

HOUSE No. 1195

The Commonwealth of Massachusetts

PRESENTED BY:

Lindsay N. Sabadosa

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 assuring prompt access to health care.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Lindsay N. Sabadosa</i>	<i>1st Hampshire</i>	<i>1/26/2021</i>
<i>Mike Connolly</i>	<i>26th Middlesex</i>	<i>2/4/2021</i>
<i>Tami L. Gouveia</i>	<i>14th Middlesex</i>	<i>2/26/2021</i>
<i>Patrick Joseph Kearney</i>	<i>4th Plymouth</i>	<i>2/26/2021</i>
<i>Nika C. Elugardo</i>	<i>15th Suffolk</i>	<i>2/26/2021</i>
<i>Bud L. Williams</i>	<i>11th Hampden</i>	<i>3/15/2021</i>

HOUSE No. 1195

By Ms. Sabadosa of Northampton, a petition (accompanied by bill, House, No. 1195) of Lindsay N. Sabadosa and others relative to insurance reimbursement of costs for medically appropriate evaluation and management services in outpatient settings, including but not limited to office and hospital-based clinics. Financial Services.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE HOUSE, NO. 1101 OF 2019-2020.]

The Commonwealth of Massachusetts

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

An Act assuring prompt access to health 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: Reimbursement of costs for medically appropriate evaluation and
4 management services in outpatient settings, including but not limited to office- and hospital-
5 based clinics, in accordance with guidelines developed by the division of insurance, shall be part
6 of a basic benefits package offered by the insurer or a third party and shall not require a
7 deductible; provided, however, that deductibles shall be required if the applicable plan is
8 governed by the Federal Internal Revenue Code and would lose its tax-exempt status as a result
9 of the prohibition on deductibles for these services.

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

12 Section 30: Reimbursement of costs for medically appropriate evaluation and
13 management services in outpatient settings, including but not limited to office- and hospital-
14 based clinics, in accordance with guidelines developed by the division of insurance, shall be part
15 of a basic benefits package offered by the insurer or a third party and shall not require a
16 deductible; provided, however, that deductibles shall be required if the applicable plan is
17 governed by the Federal Internal Revenue Code and would lose its tax-exempt status as a result
18 of the prohibition on deductibles for these services.

19 SECTION 3. Chapter 175 of the General Laws is hereby amended by inserting the
20 following section:-

21 Section 47LL: Reimbursement of costs for medically appropriate evaluation and
22 management services in outpatient settings, including but not limited to office- and hospital-
23 based clinics, in accordance with guidelines developed by the division of insurance, shall be part
24 of a basic benefits package offered by the insurer or a third party and shall not require a
25 deductible; provided, however, that deductibles shall be required if the applicable plan is
26 governed by the Federal Internal Revenue Code and would lose its tax-exempt status as a result
27 of the prohibition on deductibles for these services.

28 SECTION 4. Chapter 176A of the General Laws is hereby amended by inserting the
29 following section:-

30 Section 8NN: Reimbursement of costs for medically appropriate evaluation and
31 management services in outpatient settings, including but not limited to office- and hospital-

32 based clinics, in accordance with guidelines developed by the division of insurance, shall be part
33 of a basic benefits package offered by the insurer or a third party and shall not require a
34 deductible; provided, however, that deductibles shall be required if the applicable plan is
35 governed by the Federal Internal Revenue Code and would lose its tax-exempt status as a result
36 of the prohibition on deductibles for these services.

37 SECTION 5. Chapter 176B of the General Laws is hereby amended by inserting the
38 following section:-

39 Section 4NN: Reimbursement of costs for medically appropriate evaluation and
40 management services in outpatient settings, including but not limited to office- and hospital-
41 based clinics, in accordance with guidelines developed by the division of insurance, shall be part
42 of a basic benefits package offered by the insurer or a third party and shall not require a
43 deductible; provided, however, that a deductible shall be required if the applicable plan is
44 governed by the Federal Internal Revenue Code and would lose its tax-exempt status as a result
45 of the prohibition on deductibles for these services.

46 SECTION 6. Chapter 176G of the General Laws is hereby amended by inserting the
47 following new section 33:-

48 Section 33: Reimbursement of costs for medically appropriate evaluation and
49 management services in outpatient settings, including but not limited to office- and hospital-
50 based clinics, in accordance with guidelines developed by the division of insurance, shall be part
51 of a basic benefits package offered by the insurer or a third party and shall not require a
52 deductible; provided, however, that a deductible shall be required if the applicable plan is

53 governed by the Federal Internal Revenue Code and would lose its tax-exempt status as a result
54 of the prohibition on deductibles for these services.