

HOUSE No. 617

The Commonwealth of Massachusetts

PRESENTED BY:

David M. Nangle

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 prohibit material changes for above benchmark providers.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>David M. Nangle</i>	<i>17th Middlesex</i>	<i>1/18/2017</i>

HOUSE No. 617

By Mr. Nangle of Lowell, a petition (accompanied by bill, House, No. 617) of David M. Nangle relative to the exceeding of health care cost growth benchmarks by certain providers or provider organizations. Health Care Financing.

The Commonwealth of Massachusetts

In the One Hundred and Ninetieth General Court
(2017-2018)

An Act to prohibit material changes for above benchmark providers.

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 6D of the General Laws, as appearing in the Official
2 Edition, is hereby amended by inserting after the last sentence in paragraph (b), the following
3 new language:

4
5 “Any provider or provider organization that has been identified by the center under
6 section 18 of chapter 12C as exceeding the health care cost growth benchmark for any given year
7 or whose average relative price for the prior three years exceeds 1.0, shall be prohibited by the
8 commission from making any material change to its operations or governance structure that
9 would otherwise require notice to the commission pursuant to section 13 of this chapter. The
10 commission may exclude a provider or provider organization from this prohibition if the market
11 share of the provider or provider organization is below a threshold as determined by the
12 commission, or if the provider or provider organization’s total medical expenses or relative price

13 are below the statewide median. The prohibition shall continue until the center has determined
14 that the provider or provider organization has lowered its relative price and total medical
15 expenses to a level at or below the cost growth benchmark."