

**HOUSE . . . . . No. 1053**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

*Daniel Cahill*

*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 consumer deductibles.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Daniel Cahill</i>	<i>10th Essex</i>	<i>2/18/2021</i>
<i>Ruth B. Balsler</i>	<i>12th Middlesex</i>	<i>6/8/2021</i>
<i>Brian M. Ashe</i>	<i>2nd Hampden</i>	<i>7/6/2021</i>
<i>Tricia Farley-Bouvier</i>	<i>3rd Berkshire</i>	<i>7/6/2021</i>
<i>Tram T. Nguyen</i>	<i>18th Essex</i>	<i>1/11/2022</i>

**HOUSE . . . . . No. 1053**

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By Mr. Cahill of Lynn, a petition (accompanied by bill, House, No. 1053) of Daniel Cahill relative to consumer deductibles. Financial Services.

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**The Commonwealth of Massachusetts**

\_\_\_\_\_  
**In the One Hundred and Ninety-Second General Court  
(2021-2022)**  
\_\_\_\_\_

An Act relative to consumer deductibles.

*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 2018 Official  
2 Edition, is hereby amended by inserting after section 27 the following section:-

3 Section 28. (a) In this Section, the following terms shall have the following meanings:

4 “Insurer” means any health insurance issuer that is subject to state law regulating  
5 insurance and offers health insurance coverage, as defined in 42 U.S.C. § 300gg-91, or any state  
6 or local governmental employer plan.

7 “Cost sharing requirement” means any copayment, coinsurance, deductible, or annual  
8 limitation on cost sharing (including but not limited to a limitation subject to 42 U.S.C. §§  
9 18022(c) and 300gg-6(b)), required by or on behalf of an enrollee in order to receive a specific  
10 health care service, including a prescription drug, covered by a health plan.

11 “Enrollee” means any individual entitled to health care services from an insurer.

12           “Health plan” means a policy, contract, certification, or agreement offered or issued by an  
13 insurer to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care  
14 services.

15           “Health care service” means an item or service furnished to any individual for the  
16 purpose of preventing, alleviating, curing, or healing human illness, injury or physical disability.

17           “Person” means a natural person, corporation, mutual company, unincorporated  
18 association, partnership, joint venture, limited liability company, trust, estate, foundation, not-  
19 for-profit corporation, unincorporated organization, government or governmental subdivision or  
20 agency.

21           (b) When calculating an enrollee’s contribution to any applicable cost sharing  
22 requirement, an insurer shall include any cost sharing amounts paid by the enrollee or on behalf  
23 of the enrollee by another person. Any cost sharing or reductions made for an enrollee’s benefit  
24 or towards an enrollee’s applicable cost sharing requirement shall be applied in full at the time it  
25 is rendered and wholly towards the enrollee’s out of pocket costs, deductible, cost sharing or  
26 similar enrollee obligation.

27           (c) This section shall apply with respect to health plans that are entered into, amended,  
28 extended, or renewed on or after January 1, 2022.

29           (d) The Commission may promulgate such rules and regulations as it may deem  
30 necessary to implement this section.