

**SENATE . . . . . No. 686**

**The Commonwealth of Massachusetts**

PRESENTED BY:

***John F. Keenan***

*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 promoting continuity of care for multiple sclerosis treatment.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>John F. Keenan</i>	<i>Norfolk and Plymouth</i>	
<i>Sean Garballey</i>	<i>23rd Middlesex</i>	
<i>Mindy Domb</i>	<i>3rd Hampshire</i>	<i>2/3/2021</i>
<i>James M. Murphy</i>	<i>4th Norfolk</i>	<i>2/19/2021</i>
<i>John Barrett, III</i>	<i>1st Berkshire</i>	<i>2/24/2021</i>
<i>Brian W. Murray</i>	<i>10th Worcester</i>	<i>2/24/2021</i>
<i>Hannah Kane</i>	<i>11th Worcester</i>	<i>2/24/2021</i>
<i>Michael J. Barrett</i>	<i>Third Middlesex</i>	<i>2/24/2021</i>
<i>Diana DiZoglio</i>	<i>First Essex</i>	<i>2/26/2021</i>
<i>Angelo L. D'Emilia</i>	<i>8th Plymouth</i>	<i>2/26/2021</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>	<i>3/2/2021</i>
<i>Paul R. Feeney</i>	<i>Bristol and Norfolk</i>	<i>3/23/2021</i>

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By Mr. Keenan, a petition (accompanied by bill, Senate, No. 686) of John F. Keenan, Sean Garballey, Mindy Domb, James M. Murphy and other members of the General Court for legislation to promote continuity of care for multiple sclerosis treatment. Financial Services.

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[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE SENATE, NO. 606 OF 2019-2020.]

**The Commonwealth of Massachusetts**

\_\_\_\_\_  
**In the One Hundred and Ninety-Second General Court  
(2021-2022)**  
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An Act promoting continuity of care for multiple sclerosis treatment.

*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 is hereby amended by adding the  
2 following section:-

3 Section 29. (a) The commission shall provide to any active or retired employee of the  
4 commonwealth who is insured under the group insurance commission coverage for a drug for the  
5 modification of multiple sclerosis that the individual has already been prescribed and has already  
6 been taking, upon receipt of documentation by the prescribing provider that 1) the member has  
7 been diagnosed with a form of multiple sclerosis, and 2) the member has been stabilized or has  
8 achieved a positive clinical response as evidenced by low disease activity or improvement in  
9 symptoms on the drug. This section shall also require coverage for such an ongoing drug  
10 treatment for the modification of multiple sclerosis under any non-group policy.

11 Prior to receipt of the documentation described above, the commission shall provide to  
12 any active or retired employee of the commonwealth who is insured under the group insurance  
13 commission coverage for a one-time 30-day transition fill, within the first 90 days of coverage  
14 under the plan, of a drug reimbursed through the commission's pharmacy benefit, or if a  
15 member's scheduled infusion occurs within the first 90 days of coverage under the plan, a one-  
16 time infusion of an FDA- approved drug reimbursed through the commission's medical benefit,  
17 for the modification of multiple sclerosis that the member has already been prescribed and on  
18 which the member is stable.

19 (b) Notwithstanding the requirements of paragraph (a), the transition period shall not  
20 apply to the following: (i) new drugs for the modification of multiple sclerosis that have not been  
21 approved by the commission's or its contracted health plan's Pharmacy and Therapeutics (P &  
22 T) committee; (ii) products provided by sample; or (iii) products prescribed in a manner  
23 inconsistent with the FDA indication for the drug.

24 SECTION 2. Chapter 175 of the General Laws is hereby amended by inserting, after  
25 section 47KK, the following section:-

26 Section 47LL. (a) Any policy of accident and sickness insurance as described in section  
27 108 that provides hospital expense and surgical expense insurance and that is delivered, issued or  
28 subsequently renewed by agreement between the insurer and policyholder in the commonwealth;  
29 any blanket or general policy of insurance described in subdivision (A), (C) or (D) of section 110  
30 that provides hospital expense and surgical expense insurance and that is delivered, issued or  
31 subsequently renewed by agreement between the insurer and the policyholder, within or without  
32 the commonwealth ; or any employees' health and welfare fund that provides hospital expense

33 and surgical expense benefits and that is delivered, issued or renewed to any person or group of  
34 persons in the commonwealth, shall provide to a commonwealth resident covered by the policy,  
35 coverage for a drug for the modification of multiple sclerosis that the individual has already been  
36 prescribed and has already been taking, upon receipt of documentation by the prescribing  
37 provider that 1) the member has been diagnosed with a form of multiple sclerosis, and 2) the  
38 member has been stabilized or has achieved a positive clinical response as evidenced by low  
39 disease activity or improvement in symptoms on the drug.

40 Prior to receipt of the documentation described above, said policies shall provide a one-  
41 time 30-day transition fill, within the first 90 days of coverage under the plan, of an FDA-  
42 approved drug reimbursed through the commission's pharmacy benefit, or if a member's  
43 scheduled infusion occurs within the first 90 days of coverage under the plan, a one-time  
44 infusion of an FDA- approved drug reimbursed through the commission's medical benefit, for  
45 the modification of multiple sclerosis that the member has already been prescribed and on which  
46 the member is stable.

47 The benefits in this section shall not be subject to any greater deductible, coinsurance,  
48 copayments or out-of-pocket limits than the maximum deductible, coinsurance, copayments or  
49 out-of-pocket limits for other drugs for the modification of multiple sclerosis covered by the  
50 policy. This section shall also require coverage for such an ongoing drug treatment for the  
51 modification of multiple sclerosis under any non-group policy.

52 (b) Notwithstanding the requirements of paragraph (a), the transition period does not  
53 apply to the following: (i) new drugs for the modification of multiple sclerosis that have not been  
54 reviewed by the carrier's Pharmacy and Therapeutics (P & T) committee, (ii) products provided

55 by sample, or (iii) products prescribed in a manner inconsistent with the FDA indication for the  
56 drug.

57 SECTION 3. Chapter 176A of the General Laws is hereby amended by inserting, after  
58 section 8MM, the following section:-

59 Section 8NN. (a) Any contract between a subscriber and the corporation under an  
60 individual or group hospital service plan that is delivered, issued or renewed in the  
61 commonwealth shall provide as benefits to any individual subscribers or members within the  
62 commonwealth a drug for the modification of multiple sclerosis that the individual has already  
63 been prescribed and has already been taking, upon receipt of documentation by the prescribing  
64 provider that 1) the member has been diagnosed with a form of multiple sclerosis, and 2) the  
65 member has been stabilized or has achieved a positive clinical response as evidenced by low  
66 disease activity or improvement in symptoms on the drug.

67 Prior to receipt of the documentation described above, said contracts shall provide a one-  
68 time 30-day transition fill, within the first 90 days of coverage under the plan, of an FDA-  
69 approved drug reimbursed through the commission's pharmacy benefit, or if a member's  
70 scheduled infusion occurs within the first 90 days of coverage under the plan, a one-time  
71 infusion of an FDA- approved drug reimbursed through the commission's medical benefit, for  
72 the modification of multiple sclerosis that the member has already been prescribed and on which  
73 the member is stable.

74 The benefits in this section shall not be subject to any greater deductible, coinsurance,  
75 copayments or out-of-pocket limits than the maximum deductible, coinsurance, copayments or  
76 out-of-pocket limits for drugs for the modification of multiple sclerosis covered by the policy.

77 This section shall also require coverage for such an ongoing drug treatment for the modification  
78 of multiple sclerosis under any non-group policy.

79 (b) Notwithstanding the requirements of paragraph (a), the transition period does not  
80 apply to the following: (i) new drugs for the modification of multiple sclerosis drugs that have  
81 not been reviewed by the corporation's Pharmacy and Therapeutics (P & T) committee, (ii)  
82 products provided by sample, or (iii) products prescribed in a manner inconsistent with the FDA  
83 indication for the drug.

84 SECTION 4. Chapter 176B of the General Laws is hereby amended by inserting, after  
85 section 4MM, the following section:-

86 Section 4NN. (a) Any subscription certificate under an individual or group medical  
87 service agreement that shall be delivered, issued or renewed within the commonwealth shall  
88 provide as benefits to any individual subscriber or member within the commonwealth coverage  
89 for a drug for the modification of multiple sclerosis that the individual has already been  
90 prescribed and has already been taking, upon receipt of documentation by the prescribing  
91 provider that 1) the member has been diagnosed with a form of multiple sclerosis, and 2) the  
92 member has been stabilized or has achieved a positive clinical response as evidenced by low  
93 disease activity or improvement in symptoms on the drug.

94 Prior to receipt of the documentation described above, said certificates shall provide a  
95 one-time 30-day transition fill, within the first 90 days of coverage under the plan, of an FDA-  
96 approved drug reimbursed through the commission's pharmacy benefit, or if a member's  
97 scheduled infusion occurs within the first 90 days of coverage under the plan, a one-time  
98 infusion of an FDA- approved drug reimbursed through the commission's medical benefit, for

99 the modification of multiple sclerosis that the member has already been prescribed and on which  
100 the member is stable.

101 The benefits in this section shall not be subject to any greater deductible, coinsurance,  
102 copayments or out-of-pocket limits than the maximum deductible, coinsurance, copayments or  
103 out-of-pocket limits for other drugs for the modification of multiple sclerosis covered by the  
104 policy. This section shall also require coverage for such an ongoing drug treatment for the  
105 modification of multiple sclerosis under any non-group policy.

106 (b) Notwithstanding the requirements of paragraph (a), the transition period does not  
107 apply to the following: (i) new drugs for the modification of multiple sclerosis drugs that have  
108 not been reviewed by the carrier's Pharmacy and Therapeutics (P & T) committee, (ii) products  
109 provided by sample, or (iii) products prescribed in a manner inconsistent with the FDA  
110 indication for the drug.

111 SECTION 5. Chapter 176G of the General Laws is hereby amended by inserting, after  
112 section 4EE, the following section:-

113 Section 4FF. (a) An individual or group health maintenance contract shall provide  
114 coverage and benefits to any individual within the commonwealth for a drug for the modification  
115 of multiple sclerosis that the individual has already been prescribed and has already been taking,  
116 upon receipt of documentation by the prescribing provider that 1) the member has been  
117 diagnosed with a form of multiple sclerosis, and 2) the member has been stabilized or has  
118 achieved a positive clinical response as evidenced by low disease activity or improvement in  
119 symptoms on the drug.

120 Prior to receipt of the documentation described above, said policies shall provide a one-  
121 time 30-day transition fill, within the first 90 days of coverage under the plan, of an FDA-  
122 approved drug reimbursed through the commission's pharmacy benefit, or if a member's  
123 scheduled infusion occurs within the first 90 days of coverage under the plan, a one-time  
124 infusion of an FDA- approved drug reimbursed through the commission's medical benefit, for  
125 the modification of multiple sclerosis that the member has already been prescribed and on which  
126 the member is stable.

127 The benefits in this section shall not be subject to any greater deductible, coinsurance,  
128 copayments or out-of-pocket limits than the maximum deductible, coinsurance, copayments or  
129 out-of-pocket limits for drugs for the modification of multiple sclerosis covered by the policy.  
130 This section shall also require coverage for such an ongoing drug treatment for the modification  
131 of multiple sclerosis under any non-group policy.

132 (b) Notwithstanding the requirements of paragraph (a), the transition period does not  
133 apply to the following: (i) new drugs for the modification of multiple sclerosis drugs that have  
134 not been reviewed by the carrier's Pharmacy and Therapeutics (P & T) committee, (ii) products  
135 provided by sample, or (iii) products prescribed in a manner inconsistent with the FDA  
136 indication for the drug.