

HOUSE No. 1212

The Commonwealth of Massachusetts

PRESENTED BY:

Thomas P. Walsh

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:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Thomas P. Walsh</i>	<i>12th Essex</i>	<i>2/4/2021</i>

HOUSE No. 1212

By Mr. Walsh of Peabody, a petition (accompanied by bill, House, No. 1212) of Thomas P. Walsh for legislation to prohibit denials of certain payments for health care service. Financial Services.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE HOUSE, NO. 1121 OF 2019-2020.]

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-Second General Court
(2021-2022)**

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 is hereby amended by adding at the end
2 the following new section:

3 Section 28: a carrier may not deny payment for any health care service covered under an
4 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 is hereby amended by adding at the end
7 the following new section:

8 Section 30: a carrier may not deny payment for any health care service covered under an
9 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 add the
15 words, “which is for a legitimate medical purpose by a practitioner acting in the usual course of
16 his professional practice.” and;

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

21 By striking in lines 91-93 of paragraph (e) the lines “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 shall be amended by inserting in line 6 of
25 paragraph (a) after the word “prescription” “or practitioner who dispenses the controlled
26 substance.”

27 SECTION 5. Section 118E of the General Laws of the General Laws is hereby amended
28 by adding at the end the following new section:

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

32 SECTION 6. Section 47BB of chapter 175 of the General Laws, as most recently added
33 by Section 158 of Chapter 224 of the Acts of 2012, of the General Laws is hereby amended by
34 striking subsections (a)-(d) and adding at the end of the existing paragraph the following new
35 paragraph:

36 A carrier may not deny payment for any health care service covered under an enrollee’s
37 health plan based solely on the basis that the enrollee’s referral was made by a provider who is
38 not a member of the carrier’s provider network

39 SECTION 7. Chapter 176A of the General Laws of the General Laws is hereby amended
40 by adding at the end the following new section:

41 Section 38: a carrier may not deny payment for any health care service covered under an
42 enrollee’s health plan based solely on the basis that the enrollee’s referral was made by a
43 provider who is not a member of the carrier’s provider network

44 SECTION 8. Chapter 176B of the General Laws, as appearing in the 2014 Official
45 Edition, is hereby amended by inserting at the end thereof the following new section:

46 Section 25: a carrier may not deny payment for any health care service covered under an
47 enrollee’s health plan based solely on the basis that the enrollee’s referral was made by a
48 provider who is not a member of the carrier’s provider network

49 SECTION 9. Chapter 176G of the General Laws of the General Laws is hereby amended
50 by adding at the end the following new section:

51 Section 33: a carrier may not deny payment for any health care service covered under an
52 enrollee's health plan based solely on the basis that the enrollee's referral was made by a
53 provider who is not a member of the carrier's provider network

54 SECTION 10. Chapter 176I of the General Laws of the General Laws is hereby amended
55 by adding at the end the following new section:

56 Section 13: a carrier may not deny payment for any health care service covered under an
57 enrollee's health plan based solely on the basis that the enrollee's referral was made by a
58 provider who is not a member of the carrier's provider network

59 SECTION 11. Section's 1-2 and 5-10 of this Act shall be effective for all contracts which
60 are entered into, renewed, or amended one year after its effective date.