

# HOUSE . . . . . No.

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## The Commonwealth of Massachusetts

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PRESENTED BY:

***John J. Lawn, Jr.***

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*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 to further enhance rate review examinations conducted by the health care access bureau within the division of insurance.

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PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>John J. Lawn, Jr.</i>	<i>10th Middlesex</i>	<i>1/17/2025</i>

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[Pin Slip]

## The Commonwealth of Massachusetts

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

An Act to further enhance rate review examinations conducted by the health care access bureau within the division of insurance.

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

SECTION 1. Chapter 26 of the General Laws is hereby amended by striking out section 7A, as appearing in the 2022 Official Edition, and inserting in place thereof the following section:-

Section 7A. (a) As used in this section, the following words shall, unless the context clearly requires otherwise, have the following meanings:-

“Rate review”, any examination performed by the commissioner of the aggregate rates of payment pursuant to sections 5, 6 and 10 of chapter 176A; section 4 of chapter 176B; section 16 of chapter 176G; section 6 of chapter 176J; and section 7 of chapter 176K.

(b) There shall be within the division of insurance a health care access bureau overseen by a deputy commissioner, whose duties shall include, but not be limited to, subject to the direction of the commissioner of insurance, rate review of premium rates for health benefit plans offered, issued or renewed in the commonwealth, administration of the division's statutory and

regulatory authority for oversight of the small group and individual health insurance market, oversight of affordable health plans, including coverage for young adults, as well as the dissemination of appropriate information to consumers about health insurance coverage and access to affordable products. The deputy commissioner shall: (i) protect the interests of consumers of health insurance; (ii) encourage fair treatment of health care providers by health insurers; (iii) enhance equity, access, quality and affordability in the health care system; (iv) guard the solvency of health insurers; (v) work cooperatively with the health policy commission and the center for health information and analysis to monitor health care spending; and (vi) prioritize affordability of health insurance products during rate review.

(c) The deputy commissioner shall develop affordability standards to consider during rate review; provided, however, that the commissioner's review of a carrier's rates shall adhere to principles of solvency and actuarial soundness. Such standards shall consider the following:

(i) affordability for consumers, including the totality of costs paid by consumers of health insurance for covered benefits including, but not limited to, the enrollee's share of premium, out-of-pocket maximum amounts, deductibles, copays, coinsurance and other forms of cost sharing for health insurance coverage;

(ii) affordability for purchasers, including the totality of costs paid by purchasers of health insurance including, but not limited to, premium costs, actuarial value of coverage for covered benefits and the value delivered on health care spending in terms of improved quality and cost efficiency; and

(iii) the impact of proposed rates on the commonwealth's performance against the health care cost growth benchmark established in section 9 of chapter 6D.

(d) The deputy commissioner shall review data and documents submitted to the division including, but not limited to, any materials submitted as part of rate reviews, to examine the causes of premium rate increases and excessive provider price variation.

(e) The commissioner shall appoint, at a minimum, the following employees: a first deputy, a general counsel, a chief health economist, a chief actuary, a chief research analyst, and a chief examiner. The appointed employees shall devote their full time to the duties of their offices, shall be exempt from chapters 30 and 31 and shall serve at the pleasure of the commissioner. The commissioner may appoint and remove additional employees, including deputies, economists, analysts, examiners, assistant actuaries, inspectors, clerks and other assistants as the work of the bureau may require. Such additional employees shall perform such duties as the commissioner may prescribe.

(f) The commissioner shall make and collect an assessment against the carriers licensed under chapters 175, 176A, 176B, 176E, 176F and 176G to pay for the expenses of the bureau. The assessment shall be at a rate sufficient to produce \$2,000,000 annually. In addition to that amount, the assessment shall include an amount to be credited to the General Fund which shall be equal to the total amount of funds estimated by the secretary of administration and finance to be expended from the General Fund for indirect and fringe benefit costs attributable to the personnel costs of the bureau. The assessment shall be allocated on a fair and reasonable basis among all carriers licensed under said chapters. The funds produced by the assessments shall be expended by the bureau, in addition to any other funds which may be appropriated, to assist in defraying the general operating expenses of the bureau, and may be used to compensate consultants retained by the division. A carrier licensed under said chapters shall pay the amount

57     assessed against it within 30 days after the date of the notice of assessment from the  
58     commissioner.