

**SENATE . . . . . No. 2660**

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**The Commonwealth of Massachusetts**

—  
In the One Hundred and Ninety-First General Court  
(2019-2020)  
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SENATE, April 27, 2020.

The committee on Financial Services to whom was referred the petition (accompanied by bill, Senate, No. 606) of John F. Keenan, Sean Garballey, Diana DiZoglio, William N. Brownsberger and other members of the General Court for legislation to promote continuity of care for multiple sclerosis treatment, reports the accompanying bill (Senate, No. 2660).

For the committee,  
James T. Welch

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**The Commonwealth of Massachusetts**

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**In the One Hundred and Ninety-First General Court  
(2019-2020)**  
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An Act promoting continuity of care for Multiple Sclerosis treatment.

*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 the  
2 following section:-

3           Section 28. (a) The commission shall provide to any active or retired employee of the  
4 commonwealth who is insured under the group insurance commission coverage for a drug for the  
5 modification of multiple sclerosis that the individual has already been prescribed and has already  
6 been taking. This section shall also require coverage for such an ongoing drug treatment for the  
7 modification of multiple sclerosis under any non-group policy.

8           Prior to receipt of the documentation described above, the commission shall provide to  
9 any active or retired employee of the commonwealth who is insured under the group insurance  
10 commission coverage for a one-time 30-day transition fill, within the first 90 days of coverage  
11 under the plan, of a drug reimbursed through the commission's pharmacy benefit, or if a  
12 member's scheduled infusion occurs within the first 90 days of coverage under the plan, a one-  
13 time infusion of an FDA- approved drug reimbursed through the commission's medical benefit,

14 for the modification of multiple sclerosis that the member has already been prescribed and on  
15 which the member is stable.

16 (b) Notwithstanding the requirements of paragraph (a), the transition period shall not  
17 apply to the following: (i) new drugs for the modification of multiple sclerosis that have not been  
18 approved by the commission's or its contracted health plan's Pharmacy and Therapeutics (P &  
19 T) committee; (ii) products provided by sample; or (iii) products prescribed in a manner  
20 inconsistent with the FDA indication for the drug.

21 SECTION 2. Chapter 175 of the General Laws is hereby amended by inserting, after  
22 section 47II, the following section:-

23 Section 47JJ. (a) Any policy of accident and sickness insurance as described in section  
24 108 that provides hospital expense and surgical expense insurance and that is delivered, issued or  
25 subsequently renewed by agreement between the insurer and policyholder in the commonwealth;  
26 any blanket or general policy of insurance described in subdivision (A), (C) or (D) of section 110  
27 that provides hospital expense and surgical expense insurance and that is delivered, issued or  
28 subsequently renewed by agreement between the insurer and the policyholder, within or without  
29 the commonwealth ; or any employees' health and welfare fund that provides hospital expense  
30 and surgical expense benefits and that is delivered, issued or renewed to any person or group of  
31 persons in the commonwealth, shall provide to a commonwealth resident covered by the policy,  
32 coverage for a drug for the modification of multiple sclerosis that the individual has already been  
33 prescribed and has already been taking, upon receipt of documentation by the prescribing  
34 provider that 1) the member has been diagnosed with a form of multiple sclerosis, and 2) the

35 member has been stabilized or has achieved a positive clinical response as evidenced by low  
36 disease activity or improvement in symptoms on the drug.

37 Prior to receipt of the documentation described above, said policies shall provide a one-  
38 time 30-day transition fill, within the first 90 days of coverage under the plan, of an FDA-  
39 approved drug reimbursed through the commission's pharmacy benefit, or if a member's  
40 scheduled infusion occurs within the first 90 days of coverage under the plan, a one-time  
41 infusion of an FDA- approved drug reimbursed through the commission's medical benefit, for  
42 the modification of multiple sclerosis that the member has already been prescribed and on which  
43 the member is stable.

44 The benefits in this section shall not be subject to any greater deductible, coinsurance,  
45 copayments or out-of-pocket limits than the maximum deductible, coinsurance, copayments or  
46 out-of-pocket limits for other drugs for the modification of multiple sclerosis covered by the  
47 policy. This section shall also require coverage for such an ongoing drug treatment for the  
48 modification of multiple sclerosis under any non-group policy.

49 (b) Notwithstanding the requirements of paragraph (a), the transition period does not  
50 apply to the following: (i) new drugs for the modification of multiple sclerosis that have not  
51 been reviewed by the carrier's Pharmacy and Therapeutics (P & T) committee, (ii) products  
52 provided by sample, or (iii) products prescribed in a manner inconsistent with the FDA  
53 indication for the drug.

54 SECTION 3. Chapter 176A of the General Laws is hereby amended by inserting, after  
55 section 8KK, the following section:-

56 Section 8LL. (a) Any contract between a subscriber and the corporation under an  
57 individual or group hospital service plan that is delivered, issued or renewed in the  
58 commonwealth shall provide as benefits to any individual subscribers or members within the  
59 commonwealth a drug for the modification of multiple sclerosis that the individual has already  
60 been prescribed and has already been taking, upon receipt of documentation by the prescribing  
61 provider that 1) the member has been diagnosed with a form of multiple sclerosis, and 2) the  
62 member has been stabilized or has achieved a positive clinical response as evidenced by low  
63 disease activity or improvement in symptoms on the drug.

64 Prior to receipt of the documentation described above, said contracts shall provide a one-  
65 time 30-day transition fill, within the first 90 days of coverage under the plan, of an FDA-  
66 approved drug reimbursed through the commission's pharmacy benefit, or if a member's  
67 scheduled infusion occurs within the first 90 days of coverage under the plan, a one-time  
68 infusion of an FDA- approved drug reimbursed through the commission's medical benefit, for  
69 the modification of multiple sclerosis that the member has already been prescribed and on which  
70 the member is stable.

71 The benefits in this section shall not be subject to any greater deductible, coinsurance,  
72 copayments or out-of-pocket limits than the maximum deductible, coinsurance, copayments or  
73 out-of-pocket limits for drugs for the modification of multiple sclerosis covered by the policy.  
74 This section shall also require coverage for such an ongoing drug treatment for the modification  
75 of multiple sclerosis under any non-group policy.

76 (b) Notwithstanding the requirements of paragraph (a), the transition period does not  
77 apply to the following: (i) new drugs for the modification of multiple sclerosis drugs that have

78 not been reviewed by the corporation's Pharmacy and Therapeutics (P & T) committee, (ii)  
79 products provided by sample, or (iii) products prescribed in a manner inconsistent with the FDA  
80 indication for the drug.

81 SECTION 4. Chapter 176B of the General Laws is hereby amended by inserting, after  
82 section 4KK, the following section:-

83 Section 4LL. (a) Any subscription certificate under an individual or group medical  
84 service agreement that shall be delivered, issued or renewed within the commonwealth shall  
85 provide as benefits to any individual subscriber or member within the commonwealth coverage  
86 for a drug for the modification of multiple sclerosis that the individual has already been  
87 prescribed and has already been taking, upon receipt of documentation by the prescribing  
88 provider that 1) the member has been diagnosed with a form of multiple sclerosis, and 2) the  
89 member has been stabilized or has achieved a positive clinical response as evidenced by low  
90 disease activity or improvement in symptoms on the drug.

91 Prior to receipt of the documentation described above, said certificates shall provide a  
92 one-time 30-day transition fill, within the first 90 days of coverage under the plan, of an FDA-  
93 approved drug reimbursed through the commission's pharmacy benefit, or if a member's  
94 scheduled infusion occurs within the first 90 days of coverage under the plan, a one-time  
95 infusion of an FDA- approved drug reimbursed through the commission's medical benefit, for  
96 the modification of multiple sclerosis that the member has already been prescribed and on which  
97 the member is stable.

98 The benefits in this section shall not be subject to any greater deductible, coinsurance,  
99 copayments or out-of-pocket limits than the maximum deductible, coinsurance, copayments or

100 out-of-pocket limits for other drugs for the modification of multiple sclerosis covered by the  
101 policy. This section shall also require coverage for such an ongoing drug treatment for the  
102 modification of multiple sclerosis under any non-group policy.

103 (b) Notwithstanding the requirements of paragraph (a), the transition period does not  
104 apply to the following: (i) new drugs for the modification of multiple sclerosis drugs that have  
105 not been reviewed by the carrier's Pharmacy and Therapeutics (P & T) committee, (ii) products  
106 provided by sample, or (iii) products prescribed in a manner inconsistent with the FDA  
107 indication for the drug.

108 SECTION 5. Chapter 176G of the General Laws is hereby amended by inserting, after  
109 section 4CC, the following section:-

110 Section 4DD. (a) An individual or group health maintenance contract shall provide  
111 coverage and benefits to any individual within the commonwealth for a drug for the modification  
112 of multiple sclerosis that the individual has already been prescribed and has already been taking,  
113 upon receipt of documentation by the prescribing provider that 1) the member has been  
114 diagnosed with a form of multiple sclerosis, and 2) the member has been stabilized or has  
115 achieved a positive clinical response as evidenced by low disease activity or improvement in  
116 symptoms on the drug.

117 Prior to receipt of the documentation described above, said policies shall provide a one-  
118 time 30-day transition fill, within the first 90 days of coverage under the plan, of an FDA-  
119 approved drug reimbursed through the commission's pharmacy benefit, or if a member's  
120 scheduled infusion occurs within the first 90 days of coverage under the plan, a one-time  
121 infusion of an FDA- approved drug reimbursed through the commission's medical benefit, for

122 the modification of multiple sclerosis that the member has already been prescribed and on which  
123 the member is stable.

124 The benefits in this section shall not be subject to any greater deductible, coinsurance,  
125 copayments or out-of-pocket limits than the maximum deductible, coinsurance, copayments or  
126 out-of-pocket limits for drugs for the modification of multiple sclerosis covered by the policy.  
127 This section shall also require coverage for such an ongoing drug treatment for the modification  
128 of multiple sclerosis under any non-group policy.

129 (b) Notwithstanding the requirements of paragraph (a), the transition period does not  
130 apply to the following: (i) new drugs for the modification of multiple sclerosis drugs that have  
131 not been reviewed by the carrier's Pharmacy and Therapeutics (P & T) committee, (ii) products  
132 provided by sample, or (iii) products prescribed in a manner inconsistent with the FDA  
133 indication for the drug.