

HOUSE No. 5020

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, February 5, 2026.

The committee on Financial Services, to whom was referred the petition (accompanied by bill, House, No. 1267) of Frank A. Moran for legislation to further regulate health insurance contracts, reports recommending that the accompanying bill (House, No. 5020) ought to pass.

For the committee,

JAMES M. MURPHY.

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In the One Hundred and Ninety-Fourth General Court
(2025-2026)

An Act relative to unilateral contract changes.

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 3. Section 15 of chapter 176O of the General Laws, as appearing in the 2022
2 Official Edition, is hereby amended by striking out subsection j and inserting in place thereof the
3 following new subsection:-

4 (j) No carrier shall make a contract with a health care provider which includes a provision
5 permitting termination without cause. A carrier shall provide a written statement to a provider of
6 the reason or reasons for such provider's involuntary disenrollment. No carrier shall make a
7 contract with a health care provider which includes a provision permitting the carrier to make a
8 unilateral change to any material term or condition of such contract, including, but not limited to,
9 changes to underlying fee schedules, payment terms, carrier policies or procedures, definitions of
10 covered services or covered sites of services, policies associated with utilization review, quality
11 management and improvement, credentialing or covered preventive health services, other than a
12 change expressly required by law, unless the effective date of such unilateral change is after the
13 end of the then-current term of such contract, and notice of such change was provided, in
14 writing, to the health care provider more than 90 days before the date by which the health care

provider must provide notice of termination or non-renewal to the carrier under such contract.
Nothing herein shall prohibit a carrier and a health care provider from entering into a mutually-agreeable amendment to such contract.

SECTION 1. Section 4 of chapter 32A of the General Laws, as appearing in the 2022 Official Edition, is hereby amended by inserting after the first paragraph the following new paragraph:-

The commission shall not purchase a policy providing health insurance benefits from an insurance company whose contract with a healthcare provider under said policy includes a provision permitting termination without cause. The commission shall not purchase a policy providing health insurance benefits from an insurance company whose contract with a healthcare provider under said policy includes a provision permitting the carrier to make a unilateral change to any material term or condition of such contract, including, but not limited to, changes to underlying fee schedules, payment terms, carrier policies or procedures, definitions of covered services or covered sites of services, policies associated with utilization review, quality management and improvement, credentialing or covered preventive health services, other than a change expressly required by law, unless the effective date of such unilateral change is after the end of the then-current term of such contract, and notice of such change was provided, in writing, to the health care provider more than 90 days before the date by which the health care provider must provide notice of termination or non-renewal to the carrier under such contract.
Nothing herein shall prohibit an insurance company and a health care provider from entering into a mutually-agreeable amendment to such contract.

SECTION 2. Section 4A of chapter 32A of the General Laws, as so appearing, is hereby amended by inserting after the first paragraph the following:-

The commission shall not enter into such service-type contracts if said contract includes a provision permitting the termination without cause of a healthcare provider. The commission shall not enter into such service-type contracts if said contract includes a provision permitting the carrier to make a unilateral change to any material term or condition of such contract, including, but not limited to, changes to underlying fee schedules, payment terms, carrier policies or procedures, definitions of covered services or covered sites of services, policies associated with utilization review, quality management and improvement, credentialing or covered preventive health services, other than a change expressly required by law, unless the effective date of such unilateral change is after the end of the then-current term of such contract, and notice of such change was provided, in writing, to the health care provider more than 90 days before the date by which the health care provider must provide notice of termination or non-renewal to the carrier under such contract. Nothing herein shall prohibit an insurance company and a health care provider from entering into a mutually-agreeable amendment to such contract.