

**HOUSE . . . . . No. 2072**

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The Commonwealth of Massachusetts

PRESENTED BY:

*William M. Straus*

*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 ensuring a representative health care cost containment discussion.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>William M. Straus</i>	<i>10th Bristol</i>	<i>1/16/2015</i>

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By Mr. Straus of Mattapoisett, a petition (accompanied by bill, House, No. 2072) of William M. Straus that the Health Policy Commission be directed to conduct an annual analysis and issue reports on the impact of specialty drug costs in the Commonwealth. Public Health.

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The Commonwealth of Massachusetts

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**In the One Hundred and Eighty-Ninth General Court  
(2015-2016)**  
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An Act ensuring a representative health care cost containment discussion.

*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. Notwithstanding any general or special law to the contrary, the Health  
2 Policy Commission shall annually conduct an analysis and issue a report on the impact of  
3 specialty drug costs on Massachusetts’ cost containment benchmark with said first report to be  
4 publicly issued by July 1, 2015 and annually thereafter on each July 1 and convene a discussion  
5 of this report and its implications at its annual cost containment hearings held pursuant to section  
6 8 of chapter 6D of the general laws.

7           SECTION 2. Subsection (d) of section 8 of chapter 6D of the general laws is hereby  
8 amended by striking the current subsection and inserting in its place thereof:-

9           (d) The commission shall identify as witnesses for the public hearing a representative  
10 sample of providers, provider organizations, pharmaceutical organizations, payers and others,  
11 including: (i) at least 3 academic medical centers, including the 2 acute hospitals with the highest  
12 level of net patient service revenue; (ii) at least 3 disproportionate share hospitals, including the 2

13 hospitals whose largest per cent of gross patient service revenue is attributable to Title XVIII and  
14 XIX of the federal Social Security Act or other governmental payers; (iii) community hospitals  
15 from at least 3 separate regions of the commonwealth; (iv) freestanding ambulatory surgical  
16 centers from at least 3 separate regions of the commonwealth; (v) community health centers from  
17 at least 3 separate regions of the commonwealth; (vi) at least 3 pharmaceutical companies with at  
18 least one being representative of and doing business in specialty pharmacy and at least one being  
19 representative of and doing business in generic pharmacy; (vii) the 5 private health care payers  
20 with the highest enrollments in the commonwealth; (viii) any managed care organization that  
21 provides health benefits under Title XIX; (ix) the group insurance commission; (x) at least 3  
22 municipalities that have adopted chapter 32B; (xi) at least 4 provider organizations, at least 2 of  
23 which shall be certified as accountable care organizations, 1 of which has been certified as a  
24 model ACO, which shall be from diverse geographic regions of the commonwealth; and (xii) any  
25 witness identified by the attorney general or the center.