

HOUSE No. 1089

The Commonwealth of Massachusetts

PRESENTED BY:

Sean Garballey and John J. Lawn, Jr.

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 promoting continuity of care for Multiple Sclerosis treatment.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Sean Garballey</i>	<i>23rd Middlesex</i>	<i>2/2/2021</i>
<i>John J. Lawn, Jr.</i>	<i>10th Middlesex</i>	<i>2/2/2021</i>
<i>Mindy Domb</i>	<i>3rd Hampshire</i>	<i>2/3/2021</i>
<i>James M. Murphy</i>	<i>4th Norfolk</i>	<i>2/19/2021</i>
<i>Michael J. Barrett</i>	<i>Third Middlesex</i>	<i>2/24/2021</i>
<i>Brian W. Murray</i>	<i>10th Worcester</i>	<i>2/24/2021</i>
<i>Bradley H. Jones, Jr.</i>	<i>20th Middlesex</i>	<i>2/24/2021</i>
<i>Jessica Ann Giannino</i>	<i>16th Suffolk</i>	<i>2/24/2021</i>
<i>Lindsay N. Sabadosa</i>	<i>1st Hampshire</i>	<i>2/24/2021</i>
<i>Richard M. Haggerty</i>	<i>30th Middlesex</i>	<i>2/24/2021</i>
<i>Diana DiZoglio</i>	<i>First Essex</i>	<i>2/26/2021</i>
<i>James J. O'Day</i>	<i>14th Worcester</i>	<i>2/26/2021</i>
<i>William C. Galvin</i>	<i>6th Norfolk</i>	<i>2/26/2021</i>
<i>Tami L. Gouveia</i>	<i>14th Middlesex</i>	<i>2/26/2021</i>
<i>David M. Rogers</i>	<i>24th Middlesex</i>	<i>2/26/2021</i>
<i>Angelo L. D'Emilia</i>	<i>8th Plymouth</i>	<i>2/26/2021</i>
<i>Carlos González</i>	<i>10th Hampden</i>	<i>2/26/2021</i>
<i>Andres X. Vargas</i>	<i>3rd Essex</i>	<i>2/26/2021</i>

<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>	<i>2/26/2021</i>
<i>John F. Keenan</i>	<i>Norfolk and Plymouth</i>	<i>2/26/2021</i>
<i>Hannah Kane</i>	<i>11th Worcester</i>	<i>3/12/2021</i>
<i>Steven Ultrino</i>	<i>33rd Middlesex</i>	<i>3/17/2021</i>
<i>David Allen Robertson</i>	<i>19th Middlesex</i>	<i>3/17/2021</i>
<i>Adam J. Scanlon</i>	<i>14th Bristol</i>	<i>3/17/2021</i>
<i>David Paul Linsky</i>	<i>5th Middlesex</i>	<i>3/17/2021</i>
<i>Carmine Lawrence Gentile</i>	<i>13th Middlesex</i>	<i>3/17/2021</i>
<i>Steven S. Howitt</i>	<i>4th Bristol</i>	<i>3/18/2021</i>
<i>Carolyn C. Dykema</i>	<i>8th Middlesex</i>	<i>3/22/2021</i>
<i>Jon Santiago</i>	<i>9th Suffolk</i>	<i>3/22/2021</i>
<i>Vanna Howard</i>	<i>17th Middlesex</i>	<i>3/25/2021</i>
<i>Edward R. Philips</i>	<i>8th Norfolk</i>	<i>3/25/2021</i>
<i>David F. DeCoste</i>	<i>5th Plymouth</i>	<i>3/26/2021</i>
<i>Jay D. Livingstone</i>	<i>8th Suffolk</i>	<i>3/30/2021</i>
<i>Erika Uytterhoeven</i>	<i>27th Middlesex</i>	<i>3/30/2021</i>
<i>Brian M. Ashe</i>	<i>2nd Hampden</i>	<i>4/13/2021</i>
<i>Brandy Fluker Oakley</i>	<i>12th Suffolk</i>	<i>4/14/2021</i>
<i>Alice Hanlon Peisch</i>	<i>14th Norfolk</i>	<i>5/17/2021</i>
<i>Tackey Chan</i>	<i>2nd Norfolk</i>	<i>1/18/2022</i>

HOUSE No. 1089

By Messrs. Garballey of Arlington and Lawn of Watertown, a petition (accompanied by bill, House, No. 1089) of Sean Garballey, John J. Lawn, Jr., and others relative to coverage for disease modifying prescription drugs for treatment of multiple sclerosis. Financial Services.

The Commonwealth of Massachusetts

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

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 29. (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, upon receipt of documentation by the prescribing provider that 1) the member has
7 been diagnosed with a form of multiple sclerosis, and 2) the member has been stabilized or has
8 achieved a positive clinical response as evidenced by low disease activity or improvement in
9 symptoms on the drug. This section shall also require coverage for such an ongoing drug
10 treatment for the modification of multiple sclerosis under any non-group policy.

11 Prior to receipt of the documentation described above, the commission shall provide to
12 any active or retired employee of the commonwealth who is insured under the group insurance

13 commission coverage for a one-time 30-day transition fill, within the first 90 days of coverage
14 under the plan, of a drug reimbursed through the commission's pharmacy benefit, or if a
15 member's scheduled infusion occurs within the first 90 days of coverage under the plan, a one-
16 time infusion of an FDA- approved drug reimbursed through the commission's medical benefit,
17 for the modification of multiple sclerosis that the member has already been prescribed and on
18 which the member is stable.

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

24 SECTION 2. Chapter 175 of the General Laws is hereby amended by inserting, after
25 section 47KK, the following section:-

26 Section 47LL. (a) Any policy of accident and sickness insurance as described in section
27 108 that provides hospital expense and surgical expense insurance and that is delivered, issued or
28 subsequently renewed by agreement between the insurer and policyholder in the commonwealth;
29 any blanket or general policy of insurance described in subdivision (A), (C) or (D) of section 110
30 that provides hospital expense and surgical expense insurance and that is delivered, issued or
31 subsequently renewed by agreement between the insurer and the policyholder, within or without
32 the commonwealth ; or any employees' health and welfare fund that provides hospital expense
33 and surgical expense benefits and that is delivered, issued or renewed to any person or group of
34 persons in the commonwealth, shall provide to a commonwealth resident covered by the policy,

35 coverage for a drug for the modification of multiple sclerosis that the individual has already been
36 prescribed and has already been taking, upon receipt of documentation by the prescribing
37 provider that 1) the member has been diagnosed with a form of multiple sclerosis, and 2) the
38 member has been stabilized or has achieved a positive clinical response as evidenced by low
39 disease activity or improvement in symptoms on the drug.

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

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

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

57 SECTION 3. Chapter 176A of the General Laws is hereby amended by inserting, after
58 section 8MM, the following section:-

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

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

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

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

84 SECTION 4. Chapter 176B of the General Laws is hereby amended by inserting, after
85 section 4MM, the following section:-

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

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

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

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

111 SECTION 5. Chapter 176G of the General Laws is hereby amended by inserting, after
112 section 4EE, the following section:-

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

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

123 scheduled infusion occurs within the first 90 days of coverage under the plan, a one-time
124 infusion of an FDA- approved drug reimbursed through the commission's medical benefit, for
125 the modification of multiple sclerosis that the member has already been prescribed and on which
126 the member is stable.

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

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