

SENATE No. 1180

The Commonwealth of Massachusetts

In the Year Two Thousand Nine

An Act improving the health of GIC population and reducing the cost of health care..

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

1 SECTION 1. Section 2 of Chapter 32A of the general Laws, as appearing in the 2006
2 Official Edition, is hereby amended by adding at the end thereof the following new definition:-

3 “Wellness program”, is a program designed to measure and improve individual health by
4 identifying risk factors, principally through diagnostic testing, and establishing plans to meet
5 specific health goals which include appropriate preventive measures. Risk factors may include
6 but not be limited to demographics, family history, behaviors and measured biometrics.

7 SECTION 2. Said Chapter 32A is hereby further amended by adding at the end thereof
8 the following new section:-

9 The commission shall negotiate with and purchase, on such terms as it deems to be in the
10 best interest of the commonwealth and its employees, from one or more entities that can manage
11 a wellness program covering persons in the service of the commonwealth and their dependents,
12 and shall execute all agreements or contracts pertaining to said program. Said commission may
13 negotiate a contract for such term not exceeding five years as it may, in its discretion, deem to be

14 the most advantageous to the commonwealth; provided, however that said program must be able
15 to evaluate individual and aggregate data, give employees access to their individual information
16 confidentially, and allow the commission to receive collective reports summarizing baseline and
17 ongoing data regarding the behavior and well being of enrollees. The commission may reduce
18 premiums or co-payments or offer other incentives to encourage enrollees to comply with the
19 wellness program goals.

20 A report of the collective results, including but not limited to the level of participation
21 among employees, incentives provided for participation, the number and type of screenings and
22 diagnostic tests conducted, the instance of undiagnosed risks defined as out of range diagnostic
23 tests, and number of employees seeking and receiving preventative treatment shall be submitted
24 annually to the governor, the secretary of the executive office of health and human services, the
25 secretary for administration and finance, the chairmen of the joint committees on health care
26 financing, house and senate committees on ways and means, the speaker of the house, and the
27 senate president. The commission shall use this information in the negotiating and purchasing,
28 on such terms as it deems in the best interest of the commonwealth and its employees, from one
29 or more insurance companies, savings banks or non-profit hospital or medical service
30 corporations, a policy or policies of group life and accidental death and dismemberment
31 insurance covering persons in the service of the commonwealth, and group general or blanket
32 insurance providing hospital, surgical, medical, dental and other health insurance benefits
33 covering persons in the service of the commonwealth and their dependents. The commission
34 shall also report annually to the governor, secretary for administration and finance, the chairmen
35 of the joint committees on health care financing, house and senate committees on ways and

36 means, the speaker of the house, and the senate president on the savings that have been achieved
37 in procuring such insurance policies since implementing the wellness program.