

**SENATE . . . . . No. 686****The Commonwealth of Massachusetts**

PRESENTED BY:

***John F. Keenan***

*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:	
<i>John F. Keenan</i>	<i>Norfolk and Plymouth</i>	
<i>Sean Garballey</i>	<i>23rd Middlesex</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>John Barrett, III</i>	<i>1st Berkshire</i>	<i>2/24/2021</i>
<i>Brian W. Murray</i>	<i>10th Worcester</i>	<i>2/24/2021</i>
<i>Hannah Kane</i>	<i>11th Worcester</i>	<i>2/24/2021</i>
<i>Michael J. Barrett</i>	<i>Third Middlesex</i>	<i>2/24/2021</i>
<i>Diana DiZoglio</i>	<i>First Essex</i>	<i>2/26/2021</i>
<i>Angelo L. D'Emilia</i>	<i>8th Plymouth</i>	<i>2/26/2021</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>	<i>3/2/2021</i>
<i>Paul R. Feeney</i>	<i>Bristol and Norfolk</i>	<i>3/23/2021</i>
<i>Patrick M. O'Connor</i>	<i>Plymouth and Norfolk</i>	<i>5/11/2021</i>
<i>Michael O. Moore</i>	<i>Second Worcester</i>	<i>5/24/2021</i>
<i>Edward J. Kennedy</i>	<i>First Middlesex</i>	<i>1/13/2022</i>
<i>Patrick Joseph Kearney</i>	<i>4th Plymouth</i>	<i>1/13/2022</i>

# SENATE . . . . . No. 686

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By Mr. Keenan, a petition (accompanied by bill, Senate, No. 686) of John F. Keenan, Sean Garballey, Mindy Domb, James M. Murphy and other members of the General Court for legislation to promote continuity of care for multiple sclerosis treatment. Financial Services.

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[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE SENATE, NO. 606 OF 2019-2020.]

## The Commonwealth of Massachusetts

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

Prior to receipt of the documentation described above, the commission shall provide to any active or retired employee of the commonwealth who is insured under the group insurance commission coverage for a one-time 30-day transition fill, within the first 90 days of coverage under the plan, of a drug reimbursed through the commission's pharmacy benefit, or if a member's scheduled infusion occurs within the first 90 days of coverage under the plan, a one-time infusion of an FDA- approved drug reimbursed through the commission's medical benefit, for the modification of multiple sclerosis that the member has already been prescribed and on which the member is stable.

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

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

Section 47LL. (a) Any policy of accident and sickness insurance as described in section 108 that provides hospital expense and surgical expense insurance and that is delivered, issued or subsequently renewed by agreement between the insurer and policyholder in the commonwealth; any blanket or general policy of insurance described in subdivision (A), (C) or (D) of section 110 that provides hospital expense and surgical expense insurance and that is delivered, issued or subsequently renewed by agreement between the insurer and the policyholder, within or without the commonwealth ; or any employees' health and welfare fund that provides hospital expense

and surgical expense benefits and that is delivered, issued or renewed to any person or group of persons in the commonwealth, shall provide to a commonwealth resident covered by the policy, coverage for a drug for the modification of multiple sclerosis that the individual has already been prescribed and has already been taking, upon receipt of documentation by the prescribing provider that 1) the member has been diagnosed with a form of multiple sclerosis, and 2) the member has been stabilized or has achieved a positive clinical response as evidenced by low disease activity or improvement in symptoms on the drug.

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

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

(b) Notwithstanding the requirements of paragraph (a), the transition period does not apply to the following: (i) new drugs for the modification of multiple sclerosis that have not been reviewed by the carrier's Pharmacy and Therapeutics (P & T) committee, (ii) products provided

by sample, or (iii) products prescribed in a manner inconsistent with the FDA indication for the drug.

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

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

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

The benefits in this section shall not be subject to any greater deductible, coinsurance, copayments or out-of-pocket limits than the maximum deductible, coinsurance, copayments or out-of-pocket limits for drugs for the modification of multiple sclerosis covered by the policy.

This section shall also require coverage for such an ongoing drug treatment for the modification of multiple sclerosis under any non-group policy.

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

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

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

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

the modification of multiple sclerosis that the member has already been prescribed and on which the member is stable.

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

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

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

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