

**SENATE . . . . . No. 513**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

***Viriato M. deMacedo***

*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 access to vital healthcare information.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>Viriato M. deMacedo</i>	<i>Plymouth and Barnstable</i>	
<i>Donald F. Humason, Jr.</i>	<i>Second Hampden and Hampshire</i>	<i>2/2/2017</i>

**SENATE . . . . . No. 513**

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By Mr. deMacedo, a petition (accompanied by bill, Senate, No. 513) of Viriato M. deMacedo and Donald F. Humason, Jr. for legislation relative to access to vital healthcare information. Financial Services.

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**The Commonwealth of Massachusetts**

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

An Act relative to access to vital healthcare information.

*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 176O of the General Laws, as appearing in the 2014 Official  
2 Edition, is hereby amended by striking out section 27 and inserting in place thereof the following  
3 section:-

4 Section 27. (a) The division shall develop a common summary of payments form to be  
5 used by all carriers in the commonwealth and provided to health care consumers with respect to  
6 provider claims submitted to a payer. The common summary of payments form shall be written  
7 in an easily readable and understandable format showing the consumer’s responsibility, if any,  
8 for payment of any portion of a health care provider claim and, if applicable, the responsibility of  
9 the consumer’s employer for payment of any portion of a health care claim; provided, however,  
10 that the division shall allow the development and use of forms that maybe exchanged securely  
11 through electronic means; and, provided further, that carriers shall issue a summary of payments  
12 form for provider claims at least quarterly.

13 (b) Carriers shall issue common summary of payments forms at the member level for  
14 each insured member. Carriers may establish a standard method of delivery of summary of  
15 payments forms. All carriers shall permit an insured member who is legally authorized to  
16 consent to care, or a party legally authorized to consent to care for the insured member to choose  
17 an alternative method of receiving the common summary of payments form, which shall include,  
18 but not be limited to, the following: (i) sending a paper form to the address of the subscriber; (ii)  
19 sending a paper form to the address of the insured member; (iii) sending a paper form to any  
20 alternate address upon request of the insured member; or (iv) allowing only the insured member  
21 to access the form through electronic means, provided, however that such access is provided in  
22 compliance with any applicable state and federal laws and regulations pertaining to data security,  
23 including, but not limited to, 45 CFR part 160, subparts A and C of 45 CFR part 164, chapters  
24 93H and 93I of the General Laws , and 201 C.M.R. 17.00, as may be amended. Any insured  
25 member who is legally authorized to consent to certain care shall have access to the forms  
26 through electronic means. The preferred method of receipt shall be valid until the insured  
27 member submits a request orally or in writing for a different method; provided, however, that the  
28 carrier may request verification of the request in writing following an oral request. Carriers shall  
29 comply with an insured member's request pursuant to this subsection within 3 business days of  
30 the request.

31 (c) Carriers shall not identify or describe sensitive health care services in a common  
32 summary of payments form. The division shall define sensitive health care services for purposes  
33 of this section. In determining the definition the division shall consider the advice of the National  
34 Committee on Vital and Health Statistics and similar regulations in other states, and shall consult

35 with experts in fields including, but not limited to, infectious disease, reproductive and sexual  
36 health, domestic violence and sexual assault, and mental health and substance use disorders.

37 (d) In the event that the insured member has no liability for payment for any procedure or  
38 service, carriers shall permit all insured members who are legally authorized to consent to care,  
39 or parties legally authorized to consent to care for the insured member, to request suppression of  
40 summary of payments forms for a specific service or procedure, in which case summary of  
41 payments forms shall not be issued; provided, however, that the insured member clearly makes  
42 the request orally or in writing. The carrier may request verification of the request in writing  
43 following an oral request. Carriers shall not require an explanation as to the basis for an insured  
44 member's request to suppress summary of payments forms, unless otherwise required by law or  
45 court order.

46 (e) The ability to request the preferred method of receipt pursuant to subsection (b) and to  
47 request suppression of summary of payments forms pursuant to subsection (e) shall be  
48 communicated in plain language and in a clear and conspicuous manner in evidence of coverage  
49 documents, member privacy communications and on every summary of payments form and shall  
50 be conspicuously displayed on the carrier's member website and online portals for individual  
51 members.

52 (f) The division shall promulgate regulations necessary to implement and enforce this  
53 section, which shall include requirements for reasonable reporting by carriers to the division  
54 regarding compliance and the number and type of complaints received regarding noncompliance  
55 with this section.

56 (g) The division, in collaboration with the department of public health, shall develop and  
57 implement a plan to educate providers and consumers regarding the rights of insured members  
58 and the responsibilities of carriers to promote compliance with this section. The plan shall  
59 include, but not be limited to, staff training and other education for hospitals, community health  
60 centers, school-based health centers, physicians, nurses and other licensed health care  
61 professionals, as well as administrative staff, including but not limited to all staff involved in  
62 patient registration and confidentiality education and billing staff involved in processing  
63 insurance claims. The plan shall be developed in consultation with groups representing health  
64 care insurers, providers, and consumers, including consumer organizations concerned with the  
65 provision of sensitive health services.

66 SECTION 2. The regulations required pursuant to subsection (g) of section 27 of chapter  
67 176O of the General Laws shall take effect no later than 3 months after the effective date of this  
68 act.

69 SECTION 3. Subsection (g) of section 27 of chapter 176O of the General Laws shall take  
70 effect 6 months after the effective date of this act.

71 SECTION 4. Subsections (b) to (f), inclusive of section 27 of chapter 176O of the  
72 General Laws shall take effect 9 months after the effective date of this act.