least one contract that
52 provides coverage that includes all mandated benefits.

53 (d) For purposes of this section, "mandated benefit" shall mean a requirement in this
54 chapter that requires coverage for specific health services, specific diseases or certain providers
55 of health care.

56 (e) The commissioner may promulgate rules and regulations as are necessary to carry out
57 this section.

58 (f) Notwithstanding any special or general law to the contrary, no plan approved by the
59 commissioner under this section shall be available to an employer who has provided a hospital
60 services plan, to any employee within 12 months.

61 Chapter 176B of the General Laws is hereby further amended by inserting after section
62 6B, the following section:—

63 Section 6C. (a) Except as otherwise provided in this section, the commissioner shall not
64 disapprove a subscription certificate solely on the basis that it does not include coverage for at
65 least one mandated benefit.

66 (b) The commissioner shall not approve a subscription certificate unless it provides, at a
67 minimum, coverage for:

68 (1) pregnant women, infants and children as set forth in section 4C;

69 (2) prenatal care, childbirth and postpartum care as set forth in section 4H;

70 (3) cytologic screening and mammographic examination;

71 (3A) diabetes-related services, medications and supplies as defined in section 4S;

72 (4) early intervention services as set forth in said section 4C; and

73 (5) mental health services as set forth in section 4A; provided however, that if the
74 subscription certificate limits coverage for outpatient physician office visits, the commissioner
75 shall not disapprove the subscription certificate on the basis that coverage for outpatient mental
76 health services is not as extensive as required by said section 4A, as long as such coverage is at
77 least as extensive as coverage under the subscription certificate for outpatient physician services.

78 (c) The commissioner shall not approve a subscription certificate that does not include
79 coverage for at least 1 mandated benefit unless the corporation continues to offer at least one
80 subscription certificate that provides coverage that includes all mandated benefits.

81 (d) For purposes of this section, "mandated benefit" shall mean a requirement in this
82 chapter that requires coverage for specific health services, specific diseases or certain providers
83 of health care.

84 (e) The commissioner may promulgate rules and regulations as are necessary to carry out
85 this section.

86 (f) Notwithstanding any special or general law to the contrary, no plan approved by the
87 commissioner under this section shall be available to an employer who has provided a
88 subscription certificate, to any employee within 12 months.

89 SECTION 3. Chapter 176G of the General Laws is hereby amended by inserting after
90 Section 16 the following new section:

91 Section 16A. (a) Except as otherwise provided in this section, the commissioner shall not
92 disapprove a health maintenance contract solely on the basis that it does not include coverage for
93 at least 1 mandated benefit.

94 (b) The commissioner shall not approve a health maintenance contract unless it provides
95 coverage for:

96 (1) pregnant women, infants and children as set forth in section 4;

97 (2) prenatal care, childbirth and postpartum care as set forth in said section 4 and section
98 4I;

99 (3) cytologic screening and mammographic examination as set forth in said section 4;

100 (3A) diabetes-related services, medications and supplies as defined in section 4H;

101 (4) early intervention services as set forth in said section 4; and

102 (5) mental health services as set forth in section 4M; provided however, that if the health
103 maintenance contract limits coverage for outpatient physician office visits pursuant to section 16,
104 the commissioner shall not disapprove the health maintenance contract on the basis that coverage
105 for outpatient mental health services is not as extensive as required by said section 4M as long as
106 such coverage is at least as extensive as coverage under the health maintenance contract for
107 outpatient physician services.

108 (c) The commissioner shall not approve a health maintenance contract that does not
109 include coverage for at least one mandated benefit unless the health maintenance organization

110 continues to offer at least one health maintenance contract that provides coverage that includes
111 all mandated benefits.

112 (d) For purposes of this section, “mandated benefit” shall mean a requirement in this
113 chapter that requires coverage for specific health services, specific diseases or certain providers
114 of health care.

115 (e) The commissioner may promulgate rules and regulations as are necessary to carry out
116 the provisions of this section.

117 (f) Notwithstanding any special or general law to the contrary, no plan approved by the
118 commissioner under this section shall be available to an employer who has provided a health
119 maintenance contract, to any employee within 12 months.