

HOUSE No. 620

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 relative to health care cost transparency.

PETITION OF:

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

HOUSE No. 620

By Mr. Nangle of Lowell, a petition (accompanied by bill, House, No. 620) of David M. Nangle and Rady Mom for legislation to require the Commonwealth Health Insurance Connector to provide certain information to consumers about health benefit plans. Health Care Financing.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE HOUSE, NO. 1018 OF 2015-2016.]

The Commonwealth of Massachusetts

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

An Act relative to health care cost 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. Chapter 176Q of the Massachusetts General Laws, as appearing in the 2014
2 Official Edition, is hereby amended by adding after section 18 the following new section:-

3 Section 18. The connector shall ensure that the following information about each health
4 benefit plan offered for sale to consumers in the commonwealth shall be available to consumers
5 in a clear and understandable form for use in comparing plans, plan coverage, and plan
6 premiums:

7 (a) The ability to determine whether specific types of specialists are in network and to
8 determine whether a named physician, hospital or other health care provider is in network;

9 (b) Any exclusions from coverage and any restrictions on use or quantity of covered
10 items and services in each category of benefits;

11 (c) A description of how medications will specifically be included in or excluded from
12 the deductible, including a description of out-of-pocket costs that may not apply to the deductible
13 for a medication;

14 (d) The specific dollar amount of any co-pay or percentage coinsurance for each item or
15 service;

16 (e) The ability to determine whether a specific drug is available on formulary, the
17 applicable cost-sharing requirement, whether a specific drug is covered when furnished by a
18 physician or clinic, and any clinical prerequisites or authorization requirements for coverage of a
19 drug;

20 (f) The process for a patient to obtain reversal of a health plan decision where an item or
21 service prescribed or ordered by the treating physician has been denied; and

22 (g) An explanation of the amount of coverage for out of network providers or non-
23 covered services, and any rights of appeal that exist when out of network providers or non-
24 covered services are medically necessary

25 (h) A carrier offering health benefit plans who knowingly falsifies or fails to file with the
26 connector any information required by this section or any regulation promulgated by the
27 connector related to this section shall be punished by a fine of not less than \$50,000 and not
28 more than \$250,000.