

HOUSE No. 984

The Commonwealth of Massachusetts

PRESENTED BY:

Tricia Farley-Bouvier

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 keep people healthy by removing barriers to cost-effective care.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
<i>Tricia Farley-Bouvier</i>	<i>3rd Berkshire</i>
<i>Christine P. Barber</i>	<i>34th Middlesex</i>
<i>Denise Provost</i>	<i>27th Middlesex</i>
<i>Jason M. Lewis</i>	<i>Fifth Middlesex</i>
<i>Paul R. Heroux</i>	<i>2nd Bristol</i>
<i>Michelle M. DuBois</i>	<i>10th Plymouth</i>
<i>Barbara L'Italien</i>	<i>Second Essex and Middlesex</i>
<i>Jose F. Tosado</i>	<i>9th Hampden</i>
<i>Marjorie C. Decker</i>	<i>25th Middlesex</i>
<i>Ellen Story</i>	<i>3rd Hampshire</i>
<i>Paul McMurtry</i>	<i>11th Norfolk</i>
<i>Ruth B. Balsler</i>	<i>12th Middlesex</i>
<i>Josh S. Cutler</i>	<i>6th Plymouth</i>
<i>David M. Rogers</i>	<i>24th Middlesex</i>
<i>Carmine L. Gentile</i>	<i>13th Middlesex</i>
<i>Angelo J. Puppolo, Jr.</i>	<i>12th Hampden</i>
<i>Michael D. Brady</i>	<i>9th Plymouth</i>
<i>Tom Sannicandro</i>	<i>7th Middlesex</i>

<i>Steven Ultrino</i>	<i>33rd Middlesex</i>
<i>Gailanne M. Cariddi</i>	<i>1st Berkshire</i>
<i>Sean Garballey</i>	<i>23rd Middlesex</i>
<i>Marcos A. Devers</i>	<i>16th Essex</i>
<i>Jonathan Hecht</i>	<i>29th Middlesex</i>
<i>Michael S. Day</i>	<i>31st Middlesex</i>
<i>Kay Khan</i>	<i>11th Middlesex</i>
<i>Jennifer E. Benson</i>	<i>37th Middlesex</i>
<i>James J. O'Day</i>	<i>14th Worcester</i>
<i>Carlos Gonzalez</i>	<i>10th Hampden</i>
<i>Benjamin Swan</i>	<i>11th Hampden</i>

HOUSE No. 984

By Ms. Farley-Bouvier of Pittsfield, a petition (accompanied by bill, House, No. 984) of Tricia Farley-Bouvier and others for legislation to establish a program within the Executive Office of Health and Human Services to eliminate copays and deductibles for certain high-value and low cost prescription drugs and treatments . Health Care Financing.

The Commonwealth of Massachusetts

In the One Hundred and Eighty-Ninth General Court
(2015-2016)

An Act relative to keep people healthy by removing barriers to cost-effective 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 6A of the General Laws is hereby amended by adding after section
2 16U the following section:-

3 Section 16V (a) The secretary of health and human services shall by regulation
4 determine which medical and behavioral health services, treatments and prescription drugs shall
5 be deemed high-value cost-effective services for the purposes of this section. To advise the
6 secretary in making said determinations, there shall be a Barrier-Free Care Expert Panel as
7 established by subsection (c). Any regulation making a determination pursuant to this section,
8 that is promulgated prior to July 1 of any year, shall take effect on January 1 of the following
9 year. In determining medical and behavioral health services, treatments and prescription drugs to
10 be deemed high-value cost-effective services, the secretary may limit the effect of the
11 determination to people with one or more specific diagnoses or risk factors for a disease,
12 condition, or disorder.

13 (b) Insurance plans, health coverage, and medical assistance and medical benefit
14 programs shall not charge cost sharing for high-value cost-effective medical and behavioral
15 health services, for coverage subject to section 17K of chapter 32A, section 10H of chapter
16 118E, section 47CC of chapter 175, section 8FF of chapter 176A, section 4FF of chapter 176B,
17 section 4X of chapter 176G, and section 13 of chapter 176I. For the purposes of this section, cost
18 sharing shall include payments required from a consumer in connection with the provision of a
19 health care service, including, but not limited to, copayments, coinsurance, and deductibles.
20 Reimbursement to providers shall not be reduced on the basis of a service, treatment or drug
21 being determined a high-value cost effective service.

22 (c) The secretary shall establish the Barrier-Free Care Expert Panel to make
23 recommendations regarding high-value cost-effective medical or behavioral health services,
24 treatments or prescription drugs that should not be subject to cost sharing. The panel shall be
25 comprised of up to ten people, eight of whom shall be appointed by the secretary. In making
26 appointments to the panel, the secretary shall include at least one primary care physician, one
27 primary care provider at a community health center, one pediatrician, one licensed mental health
28 clinician, and one community pharmacist, and shall further ensure that the panel represents
29 expertise in health economics, actuarial sciences, health care cost effectiveness, women's health,
30 medical ethics, and consumer advocacy. The panel shall further include representatives of the
31 department of public health, the office of Medicaid, and the division of insurance, appointed by
32 the respective commissioners or directors of said agencies. No member of the panel shall have
33 any significant financial conflict of interest in any decision of the panel.

34 The secretary shall designate one member to serve as chair of the panel. They
35 shall serve a term of 3 years, and may be reappointed, provided that the secretary may designate

36 up to half of the original members appointed to the board to serve for two years. Panel members
37 shall receive no compensation for their services but shall be entitled to reimbursement for
38 reasonable travel and other expenses.

39 The panel shall, with each report, review its previous recommendations and may
40 recommend that a medical or behavioral health service, treatment or prescription drug be no
41 longer deemed a high-value cost-effective service for purposes of this section. The panel shall
42 report its recommendations by majority vote to the secretary no later than March 1 of each year.

43 In making recommendations for high-value cost-effective services, treatments
44 and prescription drugs that should not be subject to cost sharing, the Barrier-Free Care Expert
45 Panel shall consider appropriate medical and behavioral health services, treatments and
46 prescription drugs that are

47 (1) out-patient or ambulatory services, including medications, lab tests,
48 procedures, and office visits, generally offered in the primary care or medical home setting;

49 (2) of clear benefit, strongly supported by clinical evidence to be cost-effective;

50 (3) likely to reduce hospitalizations or emergency department visits, or reduce
51 future exacerbations of illness progression, or improve quality of life;

52 (4) relatively low cost when compared to the cost of an acute illness or incident
53 prevented or delayed by the use of the service, treatment or drug; and

54 (5) at low risk for overutilization, abuse, addiction, diversion or fraud.

55 In making recommendations, the panel may limit a recommended high-value
56 cost-effective service as applicable only to patients with one or more specific diagnoses or risk
57 factors for a disease, condition or disorder.

58 The panel shall consult with health insurance carriers and the group insurance
59 commission before issuing its recommendations.

60 (d) Every two years, the center for health information and analysis shall evaluate
61 the effect of this section. The evaluation shall include the impact of this section on treatment
62 adherence, incidence of related acute events, premiums and cost sharing, overall health, long-
63 term health costs, and other issues that the center may determine. The center may collaborate
64 with an independent research organization to conduct the evaluation.

65 (e) Notwithstanding subsection (b), cost sharing may be charged if the applicable
66 plan is governed by the Federal Internal Revenue Code and would lose its tax-exempt status as a
67 result of the prohibition on co-payments, coinsurance or deductibles for these services.

68 SECTION 2. Chapter 32A of the General Laws is hereby amended by inserting
69 after section 17J the following section:-

70 Section 17K. The commission shall provide to any active or retired employee of
71 the commonwealth who is insured under the group insurance commission, coverage without cost
72 sharing for all medical and behavioral services, treatments and prescription drugs determined to
73 be high-value cost-effective services by the secretary of health and human services pursuant to
74 section 16V of chapter 6A.

75 SECTION 3. Chapter 118E of the General Laws is hereby amended by inserting
76 after section 10G the following section:-

77 Section 10H. The division shall cover without cost sharing all medical and
78 behavioral health services determined to be high-value cost-effective services by the secretary of
79 health and human services pursuant to section 16V of chapter 6A.

80 SECTION 4. Chapter 175 of the General Laws is hereby amended by inserting
81 after section 47BB the following section:-

82 Section 47CC. An individual policy of accident and sickness insurance issued
83 under section 108 that provides hospital expense and surgical expense insurance and any group
84 blanket or general policy of accident and sickness insurance issued under section 110 that
85 provides hospital expense and surgical expense insurance, which is issued or renewed within or
86 without the commonwealth, shall cover without cost sharing all medical and behavioral health
87 services determined to be high-value cost-effective services by the secretary of health and human
88 services pursuant to section 16V of chapter 6A.

89 SECTION 5. Chapter 176A of the General Laws is hereby amended by inserting
90 after section 8EE the following section:-

91 Section 8FF. A contract between a subscriber and the corporation under an
92 individual or group hospital service plan which provides hospital expense and surgical expense
93 insurance, except contracts providing supplemental coverage to Medicare or other governmental
94 programs, delivered, issued or renewed by agreement between the insurer and the policyholder,
95 within or without the commonwealth, shall cover without cost sharing all medical and behavioral
96 health services, treatments and prescription drugs determined to be high-value cost-effective

97 services by the secretary of health and human services pursuant to section 16V of chapter 6A;
98 provided, however, that co-payments, coinsurance or deductibles shall be required if the
99 applicable plan is governed by the Federal Internal Revenue Code and would lose its tax-exempt
100 status as a result of the prohibition on co-payments, coinsurance or deductibles for these services.

101 SECTION 6. Chapter 176B of the General Laws is hereby amended by inserting
102 after section 4EE the following section:-

103 Section 4FF. Any subscription certificate under an individual or group medical
104 service agreement, except certificates that provide supplemental coverage to Medicare or other
105 governmental programs, issued, delivered or renewed within or without the commonwealth, shall
106 cover without cost sharing all services, treatments and prescription drugs determined to be high-
107 value cost-effective medical and behavioral health services by secretary of health and human
108 services pursuant to section 16V of chapter 6A; provided, however, that co-payments,
109 coinsurance or deductibles shall be required if the applicable plan is governed by the Federal
110 Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition on co-
111 payments, coinsurance or deductibles for these services.

112 SECTION 7. Chapter 176G of the General Laws is hereby amended by inserting
113 after section 4W the following section:-

114 Section 4X. A health maintenance contract issued or renewed within or without
115 the commonwealth shall cover without cost sharing all services, treatments and prescription
116 drugs determined to be high-value cost-effective medical and behavioral health services by the
117 secretary of health and human services pursuant to section 16V of chapter 6A; provided,
118 however, that co-payments, coinsurance or deductibles shall be required if the applicable plan is

119 governed by the Federal Internal Revenue Code and would lose its tax-exempt status as a result
120 of the prohibition on co-payments, coinsurance or deductibles for these services.

121 SECTION 8. Chapter 176I of the General Laws is hereby amended by adding
122 the following section:-

123 Section 13. An organization entering into a preferred provider contract shall
124 cover without cost sharing all medical and behavioral health services, treatments and prescription
125 drugs determined to be high-value cost-effective services by the secretary of health and human
126 services pursuant to section 16V of chapter 6A.