The Commonwealth of Massachusetts

In the Year Two Thousand Nine

An Act Relative to Small Business 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. Section 1 of Chapter 176J of the General Laws is hereby amended by

inserting the following two definitions:

3 "Small business health plan", a Massachusetts nonprofit or not-for- profit corporation all

the members of which are qualified associations and that negotiates with one or more carriers for

the issuance of health benefit plans that cover employees of qualified association members and

their dependents. To be certified by the Commissioner, a small business health plan must have a

minimum of twenty-five qualified associations contracted to provide the plan to their members.

"Qualified association", a Massachusetts nonprofit or not-for-profit corporation or other

entity that has been organized and maintained for purposes of advancing the occupational,

professional, trade or industry interests of its members, other than that of obtaining health

insurance, that has been in active existence for at least five years, that is comprised of at least

100 members, and membership in which is generally available to members of such occupation,

profession, trade or industry without regard to the health condition or status of a prospective

14 member.

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SECTION 2. Chapter 176J of the General Laws is hereby amended by adding at the end thereof the following new section:

Section 11. Small Business Health Plans

- (a) The commissioner shall write regulations governing the establishment and oversight of small business health plans. Those regulations shall require that all state mandated benefits are required under such plans, that denial of coverage due to the health condition, age, race or sex is prohibited, and that no eligible small business who is a member of the small business health plan may be charged a premium rate higher than what the carrier would charge to a similarly situated eligible small business who is not a member of the small business health plan. The Commissioner shall authorize not more than one small business health plan.
- (b) The commissioner shall biannually certify that a small business health plan satisfies the requirements of this chapter. Only a small business health plan that has been certified by the commissioner may procure health care coverage for the benefit of qualified association members.
- (c) The books and records of a small business health plan and the methodology which it confirms the status of qualified associations shall be subject to review by commissioner.
- (d) Health care coverage procured by a small business health plan may be sold only to qualified association members and shall be sold only through duly licensed agents and brokers.
- 34 (e) Eligible businesses for the small business health plan shall have not more than 50 employees.

(f) The Commissioner shall report on the effectiveness and business cost savings to the Committee on Senate Ways and Means and House Ways and Means as well as the Joint Committees on Health Care Financing and Financial Services within 24 months of the initial certification of the small business health plan as defined under this section.