

**SENATE . . . . . No. 679**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

*Adam Gomez*

*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 ensuring prompt access to health care.

PETITION OF:

NAME:

*Adam Gomez*

DISTRICT/ADDRESS:

*Hampden*

**SENATE . . . . . No. 679**

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By Mr. Gomez, a petition (accompanied by bill, Senate, No. 679) of Adam Gomez for legislation to ensure prompt access to health care. Financial Services.

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**The Commonwealth of Massachusetts**

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

An Act ensuring 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 29. Reimbursement of costs for medically appropriate evaluation and  
4 management services in outpatient settings, including but not limited to office-based and  
5 hospital-based clinics, in accordance with guidelines developed by the division of insurance,  
6 shall be part of a basic benefits package offered by the insurer or a third party and shall not  
7 require a co-payment or deductible; provided, however, that co-payments and deductibles shall  
8 be required if the applicable plan is governed by the Federal Internal Revenue Code and would  
9 lose its tax-exempt status as a result of the prohibition on such 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-based and  
14 hospital-based clinics, in accordance with guidelines developed by the division of insurance,  
15 shall be part of a basic benefits package offered by the insurer or a third party and shall not  
16 require a co-payment or deductible; provided, however, that co-payments and deductibles shall  
17 be required if the applicable plan is governed by the Federal Internal Revenue Code and would  
18 lose its tax-exempt status as a result of the prohibition on such for these services.

19           SECTION 3. Chapter 175 of the General Laws, as appearing in the 2018 Official Edition,  
20 is hereby amended by inserting after Section 47KK the 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-based and  
23 hospital-based clinics, in accordance with guidelines developed by the division of insurance,  
24 shall be part of a basic benefits package offered by the insurer or a third party and shall not  
25 require a co-payment or deductible; provided, however, that co-payments and deductibles shall  
26 be required if the applicable plan is governed by the Federal Internal Revenue Code and would  
27 lose its tax-exempt status as a result of the prohibition on such for these services.

28           SECTION 4. Chapter 176A of the General Laws, as appearing in the 2018 Official  
29 Edition, is hereby amended by inserting after Section 8MM the 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-based- and  
32 hospital-based clinics, in accordance with guidelines developed by the division of insurance,  
33 shall be part of a basic benefits package offered by the insurer or a third party and shall not

34 require a co-payment or deductible; provided, however, that co-payments and deductibles shall  
35 be required if the applicable plan is governed by the Federal Internal Revenue Code and would  
36 lose its tax-exempt status as a result of the prohibition on such for these services.

37 SECTION 5. Chapter 176B of the General Laws, as appearing in the 2018 Official  
38 Edition, is hereby amended by inserting after Section 4MM the 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-based and  
41 hospital-based clinics, in accordance with guidelines developed by the division of insurance,  
42 shall be part of a basic benefits package offered by the insurer or a third party and shall not  
43 require a co-payment or deductible; provided, however, that a co-payment and deductible shall  
44 be required if the applicable plan is governed by the Federal Internal Revenue Code and would  
45 lose its tax-exempt status as a result of the prohibition on such for these services.

46 SECTION 6. Chapter 176G of the General Laws, as appearing in the 2018 Official  
47 Edition, is hereby amended by adding at the end the following new section:-

48 Section 33. Reimbursement of costs for medically appropriate evaluation and  
49 management services in outpatient settings, including but not limited to office-based and  
50 hospital-based clinics, in accordance with guidelines developed by the division of insurance,  
51 shall be part of a basic benefits package offered by the insurer or a third party and shall not  
52 require a co-payment or deductible; provided, however, that a co-payment and deductible shall  
53 be required if the applicable plan is governed by the Federal Internal Revenue Code and would  
54 lose its tax-exempt status as a result of the prohibition on such for these services.