

HOUSE No. 1198

The Commonwealth of Massachusetts

PRESENTED BY:

Jon Santiago

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 access to the full range of treatment options for people with obesity.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Jon Santiago</i>	<i>9th Suffolk</i>	<i>2/11/2021</i>
<i>Paul McMurtry</i>	<i>11th Norfolk</i>	<i>2/26/2021</i>
<i>Jeffrey N. Roy</i>	<i>10th Norfolk</i>	<i>2/26/2021</i>
<i>James J. O'Day</i>	<i>14th Worcester</i>	<i>2/26/2021</i>

HOUSE No. 1198

By Mr. Santiago of Boston, a petition (accompanied by bill, House, No. 1198) of Jon Santiago and others for legislation to ensure comprehensive coverage for treatment of obesity. Financial Services.

The Commonwealth of Massachusetts

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

An Act to ensure access to the full range of treatment options for people with obesity.

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 inserting after
2 section 17Q, the following section:-

3 Section 17R. Any coverage offered by the commission to an active or retired employee of
4 the commonwealth insured under the group insurance commission, shall require comprehensive
5 coverage for treatment of obesity. The term “comprehensive coverage for treatment of obesity”
6 includes coverage for prevention and wellness, nutrition counseling, intensive behavioral
7 therapy, bariatric surgery, and FDA-approved anti-obesity medication. The term ‘FDA-
8 approved anti-obesity medication’ refers to any medication approved by the US Food and Drug
9 Administration with an indication for chronic weight management in patients with obesity.

10 Coverage criteria for FDA-approved anti-obesity medications provided under this section
11 shall not be more restrictive than the FDA-approved indications for those treatments.

12 Coverage under this section shall be neither different nor separate from coverage for any
13 other illness, condition, or disorder for purposes of determining deductibles, lifetime dollar
14 limits, copayment and coinsurance factors, and benefit year maximum for deductibles and
15 copayment and coinsurance factors.

16 Nothing shall preclude the undertaking of utilization management to determine the
17 medical necessity for treatment of obesity under this section, provided that all such
18 appropriateness and medical necessity determinations are made in the same manner as those
19 determinations are made for the treatment of any other illness, condition, or disorder covered by
20 such policy, contract, or plan.

21 The Commission shall provide notice to its policyholders regarding the coverage required
22 by this section. The notice shall be in writing and prominently positioned in any literature or
23 correspondence sent to policyholders and shall be transmitted to policyholders within calendar
24 year when annual information is made available to policyholders, or in any other mailing to
25 policyholders.

26 SECTION 2. Chapter 118E of the General Laws is hereby amended by inserting after
27 section 10L, the following section:-

28 Section 10M. The division shall require comprehensive coverage for treatment of obesity.
29 The term “comprehensive coverage for treatment of obesity” includes coverage for prevention
30 and wellness, nutrition counseling, intensive behavioral therapy, bariatric surgery, and FDA-
31 approved anti-obesity medication. The term ‘FDA-approved anti-obesity medication’ refers to
32 any medication approved by the US Food and Drug Administration with an indication for
33 chronic weight management in patients with obesity.

34 Coverage criteria for FDA-approved anti-obesity medications provided under this section
35 shall not be more restrictive than the FDA-approved indications for those treatments.

36 Coverage under this section shall be neither different nor separate from coverage for any
37 other illness, condition, or disorder for purposes of determining deductibles, lifetime dollar
38 limits, copayment and coinsurance factors, and benefit year maximum for deductibles and
39 copayment and coinsurance factors.

40 Nothing shall preclude the undertaking of utilization management to determine the
41 medical necessity for treatment of obesity under this section, provided that all such
42 appropriateness and medical necessity determinations are made in the same manner as those
43 determinations are made for the treatment of any other illness, condition, or disorder covered by
44 such policy, contract, or plan.

45 The division shall provide notice to its policyholders regarding the coverage required by
46 this section. The notice shall be in writing and prominently positioned in any literature or
47 correspondence sent to policyholders and shall be transmitted to policyholders within calendar
48 year when annual information is made available to policyholders, or in any other mailing to
49 policyholders.

50 SECTION 3. Chapter 175 of the General Laws is hereby amended by inserting after
51 section 47KK, the following section:-

52 Section 47LL. The following shall require comprehensive coverage for treatment of
53 obesity. The term “comprehensive coverage for treatment of obesity” includes coverage for
54 prevention and wellness, nutrition counseling, intensive behavioral therapy, bariatric surgery,
55 and FDA-approved anti-obesity medication. The term ‘FDA-approved anti-obesity medication’

56 refers to any medication approved by the US Food and Drug Administration with an indication
57 for chronic weight management in patients with obesity.

58 Coverage criteria for FDA-approved anti-obesity medications provided under this section
59 shall not be more restrictive than the FDA-approved indications for those treatments.

60 Coverage under this section shall be neither different nor separate from coverage for any
61 other illness, condition, or disorder for purposes of determining deductibles, lifetime dollar
62 limits, copayment and coinsurance factors, and benefit year maximum for deductibles and
63 copayment and coinsurance factors.

64 Nothing shall preclude the undertaking of utilization management to determine the
65 medical necessity for treatment of obesity under this section, provided that all such
66 appropriateness and medical necessity determinations are made in the same manner as those
67 determinations are made for the treatment of any other illness, condition, or disorder covered by
68 such policy, contract, or plan.

69 The insurer shall provide notice to its policyholders regarding the coverage required by
70 this section. The notice shall be in writing and prominently positioned in any literature or
71 correspondence sent to policyholders and shall be transmitted to policyholders within calendar
72 year when annual information is made available to policyholders, or in any other mailing to
73 policyholders.

74 SECTION 4. Chapter 176A of the General Laws is hereby amended by inserting after
75 section 8MM, the following section:-

76 Section 8NN. Any contract between a subscriber and the corporation under an individual
77 or group hospital service plan which is delivered, issued or renewed within the commonwealth
78 shall require comprehensive coverage for treatment of obesity. The term “comprehensive
79 coverage for treatment of obesity” includes coverage for prevention and wellness, nutrition
80 counseling, intensive behavioral therapy, bariatric surgery, and FDA-approved anti-obesity
81 medication. The term ‘FDA-approved anti-obesity medication’ refers to any medication
82 approved by the US Food and Drug Administration with an indication for chronic weight
83 management in patients with obesity.

84 Coverage criteria for FDA-approved anti-obesity medications provided under this section
85 shall not be more restrictive than the FDA-approved indications for those treatments.

86 Coverage under this section shall be neither different nor separate from coverage for any
87 other illness, condition, or disorder for purposes of determining deductibles, lifetime dollar
88 limits, copayment and coinsurance factors, and benefit year maximum for deductibles and
89 copayment and coinsurance factors.

90 Nothing shall preclude the undertaking of utilization management to determine the
91 medical necessity for treatment of obesity under this section, provided that all such
92 appropriateness and medical necessity determinations are made in the same manner as those
93 determinations are made for the treatment of any other illness, condition, or disorder covered by
94 such policy, contract, or plan.

95 The Commission shall provide notice to its policyholders regarding the coverage required
96 by this section. The notice shall be in writing and prominently positioned in any literature or
97 correspondence sent to policyholders and shall be transmitted to policyholders within calendar

98 year when annual information is made available to policyholders, or in any other mailing to
99 policyholders.

100 SECTION 5. Chapter 176B of the General Laws is hereby amended by inserting after
101 section 4MM, the following section:-

102 Section 4NN. Any subscription certificate under an individual or group medical service
103 agreement delivered, issued or renewed within the commonwealth shall shall require
104 comprehensive coverage for treatment of obesity. The term “comprehensive coverage for
105 treatment of obesity” includes coverage for prevention and wellness, nutrition counseling,
106 intensive behavioral therapy, bariatric surgery, and FDA-approved anti-obesity medication. The
107 term ‘FDA-approved anti-obesity medication’ refers to any medication approved by the US Food
108 and Drug Administration with an indication for chronic weight management in patients with
109 obesity.

110 Coverage criteria for FDA-approved anti-obesity medications provided under this section
111 shall not be more restrictive than the FDA-approved indications for those treatments.

112 Coverage under this section shall be neither different nor separate from coverage for any
113 other illness, condition, or disorder for purposes of determining deductibles, lifetime dollar
114 limits, copayment and coinsurance factors, and benefit year maximum for deductibles and
115 copayment and coinsurance factors.

116 Nothing shall preclude the undertaking of utilization management to determine the
117 medical necessity for treatment of obesity under this section, provided that all such
118 appropriateness and medical necessity determinations are made in the same manner as those

119 determinations are made for the treatment of any other illness, condition, or disorder covered by
120 such policy, contract, or plan.

121 The insurer shall provide notice to its policyholders regarding the coverage required by
122 this section. The notice shall be in writing and prominently positioned in any literature or
123 correspondence sent to policyholders and shall be transmitted to policyholders within calendar
124 year when annual information is made available to policyholders, or in any other mailing to
125 policyholders.

126 SECTION 6. Chapter 176G of the General Laws is hereby amended by inserting after
127 section 4EE, as so appearing, the following section:-

128 Section 4FF. Any individual or group health maintenance contract shall require
129 comprehensive coverage for treatment of obesity. The term “comprehensive coverage for
130 treatment of obesity” includes coverage for prevention and wellness, nutrition counseling,
131 intensive behavioral therapy, bariatric surgery, and FDA-approved anti-obesity medication. The
132 term ‘FDA-approved anti-obesity medication’ refers to any medication approved by the US Food
133 and Drug Administration with an indication for chronic weight management in patients with
134 obesity.

135 Coverage criteria for FDA-approved anti-obesity medications provided under this
136 section shall not be more restrictive than the FDA-approved indications for those treatments.

137 Coverage under this section shall be neither different nor separate from coverage for any
138 other illness, condition, or disorder for purposes of determining deductibles, lifetime dollar
139 limits, copayment and coinsurance factors, and benefit year maximum for deductibles and
140 copayment and coinsurance factors.

141 Nothing shall preclude the undertaking of utilization management to determine the
142 medical necessity for treatment of obesity under this section, provided that all such
143 appropriateness and medical necessity determinations are made in the same manner as those
144 determinations are made for the treatment of any other illness, condition, or disorder covered by
145 such policy, contract, or plan.

146 The insurer shall provide notice to its policyholders regarding the coverage required by
147 this section. The notice shall be in writing and prominently positioned in any literature or
148 correspondence sent to policyholders and shall be transmitted to policyholders within calendar
149 year when annual information is made available to policyholders, or in any other mailing to
150 policyholders.