

SENATE No. 745

The Commonwealth of Massachusetts

PRESENTED BY:

Paul R. Feeney

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 health expenses.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>Paul R. Feeney</i>	<i>Bristol and Norfolk</i>	
<i>Michael J. Barrett</i>	<i>Third Middlesex</i>	<i>2/4/2025</i>

SENATE No. 745

By Mr. Feeney, a petition (accompanied by bill, Senate, No. 745) of Paul R. Feeney and Michael J. Barrett for legislation to limit out of pocket health expenses. Financial Services.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE SENATE, NO. 638 OF 2023-2024.]

The Commonwealth of Massachusetts

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

An Act limiting out of pocket health 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, as appearing in the 2022
2 Official Edition, is hereby amended by inserting after the fourth sentence thereof the following
3 sentence:-

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

8 SECTION 2. Subsection (b) Section 22 of Chapter 32B, as so appearing, is hereby
9 amended by striking the first paragraph and inserting the following paragraph:-

10 (b) An appropriate public authority may increase the dollar amounts for copayments,
11 deductibles, tiered provider network copayments and other cost-sharing plan design features;
12 provided that, for subscribers enrolled in a non-Medicare plan, such features do not exceed plan
13 design features offered by the commission pursuant to section 4 or 4A of chapter 32A in a non-
14 Medicare plan with the largest subscriber enrollment and, for subscribers enrolled in a Medicare
15 plan under section 18A, such features do not exceed plan design features offered by the
16 commission pursuant to section 4 or 4A of chapter 32A in a Medicare plan with the largest
17 subscriber enrollment; provided that for active and retired employees, their dependents and the
18 survivors of deceased employees the maximum amount of health insurance deductibles and
19 copayments for covered services during an enrollment year in a plan shall not exceed those
20 offered by the commission; provided, however, that the public authority need only satisfy the
21 requirements of subsection (a) of section 21 the first time changes are implemented pursuant to
22 this section; and provided, further that the public authority meet its obligations under subsections
23 (b) to (h), inclusive, of section 21 each time an increase to a plan design feature is proposed.

24 SECTION 3. Section 9 of Chapter 32A, as so appearing, is hereby amended by inserting
25 after the word “credits,” in line 2, the following words:-

26 “or excess premium payments made by the Commonwealth and or employees,”

27 SECTION 4. Section 9 of Chapter 32A, as so appearing, is hereby amended by inserting
28 the following new paragraph and the end thereof:-

29 Any and all excess premium payments made by the Commonwealth and or its employees,
30 shall remain in the trust fund, to be utilized for the purposes of paying the out of pocket costs in
31 excess of the limitations established in Section 6, or reducing the employees share of the annual

32 premium in the event of a deficiency. Premium payments pursuant to this section shall include
33 sums appropriated by the General Court or paid by the insured for self-insured products offered
34 by the group insurance commission.