SENATE No. 02148

The Commonwealth of Massachusetts

In the Year Two Thousand Twelve.

An Act relative tiered and selective network health plans

Whereas, The deferred operation of this act would tend to defeat its purpose, which is to provide forthwith for the continued health plan coverage of individuals with serious diseases, therefore it is hereby declared to be an emergency law, necessary for the immediate preservation of the public health.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows

SECTION 1. Chapter 176J of the General Laws is hereby amended by inserting after section 11 the following 2 sections:-

Section 11A. A select or limited network plan shall continue to provide coverage for medically necessary services that are part of the treatment program for a patient, prior to joining the select or limited network, undergoing an active course of treatment or follow-up treatment for a chronic disease at a comprehensive cancer center, pediatric hospital or pediatric specialty unit, as defined in section 1 of chapter 118G, that does not participate in the carrier's select or limited network plan.

For services provided under this section, reimbursement shall be based on median in-network rates of the specific provider in the carrier's private plans in a manner consistent with data filed by the carrier with the division of health care finance and policy or, if the specific provider does not participate in any other plan of the carrier, then based on negotiated rates. Patient cost-sharing responsibility for the services sought shall not

exceed the lowest copayment obligation established by the carrier for the receipt of the services offered through the carrier's select or limited network.

Section 11B. Patients receiving an active course of treatment or follow-up treatment for a chronic disease at a comprehensive cancer center, pediatric hospital or pediatric specialty unit, as defined in section 1 of chapter 118G, prior to joining a tiered network, shall not pay an amount for patient cost-sharing responsibility that exceeds the cost-sharing tier with the second highest patient cost-sharing responsibility.