

SENATE No. 2732

The Commonwealth of Massachusetts

PRESENTED BY:

Michael O. Moore

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 direct primary care.

PETITION OF:

NAME:

Michael O. Moore

DISTRICT/ADDRESS:

Second Worcester

SENATE No. 2732

By Mr. Moore, a petition (accompanied by bill, Senate, No. 2732) (subject to Joint Rule 12) of Michael O. Moore for legislation to prohibit denials of certain payments for health care service. Financial Services.

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, as appearing in the 2022 Official
2 Edition, is hereby amended by adding the following section:-

3 “Section 35. A carrier may not deny payment for any health care service covered under
4 an 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, as so appearing, is hereby amended by
7 adding the following new section:-

8 “Section 30. A carrier may not deny payment for any health care service covered under
9 an 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 so appearing, is hereby
12 amended by striking the following words in lines 31-32 of paragraph (b):- “in a single dose or in
13 a quantity” and;

14 By striking in line 35 the words, “essential for the treatment of a patient” and inserting in
15 place thereof the following words:- “which is for a legitimate medical purpose by a practitioner
16 acting in the usual course of his professional practice.” and;

17 By striking in lines 35-39 the words:- “The amount or quantity of any controlled
18 substance dispensed under this subsection shall not exceed the quantity of a controlled substance
19 necessary for the immediate and proper treatment of the patient until it is possible for the patient
20 to have a prescription filled by a pharmacy.”; and

21 By striking in lines 91-93 of paragraph (e) the words:- “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 said chapter 94C, as so appearing, shall be amended by
25 inserting in line 6 of paragraph (a) after the word “prescription”, the following words:- “or
26 practitioner who dispenses the controlled substance.”

27 SECTION 5. Chapter 118E of the General Laws, as so appearing, is hereby amended by
28 inserting after section 13C the following new section:-

29 “Section 13C½. A carrier may not deny payment for any health care service covered
30 under an enrollee’s health plan based solely on the basis that the enrollee’s referral was made by
31 a provider who is not a member of the carrier’s provider network.”

32 SECTION 6. Chapter 175 of the General Laws, as so appearing, is hereby amended by
33 inserting after section 47QQ the following section:

34 “Section 47QQ1/2. A carrier may not deny payment for any health care service covered
35 under an enrollee’s health plan based solely on the basis that the enrollee’s referral was made by
36 a provider who is not a member of the carrier’s provider network.”

37 SECTION 7. Chapter 176A of the General Laws, as so appearing, is hereby amended by
38 adding the following new section:-

39 “Section 39. A carrier may not deny payment for any health care service covered under
40 an enrollee’s health plan based solely on the basis that the enrollee’s referral was made by a
41 provider who is not a member of the carrier’s provider network.”

42 SECTION 8. Chapter 176B of the General Laws, as so appearing, is hereby amended by
43 adding the following new section:-

44 “Section 26. A carrier may not deny payment for any health care service covered under
45 an enrollee’s health plan based solely on the basis that the enrollee’s referral was made by a
46 provider who is not a member of the carrier’s provider network.”

47 SECTION 9. Chapter 176G of the General Laws, as so appearing, is hereby amended by
48 adding the following new section:-

49 “Section 34. A carrier may not deny payment for any health care service covered under
50 an 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 10. Chapter 176I of the General Laws, as so appearing, is hereby amended by
53 adding at the end the following new section:

54 “Section 14. A carrier may not deny payment for any health care service covered under
55 an 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 11. Section’s 1-2 and 5-10 of this Act shall be effective for all contracts which
58 are entered into, renewed, or amended one year after its effective date.