

SENATE No. 1685

The Commonwealth of Massachusetts

PRESENTED BY:

Patricia D. Jehlen

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 ensure affordable health connector coverage.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>Patricia D. Jehlen</i>	<i>Second Middlesex</i>	
<i>Ruth B. Balser</i>	<i>12th Middlesex</i>	
<i>Jason M. Lewis</i>	<i>Fifth Middlesex</i>	<i>1/24/2019</i>
<i>Joanne M. Comerford</i>	<i>Hampshire, Franklin and Worcester</i>	<i>1/29/2019</i>
<i>Mike Connolly</i>	<i>26th Middlesex</i>	<i>1/29/2019</i>
<i>Kay Khan</i>	<i>11th Middlesex</i>	<i>1/30/2019</i>
<i>Anne M. Gobi</i>	<i>Worcester, Hampden, Hampshire and Middlesex</i>	<i>1/30/2019</i>
<i>Sal N. DiDomenico</i>	<i>Middlesex and Suffolk</i>	<i>1/31/2019</i>
<i>Jack Patrick Lewis</i>	<i>7th Middlesex</i>	<i>1/31/2019</i>
<i>Michael D. Brady</i>	<i>Second Plymouth and Bristol</i>	<i>1/31/2019</i>
<i>Elizabeth A. Malia</i>	<i>11th Suffolk</i>	<i>2/1/2019</i>
<i>James K. Hawkins</i>	<i>2nd Bristol</i>	<i>2/1/2019</i>

SENATE No. 1685

By Ms. Jehlen, a petition (accompanied by bill, Senate, No. 1685) of Patricia D. Jehlen, Ruth B. Balser, Jason M. Lewis, Joanne M. Comerford and other members of the General Court for legislation to ensure affordable health connector coverage. Revenue.

The Commonwealth of Massachusetts

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

An Act to ensure affordable health connector coverage.

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 2000 of chapter 29 of the Massachusetts General Laws is hereby
2 amended by striking out the second paragraph, as appearing in the 2016 Official Edition, and
3 inserting in place thereof the following paragraph:-

4 Section 2000. There shall be credited to the trust fund: (a) employer medical assistance
5 contributions under section 189 of chapter 149; (b) all revenue from surcharges imposed under
6 section 18 of chapter 176Q; (c) any transfers from the Health Safety Net Trust Fund established
7 in section 66 of chapter 118E; (d) revenues deposited from penalties collected under chapter
8 111M; and (e) any revenue from appropriations or other monies authorized by the general court
9 and specifically designated to be credited to the fund. Amounts credited to the fund shall be
10 expended without further appropriation for programs administered by the commonwealth health
11 insurance connector authority pursuant to chapter 176Q that are designed to increase health
12 coverage for residents of the commonwealth. A sufficient portion of money from the fund shall

13 be designated to ensure affordable premiums and cost-sharing for enrollees with income at or
14 below 300 per cent of the federal poverty guidelines, who are eligible for premium assistance
15 payments and point-of-service cost-sharing subsidies pursuant to section 3 of chapter 176Q of
16 the General Laws. Money from the fund may be transferred to the Health Safety Net Trust Fund
17 or any successor fund, as necessary to provide payments to acute hospitals and community health
18 centers for reimbursable health services. Not later than January 1, the comptroller shall report an
19 update of revenues for the current fiscal year and prepare estimates of revenues to be credited to
20 the fund in the subsequent fiscal year. The comptroller shall file this report with the secretary of
21 administration and finance, the secretary of health and human services, the joint committee on
22 health care financing and the house and senate committees on ways and means. To accommodate
23 timing discrepancies between the receipt of revenue and related expenditures, the comptroller
24 may certify for payment amounts not to exceed the most recent estimate of revenues as certified
25 by the secretary of administration and finance to be deposited under this section. A full
26 accounting of revenue credited to the fund and transfers and expenditures out of the fund shall be
27 reported at least annually to the board of the commonwealth health insurance connector authority
28 established under section 2 of chapter 176Q. Monies remaining in the fund at the end of a fiscal
29 year shall not revert to the General Fund and shall be used solely as designated in this section;
30 provided, however, that the comptroller shall report the amount remaining in the fund at the end
31 of each fiscal year to the house and senate committees on ways and means.

32 SECTION 2. Section 3 of chapter 176Q of the Massachusetts General Laws, as appearing
33 in the 2016 Official Edition, is hereby amended by striking out the 14th paragraph and inserting
34 in place thereof the following paragraph:-

35 “(14) develop criteria for plans sold through the connector that are eligible for premium
36 assistance payments or cost sharing subsidies, taking into consideration affordability of
37 premiums and cost-sharing and a reasonable choice of health benefit plans in each area; provided
38 further than an enrollee with household income that does not exceed 100 per cent of the federal
39 poverty level shall have available to them at least two health benefit plans with no premium
40 contribution and copayments shall not exceed the highest copayments required of enrollees in the
41 MassHealth program with household income that does not exceed 100 per cent of the federal
42 poverty level; provided further that enrollees with income between 100 and 150 per cent of the
43 federal poverty guidelines shall have available to them at least one health benefit plan with no
44 premium contribution. If the health benefit plans submitted through the Seal of Approval process
45 pursuant to section 10 of this chapter do not permit such choice of health benefit plans at a
46 reasonable cost to the Commonwealth, the board may seek additional participation of health
47 benefit plans in conjunction with the Division of Insurance pursuant to section 3(b) of chapter
48 176J of the General Laws or take other measures to facilitate reasonable access to health benefit
49 plans up to and including establishing contracts under subsection v of this section or seeking a
50 waiver under subsection x of this section.