

HOUSE No. 1186

The Commonwealth of Massachusetts

PRESENTED BY:

William J. Driscoll, Jr. and Christine P. Barber

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 expanding affordable coverage through ConnectorCare.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>William J. Driscoll, Jr.</i>	<i>7th Norfolk</i>	<i>1/20/2023</i>
<i>Christine P. Barber</i>	<i>34th Middlesex</i>	<i>1/20/2023</i>
<i>David Paul Linsky</i>	<i>5th Middlesex</i>	<i>1/26/2023</i>
<i>Lindsay N. Sabadosa</i>	<i>1st Hampshire</i>	<i>1/26/2023</i>
<i>Peter Capano</i>	<i>11th Essex</i>	<i>1/27/2023</i>
<i>Susannah M. Whipps</i>	<i>2nd Franklin</i>	<i>1/27/2023</i>
<i>Brian W. Murray</i>	<i>10th Worcester</i>	<i>1/30/2023</i>
<i>Jack Patrick Lewis</i>	<i>7th Middlesex</i>	<i>1/30/2023</i>
<i>Patricia A. Duffy</i>	<i>5th Hampden</i>	<i>2/2/2023</i>
<i>Jon Santiago</i>	<i>9th Suffolk</i>	<i>2/6/2023</i>
<i>Thomas M. Stanley</i>	<i>9th Middlesex</i>	<i>2/8/2023</i>
<i>James C. Arena-DeRosa</i>	<i>8th Middlesex</i>	<i>2/17/2023</i>
<i>Kate Lipper-Garabedian</i>	<i>32nd Middlesex</i>	<i>2/22/2023</i>
<i>Natalie M. Higgins</i>	<i>4th Worcester</i>	<i>3/15/2023</i>
<i>Tommy Vitolo</i>	<i>15th Norfolk</i>	<i>3/15/2023</i>
<i>Bruce E. Tarr</i>	<i>First Essex and Middlesex</i>	<i>3/27/2023</i>
<i>Samantha Montaño</i>	<i>15th Suffolk</i>	<i>3/27/2023</i>
<i>Rebecca L. Rausch</i>	<i>Norfolk, Worcester and Middlesex</i>	<i>7/12/2023</i>

HOUSE No. 1186

By Representatives Driscoll of Milton and Barber of Somerville, a petition (accompanied by bill, House, No. 1186) of William J. Driscoll, Jr., Christine P. Barber and others that the Health Insurance Connector Authority implement a 5-year pilot program to extend eligibility for premium assistance payments or point-of-service cost-sharing subsidies. Health Care Financing.

The Commonwealth of Massachusetts

In the One Hundred and Ninety-Third General Court
(2023-2024)

An Act expanding affordable coverage through ConnectorCare.

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. (a) Notwithstanding clause (b) of section 3 of chapter 176Q of the General
2 Laws or any other general or special law to the contrary, the commonwealth health insurance
3 connector authority established in section 2 of said chapter 176Q shall implement a 5-year pilot
4 program to extend eligibility for premium assistance payments or point-of-service cost-sharing
5 subsidies for applicants at or below 500 percent of the federal poverty guidelines.

6 (b) Applicants participating in the pilot program that are between 300 and 500 percent of
7 the federal poverty guidelines shall have access to a plan that meets at least 90 per cent actuarial
8 value; provided, that the affordability standard for the pilot program shall be consistent with
9 current practices pursuant to said section 3 of said chapter 176Q.

10 (c) Notwithstanding the second paragraph of section 2000 of chapter 29 of the General
11 Laws or any other general or special law to the contrary, amounts necessary to support the 5-year

12 pilot program established in subsection (a) shall be expended from the Commonwealth Care
13 Trust Fund established in said section 2000 of said chapter 29.

14 (d) The commonwealth health insurance connector authority, in consultation with the
15 center for health information and analysis, shall evaluate the pilot program to assess the public
16 health, health equity, utilization and financial impacts on residents of reducing out-of-pocket
17 costs and premium costs. The center shall collect quantitative and qualitative data at the start of
18 the pilot program and at the end of each year of the pilot program to assess the impact on pilot
19 program participants. Data points to be collected shall include, but not be limited to: (i) rates of
20 unmet medical need due to cost; (ii) disparities in rates of unmet medical need due to cost; (iii)
21 difficulties accessing care at a doctor's office or clinic; (iv) racial and ethnic disparities in
22 difficulties accessing care at a doctor's office or clinic; (v) insurance coverage rates, including
23 rates of continuous insurance coverage; (vi) racial and ethnic disparities in insurance coverage
24 rates; (vii) visits to a doctor's office; and (viii) racial and ethnic disparities in visits to a doctor's
25 office. The connector authority shall file reports of its evaluation with the clerks of the house of
26 representatives and the senate, the house and senate committees on ways and means, the joint
27 committee on public health and the joint committee on health care financing not later than
28 December 1, 2026 and December 1, 2029.

29 SECTION 2. Section 1 shall take effect on Jan 1, 2024.

30 SECTION 3. Section 1 shall be repealed on Dec 31, 2028.