

SENATE No. 609

The Commonwealth of Massachusetts

PRESENTED BY:

Brendan P. Crighton

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 consumer deductibles.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>Brendan P. Crighton</i>	<i>Third Essex</i>	
<i>Adam Scanlon</i>	<i>14th Bristol</i>	<i>5/23/2023</i>
<i>Michael O. Moore</i>	<i>Second Worcester</i>	<i>5/31/2023</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>	<i>7/12/2023</i>

SENATE No. 609

By Mr. Crighton, a petition (accompanied by bill, Senate, No. 609) of Brendan P. Crighton for legislation relative to consumer deductibles. Financial Services.

The Commonwealth of Massachusetts

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

An Act relative to consumer deductibles.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 Chapter 176O of the General Laws, as appearing in the 2020 Official Edition, is hereby
2 amended by inserting after section 27 the following section:-

3 Section 28. (a) In this Section, the following terms shall have the following meanings:

4 “Insurer” means any health insurance issuer that is subject to state law regulating
5 insurance and offers health insurance coverage, as defined in 42 U.S.C. § 300gg-91, or any state
6 or local governmental employer plan.

7 “Cost sharing requirement” means any copayment, coinsurance, deductible, or annual
8 limitation on cost sharing (including but not limited to a limitation subject to 42 U.S.C. §§
9 18022(c) and 300gg-6(b)), required by or on behalf of an enrollee in order to receive a specific
10 health care service, including a prescription drug, covered by a health plan.

11 “Enrollee” means any individual entitled to health care services from an insurer.

12 “Health plan” means a policy, contract, certification, or agreement offered or issued by an
13 insurer to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care
14 services.

15 “Health care service” means an item or service furnished to any individual for the
16 purpose of preventing, alleviating, curing, or healing human illness, injury or physical disability.

17 “Person” means a natural person, corporation, mutual company, unincorporated
18 association, partnership, joint venture, limited liability company, trust, estate, foundation, not-
19 for-profit corporation, unincorporated organization, government or governmental subdivision or
20 agency.

21 (b) When calculating an enrollee’s contribution to any applicable cost sharing
22 requirement, an insurer shall include any cost sharing amounts paid by the enrollee or on behalf
23 of the enrollee by another person. Any cost sharing or reductions made for an enrollee’s benefit
24 or towards an enrollee’s applicable cost sharing requirement shall be applied in full at the time it
25 is rendered and wholly towards the enrollee’s out-of-pocket costs, deductible, cost sharing or
26 similar enrollee obligation.

27 (c) When calculating an enrollee’s contribution to the annual limitation on cost sharing
28 set forth in 42 U.S.C. §§ 18022(c) and 300gg-6(b), an insurer shall include expenditures for any
29 health care service covered by the enrollee’s health plan and included within a category of
30 essential health benefits as described in 42 U.S.C. § 18022(b)(1).

31 This section shall apply with respect to health plans that are entered into, amended,
32 extended, or renewed on or after January 1, 2024.

33 The Commission may promulgate such rules and regulations as it may deem necessary to
34 implement this section.