

HOUSE No. 944**The Commonwealth of Massachusetts**

PRESENTED BY:

Stephen Kulik

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 establishing a consumer bill of rights in tiered and reduced network health plans.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Stephen Kulik</i>	<i>1st Franklin</i>	<i>1/17/2013</i>
<i>Kay Khan</i>	<i>11th Middlesex</i>	
<i>Denise Andrews</i>	<i>2nd Franklin</i>	<i>1/29/2013</i>
<i>John J. Binienda</i>	<i>17th Worcester</i>	<i>1/31/2013</i>
<i>Tricia Farley-Bouvier</i>	<i>3rd Berkshire</i>	<i>1/28/2013</i>
<i>Anne M. Gobi</i>	<i>5th Worcester</i>	<i>2/1/2013</i>
<i>Denise Provost</i>	<i>27th Middlesex</i>	<i>1/31/2013</i>
<i>John W. Scibak</i>	<i>2nd Hampshire</i>	<i>1/30/2013</i>
<i>Thomas M. Stanley</i>	<i>9th Middlesex</i>	<i>1/30/2013</i>
<i>Benjamin Swan</i>	<i>11th Hampden</i>	<i>1/31/2013</i>
<i>Bruce E. Tarr</i>	<i>First Essex and Middlesex</i>	<i>2/1/2013</i>
<i>Ruth B. Balser</i>	<i>12th Middlesex</i>	
<i>Sarah K. Peake</i>	<i>4th Barnstable</i>	<i>1/24/2013</i>

HOUSE No. 944

By Mr. Kulik of Worthington, a petition (accompanied by bill, House, No. 944) of Stephen Kulik and others relative to the rights of patients in tiered and reduced network health insurance plans. Financial Services.

The Commonwealth of Massachusetts

In the Year Two Thousand Thirteen

An Act establishing a consumer bill of rights in tiered and reduced network health plans.

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. Subsection (b) of section 11 of chapter 176J of the General Laws is hereby
2 amended by striking out the second sentence and inserting in place thereof the following
3 sentences:— Carriers shall tier providers The commissioner shall determine by regulation
4 standard tiering criteria to be used by all carriers based on health outcomes, quality performance
5 as measured by the standard quality measure set and by cost performance as measured by health
6 status adjusted total medical expenses and relative prices. The criteria shall require that all
7 providers of the same type who are participants in a particular Accountable Care Organization or
8 Patient Centered Medical Home, as defined in section 1 of chapter 6D, shall be classified in the
9 same tier.

10 SECTION 2. Section 11 of chapter 176J of the General Laws is hereby amended by
11 striking out subsection (c) and inserting in place thereof the following subsection:—

12 (c) The commissioner shall promulgate by regulation uniform criteria for determining
13 network adequacy for a tiered network plan based on the availability of sufficient network
14 providers in the carrier's overall network of providers, including standards for adequate
15 geographic proximity of providers to members, taking into account distance, travel time and
16 availability of public transportation. In determining network adequacy, the commissioner shall
17 require that carriers classify providers into tiers so that every member enrolled in a plan has
18 reasonable access to at least one provider in the lowest cost-sharing tier for every covered
19 service.

20 SECTION 3. Section 11 of chapter 176J of the General Laws is hereby amended by
21 striking out subsection (f) and inserting in place thereof the following subsection:—

22 (f) Carriers may: (i) reclassify provider tiers; and (ii) determine provider participation in
23 selective and tiered plans no more than once per calendar year except that carriers may reclassify
24 providers from a higher cost tier to a lower cost tier or add providers to a selective network at
25 any time. If the carrier reclassifies provider tiers or providers participating in a selective plan
26 during the course of an account year, the carrier shall provide affected members of the account
27 with information regarding the plan changes at least 30 days before the changes take effect. If a
28 member is in a course of treatment with a mental health provider who is reclassified to a higher
29 cost tier, the member shall be permitted to remain with the provider with cost sharing at the
30 previous lower cost tier for one year following the reclassification. Carriers shall provide
31 information understandable to an average consumer on their websites and through a toll-free
32 telephone number that includes an option of talking to a live person about any tiered or selective
33 network plan, including but not limited to, a searchable list of the providers participating in the
34 plan, the selection criteria for those providers and where applicable, the tier in which each
35 provider is classified. The information shall clearly distinguish among different facilities of a
36 provider if those facilities are in different tiers or are excluded from a selective plan. All
37 promotional materials for tiered and selective plans must include a readily understandable
38 general explanation of the cost sharing and tiering elements of the plan, and a prominent notice
39 of the web site and toll-free telephone number where a consumer may find more information
40 about the cost sharing and tiering elements. The commissioner shall monitor the web sites and
41 telephone response services for completeness, accuracy and understandability. The
42 commissioner may conduct consumer surveys and focus groups reviewing carrier tiered and
43 selective network plan web sites and telephone response services, and shall issue guidelines for
44 best practices.