SENATE No. 557

The Commonwealth of Massachusetts

PRESENTED BY:

Karen E. Spilka

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 to protect access to confidential healthcare.

PETITION OF:

Name:	DISTRICT/ADDRESS:
Karen E. Spilka	Second Middlesex and Norfolk
David Paul Linsky	5th Middlesex
Jason M. Lewis	Fifth Middlesex
Michael O. Moore	Second Worcester
Paul R. Heroux	2nd Bristol
Stephen Kulik	1st Franklin
Jose F. Tosado	9th Hampden
James B. Eldridge	Middlesex and Worcester
Marjorie C. Decker	25th Middlesex
Michael J. Barrett	Third Middlesex
Sal N. DiDomenico	Middlesex and Suffolk
William N. Brownsberger	Second Suffolk and Middlesex
Carolyn C. Dykema	8th Middlesex
Cynthia S. Creem	First Middlesex and Norfolk
Benjamin B. Downing	Berkshire, Hampshire, Franklin and
	Hampden
Barbara L'Italien	Second Essex and Middlesex
Eric P. Lesser	First Hampden and Hampshire

Kenneth J. Donnelly	Fourth Middlesex
Anne M. Gobi	Worcester, Hampden, Hampshire and
	Middlesex
Steven Ultrino	33rd Middlesex
Sean Garballey	23rd Middlesex
Linda Dorcena Forry	First Suffolk
Daniel J. Ryan	2nd Suffolk
Thomas M. Stanley	9th Middlesex
Brian A. Joyce	Norfolk, Bristol and Plymouth
Carmine L. Gentile	13th Middlesex
Timothy J. Toomey, Jr.	26th Middlesex
Cory Atkins	14th Middlesex
Michael F. Rush	Norfolk and Suffolk
Danielle W. Gregoire	4th Middlesex
Brian R. Mannal	2nd Barnstable
Michelle M. DuBois	10th Plymouth
Denise Provost	27th Middlesex
Mark C. Montigny	Second Bristol and Plymouth

FILED ON: 1/15/2015

SENATE No. 557

By Ms. Spilka, a petition (accompanied by bill, Senate, No. 557) of Karen E. Spilka, David Paul Linsky, Jason M. Lewis, Michael O. Moore and other members of the General Court for legislation to protect access to confidential healthcare. Financial Services.

The Commonwealth of Massachusetts

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

An Act to protect access to confidential healthcare.

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.
- 2 Chapter 176O of the General Laws is hereby amended by striking out section 27 and
- 3 inserting in place thereof the following:-
- 4 Section 27. (a) The division shall develop a common summary of payments form to be
- 5 used by all carriers in the commonwealth that is provided to health care consumers with respect
- 6 to provider claims submitted to a payer and written in an easily readable and understandable
- 7 format showing the consumer's responsibility, if any, for payment of any portion of a health care
- 8 provider claim; provided that the division shall allow the development of forms to be exchanged
- 9 through electronic means; and further provided that carriers shall not be obligated to issue a
- 10 summary of payments form for provider claims that consist solely of requests for co-payment.
- 11 The division shall consult with stakeholders to develop these forms.

- 12 (b) Carriers shall issue common summary of payments forms at the member level for all 13 insureds. Carriers shall permit an insured who is legally authorized to consent to care, or a party legally authorized to consent to care for the insured, to choose his or her preferred method of 14 receiving the common summary of payments form, which shall include, but not be limited to, the 15 following: (1) sending the form to the address of the subscriber; (2) sending the form to the 16 17 address of the insured dependent; (3) sending the form to an alternate address upon request of the insured; or (4) sending the form through electronic means when available. The preferred method 18 of receipt shall be valid until the insured submits a new preferred method. 19
- 20 (c) Unless specifically requested by the insured, a carrier shall not provide a common 21 summary of payments form if the insured has no liability for payment for any procedure or 22 service, including, but not limited to, the United States Preventive Services Taskforce 23 recommended A and B preventive services.
- (d) Carriers shall not identify the descriptions for sensitive health care services in a
 common summary of payments form. The division shall define by regulation sensitive health
 care services for purposes of this section. The division shall refer to the National Committee on
 Vital and Health Statistics and similar regulations in other states, and shall consult with experts
 in fields including, but not limited to, infectious disease, reproductive and sexual health,
 domestic violence and sexual assault, and mental health and substance use disorders, in
 promulgating the regulation.
- (e) Carriers shall permit all insureds who are legally authorized to consent to care, or parties legally authorized to consent to care for the insured, to request suppression of summary of payments forms, in which case summary of payments forms shall not be issued unless and until

- the insured submits a revocation of the request; provided that the insured clearly states orally or in writing that the communication of medical or provider information on the form discloses the receipt of sensitive services that could endanger the insured or limit access to future health services. Carriers shall not require an explanation as to the basis for an insured's confidential communications request, unless otherwise required by law or court order.
- 39 (f) The right to request suppression of summary of payments forms pursuant to 40 subsection (e) shall be communicated in plain language and in a clear and conspicuous manner to 41 all insureds, including insured dependents, in evidence of coverage documents, member privacy 42 communications and on every summary of payments form.
- (g) The division shall promulgate regulations necessary to implement and enforce this
 section, which shall include reasonable reporting regarding compliance and breaches of
 confidentiality.
- 46 (h) The division, in collaboration with the department of public health, shall develop and implement a plan to educate providers and consumers regarding the rights of insureds to promote 47 compliance with this section. The plan shall include, but not be limited to, staff training and 48 49 other education for hospitals, community health centers, school-based health centers, physicians, 50 nurses and other licensed health care professionals, as well as administrative staff, which shall include all staff involved in patient registration and education about confidentiality, and billing 51 staff involved in processing of insurance claims. The plan shall be developed in consultation 52 53 with groups representing health care insurers, providers, and consumers, including consumer organizations concerned with the provision of sensitive health services. 54

- SECTION 2. Subsections (a), (g), and (h) of Chapter 176O shall take effect 6 months from the effective date of this act.
- Subsections (b)-(f) of Section 27 of Chapter 176O shall take effect at such time as each carrier revises its plans subsequent to the promulgation of the regulations described in subsection (g).