

**HOUSE . . . . . No. 1121**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

*Thomas P. Walsh*

*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 direct primary care.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Thomas P. Walsh</i>	<i>12th Essex</i>	<i>1/9/2019</i>

**HOUSE . . . . . No. 1121**

By Mr. Walsh of Peabody, a petition (accompanied by bill, House, No. 1121) of Thomas P. Walsh for legislation to prohibit denials of certain payments for health care service. Financial Services.

**The Commonwealth of Massachusetts**

**In the One Hundred and Ninety-First General Court  
(2019-2020)**

An Act relative to direct primary care.

*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 32A of the General Laws is hereby amended by adding at the end  
2 the following new section:

3 Section 28: a carrier may not deny payment for any health care service covered under an  
4 enrollee’s health plan based solely on the basis that the enrollee’s referral was made by a  
5 provider who is not a member of the carrier’s provider network

6 SECTION 2. Chapter 32B of the General Laws is hereby amended by adding at the end  
7 the following new section:

8 Section 30: a carrier may not deny payment for any health care service covered under an  
9 enrollee’s health plan based solely on the basis that the enrollee’s referral was made by a  
10 provider who is not a member of the carrier’s provider network

11 SECTION 3. Section 118E of the General Laws of the General Laws is hereby amended  
12 by adding at the end the following new section:

13 Section 13C½.: a carrier may not deny payment for any health care service covered under  
14 an enrollee's health plan based solely on the basis that the enrollee's referral was made by a  
15 provider who is not a member of the carrier's provider network

16 SECTION 4. Section 47BB of chapter 175 of the General Laws, as most recently added  
17 by Section 158 of Chapter 224 of the Acts of 2012, of the General Laws is hereby amended by  
18 striking subsections (a)-(d) and adding at the end of the existing paragraph the following new  
19 paragraph:

20 A carrier may not deny payment for any health care service covered under an enrollee's  
21 health plan based solely on the basis that the enrollee's referral was made by a provider who is  
22 not a member of the carrier's provider network

23 SECTION 5. Chapter 176A of the General Laws of the General Laws is hereby amended  
24 by adding at the end the following new section:

25 Section 38: a carrier may not deny payment for any health care service covered under an  
26 enrollee's health plan based solely on the basis that the enrollee's referral was made by a  
27 provider who is not a member of the carrier's provider network

28 SECTION 6. Chapter 176B of the General Laws, as appearing in the 2014 Official  
29 Edition, is hereby amended by inserting at the end thereof the following new section:

30           Section 25: a carrier may not deny payment for any health care service covered under an  
31 enrollee's health plan based solely on the basis that the enrollee's referral was made by a  
32 provider who is not a member of the carrier's provider network

33           SECTION 7. Chapter 176G of the General Laws of the General Laws is hereby amended  
34 by adding at the end the following new section:

35           Section 33: a carrier may not deny payment for any health care service covered under an  
36 enrollee's health plan based solely on the basis that the enrollee's referral was made by a  
37 provider who is not a member of the carrier's provider network

38           SECTION 8. Chapter 176I of the General Laws of the General Laws is hereby amended  
39 by adding at the end the following new section:

40           Section 13: a carrier may not deny payment for any health care service covered under an  
41 enrollee's health plan based solely on the basis that the enrollee's referral was made by a  
42 provider who is not a member of the carrier's provider network

43           SECTION 9. The provisions this Act shall be effective for all contracts which are entered  
44 into, renewed, or amended one year after its effective date.