

# HOUSE . . . . . No. 1343

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## The Commonwealth of Massachusetts

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PRESENTED BY:

***Thomas P. Walsh***

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*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 direct primary care.

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PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Thomas P. Walsh</i>	<i>12th Essex</i>	<i>1/15/2025</i>
<i>James K. Hawkins</i>	<i>2nd Bristol</i>	<i>2/14/2025</i>
<i>Lindsay N. Sabadosa</i>	<i>1st Hampshire</i>	<i>2/26/2025</i>
<i>Adam J. Scanlon</i>	<i>14th Bristol</i>	<i>3/4/2025</i>
<i>Michael O. Moore</i>	<i>Second Worcester</i>	<i>3/12/2025</i>

# HOUSE . . . . . No. 1343

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By Representative Walsh of Peabody, a petition (accompanied by bill, House, No. 1343) of Thomas P. Walsh and others for legislation to prohibit denials of certain payments for health care service. Financial Services.

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[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE HOUSE, NO. 1160 OF 2023-2024.]

## The Commonwealth of Massachusetts

\_\_\_\_\_  
In the One Hundred and Ninety-Fourth General Court  
(2025-2026)  
\_\_\_\_\_

An Act relative to direct primary care.

*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 at the end  
2 thereof

3           Section 31. A carrier may not deny payment for any health care service covered under an  
4 enrollee's health plan based solely on the basis that the enrollee's referral was made by a  
5 provider who is not a member of the carrier's provider network.

6           SECTION 2. Chapter 32B of the General Laws is hereby amended by adding at the end  
7 the following new section:

8           Section 30. A carrier may not deny payment for any health care service covered under an  
9   enrollee’s health plan based solely on the basis that the enrollee’s referral was made by a  
10   provider who is not a member of the carrier’s provider network.

11           SECTION 3. Section 9 of chapter 94C of the General Laws, as so appearing, is hereby  
12   amended by striking the following words in lines 31-32 of paragraph (b):- “in a single dose or in  
13   a quantity” and;

14           By striking in line 35 the words, “essential for the treatment of a patient” and add the  
15   words, “which is for a legitimate medical purpose by a practitioner acting in the usual course of  
16   his professional practice.” and;

17           By striking in lines 35-39 the words, “The amount or quantity of any controlled substance  
18   dispensed under this subsection shall not exceed the quantity of a controlled substance necessary  
19   for the immediate and proper treatment of the patient until it is possible for the patient to have a  
20   prescription filled by a pharmacy.”; and

21           By striking in lines 91-93 of paragraph (e) the lines “and shall be except from the  
22   requirement that such dispensing be in a single dose or as necessary for immediate and proper  
23   treatment under subsection (b).

24           SECTION 4. Section 19 of said chapter 94C shall be amended by inserting in line 6 of  
25   paragraph (a) after the word “prescription” “or practitioner who dispenses the controlled  
26   substance.”

27           SECTION 5. Section 118E of the General Laws of the General Laws is hereby amended  
28   by adding after Section 13C the following new section:

Section 13C½. A carrier may not deny payment for any health care service covered under an enrollee's health plan based solely on the basis that the enrollee's referral was made by a provider who is not a member of the carrier's provider network

SECTION 6. Chapter 175 of the General Laws is hereby amended by adding the following new section:

Section 47QQ. A carrier may not deny payment for any health care service covered under an enrollee's health plan based solely on the basis that the enrollee's referral was made by a provider who is not a member of the carrier's provider network

SECTION 7. Chapter 176A of the General Laws of the General Laws is hereby amended by adding at the end the following new section:

Section 39. A carrier may not deny payment for any health care service covered under an enrollee's health plan based solely on the basis that the enrollee's referral was made by a provider who is not a member of the carrier's provider network

SECTION 8. Chapter 176B of the General Laws, as appearing in the 2020 Official Edition, is hereby amended by inserting at the end thereof the following new section:

Section 26. A carrier may not deny payment for any health care service covered under an enrollee's health plan based solely on the basis that the enrollee's referral was made by a provider who is not a member of the carrier's provider network

SECTION 9. Chapter 176G of the General Laws of the General Laws is hereby amended by adding at the end the following new section:

49           Section 34. A carrier may not deny payment for any health care service covered under an  
50   enrollee's health plan based solely on the basis that the enrollee's referral was made by a  
51   provider who is not a member of the carrier's provider network

52           SECTION 10. Chapter 176I of the General Laws of the General Laws is hereby amended  
53   by adding at the end the following new section:

54           Section 14. A carrier may not deny payment for any health care service covered under an  
55   enrollee's health plan based solely on the basis that the enrollee's referral was made by a  
56   provider who is not a member of the carrier's provider network

57           SECTION 11. Section's 1-2 and 5-10 of this Act shall be effective for all contracts which  
58   are entered into, renewed, or amended one year after its effective date.