

SENATE No.

The Commonwealth of Massachusetts

PRESENTED BY:

Julian Cyr

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 relative to rate equity for community health centers.

PETITION OF:

NAME:

Julian Cyr

DISTRICT/ADDRESS:

Cape and Islands

SENATE No.

[Pin Slip]

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE SENATE, NO. 620 OF 2023-2024.]

The Commonwealth of Massachusetts

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

An Act relative to rate equity for community health centers.

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, as appearing in the 2022 Official
2 Edition, is hereby amended by inserting after section 33 the following new section:-

3 Section 34. (a) For the purposes of this section, the following terms shall have the
4 following meanings unless the context clearly requires otherwise:

5 “Federally Qualified Health Center”, any entity receiving a grant under 42 U.S.C. 254B.

6 “Federally Qualified Health Center Services”, as such term is defined in 42 U.S.C.
7 1396d(a)(2)(C), and as further defined in 101 CMR 304.00.

8 (b) Notwithstanding any general or special law to the contrary, the Commission shall
9 ensure that the rate of payment for any Federally Qualified Health Center services provided to a
10 patient by a community health center, shall be reimbursed in an amount at least equivalent to the

11 annual aggregate revenue that the health center would have received if reimbursed by
12 MassHealth pursuant to methodology that conforms with 42 U.S.C. § 1396a(bb) and
13 1396b(m)(2)(A)(ix) as they appear in Title 42 of the United States Code as of January 1, 2025.

14 SECTION 2. Chapter 118E of the General Laws, as appearing in the 2022 Official
15 Edition, is hereby amended by inserting after section 13d ½ the following new section:-

16 Section 13d ¾. (a) For purposes of this section, the term “community health center” shall
17 mean any entity reimbursed as a community health center under this chapter.

18 (b) Notwithstanding any general or special law to the contrary, reimbursement for
19 community health centers under this chapter, shall be in an amount at least equivalent to the
20 annual aggregate revenue that the health center would have received if reimbursed by
21 MassHealth pursuant to methodology that conforms with 42 U.S.C. § 1396a(bb) and
22 1396b(m)(2)(A)(ix) as they appear in Title 42 of the United States Code as of January 1, 2025.

23 SECTION 3. Chapter 175 of the General Laws, as appearing in the 2022 Official Edition,
24 is hereby amended by inserting after section 47UU the following new section:-

25 Section 47VV. (a) For the purposes of this section, the following terms shall have the
26 following meanings unless the context clearly requires otherwise:

27 “Federally Qualified Health Center”, any entity receiving a grant under 42 U.S.C. 254B.

28 “Federally Qualified Health Center Services”, as such term is defined in 42 U.S.C.
29 1396d(a)(2)(C), and as further defined in 101 CMR 304.00.

30 (b) Notwithstanding any general or special law to the contrary, insurers organized under
31 this chapter shall ensure that the rate of payment for any Federally Qualified Health Center

32 services provided to a patient by a community health center, shall be reimbursed in an amount at
33 least equivalent to the annual aggregate revenue that the health center would have received if
34 reimbursed by MassHealth pursuant to methodology that conforms with 42 U.S.C. § 1396a(bb)
35 and 1396b(m)(2)(A)(ix) as they appear in Title 42 of the United States Code as of January 1,
36 2023.

37 (c) A policy, contract, agreement, plan or certificate of insurance issued, delivered or
38 renewed within or without the Commonwealth shall not be required to reimburse a health care
39 provider for a health care service that is not a covered benefit under the plan or reimburse a
40 health care provider not contracted under the plan except as described in subclause (i) of clause
41 (4) of subsection (a) of section 6 of chapter 176O.

42 (d) The Division of Insurance shall issue regulations governing issuance of payments to
43 community health centers to conform with this section. The Division of Insurance shall consult
44 with MassHealth to receive technical assistance regarding the per visit payment rate for each
45 individual Federally Qualified Health Center for a given year. MassHealth shall provide the
46 Division of Insurance with a proxy rate for any Federally Qualified Health Center who has not
47 received an individual prospective payment system rate and the Division of Insurance shall make
48 available to health plans upon request the necessary prospective payment system rate information
49 regarding their contracted Federally Qualified Health Centers such that the health plan can
50 ensure compliance with this requirement. The Division of Insurance shall promulgate regulations
51 no later than January 1, 2027 in order to implement the provisions of this Chapter.

52 (e) Any entity licensed by the Division of Insurance and providing reimbursement to
53 federally qualified health centers for services provided to patients, including, but not limited to,

54 non-profit hospital service corporations, medical service corporations, dental service
55 corporations, health maintenance organizations, and preferred provider organizations, or any
56 other entity not specifically enumerated hereunder licensed by the Division of Insurance and
57 providing reimbursement to federally qualified health centers for services provided to patients,
58 shall submit an annual report to the Division of Insurance as a condition of their licensure
59 evidencing that the total reimbursement to Federally Qualified Health Centers for services
60 provided to patients in the prior year was equivalent to the annual aggregate revenue the health
61 center would have received if reimbursed by MassHealth.

62 SECTION 4. Chapter 176A of the General Laws, as appearing in the 2022 Official
63 Edition, is hereby amended by inserting after Section 38 the following new section:-

64 Section 39. (a) For the purposes of this section, the following terms shall have the
65 following meanings unless the context clearly requires otherwise:

66 “Federally Qualified Health Center”, any entity receiving a grant under 42 U.S.C. 254B.

67 “Federally Qualified Health Center Services”, as such term is defined in 42 U.S.C.
68 1396d(a)(2)(C), and as further defined in 101 CMR 304.00.

69 (b) Notwithstanding any general or special law to the contrary, any corporation organized
70 under this chapter shall ensure that the rate of payment for any Federally Qualified Health Center
71 services provided to a patient by a community health center, shall be reimbursed in an amount at
72 least equivalent to the annual aggregate revenue that the health center would have received if
73 reimbursed by MassHealth pursuant to methodology that conforms with 42 U.S.C. § 1396a(bb)
74 and 1396b(m)(2)(A)(ix) as they appear in Title 42 of the United States Code as of January 1,
75 2023.

76 (c) A policy, contract, agreement, plan or certificate of insurance issued, delivered or
77 renewed within or without the Commonwealth shall not be required to reimburse a health care
78 provider for a health care service that is not a covered benefit under the plan or reimburse a
79 health care provider not contracted under the plan except as described in subclause (i) of clause
80 (4) of subsection (a) of section 6 of chapter 176O.

81 SECTION 5. Section 1 of Chapter 176B of the General Laws, as appearing in the 2022
82 Official Edition, is hereby amended by inserting after the definition of “Dependent” the
83 following new definitions:-

84 “Federally Qualified Health Center”, any entity receiving a grant under 42 U.S.C. 254B.

85 “Federally Qualified Health Center Services”, as such term is defined in 42 U.S.C.
86 1396d(a)(2)(C), and as further defined in 101 CMR 304.00.

87 SECTION 6. Chapter 176B of the General Laws, as so appearing, is hereby further
88 amended by inserting after Section 25 the following new section:-

89 Section 26: (a) Notwithstanding any general or special law to the contrary, any medical
90 service plan organized under this chapter shall ensure that the rate of payment for any Federally
91 Qualified Health Center services provided to a patient by a community health center, shall be
92 reimbursed in an amount at least equivalent to the annual aggregate revenue that the health
93 center would have received if reimbursed by MassHealth pursuant to methodology that conforms
94 with 42 U.S.C. § 1396a(bb) and 1396b(m)(2)(A)(ix) as they appear in Title 42 of the United
95 States Code as of January 1, 2025.

96 (b) A policy, contract, agreement, plan or certificate of insurance issued, delivered or
97 renewed within or without the Commonwealth shall not be required to reimburse a health care
98 provider for a health care service that is not a covered benefit under the plan or reimburse a
99 health care provider not contracted under the plan except as described in subclause (i) of clause
100 (4) of subsection (a) of section 6 of chapter 176O.

101 SECTION 7. Section 1 of Chapter 176E of the General Laws, as appearing in the 2022
102 Official Edition, is hereby amended by inserting after the definition of “Dental Service
103 Corporation” the following new definitions:-

104 “Federally Qualified Health Center”, any entity receiving a grant under 42 U.S.C. 254B.

105 “Federally Qualified Health Center Services”, as such term is defined in 42 U.S.C.
106 1396d(a)(2)(C), and as further defined in 101 CMR 304.00.

107 SECTION 8. Said Chapter 176E is further amended by inserting after section 15A the
108 following new section:-

109 Section 15B. (a) Notwithstanding any general or special law to the contrary, any Dental
110 Service Corporation organized under this chapter shall ensure that the rate of payment for any
111 Federally Qualified Health Center services provided to a patient by a community health center,
112 shall be reimbursed in an amount at least equivalent to the annual aggregate revenue that the
113 health center would have received if reimbursed by MassHealth pursuant to methodology that
114 conforms with 42 U.S.C. § 1396a(bb) and 1396b(m)(2)(A)(ix) as they appear in Title 42 of the
115 United States Code as of January 1, 2025

116 (b) A policy, contract, agreement, plan or certificate of insurance issued, delivered or
117 renewed within or without the Commonwealth shall not be required to reimburse a health care
118 provider for a health care service that is not a covered benefit under the plan or reimburse a
119 health care provider not contracted under the plan except as described in subclause (i) of clause
120 (4) of subsection (a) of section 6 of chapter 176O.

121 SECTION 9. Section 1 of Chapter 176G of the General Laws, as appearing in the 2022
122 Official Edition, is hereby amended by inserting after the definition of “Evidence of Coverage”
123 the following new definitions:-

124 “Federally Qualified Health Center”, any entity receiving a grant under 42 U.S.C. 254B.

125 “Federally Qualified Health Center Services”, as such term is defined in 42 U.S.C.
126 1396d(a)(2)(C), and as further defined in 101 CMR 304.00.

127 SECTION 10. Said Chapter 176G is further amended by inserting after section 33 the
128 following new section:-

129 Section 34. (a) Notwithstanding any general or special law to the contrary, any Health
130 Maintenance Organization organized under the laws of the Commonwealth shall ensure that the
131 rate of payment for any Federally Qualified Health Center services provided to a patient by a
132 community health center, shall be reimbursed in an amount at least equivalent to the annual
133 aggregate revenue that the health center would have received if reimbursed by MassHealth
134 pursuant to methodology that conforms with 42 U.S.C. § 1396a(bb) and 1396b(m)(2)(A)(ix) as
135 they appear in Title 42 of the United States Code as of January 1, 2025.

136 (b) A policy, contract, agreement, plan or certificate of insurance issued, delivered or
137 renewed within or without the Commonwealth shall not be required to reimburse a health care
138 provider for a health care service that is not a covered benefit under the plan or reimburse a
139 health care provider not contracted under the plan except as described in subclause (i) of clause
140 (4) of subsection (a) of section 6 of chapter 176O.

141 SECTION 11. Section 1 of Chapter 176I of the General Laws, as appearing in the 2022
142 Official Edition, is hereby amended by inserting after the definition of “Emergency Care” the
143 following new definitions:-

144 “Federally Qualified Health Center”, any entity receiving a grant under 42 U.S.C. 254B.

145 “Federally Qualified Health Center Services”, as such term is defined in 42 U.S.C.
146 1396d(a)(2)(C), and as further defined in 101 CMR 304.00.

147 SECTION 12. Said Chapter 176I, as so appearing, is further amended by inserting after
148 section 13 the following new section:-

149 Section 14. (a) Notwithstanding any general or special law to the contrary, any preferred
150 provider contract shall ensure that the rate of payment for any Federally Qualified Health Center
151 services provided to a patient by a community health center, shall be reimbursed in an amount at
152 least equivalent to the annual aggregate revenue that the health center would have received if
153 reimbursed by MassHealth pursuant to methodology that conforms with 42 U.S.C. § 1396a(bb)
154 and 1396b(m)(2)(A)(ix) as they appear in Title 42 of the United States Code as of January 1,
155 2023.

156 (b) A policy, contract, agreement, plan or certificate of insurance issued, delivered or
157 renewed within or without the Commonwealth shall not be required to reimburse a health care
158 provider for a health care service that is not a covered benefit under the plan or reimburse a
159 health care provider not contracted under the plan except as described in subclause (i) of clause
160 (4) of subsection (a) of section 6 of chapter 176O.