JOINT COMMITTEE ON FINANCIAL SERVICES
2025-2026 (194th) BILL SUMMARY

Bill No: H1138

Title: AN ACT TO INCREASE HEALTH INSURER REPORTING TRANSPARENCY

Sponsor: Rep Mindy Domb (*Amherst*)

Hearing Date: October 14, 2025

Reporting Deadline: December 3, 2025

Prior History:
2023-24 (H994): Ordered to a House Study
2021-22 (H1064): Ordered to a House Study

Similar Matters: S782 (Lovely)

CURRENT LAW:
M.G.L. c. 12C The Center for Health Information and Analysis § 10 (b) Reporting requirements for private and public health care payers and third-party administrators
The Center for Health Information and Analysis (CHIA) will require the submission of data and other information from each private health care payer offering small or large group health plans including, but not limited to:
(1) average annual individual and family plan premiums for each payer's most popular plans for a representative range of group sizes, as further determined in regulations, and average annual individual and family plan premiums for the lowest cost plan in each group size that meets the minimum standards and guidelines established by the division
(2) information concerning the actuarial assumptions that underlie the premiums for each plan
(3) summaries of the plan and network designs for each plan, including whether behavioral, substance use disorder and mental health, or other specific services are carved out from any plans
(4) information concerning the medical and administrative expenses, including medical loss ratios for each plan, using a uniform methodology and collected under *Chapter 176O §21*
(5) information concerning the payer's current level of reserves and surpluses

M.G.L. c. 176J Small Group Health Insurance § 6 (b) Approval of health insurance policies; eligibility criteria; submission of information; approval of changes to small group product base rates or rating factors
The insurance commissioner will require carriers offering health benefit plans to eligible small businesses and eligible individuals to submit information as required by the commissioner, the current and projected medical loss ratio for plans the components of projected administrative expenses and financial information, including, but not limited to:

(i) underwriting, auditing, actuarial, financial analysis, treasury and investment expenses
(ii) marketing and sales expenses, including, but not limited to, advertising, member relations, member enrollment and all expenses associated with producers, brokers and benefit consultants

(iii) claims operations expenses, including, but not limited to, adjudication, appeals, settlements and expenses associated with paying claims
(iv) medical administration expenses, including, but not limited to, disease management, utilization review and medical management
(v) network operations expenses, including, but not limited to, contracting, hospital and physician relations and medical policy procedures
(vi) charitable expenses, including, but not limited to, contributions to tax-exempt foundations and community benefits
(vii) state premium taxes
(viii) board, bureau and association fees
(ix) depreciation; and
(x) miscellaneous expenses described in detail by expense, including any expense not included in clauses (i) to (ix)

M.G.L. c. 176O Health Insurance Consumer Protections § 21(b)(2) Submission by carrier of annual comprehensive financial statement
Any carrier which provides administrative services to 1 or more self-insured groups will submit to the division of insurance (DOI) a report including the following information:
(i) the number of the carrier's self-insured customers
(ii) the aggregate number of members, as defined in c. *176J, § 1* in all of the carrier's self-insured customers
(iii) the aggregate number of lives covered in all of the carrier's self-insured customers
(iv) the percentage of the carrier's self-insured customers that include each of the benefits mandated for health benefit plans under *Chapters 175, 176A, 176B* and *176G*; and
(v) any other information deemed necessary by the commissioner

SUMMARY:
SECTION 1.
The Center for Health Information and Analysis (CHIA), as part of its annual report, will evaluate and report on individual carrier data metrics submitted of c. 12C *§ 10* under *subsection (b), clauses (1) through (5)* as well as data submitted to the division of insurance (DOI) under c. *176J § 6* and c. *176O § 21.*

Periodically, and through its annual report, CHIA will issue public reports on payer data on an industry-wide, payer-specific basis by line of business, where possible.

Data will include but not be limited to: (1) operating margins, (2) total margins, (3) reserves in dollars and as a percent of risk-based capital, (4) enrollment, and member months (5) total premiums and premiums on a per member per month basis, (6) total medical expenses and medical expenses on a per member per month basis, and (7) total administrative expenses and administrative expenses on a per member per month basis.
SECTION 2:
The insurance commissioner will make available to CHIA all information submitted to DOI under *c. 176J § 6*.

SECTION 3.
The insurance commissioner will make available to CHIA all information submitted to DOI under c. *176O § 21*.