

**SENATE . . . . . No. 456**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

*Anthony W. Petrucci*

*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 adoption of the accompanying bill:

An Act relative to mandate-lite products.

PETITION OF:

NAME:

*Anthony W. Petrucci*

DISTRICT/ADDRESS:

**SENATE . . . . . No. 456**

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By Mr. Petruccelli, a petition (accompanied by bill, Senate, No. 456) of Anthony W. Petruccelli for legislation relative to mandate-lite products. Financial Services.

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**The Commonwealth of Massachusetts**

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**In the Year Two Thousand Eleven**  
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An Act relative to mandate-lite products.

*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. Chapter 175 of the General Laws 175 is hereby amended by inserting after  
2 section 111H, the following section:--

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

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

- 10           (1) pregnant women, infants and children as set forth in section 47C;
- 11           (2) prenatal care, childbirth and postpartum care as set forth in section 47F;
- 12           (3) cytologic screening and mammographic examination as set forth in section 47G;

13 (3A) diabetes-related services, medications, and supplies as defined in section 47N;

14 (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  
16 policy limits coverage for outpatient physician office visits, the commissioner shall not  
17 disapprove the policy on the basis that coverage for outpatient mental health services is not as  
18 extensive as required by said section 47B, if the coverage is at least as extensive as coverage  
19 under the policy 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 47C;

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

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

43           (3A)diabetes-related services, medications, and supplies as defined in section 47N;

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

45           (5) mental health services as set forth in section 47B; provided however, that if the  
46 policy limits coverage for outpatient physician office visits, the commissioner shall not  
47 disapprove the policy on the basis that coverage for outpatient mental health services is not as  
48 extensive as required by said section 47B, if the coverage is at least as extensive as coverage  
49 under the policy 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 SECTION 3. Chapter 176B of the General Laws is hereby further amended by inserting  
62 after section 6B, the following section:-- Section 6C. (a) Except as otherwise provided in this  
63 section, the commissioner shall not disapprove a subscription certificate solely on the basis that it  
64 does not include coverage for at least one mandated benefit.

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

- 67 (1) pregnant women, infants and children as set forth in section 47C;
- 68 (2) prenatal care, childbirth and postpartum care as set forth in section 47F;
- 69 (3) cytologic screening and mammographic examination as set forth in section 47G;
- 70 (3A)diabetes-related services, medications, and supplies as defined in section 47N;
- 71 (4) early intervention services as set forth in said section 47C; and

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

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

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

83           (e) The commissioner may promulgate rules and regulations as are necessary to carry out  
84 this section. (f)           Notwithstanding any special or general law to the contrary, no plan  
85 approved by the commissioner under this section shall be available to an employer who has  
86 provided a subscription certificate, to any employee within 12 months.

87           SECTION 4. Chapter 176G of the General Laws is hereby amended by inserting after  
88 Section 16 the following new section:

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

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

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

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

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

97 (3A)diabetes-related services, medications, and supplies as defined in section 47N;

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

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

104 (c) The commissioner shall not approve a health maintenance contract that does not  
105 include coverage for at least one mandated benefit unless the health maintenance organization  
106 continues to offer at least one health maintenance contract that provides coverage that includes  
107 all mandated benefits.

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

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

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