

**SENATE . . . . . No. 902**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

*Pavel M. Payano*

*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 lowering health care prices for patients.

PETITION OF:

NAME:

*Pavel M. Payano*

DISTRICT/ADDRESS:

*First Essex*

**SENATE . . . . . No. 902**

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By Mr. Payano, a petition (accompanied by bill, Senate, No. 902) of Pavel M. Payano for legislation to lower health care prices for patients by limiting the rate that can be charged for services to not exceed 200 percent of the amount paid by Medicare for the service. Health Care Financing.

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**The Commonwealth of Massachusetts**

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

An Act lowering health care prices for patients.

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

1 Chapter 111 of the General Laws is hereby amended by inserting after section 51L the  
2 following section:-

3 Section 51M. (a) As used in this section, the following terms shall have the following  
4 meanings:-

5 “Health care provider”, a provider of medical or health services or any other person or  
6 organization that furnishes, bills or is paid for health care service delivery in the normal course  
7 of business.

8 “Hospital”, a hospital licensed pursuant to section 51 of chapter 111, the teaching  
9 hospital of the University of Massachusetts Medical School and any psychiatric facility licensed  
10 under section 19 of chapter 19.

11 “Provider organization”, any corporation, partnership, business trust, association or  
12 organized group of persons, which is in the business of health care delivery or management,  
13 whether incorporated or not that represents 1 or more health care providers in contracting with  
14 carriers for the payments of health care services; provided, that "provider organization" shall  
15 include, but not be limited to, physician organizations, physician-hospital organizations,  
16 independent practice associations, provider networks, accountable care organizations, clinical  
17 laboratories, imaging facilities and any other organization that contracts with carriers for  
18 payment for health care services.

19 (b) A health care provider shall not charge, bill, or collect payment for health care  
20 services at a rate that exceeds 200 percent of the amount paid by Medicare for the service.

21 (c) A hospital shall not charge, bill, or collect payment for health care services at a rate  
22 that exceeds 200 percent of the amount paid by Medicare for the service.

23 (d) A provider organization shall not charge, bill, or collect payment for health care  
24 services at a rate that exceeds 200 percent of the amount paid by Medicare for the service.

25 (e) Every health care provider, hospital, and provider organization which provides  
26 covered services to a person must provide such services to any such person as a condition of  
27 their licensure, and must accept payment consistent with the provisions of this section, and may  
28 not balance bill such person for any amount in excess of the amount paid by the payor pursuant  
29 to this section, other than applicable co-payments, co-insurance, and deductibles.

30 (g) A health care provider, hospital, or provider organization shall not recoup or seek to  
31 recoup amounts in excess of the amounts charged to carriers pursuant to this section by  
32 increasing charges to other health benefit plans or other payers.

33           (f) The department may promulgate regulations to monitor and ensure compliance with  
34 this section. The attorney general shall have concurrent authority with the department to review  
35 and monitor compliance with this section.