

SENATE No. 634

The Commonwealth of Massachusetts

PRESENTED BY:

Sonia Chang-Diaz

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 women's health.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>Sonia Chang-Diaz</i>	<i>Second Suffolk</i>	
<i>Natalie M. Higgins</i>	<i>4th Worcester</i>	<i>3/11/2021</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>	<i>4/25/2021</i>

SENATE No. 634

By Ms. Chang-Diaz, a petition (accompanied by bill, Senate, No. 634) of Sonia Chang-Diaz and Natalie M. Higgins for legislation relative to women’s health. Financial Services.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE SENATE, NO. 549 OF 2019-2020.]

The Commonwealth of Massachusetts

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

An Act relative to women's health.

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, as appearing in the 2018 Official
2 Edition, is hereby amended by inserting after section 27 the following section:

3 Section 28. Any coverage offered by the commission to an active or retired employee of
4 the commonwealth insured under the group insurance commission shall provide coverage for
5 long acting reversible contraceptives. Notwithstanding any other provision of law to the contrary,
6 effective January 1, 2022, the insertion and removal of long-acting reversible contraceptives,
7 whether provided in an inpatient or outpatient setting, shall each be reimbursed separately from
8 other services. The maximum allowed reimbursement rate to providers for insertion or removal
9 of long-acting reversible contraceptives shall be increased by no less than two hundred and
10 ninety nine dollars, effective January 1, 2022.

11 SECTION 2. Chapter 118E of the General Laws, as so appearing, is hereby amended by
12 inserting after section 10J the following section:

13 10K (a) The division and its contracted health insurers, health plans, health maintenance
14 organizations, behavioral health management firms and third-party administrators under contract
15 to a Medicaid managed care organization or primary care clinician plan shall provide coverage
16 for long acting reversible contraceptives. Notwithstanding any other provision of law to the
17 contrary, effective January 1, 2022, the insertion and removal of long-acting reversible
18 contraceptives, whether provided in an inpatient or outpatient setting, shall each be reimbursed
19 separately from other services. The maximum allowed reimbursement rate to providers for
20 insertion or removal of long-acting reversible contraceptives shall be increased by no less than
21 two hundred and ninety nine dollars, effective January 1, 2022

22 SECTION 3. Chapter 175 of the General Laws, as so appearing, is hereby amended in
23 section 47W(c) by inserting at the end thereof the following:

24 (d) An individual policy of accident and sickness insurance issued pursuant to section
25 108 that provides hospital expense and surgical expense and any group blanket policy of accident
26 and sickness insurance issued pursuant to section 110 that provides hospital expense and surgical
27 expense insurance, delivered, issued or renewed by agreement between the insurer and the
28 policyholder, within or without the commonwealth, (hereinafter “policy”) shall provide benefits
29 for residents of the commonwealth and all group members having a principal place of
30 employment within the commonwealth coverage for long acting reversible contraceptives.
31 Notwithstanding any other provision of law to the contrary, effective January 1, 2022, the
32 insertion and removal of long-acting reversible contraceptives, whether provided in an inpatient

33 or outpatient setting, shall each be reimbursed separately from other services. The maximum
34 allowed reimbursement rate to providers for insertion or removal of long-acting reversible
35 contraceptives shall be increased by no less than two hundred and ninety nine dollars, effective
36 January 1, 2022.

37 SECTION 4. Chapter 176A of the General Laws, as so appearing, is hereby amended in
38 section 8W(c) by inserting at the end thereof the following:

39 (d) Any contract between a subscriber and the corporation under an individual or group
40 hospital service plan that is delivered, issued or renewed within or without the commonwealth
41 and that provides benefits for outpatient services shall provide to all individual subscribers and
42 members within the commonwealth and to all group members having a principal place of
43 employment within the commonwealth coverage for long acting reversible contraceptives.
44 Notwithstanding any other provision of law to the contrary, effective January 1, 2022, the
45 insertion and removal of long-acting reversible contraceptives, whether provided in an inpatient
46 or outpatient setting, shall each be reimbursed separately from other services. The maximum
47 allowed reimbursement rate to providers for insertion or removal of long-acting reversible
48 contraceptives shall be increased by no less than two hundred and ninety nine dollars, effective
49 January 1, 2022.

50 SECTION 5. Chapter 176B of the General Laws, as so appearing, is hereby amended in
51 section 4W(c) by inserting at the end thereof the following:

52 (d) Any subscription certificate under an individual or group medical service agreement
53 that is delivered, issued or renewed within or without the commonwealth and that provides
54 benefits for outpatient services shall provide to all individual subscribers and members within the

55 commonwealth and to all group members having a principal place of employment within the
56 commonwealth coverage for long acting reversible contraceptives. Notwithstanding any other
57 provision of law to the contrary, effective January 1, 2022, the insertion and removal of long-
58 acting reversible contraceptives, whether provided in an inpatient or outpatient setting, shall each
59 be reimbursed separately from other services. The maximum allowed reimbursement rate to
60 providers for insertion or removal of long-acting reversible contraceptives shall be increased by
61 no less than two hundred and ninety nine dollars, effective January 1, 2022.

62 SECTION 6. Chapter 176G of the General Laws, as so appearing, is hereby amended in
63 section 40(c) by inserting at the end thereof the following:

64 (d) Any individual or group health maintenance contract that is issued, renewed or
65 delivered within or without the commonwealth and that provides benefits for outpatient
66 prescription drugs or devices shall provide to residents of the commonwealth and to persons
67 having a principal place of employment within the commonwealth coverage for long acting
68 reversible contraceptives. Notwithstanding any other provision of law to the contrary, effective
69 January 1, 2022, the insertion and removal of long-acting reversible contraceptives, whether
70 provided in an inpatient or outpatient setting, shall each be reimbursed separately from other
71 services. The maximum allowed reimbursement rate to providers for insertion or removal of
72 long-acting reversible contraceptives shall be increased by no less than two hundred and ninety
73 nine dollars, effective January 1, 2022.

74 SECTION 7: Chapter 111 of the General Laws, as so appearing, is hereby amended by
75 inserting after section 236 the following section:-

76 Section 237. The department of public health shall develop and implement, or cause to be
77 developed and implemented, a training program that works to expand the number of clinicians
78 and practices equipped to provide long-acting reversible contraceptives. The training shall
79 address best practices for patient counseling, implant placement and removal, and addressing
80 administrative barriers to providing long-acting reversible contraceptives, including the
81 development of policies and procedures, procurement of devices, stocking devices, billing and
82 reimbursement. To the fullest extent possible, said training shall be eligible for relevant
83 continuing education credits. Upon completion of the training program, providers should be
84 adequately prepared to provide access to all methods of contraception in a single patient visit.

85 SECTION 8. Section 10A of chapter 118E of the General Laws is hereby amended by
86 adding the following paragraph after the second paragraph: -

87 Beginning on January 1, 2022, postpartum visits shall be billed separately from prenatal
88 care and childbirth.