

# HOUSE . . . . . No. 5022

---

## 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. 1343) of Thomas P. Walsh and others for legislation to prohibit denials of certain payments for health care service, reports recommending that the accompanying bill (House, No. 5022) ought to pass.

For the committee,

JAMES M. MURPHY.

## The Commonwealth of Massachusetts

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

## 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 the following new section:-

3 Section 35. 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 thereof 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 appearing in the 2022  
12                   Official Edition, is hereby amended by striking the following words in lines 31-32 of paragraph  
13                   (b):- “in a single dose or in a quantity” and;

14                   By striking in line 35 the words, “essential for the treatment of a patient” and adding 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 chapter 94C, as so appearing, shall be amended by inserting  
25                   in line 6 of paragraph (a) after the word “prescription”, “or practitioner who dispenses the  
26                   controlled substance.”

27                   SECTION 5. Section 118E of the General Laws is hereby amended by adding after  
28                   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 before  
33    section 47CCC the following new section:-

34                   Section 47AAA. Any blanket or general policy of insurance described in subdivision (A),  
35    (C), or (D) of section one hundred and ten which is issued or subsequently renewed by  
36    agreement between the insurer and the policyholder, within or without the commonwealth,  
37    during the period within which this premium is effective, or any policy of accident or sickness  
38    insurance as described in section one hundred and eight which provides hospital expense and  
39    surgical expense insurance and which is delivered or issued for delivery or subsequently renewed  
40    by agreement between the insurer and the policyholder in the commonwealth, during the period  
41    within which this provision is effective, or any employers' health and welfare fund which  
42    provides hospital expense and surgical expense benefits and which is issued or renewed to any  
43    person or group of persons in the commonwealth, during the period within which this provision  
44    is effective, may not deny payment for any health care service covered under an enrollee's health  
45    plan based solely on the basis that the enrollee's referral was made by a provider who is not a  
46    member of the carrier's provider network

47                   SECTION 7. Chapter 176A of the General Laws is hereby amended by adding after  
48    section 38, the following new section:-

49                   Section 39. 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 8. Chapter 176B of the General Laws, is hereby amended by inserting after  
53    section 25, the following new section:-

54           Section 26. 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 9. Chapter 176G of the General Laws of the General Laws is hereby amended  
58    by inserting after section 33, the following new section:-

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

62           SECTION 10. Chapter 176I of the General Laws is hereby amended by adding after  
63    section 13, the following new section:-

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

67           SECTION 11. Sections 1-2 and 5-10 of this Act shall be effective for all contracts which  
68    are entered into, renewed, or amended one year after its effective date.