

SENATE No. 570

The Commonwealth of Massachusetts

PRESENTED BY:

Sal N. DiDomenico

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 out-of-pocket expenses for prescription drug coverage.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>Sal N. DiDomenico</i>	<i>Middlesex and Suffolk</i>	
<i>Elizabeth A. Malia</i>	<i>11th Suffolk</i>	<i>1/31/2019</i>

SENATE No. 570

By Mr. DiDomenico, a petition (accompanied by bill, Senate, No. 570) of Sal N. DiDomenico and Elizabeth A. Malia for legislation relative to out-of-pocket expenses for prescription drug coverage. Financial Services.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE SENATE, NO. 516 OF 2017-2018.]

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-First General Court
(2019-2020)**

An Act relative to out-of-pocket expenses for prescription drug coverage.

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 as appearing in the 2016 Official Edition,
2 is hereby amended by inserting after section 277 the following section:

3 Section 228. Patient Cost-Sharing Obligation for Prescription Drugs

4 (A) As used in this section the following words shall, unless the context clearly requires
5 otherwise, have the following meanings:-

6 “Connector” means the Commonwealth health insurance connector authority.

7 (B) Notwithstanding any law, after January 1, 2020, each health insurance carrier shall
8 apply the prescription drug cost-sharing provisions of the Connector standard benefit design to
9 all state regulated plans, including non-standard plans sold through the Connector and state

10 regulated plans sold outside of the Connector. Cost-sharing includes copayments, coinsurance,
11 and deductibles.

12 (C) A health plan that meets the requirements of a catastrophic plan, as defined in 45
13 C.F.R. § 156.155, shall be exempt from the requirements of subsection B.

14 (D) For any enrollee that is enrolled in a plan that, but for the requirements of subsections
15 B would be a High Deductible Health Plan as defined in section 223(c)(2) of the Internal
16 Revenue Code of 1986, subsection B shall be applicable only after the minimum annual
17 deductible specified in section 223(c)(2) of the Internal Revenue Code of 1986 is reached.

18 (E) The Massachusetts Division of Insurance shall promulgate any regulations necessary
19 to implement and enforce this Act.

20 SECTION 2. Chapter 176A of the General Laws is hereby amended by inserting after
21 section 38 the following section:

22 Section 39. Patient Cost-Sharing Obligation for Prescription Drugs

23 (A) As used in this section the following words shall, unless the context clearly requires
24 otherwise, have the following meanings:-

25 “Connector” means the Commonwealth health insurance connector authority.

26 (B) Notwithstanding any law, after January 1, 2020, each health insurance carrier shall
27 apply the prescription drug cost-sharing provisions of the Connector standard benefit design to
28 all state regulated plans, including non-standard plans sold through the Connector and state
29 regulated plans sold outside of the Connector. Cost-sharing includes copayments, coinsurance,
30 and deductibles.

31 (C) A health plan that meets the requirements of a catastrophic plan, as defined in 45
32 C.F.R. § 156.155, shall be exempt from the requirements of subsection B.

33 (D) For any enrollee that is enrolled in a plan that, but for the requirements of subsections
34 B would be a High Deductible Health Plan as defined in section 223(c)(2) of the Internal
35 Revenue Code of 1986, subsection B shall be applicable only after the minimum annual
36 deductible specified in section 223(c)(2) of the Internal Revenue Code of 1986 is reached.

37 (E) The Massachusetts Division of Insurance shall promulgate any regulations necessary
38 to implement and enforce this Act.

39 SECTION 3. Chapter 176B of the General Laws is hereby amended by inserting after
40 section 24 the following section:

41 Section 25. Patient Cost-Sharing Obligation for Prescription Drugs

42 (A) As used in this section the following words shall, unless the context clearly requires
43 otherwise, have the following meanings:-

44 “Connector” means the Commonwealth health insurance connector authority.

45 (B) Notwithstanding any law, after January 1, 2020, each health insurance carrier shall
46 apply the prescription drug cost-sharing provisions of the Connector standard benefit design to
47 all state regulated plans, including non-standard plans sold through the Connector and state
48 regulated plans sold outside of the Connector. Cost-sharing includes copayments, coinsurance,
49 and deductibles.

50 (C) A health plan that meets the requirements of a catastrophic plan, as defined in 45
51 C.F.R. § 156.155, shall be exempt from the requirements of subsection B.

52 (D) For any enrollee that is enrolled in a plan that, but for the requirements of subsections
53 B would be a High Deductible Health Plan as defined in section 223(c)(2) of the Internal
54 Revenue Code of 1986, subsection B shall be applicable only after the minimum annual
55 deductible specified in section 223(c)(2) of the Internal Revenue Code of 1986 is reached.

56 (E) The Massachusetts Division of Insurance shall promulgate any regulations necessary
57 to implement and enforce this Act.

58 SECTION 4. Chapter 176G of the General Laws is hereby amended by inserting after
59 section 32 the following section:

60 Section 33. Patient Cost-Sharing Obligation for Prescription Drugs

61 (A) As used in this section the following words shall, unless the context clearly requires
62 otherwise, have the following meanings:-

63 “Connector” means the Commonwealth health insurance connector authority.

64 (B) Notwithstanding any law, after January 1, 2020, each health insurance carrier shall
65 apply the prescription drug cost-sharing provisions of the Connector standard benefit design to
66 all state regulated plans, including non-standard plans sold through the Connector and state
67 regulated plans sold outside of the Connector. Cost-sharing includes copayments, coinsurance,
68 and deductibles.

69 (C) A health plan that meets the requirements of a catastrophic plan, as defined in 45
70 C.F.R. § 156.155, shall be exempt from the requirements of subsection B.

71 (D) For any enrollee that is enrolled in a plan that, but for the requirements of subsections
72 B would be a High Deductible Health Plan as defined in section 223(c)(2) of the Internal

73 Revenue Code of 1986, subsection B shall be applicable only after the minimum annual
74 deductible specified in section 223(c)(2) of the Internal Revenue Code of 1986 is reached.

75 (E) The Massachusetts Division of Insurance shall promulgate any regulations necessary
76 to implement and enforce this Act.

77 SECTION 5. Chapter 32A of the General Laws is hereby amended by inserting after
78 section 27 the following section:

79 Section 28. Patient Cost-Sharing Obligation for Prescription Drugs

80 (A) As used in this section the following words shall, unless the context clearly requires
81 otherwise, have the following meanings:-

82 “Connector” means the Commonwealth health insurance connector authority.

83 (B) Notwithstanding any law, after January 1, 2020, each health insurance carrier shall
84 apply the prescription drug cost-sharing provisions of the Connector standard benefit design to
85 all state regulated plans, including non-standard plans sold through the Connector and state
86 regulated plans sold outside of the Connector. Cost-sharing includes copayments, coinsurance,
87 and deductibles.

88 (C) A health plan that meets the requirements of a catastrophic plan, as defined in 45
89 C.F.R. § 156.155, shall be exempt from the requirements of subsection B.

90 (D) For any enrollee that is enrolled in a plan that, but for the requirements of subsections
91 B would be a High Deductible Health Plan as defined in section 223(c)(2) of the Internal
92 Revenue Code of 1986, subsection B shall be applicable only after the minimum annual
93 deductible specified in section 223(c)(2) of the Internal Revenue Code of 1986 is reached.

94 (E) The Massachusetts Division of Insurance shall promulgate any regulations necessary
95 to implement and enforce this Act.

96 SECTION 6. This Act shall take effect January 1, 2020.