

SENATE No. 776

The Commonwealth of Massachusetts

PRESENTED BY:

Paul W. Mark

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 limiting out of pocket expenses.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>Paul W. Mark</i>	<i>Berkshire, Hampden, Franklin and Hampshire</i>	
<i>Rebecca L. Rausch</i>	<i>Norfolk, Worcester and Middlesex</i>	<i>7/10/2023</i>

SENATE No. 776

By Mr. Mark, a petition (accompanied by bill, Senate, No. 776) of Paul W. Mark for legislation to limit out of pocket expenses. Health Care Financing.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE HOUSE, NO. 1295 OF 2021-2022.]

The Commonwealth of Massachusetts

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

An Act limiting out of pocket expenses.

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. Section 6 of chapter 32A of the General Laws is hereby amended by
2 inserting after the fourth sentence thereof the following new sentence: -

3 For active and retired employees, their dependents and the survivors of deceased
4 employees, including municipal subscribers, the maximum amount of deductibles and
5 copayments for covered services during an enrollment year in a plan shall not exceed \$2,500 for
6 individual coverage and \$5,000 for family coverage.

7 SECTION 2. Subsection (b) Section 22 of Chapter 32B is hereby amended by striking the
8 first paragraph and inserting the following new paragraph:-

9 (b) An appropriate public authority may increase the dollar amounts for copayments,
10 deductibles, tiered provider network copayments and other cost-sharing plan design features;

provided that, for subscribers enrolled in a non-Medicare plan, such features do not exceed plan design features offered by the commission pursuant to section 4 or 4A of chapter 32A in a non-Medicare plan with the largest subscriber enrollment and, for subscribers enrolled in a Medicare plan under section 18A, such features do not exceed plan design features offered by the commission pursuant to section 4 or 4A of chapter 32A in a Medicare plan with the largest subscriber enrollment; provided that for active and retired employees, their dependents and the survivors of deceased employees the maximum amount of health insurance deductibles and copayments for covered services during an enrollment year in a plan shall not exceed those offered by the commission; provided, however, that the public authority need only satisfy the requirements of subsection (a) of section 21 the first time changes are implemented pursuant to this section; and provided, further that the public authority meet its obligations under subsections (b) to (h), inclusive, of section 21 each time an increase to a plan design feature is proposed.

SECTION 3. Section 9 of Chapter 32A is hereby amended by inserting the following new paragraph at the end thereof:-

Any and all excess premium payments made by the Commonwealth and or its employees and retirees shall remain in the trust fund, to be utilized for the purposes of paying the out of pocket expenses in excess of the limitations established in Section 6 up to the combined medical and pharmaceutical maximums established pursuant to the Patient Protection and Affordable Care Act , 42 U.S.C. §18001 et seq. (2010) or improving insurance benefits for its employees and retirees. Premium payments pursuant to this section shall include sums appropriated by the General Court or paid by the insured for self-insured products offered by the group insurance commission.