

**HOUSE . . . . . No. 1931**

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The Commonwealth of Massachusetts

PRESENTED BY:

*James J. Dwyer*

*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 disproportionate share and geographically isolated hospitals.

PETITION OF:

NAME:

*James J. Dwyer*

DISTRICT/ADDRESS:

*30th Middlesex*

**HOUSE . . . . . No. 1931**

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By Mr. Dwyer of Woburn, a petition (accompanied by bill, House, No. 1931) of James J. Dwyer relative to disproportionate share and geographically isolated hospitals. Public Health.

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The Commonwealth of Massachusetts

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In the One Hundred and Eighty-Ninth General Court  
(2015-2016)  
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An Act relative to disproportionate share and geographically isolated hospitals.

*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. Section 13F of chapter 118E, as appearing in the 2010 Official Edition is  
2 hereby amended by striking subsection (a) and inserting the following:

3 (a) For disproportionate share hospitals, the executive office shall establish rates that  
4 equal the financial requirements of providing care to recipients of medical assistance, and  
5 further, the executive office shall classify as disproportionate share any geographically isolated  
6 hospital that provides inpatient and outpatient mental health services.

7 SECTION 2. Chapter 176J as appearing in the 2010 Official Edition is amended in  
8 section 11 by striking subsection (e) and adding the following:

9 (e) In determining network adequacy under this section the commissioner of insurance  
10 may take into consideration factors such as the location of providers participating in the plan and  
11 employers or members that enroll in the plan, the range of services provided by providers in the  
12 plan and plan benefits that recognize and provide for extraordinary medical needs of members

13 that may not be adequately dealt with by the providers within the plan network; and further,  
14 when calculating the tiering methodology for tiered network plans, the commissioner shall  
15 classify in the best tier any non –profit geographically isolated hospitals with a relative price as  
16 calculated by the center for health information and analysis of not greater than 1.1, and further,  
17 shall require any such hospital be an accepted provider in limited network products sold to  
18 members or employees who live or work in said hospital’s primary and secondary service area.