

# HOUSE . . . . . No. 1014

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## The Commonwealth of Massachusetts

PRESENTED BY:

*Aaron Michlewitz*

*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 to promote affordable health care.**

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Aaron Michlewitz</i>	<i>3rd Suffolk</i>	<i>1/15/2015</i>

# HOUSE . . . . . No. 1014

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By Mr. Michlewitz of Boston, a petition (accompanied by bill, House, No. 1014) of Aaron Michlewitz relative to payments to out-of-network health care providers for services rendered to persons covered under contracts with risk-bearing provider organizations. Health Care Financing.

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[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE HOUSE, NO. 1041 OF 2013-2014.]

## The Commonwealth of Massachusetts

\_\_\_\_\_  
In the One Hundred and Eighty-Ninth General Court  
(2015-2016)  
\_\_\_\_\_

An Act to promote affordable 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           Chapter 176T of the General Laws is hereby amended by adding after section 9, the  
2 following new section:-

3           Section 10. "Statutory Reimbursement rate" means, with respect to payment to an out-of-  
4 network health care provider for services rendered to any person covered under a contract with a  
5 Risk-Bearing Provider Organization, as defined by section 1 of this chapter, the Medicare  
6 reimbursement rate for benefits normally reimbursable under Medicare. For services or supplies  
7 not reimbursed by Medicare, the reimbursement shall be one hundred percent of the amount  
8 which would be payable under Medicare, if Medicare was responsible for benefit payments

9 under the plans for the services and supplies, as determined by the Center for Health Information  
10 and Analysis and approved by the Commissioner of Insurance.

11 (b) Every health care provider licensed in the commonwealth which provides covered  
12 services as an out-of-network health care provider to any person covered under a contract with a  
13 Risk-Bearing Provider Organization must provide such service to any such person as a condition  
14 of their licensure, and must accept payment at the statutory reimbursement rate, and may not  
15 balance bill such person for any amount in excess of the amount paid by the carrier pursuant to  
16 this section, other than applicable co-payments, co-insurance and deductibles.

17 (c) Providers shall not attempt to recoup such excess amounts by increasing charges to  
18 other health benefit plans or other payers. The division shall monitor provider charges to ensure  
19 compliance with this section and shall report any non-compliance to the attorney general. The  
20 division shall promulgate regulations enforcing this subsection, which shall include penalties for  
21 noncompliance.