

SENATE No. 679

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

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.

The Commonwealth of Massachusetts

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:-

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

SECTION 3. Chapter 175 of the General Laws, as appearing in the 2018 Official Edition, is hereby amended by inserting after Section 47KK the following section:-

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

SECTION 4. Chapter 176A of the General Laws, as appearing in the 2018 Official Edition, is hereby amended by inserting after Section 8MM the following section:-

Section 8NN. Reimbursement of costs for medically appropriate evaluation and management services in outpatient settings, including but not limited to office-based- and hospital-based clinics, in accordance with guidelines developed by the division of insurance, shall be part of a basic benefits package offered by the insurer or a third party and shall not

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

SECTION 5. Chapter 176B of the General Laws, as appearing in the 2018 Official Edition, is hereby amended by inserting after Section 4MM the following section:-

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

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

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