

**HOUSE . . . . . No. 2072**

---

The Commonwealth of Massachusetts

PRESENTED BY:

*William M. Straus*

*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 ensuring a representative health care cost containment discussion.

PETITION OF:

NAME:

*William M. Straus*

DISTRICT/ADDRESS:

*10th Bristol*

**HOUSE . . . . . No. 2072**

---

By Mr. Straus of Mattapoisett, a petition (accompanied by bill, House, No. 2072) of William M. Straus that the Health Policy Commission annually conduct an analysis and issue a report on the impact of specialty drug costs in the Commonwealth. Public Health.

---

The Commonwealth of Massachusetts

\_\_\_\_\_  
**In the One Hundred and Eighty-Ninth General Court  
(2015-2016)**  
\_\_\_\_\_

An Act ensuring a representative health care cost containment discussion.

*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. Notwithstanding any general or special law to the contrary, the Health  
2 Policy Commission shall annually conduct an analysis and issue a report on the impact of  
3 specialty drug costs on Massachusetts’ cost containment benchmark with said first report to be  
4 publicly issued by July 1, 2015 and annually thereafter on each July 1 and convene a discussion  
5 of this report and its implications at its annual cost containment hearings held pursuant to section  
6 8 of chapter 6D of the general laws.

7           SECTION 2. Subsection (d) of section 8 of chapter 6D of the general laws is hereby  
8 amended by striking the current subsection and inserting in its place thereof:-

9           (d) The commission shall identify as witnesses for the public hearing a representative  
10 sample of providers, provider organizations, pharmaceutical organizations, payers and others,  
11 including: (i) at least 3 academic medical centers, including the 2 acute hospitals with the highest  
12 level of net patient service revenue; (ii) at least 3 disproportionate share hospitals, including the 2

13 hospitals whose largest per cent of gross patient service revenue is attributable to Title XVIII and  
14 XIX of the federal Social Security Act or other governmental payers; (iii) community hospitals  
15 from at least 3 separate regions of the commonwealth; (iv) freestanding ambulatory surgical  
16 centers from at least 3 separate regions of the commonwealth; (v) community health centers from  
17 at least 3 separate regions of the commonwealth; (vi) at least 3 pharmaceutical companies with at  
18 least one being representative of and doing business in specialty pharmacy and at least one being  
19 representative of and doing business in generic pharmacy; (vii) the 5 private health care payers  
20 with the highest enrollments in the commonwealth; (viii) any managed care organization that  
21 provides health benefits under Title XIX; (ix) the group insurance commission; (x) at least 3  
22 municipalities that have adopted chapter 32B; (xi) at least 4 provider organizations, at least 2 of  
23 which shall be certified as accountable care organizations, 1 of which has been certified as a  
24 model ACO, which shall be from diverse geographic regions of the commonwealth; and (xii) any  
25 witness identified by the attorney general or the center.