

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

---

The Commonwealth of Massachusetts

PRESENTED BY:

*Tom Sannicandro*

*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 for health care price and quality transparency.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Tom Sannicandro</i>	<i>7th Middlesex</i>	<i>3/9/2016</i>

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

---

---

By Mr. Sannicandro of Ashland, a petition (subject to Joint Rule 12) of Tom Sannicandro relative to price transparency for certain health procedures. Health Care Financing.

---

---

The Commonwealth of Massachusetts

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

An Act for health care price and quality transparency.

*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 8 of Chapter 12C of the General Laws is hereby amended by  
2 inserting at the end thereof the following:-

3 (f) In order to create quality and price transparency for all residents so they can make  
4 informed, values-based health care decisions and create incentives for providers to have high  
5 quality and low price, the center shall collect the following information from institutional  
6 providers and their parent organizations and any other affiliated entities, non-institutional  
7 providers and provider organizations:

8 (1) the location of each facility at which health care is performed for that entity;

9 (2) the names of every provider who practices at each location;

10 (3) the speciality or specialties of each provider at each location based on major service  
11 category;

12 (4) test, procedures, and care bundles offered at each location;

13 (5) chargemaster cost of each billable item at that location;

14 (6) whether the provider is accessible for people with disabilities.

15 (g) Cost information under subsection (f) shall be provided according to individual  
16 provider, not provider group or provider organization.

17 (h) The center shall create a comprehensive list of test, procedures, and care bundles for  
18 the purposes of reporting paragraph (4) of subsection (f) of section 8 of this chapter, paragraph  
19 (4) of subsection (e) of section 9 of this chapter, and paragraph (2) of subsection (f) of section 10  
20 of this chapter, including but not limited to:

21 (1) Asthma

22 (2) Back Pain - Chiropractor Visit - Six Visits

23 (3) Back Pain - Epidural Steroid Injection

24 (4) Back Pain - Physical Therapy

25 (5) Carpal Tunnel Surgery

26 (6) Cataract Removal with Lens Implant

27 (7) Childbirth - Cesarean Delivery and Newborn Care

28 (8) Childbirth - Vaginal Delivery and Newborn Care

29 (9) Chiropractic Manipulation

- 30 (10) Cholesterol Test
- 31 (11) Colonoscopy - Preventive Screening
- 32 (12) Complete Blood Count - CBC Test
- 33 (13) CT Scan With Dye - Abdomen and Pelvis
- 34 (14) CT Scan Without Dye - Head or Brain
- 35 (15) CT Scan Without Dye - Maxillofacial - Face
- 36 (16) Electrocardiogram - EKG
- 37 (17) Gallbladder Removal - Laparoscopic
- 38 (18) Hemoglobin A1c Test
- 39 (19) Hernia Repair in Groin - Laparoscopic
- 40 (20) Knee Arthroscopy With ACL Surgery
- 41 (21) Knee Arthroscopy With Meniscus Surgery
- 42 (22) Knee Injection
- 43 (23) Knee Replacement
- 44 (24) Mammogram - Diagnostic - Digital
- 45 (25) Mammogram - Diagnostic - Film
- 46 (26) Mammogram - Preventive Screening - Digital

- 47 (27) Mammogram - Preventive Screening - Film
- 48 (28) MRI Scan With and Without Dye - Brain
- 49 (29) MRI Scan Without and With Dye - Lumbar Spine
- 50 (30) MRI Scan Without Dye - Brain
- 51 (31) MRI Scan Without Dye - Cervical Spine
- 52 (32) MRI Scan Without Dye - Knee
- 53 (33) MRI Scan Without Dye - Lumbar Spine
- 54 (34) MRI Scan Without Dye - Upper Extremity - Arm
- 55 (35) Office Visit - Primary Doctor - Established Patient - Moderate Complexity
- 56 (36) Office Visit - Primary Doctor - New Patient - Moderate Complexity
- 57 (37) Physical Therapy - Exercises
- 58 (38) Physical Therapy - Massage and Traction
- 59 (39) Physical Therapy - Nerve and Muscle Retraining
- 60 (40) Shoulder Arthroscopy with Rotator Cuff Repair
- 61 (41) Strep Throat Test
- 62 (42) Ultrasound - Abdomen
- 63 (43) Ultrasound - Pelvic - via Vagina

- 64 (44) Ultrasound - Pregnancy
- 65 (45) Upper Endoscopy
- 66 (46) Upper Endoscopy With Biopsy
- 67 (47) Urine Pregnancy Test
- 68 (48) Vaccine - Flu - Adult
- 69 (49) Vaccine - Shingles
- 70 (50) Vasectomy - Male Sterilization
- 71 (51) Weight Loss Surgery - Gastric Bypass
- 72 (52) Weight Loss Surgery - Laparoscopic Band
- 73 (53) Wellness Visit - Established Female Patient - Age 12-17
- 74 (54) Wellness Visit - Established Female Patient - Age 18-39
- 75 (55) Wellness Visit - Established Female Patient - Age 40-64
- 76 (56) Wellness Visit - Established Male Patient - Age 12-17
- 77 (57) Wellness Visit - Established Male Patient - Age 18-39
- 78 (58) Wellness Visit - Established Male Patient - Age 40-64
- 79 (59) Wellness Visit - Established Patient - Age 1-4
- 80 (60) Wellness Visit - Established Patient - Age 5-11

- 81 (61) Wellness Visit - Established Patient - Age Less Than 1
- 82 (62) Wellness Visit - Established Patient - Female Age 65 and Over
- 83 (63) Wellness Visit - Established Patient - Male Age 65 and Over
- 84 (64) Wellness Visit - New Female Patient - Age 12-17
- 85 (65) Wellness Visit - New Female Patient - Age 18-39
- 86 (66) Wellness Visit - New Female Patient - Age 40-64
- 87 (67) Wellness Visit - New Male Patient - Age 12-17
- 88 (68) Wellness Visit - New Male Patient - Age 18-39
- 89 (69) Wellness Visit - New Male Patient - Age 40-64
- 90 (70) Wellness Visit - New Patient - Age 1-4
- 91 (71) Wellness Visit - New Patient - Age 5-11
- 92 (72) Wellness Visit - New Patient - Age Less Than 1
- 93 (73) Wellness Visit - New Patient - Female Age 65 and Over
- 94 (74) Wellness Visit - New Patient - Male Age 65 and Over
- 95 (75) X-ray Chest - 2 Views
- 96 (76) X-ray Foot - 3 Views
- 97 (77) X-ray Lumbar Spine

98 (i) If any information from subsection (f) changes, the change shall be reported to to the  
99 center within 30 days.

100 SECTION 2. Section 9 of said Chapter 12C is hereby amended by inserting at the end  
101 thereof the following:-

102 (e) In order to create quality and price transparency for all residents so they can make  
103 informed, values-based health care decisions and create incentives for providers to have high  
104 quality and low price, the center shall collect the following information from provider  
105 organizations registered under section 11 of chapter 6D:

106 (1) the location of each facility at which health care is performed for that entity;

107 (2) the names of every provider who practices at each location;

108 (3) the speciality or specialities of each provider at each location based on major service  
109 category;

110 (4) test, procedures, and care bundles offered at each location;

111 (5) chargemaster cost of each billable item at that location;

112 (6) whether the provider is accessible for people with disabilities.

113 (f) Cost information under subsection (e) shall be provided according to individual  
114 provider, not provider group or provider organization.

115 (g) If any information from subsection (f) changes, the change shall be reported to to the  
116 center within 30 days.



117 SECTION 3. Section 10 of said Chapter 12C is hereby amended by inserting at the end  
118 thereof the following:-

119 (f) Health insurance carriers, health insurance companies, any public or private health  
120 care payers, self-insured groups, and any other organized payer of health care services shall  
121 provide the following information to the center:

122 (1) which providers it is contracted with under each plan it offers;

123 (2) any procedure that may be performed by each provider that would be covered by the  
124 insurance company's plan;

125 (3) the negotiated price of each procedure covered under the insurance company's plan  
126 for each provider it is contracted with;

127 (4) assuming a single office visit:

128 (A) what a patient's co-pay is for each provider contracted under the plan, including  
129 differences that may exist in co-pays for different test, procedures, and care bundles performed  
130 by the provider,

131 (B) what a patient's co-insurance cost is for each procedure that could be performed by  
132 each provider contracted with under the plan, including cost thresholds that may need to be met  
133 to determine the patient's co-insurance,

134 (C) what portion of the patient's expense is applied to their deductible for each procedure  
135 that could be performed by each provider contracted with under the plan, including cost  
136 thresholds that may need to be met to determine the portion of a patient's expense that is applied  
137 to the deductible,

138 (D) all items, if medically necessary, the plan would cover from each provider, including  
139 but not limited to test, procedures, and care bundles, general health supplies, care, rehabilitative  
140 services or accommodations, or any other billable item.

141 (5) for drugs:

142 (A) what a patient's co-pay is for each pharmacy contracted under the plan,

143 (B) what a patient's co-insurance cost is for each pharmacy contracted with under the  
144 plan, including cost thresholds that may need to be met to determine the patient's co-insurance,

145 (C) what portion of the patient's expense is applied to their deductible for each pharmacy  
146 contracted with under the plan, including cost thresholds that may need to be met to determine  
147 the portion of a patient's expense that is applied to the deductible,

148 (g) Cost information under subsection (f) shall be provided according to individual  
149 provider, not provider group or provider organization.

150 (h) If any information from subsection (f) changes, the change shall be reported to to the  
151 center within 30 days.

152 SECTION 4. Said Chapter 12C is hereby amended by striking out Section 20 in its  
153 entirety and replacing it with the following:-

154 Section 20.

155 (a) The center shall implement, operate, and maintain a health information website to  
156 provide quality and price transparency information to all residents. The website shall be designed  
157 to assist consumers in making informed health care decisions, including finding quality measures

158 of providers, identifying locations of providers, and seeing cost information for test, procedures,  
159 and care bundles with different providers, including co-pay, co-insurance, and amount applied to  
160 their deductible.

161 (b) The website shall, on a single webpage, offer visitors the following search criteria:

162 (1) whether or not the patient has insurance;

163 (2) if the patient has insurance, the insurance company;

164 (3) if the patient has insurance with an insurance company offering multiple plans, the  
165 insurance plan;

166 (4) zip code or city in which the patient is seeking health care;

167 (5) provider name;

168 (6) provider type, including but not limited to addiction psychiatrist, adolescent medicine  
169 specialist, allergist, anesthesiologist, audiologist, board certified behavior analyst, cardiac  
170 electrophysiologist, cardiologist, cardiovascular surgeon, colon and rectal surgeon, critical care  
171 medicine specialist, dermatologist, developmental pediatrician, emergency medicine specialist,  
172 endocrinologist, family medicine physician, forensic pathologist, gastroenterologist, geriatric  
173 medicine specialist, gynecologist, gynecologic oncologist, hand surgeon, hematologist,  
174 hepatologist, hospitalist, hospice and palliative medicine specialist, hyperbaric physician,  
175 infectious disease specialist, internist, interventional cardiologist, medical examiner, medical  
176 geneticist, neonatologist, nephrologist, neurological surgeon, neurologist, nuclear medicine  
177 specialist, obstetrician, occupational medicine specialist, oncologist, ophthalmologist, orthopedic  
178 surgeon, otolaryngologist, pain management specialist, pathologist, pediatrician, perinatologist,

179   physiatrist, plastic surgeon, primary care physician psychiatrist, pulmonologist, radiation  
180   oncologist, radiologist, reproductive endocrinologist, rheumatologist, sleep disorders specialist,  
181   spinal cord injury specialist, sports medicine specialist, thoracic surgeon, urologist, and vascular  
182   surgeon;

183           (7) procedure type, a list to be determined by the center as provided in subsection (h) of  
184   section 8 of this chapter, including the option to search by more than one procedure at a time;

185           (8) procedure billing code according to the most recent International Statistical  
186   Classification of Diseases and Related Health Problems, including the option to search by more  
187   than one billing code at a time;

188           (9) whether the provider is accessible for people with disabilities;

189           (c) The inputs from subparagraph (b) shall yield a results page. The results page shall  
190   include the following information in separate columns in an easy-to-read format:

191           (1) Name and address of provider;

192           (2) The quality measure set as outlined in section 14 of Chapter 12C of the General Laws;

193           (3) What insurance companies the provider is contracted with;

194           (4) What insurance plans the provider accepts;

195           (5) What test, procedures, and care bundles the provider performs, a list to be determined  
196   by the center as provided in subsection (h) of section 8 of this chapter;

197 (6) the total cost the insurance company would charge the patient for having the  
198 procedure with that provider, including separate columns for co-pay, co-insurance, and amount  
199 applied to deductible;

200 (7) If the patient has a personal profile, the patient's total deductible on his plan and  
201 amount of the deductible that has been used;

202 (8) The chargemaster cost of the procedure;

203 (9) Whether the provider is accessible for people with disabilities.

204 (d) The website shall provide patients the option to create a secure, electronic personal  
205 profile where they can access their individual co-pay, co-insurance, and deductible information.  
206 The website shall meet all applicable federal and state privacy and security requirements,  
207 including requirements imposed by the Health Insurance Portability and Accountability Act of  
208 1996, P.L.104-191, the American Recovery and Reinvestment Act of 2009, P.L. 111-5, 42  
209 C.F.R. §§2.11 et seq. and 45 C.F.R. §§160, 162, 164 and 170.

210 (e) Any changes reported to the center under subsection (i) of section 8, subsection (g) of  
211 section 9, or subsection (h) of section 10 shall be changed on the website within 10 days of  
212 receiving the reported change.

213 (e) The website shall inform consumers that all information is only accurate within the  
214 past 40 days, and that they should check with their insurance company that the cost is correct,  
215 and with the provider to confirm the test, procedures, and care bundles are correct.

216 (f) The website shall inform patients that they may need preauthorization for services  
217 from their health insurance company.

218 (g) All data shall be available with a public API to encourage private sector innovation  
219 and development with the information on the website.

220 (h) The center shall conduct procurements and enter into contracts for the purchase and  
221 development of all hardware and software in connection with the creation and implementation of  
222 the website. The center may, in consultation with the council and the executive office, oversee  
223 the technical aspects of the development, dissemination and implementation of the website,  
224 including any modules, applications, interfaces or other technology infrastructure.

225 (i) The center may consult with all relevant parties, public or private, in exercising its  
226 duties under this section, including persons with expertise and experience in the development  
227 and dissemination of complex health care websites.

228 (j) The center shall develop and implement website infrastructure, including, without  
229 limitation, certificate storage, transmission gateways, auditing systems and any components  
230 necessary to connect the website to carriers' electronic health systems.

231 (k) The Health Policy Commission shall issue a report on the effectiveness of the website  
232 in enabling values-based health care decisions by individual consumers and businesses two years  
233 following the creation of the website.

234 SECTION 5. Section 4 shall take effect four years after passage of this act.

235 SECTION 6. Section 11 of Chapter 176G of the General Laws is hereby amended by  
236 striking out, in line 12, the word "14" and replacing it with the following:-

237 20