

HOUSE No. 1160

The Commonwealth of Massachusetts

PRESENTED BY:

Thomas P. Walsh

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 direct primary care.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Thomas P. Walsh</i>	<i>12th Essex</i>	<i>1/18/2023</i>

HOUSE No. 1160

By Representative Walsh of Peabody, a petition (accompanied by bill, House, No. 1160) of Thomas P. Walsh for legislation to prohibit denials of certain payments for health care service. Financial Services.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE HOUSE, NO. 1212 OF 2021-2022.]

The Commonwealth of Massachusetts

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

An Act relative to direct primary 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 thereof

3 Section 31. A carrier may not deny payment for any health care service covered under an
4 enrollee’s health plan based solely on the basis that the enrollee’s referral was made by a
5 provider who is not a member of the carrier’s provider network.

6 SECTION 2. Chapter 32B of the General Laws is hereby amended by adding at the end
7 the following new section:

8 Section 30. A carrier may not deny payment for any health care service covered under an
9 enrollee’s health plan based solely on the basis that the enrollee’s referral was made by a
10 provider who is not a member of the carrier’s provider network.

11 SECTION 3. Section 9 of chapter 94C of the General Laws, as so appearing, is hereby
12 amended by striking the following words in lines 31-32 of paragraph (b):- “in a single dose or in
13 a quantity” and;

14 By striking in line 35 the words, “essential for the treatment of a patient” and add the
15 words, “which is for a legitimate medical purpose by a practitioner acting in the usual course of
16 his professional practice.” and;

17 By striking in lines 35-39 the words, “The amount or quantity of any controlled substance
18 dispensed under this subsection shall not exceed the quantity of a controlled substance necessary
19 for the immediate and proper treatment of the patient until it is possible for the patient to have a
20 prescription filled by a pharmacy.”; and

21 By striking in lines 91-93 of paragraph (e) the lines “and shall be except from the
22 requirement that such dispensing be in a single dose or as necessary for immediate and proper
23 treatment under subsection (b).

24 SECTION 4. Section 19 of said chapter 94C shall be amended by inserting in line 6 of
25 paragraph (a) after the word “prescription” “or practitioner who dispenses the controlled
26 substance.”

27 SECTION 5. Section 118E of the General Laws of the General Laws is hereby amended
28 by adding after Section 13C the following new section:

29 Section 13C½. A carrier may not deny payment for any health care service covered under
30 an enrollee’s health plan based solely on the basis that the enrollee’s referral was made by a
31 provider who is not a member of the carrier’s provider network

32 SECTION 6. Chapter 175 of the General Laws is hereby amended by adding the
33 following new section:

34 Section 47QQ. A carrier may not deny payment for any health care service covered under
35 an enrollee’s health plan based solely on the basis that the enrollee’s referral was made by a
36 provider who is not a member of the carrier’s provider network

37 SECTION 7. Chapter 176A of the General Laws of the General Laws is hereby amended
38 by adding at the end the following new section:

39 Section 39. A carrier may not deny payment for any health care service covered under an
40 enrollee’s health plan based solely on the basis that the enrollee’s referral was made by a
41 provider who is not a member of the carrier’s provider network

42 SECTION 8. Chapter 176B of the General Laws, as appearing in the 2020 Official
43 Edition, is hereby amended by inserting at the end thereof the following new section:

44 Section 26. A carrier may not deny payment for any health care service covered under an
45 enrollee’s health plan based solely on the basis that the enrollee’s referral was made by a
46 provider who is not a member of the carrier’s provider network

47 SECTION 9. Chapter 176G of the General Laws of the General Laws is hereby amended
48 by adding at the end the following new section:

49 Section 34. A carrier may not deny payment for any health care service covered under an
50 enrollee's health plan based solely on the basis that the enrollee's referral was made by a
51 provider who is not a member of the carrier's provider network

52 SECTION 10. Chapter 176I of the General Laws of the General Laws is hereby amended
53 by adding at the end the following new section:

54 Section 14. A carrier may not deny payment for any health care service covered under an
55 enrollee's health plan based solely on the basis that the enrollee's referral was made by a
56 provider who is not a member of the carrier's provider network

57 SECTION 11. Section's 1-2 and 5-10 of this Act shall be effective for all contracts which
58 are entered into, renewed, or amended one year after its effective date.