

SENATE No. 477

The Commonwealth of Massachusetts

PRESENTED BY:

Anthony W. Petruccelli

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 patient financial protection.

PETITION OF:

NAME:

DISTRICT/ADDRESS:

Anthony W. Petruccelli

First Suffolk and Middlesex

Karen E. Spilka

Second Middlesex and Norfolk

SENATE No. 477

By Mr. Petruccelli, a petition (accompanied by bill, Senate, No. 477) of Anthony W. Petruccelli and Karen E. Spilka for legislation relative to patient financial protection. Financial Services.

The Commonwealth of Massachusetts

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In the Year Two Thousand Thirteen
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An Act relative to patient financial protection.

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 is hereby amended by inserting after
2 section 47BB the following two sections:-

3 Section 47CC. (a) Any policy, contract, agreement, plan or certificate of insurance
4 issued, delivered or renewed within the commonwealth that provides coverage for prescription
5 drugs shall establish a separate out-of-pocket limit for prescription drugs, including specialty
6 drugs, limited to no more for self-only and family coverage per year than the minimum dollar
7 amounts in effect under Section 223(c)(2)(A)(i) of the Internal Revenue Code of 1986 for self-
8 only and family coverage, respectively. For the purposes of this section, the use of the term "out-
9 of-pocket limit" must be consistent with the definitions of those terms as prescribed by the
10 Secretary of the United States Department of Health and Human Services pursuant to Section
11 2715 of the federal Affordable Care Act.

12 SECTION 3. Chapter 176A of the General Laws is hereby amended by inserted after
13 section 8EE the following section:-

14 Section 8FF. (a) Any contract between a subscriber and the corporation under an
15 individual or group hospital service plan which is delivered, issued or renewed within the
16 commonwealth that provides coverage for prescription drugs shall establish a separate out-of-
17 pocket limit for prescription drugs, including specialty drugs, limited to no more for self-only
18 and family coverage per year than the minimum dollar amounts in effect under Section
19 223(c)(2)(A)(i) of the Internal Revenue Code of 1986 for self-only and family coverage,
20 respectively. For the purposes of this section, the use of the term "out-of-pocket limit" must be
21 consistent with the definitions of those terms as prescribed by the Secretary of the United States

22 Department of Health and Human Services pursuant to Section 2715 of the federal Affordable
23 Care Act.

24 SECTION 4. Chapter 176B of the General Laws is hereby amended by inserted after
25 section 4EE the following section:-

26 Section 4FF. (a) Any subscription certificate under an individual or group medical
27 service agreement delivered, issued or renewed within the commonwealth that provides coverage
28 for prescription drugs shall establish a separate out-of-pocket limit for prescription drugs,
29 including specialty drugs, limited to no more for self-only and family coverage per year than the
30 minimum dollar amounts in effect under Section 223(c)(2)(A)(i) of the Internal Revenue Code of
31 1986 for self-only and family coverage, respectively. For the purposes of this section, the use of
32 the term "out-of-pocket limit" must be consistent with the definitions of those terms as
33 prescribed by the Secretary of the United States Department of Health and Human Services
34 pursuant to Section 2715 of the federal Affordable Care Act.

35 SECTION 5. Chapter 176G of the General Laws is hereby amended by inserted after
36 Section 4W the following section:-

37 Section 4X. (a) Any individual or group health maintenance that provides coverage for
38 prescription drugs shall establish a separate out-of-pocket limit for prescription drugs, including
39 specialty drugs, limited to no more for self-only and family coverage per year than the minimum
40 dollar amounts in effect under Section 223(c)(2)(A)(i) of the Internal Revenue Code of 1986 for
41 self-only and family coverage, respectively. For the purposes of this section, the use of the term
42 "out-of-pocket limit" must be consistent with the definitions of those terms as prescribed by the
43 Secretary of the United States Department of Health and Human Services pursuant to Section
44 2715 of the federal Affordable Care Act.

45 SECTION 6. Sections 2 to 6, inclusive, shall apply to all policies, contracts and
46 certificates of health insurance subject to section 17K of chapter 32A, section 47CC of chapter
47 175, section 8FF of chapter 176A, section 4FF of chapter 176B and section 4X of chapter 176G
48 of the General Laws which are delivered, issued or renewed on or after January 1, 2014.