

SENATE No. 620

The Commonwealth of Massachusetts

PRESENTED BY:

Julian Cyr

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 requiring prospective payment system methodology for reimbursement to community health centers.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>Julian Cyr</i>	<i>Cape and Islands</i>	
<i>John J. Cronin</i>	<i>Worcester and Middlesex</i>	<i>2/7/2023</i>
<i>Joanne M. Comerford</i>	<i>Hampshire, Franklin and Worcester</i>	<i>2/7/2023</i>
<i>Jack Patrick Lewis</i>	<i>7th Middlesex</i>	<i>2/7/2023</i>
<i>Michael O. Moore</i>	<i>Second Worcester</i>	<i>2/7/2023</i>
<i>Thomas M. Stanley</i>	<i>9th Middlesex</i>	<i>2/7/2023</i>
<i>James K. Hawkins</i>	<i>2nd Bristol</i>	<i>2/8/2023</i>
<i>Vanna Howard</i>	<i>17th Middlesex</i>	<i>2/22/2023</i>
<i>Pavel M. Payano</i>	<i>First Essex</i>	<i>2/22/2023</i>
<i>Michael J. Barrett</i>	<i>Third Middlesex</i>	<i>2/22/2023</i>
<i>Rebecca L. Rausch</i>	<i>Norfolk, Worcester and Middlesex</i>	<i>2/28/2023</i>

SENATE No. 620

By Mr. Cyr, a petition (accompanied by bill, Senate, No. 620) of Julian Cyr, John J. Cronin, Joanne M. Comerford, Jack Patrick Lewis and other members of the General Court for legislation to require prospective payment system methodology for reimbursement to community health centers. Financial Services.

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-Third General Court
(2023-2024)**

An Act requiring prospective payment system methodology for reimbursement to community health centers.

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 32A of the General Laws, as appearing in the 2020 Official
2 Edition, is hereby amended by inserting after section 32 the following new section:-

3 Section 33. (a) For the purposes of this section, the following terms shall have the
4 following meanings unless the context clearly requires otherwise:

5 "Federally Qualified Health Center", any entity receiving a grant under 42 USC 254B.

6 "Federally Qualified Health Center Services", as such term is defined in 42 U.S.C.
7 1396d(a)(2)(C)

8 (b) Notwithstanding any general or special law to the contrary, the Commission shall
9 ensure that the rate of payment for any Federally Qualified Health Center services provided to a
10 patient by a community health center, shall be reimbursed through a methodology that conforms

11 with 42 USC § 1396a(bb) and 1396b(m)(2)(A)(ix) as they appear in Title 42 of the United States
12 Code as of January 1, 2023.

13 (c) A policy, contract, agreement, plan or certificate of insurance issued, delivered or
14 renewed within or without the commonwealth shall not be required to reimburse a health care
15 provider for a health care service that is not a covered benefit under the plan or reimburse a
16 health care provider not contracted under the plan except as described in subclause (i) of
17 clause (4) of subsection (a) of section 6 of chapter 176O.

18 SECTION 2. Chapter 118E of the General laws, as appearing in the 2020 Official
19 Edition, is hereby amended by inserting after section 13d ½ the following new section:-

20 Section 13d ¾. (a) For purposes of this section, the term “community health center” shall
21 mean any entity reimbursed as a community health center under this chapter.

22 (b) Notwithstanding any general or special law to the contrary, reimbursement for
23 community health centers under this chapter, shall be through a methodology that conforms with
24 42 USC § 1396a(bb) and 1396b(m)(2)(A)(ix) as appearing in Title 42 of the United States Code
25 as of January 1, 2023.

26 SECTION 3. Chapter 175 of the General law, as appearing in the 2020 Official Edition,
27 is hereby amended by inserting after section 47TT the following new section:-

28 Section 47UU. (a) For the purposes of this section, the following terms shall have the
29 following meanings unless the context clearly requires otherwise:

30 “Federally Qualified Health Center”, any entity receiving a grant under 42 USC 254B.

31 “Federally Qualified Health Center Services”, as such term is defined in 42 U.S.C.
32 1396d(a)(2)(C)

33 (b) Notwithstanding any general or special law to the contrary, insurers organized under
34 this chapter shall ensure that the rate of payment for any Federally Qualified Health Center
35 services provided to a patient by a community health center, shall be reimbursed through a
36 methodology that conforms with 42 USC § 1396a(bb) and 1396b(m)(2)(A)(ix) as they appear in
37 Title 42 of the United States Code as of January 1, 2023.

38 (c) A policy, contract, agreement, plan or certificate of insurance issued, delivered or
39 renewed within or without the commonwealth shall not be required to reimburse a health care
40 provider for a health care service that is not a covered benefit under the plan or reimburse a
41 health care provider not contracted under the plan except as described in subclause (i) of
42 clause (4) of subsection (a) of section 6 of chapter 176O.

43 (d) The division of insurance shall issue regulations governing issuance of payments to
44 community health centers to conform with this section.

45 SECTION 4. Chapter 176A of the General laws, as appearing in the 2020 Official
46 Edition, is hereby amended by inserting after Section 38 the following new section:-

47 Section 39. (a) For the purposes of this section, the following terms shall have the
48 following meanings unless the context clearly requires otherwise:

49 "Federally Qualified Health Center", any entity receiving a grant under 42 USC 254B.

50 “Federally Qualified Health Center Services”, as such term is defined in 42 U.S.C.
51 1396d(a)(2)(C)

52 (b) Notwithstanding any general or special law to the contrary, any corporation organized
53 under this chapter shall ensure that the rate of payment for any Federally Qualified Health Center
54 services provided to a patient by a community health center, shall be reimbursed through a
55 methodology that conforms with 42 USC § 1396a(bb) and 1396b(m)(2)(A)(ix) as they appear in
56 Title 42 of the United States Code as of January 1, 2023.

57 (c) A policy, contract, agreement, plan or certificate of insurance issued, delivered or
58 renewed within or without the commonwealth shall not be required to reimburse a health care
59 provider for a health care service that is not a covered benefit under the plan or reimburse a
60 health care provider not contracted under the plan except as described in subclause (i) of
61 clause (4) of subsection (a) of section 6 of chapter 176O.

62 SECTION 5. Section 1 of Chapter 176B of the General laws, as appearing in the 2020
63 Official Edition, is hereby amended by inserting after the definition of “Dependent” the
64 following new definitions:-

65 “Federally Qualified Health Center,” any entity receiving a grant under 42 USC 254B.

66 “Federally Qualified Health Center Services,” shall have the same definition as such term
67 is defined in 42 U.S.C. 1396d(a)(2)(C).

68 SECTION 6. Chapter 176B of the General laws, as so appearing is hereby further
69 amended by inserting after Section 25 the following new section:-

70 Section 26: (a) Notwithstanding any general or special law to the contrary, any medical
71 service plan organized under this Chapter shall ensure that the rate of payment for any Federally
72 Qualified Health Center services provided to a patient by a community health center, shall be

73 reimbursed through a methodology that conforms with 42 USC § 1396a(bb) and
74 1396b(m)(2)(A)(ix) as they appear in Title 42 of the United States Code as of January 1, 2023.

75 (b) A policy, contract, agreement, plan or certificate of insurance issued, delivered or
76 renewed within or without the commonwealth shall not be required to reimburse a health care
77 provider for a health care service that is not a covered benefit under the plan or reimburse a
78 health care provider not contracted under the plan except as described in subclause (i) of
79 clause (4) of subsection (a) of section 6 of chapter 176O.

80 SECTION 7. Section 1 of chapter 176E of the General Laws, as appearing in the 2020
81 Official Edition, is hereby amended by inserting after the definition of “Dental Service
82 Corporation” the following new definitions:-

83 “Federally Qualified Health Center,” any entity receiving a grant under 42 USC 254B.

84 “Federally Qualified Health Center Services,” shall have the same definition as such term
85 is defined in 42 U.S.C. 1396d(a)(2)(C).

86 SECTION 8. Said chapter 176E is further amended by inserting after section 15A the
87 following new section:-

88 Section 15B. (a) Notwithstanding any general or special law to the contrary, any Dental
89 Service Corporation organized under this Chapter shall ensure that the rate of payment for any
90 Federally Qualified Health Center services provided to a patient by a community health center,
91 shall be reimbursed through a methodology that conforms with 42 USC § 1396a(bb) and
92 1396b(m)(2)(A)(ix) as they appear in Title 42 of the United States Code as of January 1, 2023.

93 (b) A policy, contract, agreement, plan or certificate of insurance issued, delivered or
94 renewed within or without the commonwealth shall not be required to reimburse a health care
95 provider for a health care service that is not a covered benefit under the plan or reimburse a
96 health care provider not contracted under the plan except as described in subclause (i) of
97 clause (4) of subsection (a) of section 6 of chapter 176O.

98 SECTION 9. Section 1 of chapter 176G of the General Laws, as appearing in the 2020
99 Official Edition, is hereby amended by inserting after the definition of “Evidence of Coverage”
100 the following new definitions:-

101 “Federally Qualified Health Center,” any entity receiving a grant under 42 USC 254B.

102 “Federally Qualified Health Center Services,” shall have the same definition as such term
103 is defined in 42 U.S.C. 1396d(a)(2)(C).

104 SECTION 10. Said chapter 176G is further amended by inserting after section 33 the
105 following new section:-

106 Section 34. (a) Notwithstanding any general or special law to the contrary, any Health
107 Maintenance Organization organized under the laws of the Commonwealth shall ensure that the
108 rate of payment for any Federally Qualified Health Center services provided to a patient by a
109 community health center, shall be reimbursed through a methodology that conforms with 42
110 USC § 1396a(bb) and 1396b(m)(2)(A)(ix) as they appear in Title 42 of the United States Code as
111 of January 1, 2023.

112 (b) A policy, contract, agreement, plan or certificate of insurance issued, delivered or
113 renewed within or without the commonwealth shall not be required to reimburse a health care

114 provider for a health care service that is not a covered benefit under the plan or reimburse a
115 health care provider not contracted under the plan except as described in subclause (i) of
116 clause (4) of subsection (a) of section 6 of chapter 176O.

117 SECTION 11. Section 1 of chapter 176I of the General Laws, as appearing in the 2020
118 Official Edition, is hereby amended by inserting after the definition of “Emergency Care” the
119 following new definitions:-

120 “Federally Qualified Health Center,” any entity receiving a grant under 42 USC 254B.

121 “Federally Qualified Health Center Services,” shall have the same definition as such term
122 is defined in 42 U.S.C. 1396d(a)(2)(C).

123 SECTION 12. Said chapter 176I, as so appearing, is further amended by inserting after
124 section 13 the following new section:-

125 Section 14. (a) Notwithstanding any general or special law to the contrary, any preferred
126 provider contract shall ensure that the rate of payment for any Federally Qualified Health Center
127 services provided to a patient by a community health center, shall be reimbursed through a
128 methodology that conforms with 42 USC § 1396a(bb) and 1396b(m)(2)(A)(ix) as they appear in
129 Title 42 of the United States Code as of January 1, 2023.

130 (b) A policy, contract, agreement, plan or certificate of insurance issued, delivered or
131 renewed within or without the commonwealth shall not be required to reimburse a health care
132 provider for a health care service that is not a covered benefit under the plan or reimburse a
133 health care provider not contracted under the plan except as described in subclause (i) of
134 clause (4) of subsection (a) of section 6 of chapter 176O.