SENATE . . . . No. 2660

The Commonwealth of Massachusetts

In the One Hundred and Ninety-First General Court
(2019-2020)

SENATE, April 27, 2020.

The committee on Financial Services to whom was referred the petition (accompanied by bill, Senate, No. 606) of John F. Keenan, Sean Garballey, Diana DiZoglio, William N. Brownsberger and other members of the General Court for legislation to promote continuity of care for multiple sclerosis treatment, reports the accompanying bill (Senate, No. 2660).

For the committee,
James T. Welch

FILED ON: 2/5/2020

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In the One Hundred and Ninety-First General Court
(2019-2020)

An Act promoting continuity of care for Multiple Sclerosis treatment.

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 the
2 following section:-

3 Section 28. (a) The commission shall provide to any active or retired employee of the
4 commonwealth who is insured under the group insurance commission coverage for a drug for the
5 modification of multiple sclerosis that the individual has already been prescribed and has already
6 been taking. This section shall also require coverage for such an ongoing drug treatment for the
7 modification of multiple sclerosis under any non-group policy.

8 Prior to receipt of the documentation described above, the commission shall provide to
9 any active or retired employee of the commonwealth who is insured under the group insurance
10 commission coverage for a one-time 30-day transition fill, within the first 90 days of coverage
11 under the plan, of a drug reimbursed through the commission’s pharmacy benefit, or if a
12 member’s scheduled infusion occurs within the first 90 days of coverage under the plan, a one-
13 time infusion of an FDA- approved drug reimbursed through the commission’s medical benefit,

14 for the modification of multiple sclerosis that the member has already been prescribed and on
15 which the member is stable.

16 (b) Notwithstanding the requirements of paragraph (a), the transition period shall not
17 apply to the following: (i) new drugs for the modification of multiple sclerosis that have not been
18 approved by the commission's or its contracted health plan's Pharmacy and Therapeutics (P &
19 T) committee; (ii) products provided by sample; or (iii) products prescribed in a manner
20 inconsistent with the FDA indication for the drug.

21 SECTION 2. Chapter 175 of the General Laws is hereby amended by inserting, after
22 section 47II, the following section:-

23 Section 47JJ. (a) Any policy of accident and sickness insurance as described in section
24 108 that provides hospital expense and surgical expense insurance and that is delivered, issued or
25 subsequently renewed by agreement between the insurer and policyholder in the commonwealth;
26 any blanket or general policy of insurance described in subdivision (A), (C) or (D) of section 110
27 that provides hospital expense and surgical expense insurance and that is delivered, issued or
28 subsequently renewed by agreement between the insurer and the policyholder, within or without
29 the commonwealth ; or any employees' health and welfare fund that provides hospital expense
30 and surgical expense benefits and that is delivered, issued or renewed to any person or group of
31 persons in the commonwealth, shall provide to a commonwealth resident covered by the policy,
32 coverage for a drug for the modification of multiple sclerosis that the individual has already been
33 prescribed and has already been taking, upon receipt of documentation by the prescribing
34 provider that 1) the member has been diagnosed with a form of multiple sclerosis, and 2) the

35 member has been stabilized or has achieved a positive clinical response as evidenced by low
36 disease activity or improvement in symptoms on the drug.

37 Prior to receipt of the documentation described above, said policies shall provide a one-
38 time 30-day transition fill, within the first 90 days of coverage under the plan, of an FDA-
39 approved drug reimbursed through the commission's pharmacy benefit, or if a member's
40 scheduled infusion occurs within the first 90 days of coverage under the plan, a one-time
41 infusion of an FDA- approved drug reimbursed through the commission's medical benefit, for
42 the modification of multiple sclerosis that the member has already been prescribed and on which
43 the member is stable.

44 The benefits in this section shall not be subject to any greater deductible, coinsurance,
45 copayments or out-of-pocket limits than the maximum deductible, coinsurance, copayments or
46 out-of-pocket limits for other drugs for the modification of multiple sclerosis covered by the
47 policy. This section shall also require coverage for such an ongoing drug treatment for the
48 modification of multiple sclerosis under any non-group policy.

49 (b) Notwithstanding the requirements of paragraph (a), the transition period does not
50 apply to the following: (i) new drugs for the modification of multiple sclerosis that have not
51 been reviewed by the carrier's Pharmacy and Therapeutics (P & T) committee, (ii) products
52 provided by sample, or (iii) products prescribed in a manner inconsistent with the FDA
53 indication for the drug.

54 SECTION 3. Chapter 176A of the General Laws is hereby amended by inserting, after
55 section 8KK, the following section:-

56 Section 8LL. (a) Any contract between a subscriber and the corporation under an
57 individual or group hospital service plan that is delivered, issued or renewed in the
58 commonwealth shall provide as benefits to any individual subscribers or members within the
59 commonwealth a drug for the modification of multiple sclerosis that the individual has already
60 been prescribed and has already been taking, upon receipt of documentation by the prescribing
61 provider that 1) the member has been diagnosed with a form of multiple sclerosis, and 2) the
62 member has been stabilized or has achieved a positive clinical response as evidenced by low
63 disease activity or improvement in symptoms on the drug.

64 Prior to receipt of the documentation described above, said contracts shall provide a one-
65 time 30-day transition fill, within the first 90 days of coverage under the plan, of an FDA-
66 approved drug reimbursed through the commission's pharmacy benefit, or if a member's
67 scheduled infusion occurs within the first 90 days of coverage under the plan, a one-time
68 infusion of an FDA- approved drug reimbursed through the commission's medical benefit, for
69 the modification of multiple sclerosis that the member has already been prescribed and on which
70 the member is stable.

71 The benefits in this section shall not be subject to any greater deductible, coinsurance,
72 copayments or out-of-pocket limits than the maximum deductible, coinsurance, copayments or
73 out-of-pocket limits for drugs for the modification of multiple sclerosis covered by the policy.
74 This section shall also require coverage for such an ongoing drug treatment for the modification
75 of multiple sclerosis under any non-group policy.

76 (b) Notwithstanding the requirements of paragraph (a), the transition period does not
77 apply to the following: (i) new drugs for the modification of multiple sclerosis drugs that have

78 not been reviewed by the corporation's Pharmacy and Therapeutics (P & T) committee, (ii)
79 products provided by sample, or (iii) products prescribed in a manner inconsistent with the FDA
80 indication for the drug.

81 SECTION 4. Chapter 176B of the General Laws is hereby amended by inserting, after
82 section 4KK, the following section:-

83 Section 4LL. (a) Any subscription certificate under an individual or group medical
84 service agreement that shall be delivered, issued or renewed within the commonwealth shall
85 provide as benefits to any individual subscriber or member within the commonwealth coverage
86 for a drug for the modification of multiple sclerosis that the individual has already been
87 prescribed and has already been taking, upon receipt of documentation by the prescribing
88 provider that 1) the member has been diagnosed with a form of multiple sclerosis, and 2) the
89 member has been stabilized or has achieved a positive clinical response as evidenced by low
90 disease activity or improvement in symptoms on the drug.

91 Prior to receipt of the documentation described above, said certificates shall provide a
92 one-time 30-day transition fill, within the first 90 days of coverage under the plan, of an FDA-
93 approved drug reimbursed through the commission's pharmacy benefit, or if a member's
94 scheduled infusion occurs within the first 90 days of coverage under the plan, a one-time
95 infusion of an FDA- approved drug reimbursed through the commission's medical benefit, for
96 the modification of multiple sclerosis that the member has already been prescribed and on which
97 the member is stable.

98 The benefits in this section shall not be subject to any greater deductible, coinsurance,
99 copayments or out-of-pocket limits than the maximum deductible, coinsurance, copayments or

100 out-of-pocket limits for other drugs for the modification of multiple sclerosis covered by the
101 policy. This section shall also require coverage for such an ongoing drug treatment for the
102 modification of multiple sclerosis under any non-group policy.

103 (b) Notwithstanding the requirements of paragraph (a), the transition period does not
104 apply to the following: (i) new drugs for the modification of multiple sclerosis drugs that have
105 not been reviewed by the carrier's Pharmacy and Therapeutics (P & T) committee, (ii) products
106 provided by sample, or (iii) products prescribed in a manner inconsistent with the FDA
107 indication for the drug.

108 SECTION 5. Chapter 176G of the General Laws is hereby amended by inserting, after
109 section 4CC, the following section:-

110 Section 4DD. (a) An individual or group health maintenance contract shall provide
111 coverage and benefits to any individual within the commonwealth for a drug for the modification
112 of multiple sclerosis that the individual has already been prescribed and has already been taking,
113 upon receipt of documentation by the prescribing provider that 1) the member has been
114 diagnosed with a form of multiple sclerosis, and 2) the member has been stabilized or has
115 achieved a positive clinical response as evidenced by low disease activity or improvement in
116 symptoms on the drug.

117 Prior to receipt of the documentation described above, said policies shall provide a one-
118 time 30-day transition fill, within the first 90 days of coverage under the plan, of an FDA-
119 approved drug reimbursed through the commission's pharmacy benefit, or if a member's
120 scheduled infusion occurs within the first 90 days of coverage under the plan, a one-time
121 infusion of an FDA- approved drug reimbursed through the commission's medical benefit, for

122 the modification of multiple sclerosis that the member has already been prescribed and on which
123 the member is stable.

124 The benefits in this section shall not be subject to any greater deductible, coinsurance,
125 copayments or out-of-pocket limits than the maximum deductible, coinsurance, copayments or
126 out-of-pocket limits for drugs for the modification of multiple sclerosis covered by the policy.
127 This section shall also require coverage for such an ongoing drug treatment for the modification
128 of multiple sclerosis under any non-group policy.

129 (b) Notwithstanding the requirements of paragraph (a), the transition period does not
130 apply to the following: (i) new drugs for the modification of multiple sclerosis drugs that have
131 not been reviewed by the carrier’s Pharmacy and Therapeutics (P & T) committee, (ii) products
132 provided by sample, or (iii) products prescribed in a manner inconsistent with the FDA
133 indication for the drug.