

HOUSE No. 2084

The Commonwealth of Massachusetts

PRESENTED BY:

Carl M. Sciortino, Jr. and Patricia D. Jehlen

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 keep people healthy by removing barriers to cost-effective care .

PETITION OF:

NAME:	DISTRICT/ADDRESS:
<i>Carl M. Sciortino, Jr.</i>	<i>34th Middlesex</i>
<i>Patricia D. Jehlen</i>	<i>Second Middlesex</i>
<i>Denise Andrews</i>	<i>2nd Franklin</i>
<i>Ruth B. Balse</i>	<i>12th Middlesex</i>
<i>Antonio F. D. Cabral</i>	<i>13th Bristol</i>
<i>Sal N. DiDomenico</i>	<i>Middlesex and Suffolk</i>
<i>Kenneth J. Donnelly</i>	<i>Fourth Middlesex</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>
<i>Tricia Farley-Bouvier</i>	<i>3rd Berkshire</i>
<i>Sean Garballey</i>	<i>23rd Middlesex</i>
<i>Jonathan Hecht</i>	<i>29th Middlesex</i>
<i>John F. Keenan</i>	<i>Norfolk and Plymouth</i>
<i>Kay Khan</i>	<i>11th Middlesex</i>
<i>Jason M. Lewis</i>	<i>31st Middlesex</i>
<i>Mark C. Montigny</i>	<i>Second Bristol and Plymouth</i>
<i>Denise Provost</i>	<i>27th Middlesex</i>
<i>David M. Rogers</i>	<i>24th Middlesex</i>
<i>Thomas M. Stanley</i>	<i>9th Middlesex</i>

Benjamin Swan

Aaron Vega

11th Hampden

5th Hampden

HOUSE No. 2084

By Mr. Sciortino of Medford and Senator Jehlen, a joint petition (accompanied by bill, House, No. 2084) of Carl M. Sciortino, Jr. and others that the Department of Public Health develop criteria and provide recommendations for removing barriers to cost-effective health care. Public Health.

The Commonwealth of Massachusetts

In the Year Two Thousand Thirteen

An Act relative to keep people healthy by removing barriers to cost-effective 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 111 of the General Laws is hereby amended by adding after section
2 225 the following section:-

3 Section 226 (a) The commissioner shall by regulation determine which medical services,
4 treatments and prescription drugs shall be deemed high-value cost-effective services for the
5 purposes of this section. The determination of high-value cost-effective services shall rely on the
6 recommendations of the Barrier-Free Care Expert Panel established by subsection (c). Any
7 service, treatment or prescription drug determined by the commissioner to be a high-value cost-
8 effective service by regulation promulgated prior to July 1 of a year shall be deemed a high-value
9 cost-effective service for the purposes of subsection (b) effective on January 1 of the following
10 year. In determining medical services, treatments and prescription drugs to be deemed high-value
11 cost-effective services, the commissioner may limit the effect of the determination to people with
12 one or more specific diagnoses or risk factors for a disease or condition.

13 (b) Insurance plans, health coverage, and medical assistance and medical benefit programs
14 shall not charge cost sharing for high-value cost-effective services for coverage subject to section
15 17K of chapter 32A, section 10H of chapter 118E, section 47CC of chapter 175, section 8FF of
16 chapter 176A, section 4FF of chapter 176B, section 4X of chapter 176G, and section 13 of
17 chapter 176I. For the purposes of this section, cost sharing shall include payments required from
18 a consumer in connection with the provision of a health care service, including, but not limited
19 to, copayments, coinsurance, and deductibles.

20 (c) The commissioner shall establish the Barrier-Free Care Expert Panel to make
21 recommendations regarding high-value cost-effective services that should not be subject to cost
22 sharing. The panel shall be comprised of up to ten people. In making appointments to the panel,

23 the commissioner shall include individuals with expertise in health economics, actuarial
24 sciences, primary care, health care cost effectiveness, mental health care, pediatric health, social
25 determinants of health and public health, medical ethics, chronic illness and consumer concerns.
26 No member of the panel shall have any financial conflict of interest in any decision of the panel.

27 Members of the Barrier-Free Care Expert Panel shall be appointed by the commissioner of
28 public health. The commissioner shall designate one member to serve as chair of the panel. They
29 shall serve a term of 3 years, and may be reappointed, provided that the commissioner may
30 designate up to half of the original members appointed to the board to serve for two years. Panel
31 members shall receive no compensation for their services but shall be entitled to reimbursement
32 for reasonable travel and other expenses. The panel shall make its recommendations by
33 majority vote to the commissioner no later than March 1 of each year.

34 In making recommendations for high-value cost-effective services that should not be subject to
35 cost sharing, the Barrier-Free Care Expert Panel shall consider appropriate services, treatments
36 and prescription drugs that are

37 (1) out-patient or ambulatory services, including medications, lab tests, procedures, and office
38 visits, generally offered in the primary care or medical home setting;

39 (2) of clear benefit, strongly supported by clinical evidence to be cost-effective;

40 (3) likely to reduce hospitalizations or emergency department visits, or reduce future
41 exacerbations of illness progression, or improve quality of life;

42 (4) relatively low cost when compared to the cost of an acute illness or incident prevented or
43 delayed by the use of the service, treatment or drug; and

44 (5) at low risk for overutilization.

45 In making recommendations, the panel may limit a recommended high-value cost-effective
46 service as applicable only to patients with one or more specific diagnoses or risk factors for a
47 disease or condition.

48 (d) Every two years, the center for health information and analysis shall evaluate the
49 effect of this section. The evaluation shall include the impact of this section on treatment
50 adherence, incidence of related acute events, premiums and cost sharing, overall health, long-
51 term health costs, and other issues that the center may determine. The center may collaborate
52 with an independent research organization to conduct the evaluation.

53

54 SECTION 2. Chapter 32A of the General Laws is hereby amended by inserting after section
55 17J the following section:-

56 Section 17K. The commission shall provide to any active or retired employee of the
57 commonwealth who is insured under the group insurance commission, coverage without cost
58 sharing for all services determined to be high-value cost-effective services by the commissioner
59 of public health pursuant to section 226 of chapter 111.

60

61 SECTION 3. Chapter 118E of the General Laws is hereby amended by inserting after section
62 10G the following section:-

63 Section 10H. The division shall cover without cost sharing all services determined to be high-
64 value cost-effective services by the commissioner of public health pursuant to section 226 of
65 chapter 111.

66

67 SECTION 4. Chapter 175 of the General Laws is hereby amended by inserting after section
68 47BB the following section:-

69 Section 47CC. An individual policy of accident and sickness insurance issued under section
70 108 that provides hospital expense and surgical expense insurance and any group blanket or
71 general policy of accident and sickness insurance issued under section 110 that provides hospital
72 expense and surgical expense insurance, which is issued or renewed within or without the
73 commonwealth, shall cover without cost sharing all services determined to be high-value cost-
74 effective services by the commissioner of public health pursuant to section 226 of chapter 111.

75

76 SECTION 5. Chapter 176A of the General Laws is hereby amended by inserting after section
77 8EE the following section:-

78 Section 8FF. A contract between a subscriber and the corporation under an individual or group
79 hospital service plan which provides hospital expense and surgical expense insurance, except
80 contracts providing supplemental coverage to Medicare or other governmental programs,
81 delivered, issued or renewed by agreement between the insurer and the policyholder, within or
82 without the commonwealth, shall cover without cost sharing all services determined to be high-
83 value cost-effective services by the commissioner of public health pursuant to section 226 of
84 chapter 111.

85

86 SECTION 6. Chapter 176B of the General Laws is hereby amended by inserting after section
87 4EE the following section:-

88 Section 4FF. Any subscription certificate under an individual or group medical service
89 agreement, except certificates that provide supplemental coverage to Medicare or other
90 governmental programs, issued, delivered or renewed within or without the commonwealth, shall
91 cover without cost sharing all services determined to be high-value cost-effective services by the
92 commissioner of public health pursuant to section 226 of chapter 111.

93

94 SECTION 7. Chapter 176G of the General Laws is hereby amended by inserting after section
95 4W the following section:-

96 Section 4X. A health maintenance contract issued or renewed within or without the
97 commonwealth shall cover without cost sharing all services determined to be high-value cost-
98 effective services by the commissioner of public health pursuant to section 226 of chapter 111.

99

100 SECTION 8. Chapter 176I of the General Laws is hereby amended by adding the following
101 section:-

102 Section 13. An organization entering into a preferred provider contract shall cover without

103 cost sharing all services determined to be high-value cost-effective services by the commissioner
104 of public health pursuant to section 226 of chapter 111.
105 □