

SENATE No. 513

The Commonwealth of Massachusetts

PRESENTED BY:

Viriato M. deMacedo

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 access to vital healthcare information.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>Viriato M. deMacedo</i>	<i>Plymouth and Barnstable</i>	
<i>Donald F. Humason, Jr.</i>	<i>Second Hampden and Hampshire</i>	<i>2/2/2017</i>

SENATE No. 513

By Mr. deMacedo, a petition (accompanied by bill, Senate, No. 513) of Viriato M. deMacedo and Donald F. Humason, Jr. for legislation relative to access to vital healthcare information. Financial Services.

The Commonwealth of Massachusetts

**In the One Hundred and Ninetieth General Court
(2017-2018)**

An Act relative to access to vital healthcare information.

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 176O of the General Laws, as appearing in the 2014 Official
2 Edition, is hereby amended by striking out section 27 and inserting in place thereof the following
3 section:-

4 Section 27. (a) The division shall develop a common summary of payments form to be
5 used by all carriers in the commonwealth and provided to health care consumers with respect to
6 provider claims submitted to a payer. The common summary of payments form shall be written
7 in an easily readable and understandable format showing the consumer’s responsibility, if any,
8 for payment of any portion of a health care provider claim and, if applicable, the responsibility of
9 the consumer’s employer for payment of any portion of a health care claim; provided, however,
10 that the division shall allow the development and use of forms that maybe exchanged securely
11 through electronic means; and, provided further, that carriers shall issue a summary of payments
12 form for provider claims at least quarterly.

13 (b) Carriers shall issue common summary of payments forms at the member level for
14 each insured member. Carriers may establish a standard method of delivery of summary of
15 payments forms. All carriers shall permit an insured member who is legally authorized to
16 consent to care, or a party legally authorized to consent to care for the insured member to choose
17 an alternative method of receiving the common summary of payments form, which shall include,
18 but not be limited to, the following: (i) sending a paper form to the address of the subscriber; (ii)
19 sending a paper form to the address of the insured member; (iii) sending a paper form to any
20 alternate address upon request of the insured member; or (iv) allowing only the insured member
21 to access the form through electronic means, provided, however that such access is provided in
22 compliance with any applicable state and federal laws and regulations pertaining to data security,
23 including, but not limited to, 45 CFR part 160, subparts A and C of 45 CFR part 164, chapters
24 93H and 93I of the General Laws , and 201 C.M.R. 17.00, as may be amended. Any insured
25 member who is legally authorized to consent to certain care shall have access to the forms
26 through electronic means. The preferred method of receipt shall be valid until the insured
27 member submits a request orally or in writing for a different method; provided, however, that the
28 carrier may request verification of the request in writing following an oral request. Carriers shall
29 comply with an insured member's request pursuant to this subsection within 3 business days of
30 the request.

31 (c) Carriers shall not identify or describe sensitive health care services in a common
32 summary of payments form. The division shall define sensitive health care services for purposes
33 of this section. In determining the definition the division shall consider the advice of the National
34 Committee on Vital and Health Statistics and similar regulations in other states, and shall consult

35 with experts in fields including, but not limited to, infectious disease, reproductive and sexual
36 health, domestic violence and sexual assault, and mental health and substance use disorders.

37 (d) In the event that the insured member has no liability for payment for any procedure or
38 service, carriers shall permit all insured members who are legally authorized to consent to care,
39 or parties legally authorized to consent to care for the insured member, to request suppression of
40 summary of payments forms for a specific service or procedure, in which case summary of
41 payments forms shall not be issued; provided, however, that the insured member clearly makes
42 the request orally or in writing. The carrier may request verification of the request in writing
43 following an oral request. Carriers shall not require an explanation as to the basis for an insured
44 member's request to suppress summary of payments forms, unless otherwise required by law or
45 court order.

46 (e) The ability to request the preferred method of receipt pursuant to subsection (b) and to
47 request suppression of summary of payments forms pursuant to subsection (e) shall be
48 communicated in plain language and in a clear and conspicuous manner in evidence of coverage
49 documents, member privacy communications and on every summary of payments form and shall
50 be conspicuously displayed on the carrier's member website and online portals for individual
51 members.

52 (f) The division shall promulgate regulations necessary to implement and enforce this
53 section, which shall include requirements for reasonable reporting by carriers to the division
54 regarding compliance and the number and type of complaints received regarding noncompliance
55 with this section.

56 (g) The division, in collaboration with the department of public health, shall develop and
57 implement a plan to educate providers and consumers regarding the rights of insured members
58 and the responsibilities of carriers to promote compliance with this section. The plan shall
59 include, but not be limited to, staff training and other education for hospitals, community health
60 centers, school-based health centers, physicians, nurses and other licensed health care
61 professionals, as well as administrative staff, including but not limited to all staff involved in
62 patient registration and confidentiality education and billing staff involved in processing
63 insurance claims. The plan shall be developed in consultation with groups representing health
64 care insurers, providers, and consumers, including consumer organizations concerned with the
65 provision of sensitive health services.

66 SECTION 2. The regulations required pursuant to subsection (g) of section 27 of chapter
67 176O of the General Laws shall take effect no later than 3 months after the effective date of this
68 act.

69 SECTION 3. Subsection (g) of section 27 of chapter 176O of the General Laws shall take
70 effect 6 months after the effective date of this act.

71 SECTION 4. Subsections (b) to (f), inclusive of section 27 of chapter 176O of the
72 General Laws shall take effect 9 months after the effective date of this act.