

**HOUSE . . . . . No. 02071**

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The Commonwealth of Massachusetts

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PRESENTED BY:

*Aaron Michlewitz*

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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 passage of the accompanying bill:

An Act relative to mandate-lite products for small businesses .

\_\_\_\_\_  
PETITION OF:

NAME:

*Aaron Michlewitz*

DISTRICT/ADDRESS:

*3rd Suffolk*

# HOUSE . . . . . No. 02071

By Mr. Michlewitz of Boston, a petition (accompanied by bill, House, No. 2071) of Michlewitz relative to insurance products Joint Committee on Financial Services.

## The Commonwealth of Massachusetts

In the Year Two Thousand Eleven

An Act relative to mandate-lite products for small businesses .

*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 175 is hereby amended by inserting after section  
2 111H, the following section:--

3 Section 111I. (a) Except as otherwise provided in this section, the commissioner shall not  
4 disapprove a policy of accident and sickness insurance which provides hospital expense and  
5 surgical expense insurance solely on the basis that it does not include coverage for at least 1  
6 mandated benefit.

7 (b) The commissioner shall not approve a policy of accident and sickness insurance which  
8 provides hospital expense and surgical expense insurance unless it provides, at a minimum,  
9 coverage for:

10 (1) pregnant women, infants and children as set forth in section 47C;

11 (2) prenatal care, childbirth and postpartum care as set forth in section 47F;

12 (3) cytologic screening and mammographic examination as set forth in section 47G;

13 (3A)diabetes-related services, medications, and supplies as defined in section 47N;

14 (4) early intervention services as set forth in said section 47C; and

15 (5) mental health services as set forth in section 47B; provided however, that if the policy  
16 limits coverage for outpatient physician office visits, the commissioner shall not disapprove the  
17 policy on the basis that coverage for outpatient mental health services is not as extensive as  
18 required by said section 47B, if the coverage is at least as extensive as coverage under the policy  
19 for outpatient physician services.

20 (c) The commissioner shall not approve a policy of accident and sickness insurance which  
21 provides hospital expense and surgical expense insurance that does not include coverage for at  
22 least one mandated benefit unless the carrier continues to offer at least one policy that provides  
23 coverage that includes all mandated benefits.

24 (d) For purposes of this section, "mandated benefit" shall mean a requirement in this chapter that  
25 requires coverage for specific health services, specific diseases or certain providers of health  
26 care.

27 (e) The commissioner may promulgate rules and regulations as are necessary to carry out this  
28 section.

29 (f) Notwithstanding any special or general law to the contrary, no plan approved by the  
30 commissioner under this section shall be available to an employer who has provided a policy of  
31 accident and sickness insurance to any employee within 12 months.

32 SECTION 2. Chapter 176A of the General Laws is hereby amended by inserting after section 1D  
33 the following section:

34 Section 1E. (a) Except as otherwise provided in this section, the commissioner shall not  
35 disapprove a contract between a subscriber and the corporation under an individual or group  
36 hospital services plan solely on the basis that it does not include coverage for at least one  
37 mandated benefit.

38 (b) The commissioner shall not approve a contract unless it provides, at a minimum, coverage  
39 for:

40 (1) pregnant women, infants and children as set forth in section 47C;

41 (2) prenatal care, childbirth and postpartum care as set forth in section 47F;

42 (3) cytologic screening and mammographic examination as set forth in section 47G;

43 (3A)diabetes-related services, medications, and supplies as defined in section 47N;

44 (4) early intervention services as set forth in said section 47C; and

45 (5) mental health services as set forth in section 47B; provided however, that if the policy  
46 limits coverage for outpatient physician office visits, the commissioner shall not disapprove the  
47 policy on the basis that coverage for outpatient mental health services is not as extensive as  
48 required by said section 47B, if the coverage is at least as extensive as coverage under the policy  
49 for outpatient physician services.

50 (c) The commissioner shall not approve a contract that does not include coverage for at least one  
51 mandated benefit unless the corporation continues to offer at least one contract that provides  
52 coverage that includes all mandated benefits.

53 (d) For purposes of this section, "mandated benefit" shall mean a requirement in this chapter that  
54 requires coverage for specific health services, specific diseases or certain providers of health  
55 care.

56 (e) The commissioner may promulgate rules and regulations as are necessary to carry out this  
57 section.

58 (f) Notwithstanding any special or general law to the contrary, no plan approved by the  
59 commissioner under this section shall be available to an employer who has provided a hospital  
60 services plan, to any employee within 12 months.

61 SECTION 3. Chapter 176B of the General Laws is hereby further amended by inserting after  
62 section 6B, the following section:-- Section 6C. (a) Except as otherwise provided in this section,  
63 the commissioner shall not disapprove a subscription certificate solely on the basis that it does  
64 not include coverage for at least one mandated benefit.

65 (b) The commissioner shall not approve a subscription certificate unless it provides, at a  
66 minimum, coverage for:

67 (1) pregnant women, infants and children as set forth in section 47C;

68 (2) prenatal care, childbirth and postpartum care as set forth in section 47F;

69 (3) cytologic screening and mammographic examination as set forth in section 47G;

70 (3A)diabetes-related services, medications, and supplies as defined in section 47N;

71 (4) early intervention services as set forth in said section 47C; and

72 (5) mental health services as set forth in section 47B; provided however, that if the policy  
73 limits coverage for outpatient physician office visits, the commissioner shall not disapprove the  
74 policy on the basis that coverage for outpatient mental health services is not as extensive as  
75 required by said section 47B, if the coverage is at least as extensive as coverage under the policy  
76 for outpatient physician services.

77 (c) The commissioner shall not approve a subscription certificate that does not include coverage  
78 for at least 1 mandated benefit unless the corporation continues to offer at least one subscription  
79 certificate that provides coverage that includes all mandated benefits.

80 (d) For purposes of this section, "mandated benefit" shall mean a requirement in this chapter that  
81 requires coverage for specific health services, specific diseases or certain providers of health  
82 care.

83 (e) The commissioner may promulgate rules and regulations as are necessary to carry out this  
84 section. (f) Notwithstanding any special or general law to the contrary, no plan approved by the  
85 commissioner under this section shall be available to an employer who has provided a  
86 subscription certificate, to any employee within 12 months.

87 Section 4. Chapter 176G of the General Laws is hereby amended by inserting after Section 16  
88 the following new section:

89 Section 16A. (a) Except as otherwise provided in this section, the commissioner shall not  
90 disapprove a health maintenance contract solely on the basis that it does not include coverage for  
91 at least 1 mandated benefit.

92 (b) The commissioner shall not approve a health maintenance contract unless it provides  
93 coverage for:

94 (1) pregnant women, infants and children as set forth in section 47C;

95 (2) prenatal care, childbirth and postpartum care as set forth in section 47F;

96 (3) cytologic screening and mammographic examination as set forth in section 47G;

97 (3A)diabetes-related services, medications, and supplies as defined in section 47N;

98 (4) early intervention services as set forth in said section 47C; and

99 (5) mental health services as set forth in section 47B; provided however, that if the policy

100 limits coverage for outpatient physician office visits, the commissioner shall not disapprove the

101 policy on the basis that coverage for outpatient mental health services is not as extensive as

102 required by said section 47B, if the coverage is at least as extensive as coverage under the policy

103 for outpatient physician services.

104 (c) The commissioner shall not approve a health maintenance contract that does not include

105 coverage for at least one mandated benefit unless the health maintenance organization continues

106 to offer at least one health maintenance contract that provides coverage that includes all

107 mandated benefits.

108 (d) For purposes of this section, "mandated benefit" shall mean a requirement in this chapter that  
109 requires coverage for specific health services, specific diseases or certain providers of health  
110 care.

111 (e) The commissioner may promulgate rules and regulations as are necessary to carry out the  
112 provisions of this section.

113 (f) Notwithstanding any special or general law to the contrary, no plan approved by the  
114 commissioner under this section shall be available to an employer who has provided a health  
115 maintenance contract, to any employee within 12 months.