

HOUSE No. 02078

The Commonwealth of Massachusetts

PRESENTED BY:

Daniel Winslow

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 passage of the accompanying bill:

An Act relative to affordable health insurance..

PETITION OF:

NAME:	DISTRICT/ADDRESS:
<i>Daniel Winslow</i>	<i>9th Norfolk</i>
<i>Robert L. Hedlund</i>	<i>Plymouth and Norfolk</i>
<i>Steven Howitt</i>	<i>4th Bristol</i>
<i>Steven L. Levy</i>	<i>4th Middlesex</i>
<i>Daniel K. Webster</i>	<i>6th Plymouth</i>
<i>Donald Wong</i>	<i>9th Essex</i>

HOUSE No. 02078

By Mr. Winslow of Norfolk, a petition (accompanied by bill, House, No. 2078) of Wong and others relative to the approval of affordable health insurance contacts by the Commissioner of Insurance Joint Committee on Financial Services.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE
□ HOUSE
□ , NO. 1042 OF 2009-2010.]

The Commonwealth of Massachusetts

In the Year Two Thousand Eleven

An Act relative to affordable health insurance..

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 175 of the General Laws, as appearing in the 2008 Official Edition, is
- 2 hereby amended by inserting after section 111H, the following section:—
- 3 Section 111I. (a) Except as otherwise provided in this section, the commissioner shall not
- 4 disapprove a policy of accident and sickness insurance which provides hospital expense and
- 5 surgical expense insurance solely on the basis that it does not include coverage for at least 1
- 6 mandated benefit.

7 (b) The commissioner shall not approve a policy of accident and sickness insurance which
8 provides hospital expense and surgical expense insurance unless it provides, at a minimum,
9 coverage for:

10 (1) pregnant women, infants and children as set forth in section 47C;

11 (2) prenatal care, childbirth and postpartum care as set forth in section 47F;

12 (3) cytologic screening and mammographic examination as set forth in section 47G;

13 (3A) diabetes-related services, medications, and supplies as defined in section 47N;

14 (4) early intervention services as set forth in said section 47C; and

15 (5) mental health services as set forth in section 47B; provided however, that if the policy limits
16 coverage for outpatient physician office visits, the commissioner shall not disapprove the policy
17 on the basis that coverage for outpatient mental health services is not as extensive as required by
18 said section 47B, if the coverage is at least as extensive as coverage under the policy for
19 outpatient physician services.

20 (c) The commissioner shall not approve a policy of accident and sickness insurance which
21 provides hospital expense and surgical expense insurance that does not include coverage for at
22 least one mandated benefit unless the carrier continues to offer at least one policy that provides
23 coverage that includes all mandated benefits.

24 (d) For purposes of this section, "mandated benefit" shall mean a requirement in this chapter that
25 requires coverage for specific health services, specific diseases or certain providers of health
26 care.

27 (e) The commissioner may promulgate rules and regulations as are necessary to carry out this
28 section.

29 (f) Notwithstanding any special or general law to the contrary, no plan approved by the
30 commissioner under this section shall be available to an employer who has provided a policy of
31 accident and sickness insurance to any employee within 12 months.

32 SECTION 2. Chapter 176A of the General Laws is hereby amended by inserting after section 1D
33 the following section:

34 Section 1E. (a) Except as otherwise provided in this section, the commissioner shall not
35 disapprove a contract between a subscriber and the corporation under an individual or group
36 hospital services plan solely on the basis that it does not include coverage for at least one
37 mandated benefit.

38 (b) The commissioner shall not approve a contract unless it provides, at a minimum, coverage
39 for:

40 (1) pregnant women, infants and children as set forth in section 8B;

41 (2) prenatal care, childbirth and postpartum care as set forth in section 8H;

42 (3) cytologic screening and mammographic examination as set forth in section 8J;

43 (3A) diabetes-related services, medications, and supplies as defined in section 8P;

44 (4) early intervention services as set forth in said section 8B; and

45 (5) mental health services as set forth in section 8A; provided however, that if the contract limits
46 coverage for outpatient physician office visits, the commissioner shall not disapprove the

47 contract on the basis that coverage for outpatient mental health services is not as extensive as
48 required by said section 8A, as long as such coverage is at least as extensive as coverage under
49 the contract for outpatient physician services.

50 (c) The commissioner shall not approve a contract that does not include coverage for at least one
51 mandated benefit unless the corporation continues to offer at least one contract that provides
52 coverage that includes all mandated benefits.

53 (d) For purposes of this section, “mandated benefit” shall mean a requirement in this chapter that
54 requires coverage for specific health services, specific diseases or certain providers of health
55 care.

56 (e) The commissioner may promulgate rules and regulations as are necessary to carry out this
57 section.

58 (f) Notwithstanding any special or general law to the contrary, no plan approved by the
59 commissioner under this section shall be available to an employer who has provided a hospital
60 services plan, to any employee within 12 months.

61 Chapter 176B of the General Laws is hereby further amended by inserting after section 6B, the
62 following section:—

63 Section 6C. (a) Except as otherwise provided in this section, the commissioner shall not
64 disapprove a subscription certificate solely on the basis that it does not include coverage for at
65 least one mandated benefit.

66 (b) The commissioner shall not approve a subscription certificate unless it provides, at a
67 minimum, coverage for:

68 (1) pregnant women, infants and children as set forth in section 4C;

69 (2) prenatal care, childbirth and postpartum care as set forth in section 4H;

70 (3) cytologic screening and mammographic examination;

71 (3A) diabetes-related services, medications and supplies as defined in section 4S;

72 (4) early intervention services as set forth in said section 4C; and

73 (5) mental health services as set forth in section 4A; provided however, that if the subscription

74 certificate limits coverage for outpatient physician office visits, the commissioner shall not

75 disapprove the subscription certificate on the basis that coverage for outpatient mental health

76 services is not as extensive as required by said section 4A, as long as such coverage is at least as

77 extensive as coverage under the subscription certificate for outpatient physician services.

78 (c) The commissioner shall not approve a subscription certificate that does not include coverage

79 for at least 1 mandated benefit unless the corporation continues to offer at least one subscription

80 certificate that provides coverage that includes all mandated benefits.

81 (d) For purposes of this section, “mandated benefit” shall mean a requirement in this chapter that

82 requires coverage for specific health services, specific diseases or certain providers of health

83 care.

84 (e) The commissioner may promulgate rules and regulations as are necessary to carry out this

85 section.

86 (f) Notwithstanding any special or general law to the contrary, no plan approved by the
87 commissioner under this section shall be available to an employer who has provided a
88 subscription certificate, to any employee within 12 months.

89 SECTION 3. Chapter 176G of the General Laws is hereby amended by inserting after Section
90 16 the following new section:

91 Section 16A. (a) Except as otherwise provided in this section, the commissioner shall not
92 disapprove a health maintenance contract solely on the basis that it does not include coverage for
93 at least 1 mandated benefit.

94 (b) The commissioner shall not approve a health maintenance contract unless it provides
95 coverage for:

96 (1) pregnant women, infants and children as set forth in section 4;

97 (2) prenatal care, childbirth and postpartum care as set forth in said section 4 and section 4I;

98 (3) cytologic screening and mammographic examination as set forth in said section 4;

99 (3A) diabetes-related services, medications and supplies as defined in section 4H;

100 (4) early intervention services as set forth in said section 4; and

101 (5) mental health services as set forth in section 4M; provided however, that if the health
102 maintenance contract limits coverage for outpatient physician office visits pursuant to section 16,
103 the commissioner shall not disapprove the health maintenance contract on the basis that coverage
104 for outpatient mental health services is not as extensive as required by said section 4M as long as

105 such coverage is at least as extensive as coverage under the health maintenance contract for
106 outpatient physician services.

107 (c) The commissioner shall not approve a health maintenance contract that does not include
108 coverage for at least one mandated benefit unless the health maintenance organization continues
109 to offer at least one health maintenance contract that provides coverage that includes all
110 mandated benefits.

111 (d) For purposes of this section, “mandated benefit” shall mean a requirement in this chapter that
112 requires coverage for specific health services, specific diseases or certain providers of health
113 care.

114 (e) The commissioner may promulgate rules and regulations as are necessary to carry out the
115 provisions of this section.

116 (f) Notwithstanding any special or general law to the contrary, no plan approved by the
117 commissioner under this section shall be available to an employer who has provided a health
118 maintenance contract, to any employee within 12 months.