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# The Commonwealth of Massachusetts

#### PRESENTED BY:

#### William J. Driscoll, Jr. and Christine P. Barber

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 expanding affordable coverage through ConnectorCare.

#### PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
William J. Driscoll, Jr.	7th Norfolk	1/20/2023
Christine P. Barber	34th Middlesex	1/20/2023
David Paul Linsky	5th Middlesex	1/26/2023
Lindsay N. Sabadosa	1st Hampshire	1/26/2023
Peter Capano	11th Essex	1/27/2023
Susannah M. Whipps	2nd Franklin	1/27/2023
Brian W. Murray	10th Worcester	1/30/2023
Jack Patrick Lewis	7th Middlesex	1/30/2023
Patricia A. Duffy	5th Hampden	2/2/2023
Jon Santiago	9th Suffolk	2/6/2023
Thomas M. Stanley	9th Middlesex	2/8/2023
James C. Arena-DeRosa	8th Middlesex	2/17/2023
Kate Lipper-Garabedian	32nd Middlesex	2/22/2023

## HOUSE DOCKET, NO. 3361 FILED ON: 1/20/2023

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By Representatives Driscoll of Milton and Barber of Somerville, a petition (accompanied by bill, House, No. 1186) of William J. Driscoll, Jr., Christine P. Barber and others that the Health Insurance Connector Authority implement a 5-year pilot program to extend eligibility for premium assistance payments or point-of-service cost-sharing subsidies. Health Care Financing.

## The Commonwealth of Massachusetts

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

An Act expanding affordable coverage through ConnectorCare.

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. (a) Notwithstanding clause (b) of section 3 of chapter 176Q of the General 2 Laws or any other general or special law to the contrary, the commonwealth health insurance 3 connector authority established in section 2 of said chapter 176Q shall implement a 5-year pilot 4 program to extend eligibility for premium assistance payments or point-of-service cost-sharing 5 subsidies for applicants at or below 500 percent of the federal poverty guidelines. 6 (b) Applicants participating in the pilot program that are between 300 and 500 percent of 7 the federal poverty guidelines shall have access to a plan that meets at least 90 per cent actuarial 8 value; provided, that the affordability standard for the pilot program shall be consistent with 9 current practices pursuant to said section 3 of said chapter 176Q. 10 (c) Notwithstanding the second paragraph of section 2000 of chapter 29 of the General

11 Laws or any other general or special law to the contrary, amounts necessary to support the 5-year

pilot program established in subsection (a) shall be expended from the Commonwealth Care
Trust Fund established in said section 2000 of said chapter 29.

14 (d) The commonwealth health insurance connector authority, in consultation with the center for health information and analysis, shall evaluate the pilot program to assess the public 15 16 health, health equity, utilization and financial impacts on residents of reducing out-of-pocket 17 costs and premium costs. The center shall collect quantitative and qualitative data at the start of 18 the pilot program and at the end of each year of the pilot program to assess the impact on pilot 19 program participants. Data points to be collected shall include, but not be limited to: (i) rates of 20 unmet medical need due to cost; (ii) disparities in rates of unmet medical need due to cost; (iii) 21 difficulties accessing care at a doctor's office or clinic; (iv) racial and ethnic disparities in 22 difficulties accessing care at a doctor's office or clinic; (v) insurance coverage rates, including 23 rates of continuous insurance coverage; (vi) racial and ethnic disparities in insurance coverage 24 rates; (vii) visits to a doctor's office; and (viii) racial and ethnic disparities in visits to a doctor's 25 office. The connector authority shall file reports of its evaluation with the clerks of the house of representatives and the senate, the house and senate committees on ways and means, the joint 26 27 committee on public health and the joint committee on health care financing not later than 28 December 1, 2026 and December 1, 2029.

- 29 SECTION 2. Section 1 shall take effect on Jan 1, 2024.
- 30 SECTION 3. Section 1 shall be repealed on Dec 31, 2028.