

SENATE No. 606

The Commonwealth of Massachusetts

PRESENTED BY:

John F. Keenan

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 promoting continuity of care for multiple sclerosis treatment.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>John F. Keenan</i>	<i>Norfolk and Plymouth</i>	
<i>Sean Garballey</i>	<i>23rd Middlesex</i>	
<i>Diana DiZoglio</i>	<i>First Essex</i>	<i>1/24/2019</i>
<i>William N. Brownsberger</i>	<i>Second Suffolk and Middlesex</i>	<i>1/24/2019</i>
<i>Donald H. Wong</i>	<i>9th Essex</i>	<i>1/24/2019</i>
<i>Thomas M. Stanley</i>	<i>9th Middlesex</i>	<i>1/24/2019</i>
<i>Steven S. Howitt</i>	<i>4th Bristol</i>	<i>1/25/2019</i>
<i>John Barrett, III</i>	<i>1st Berkshire</i>	<i>1/25/2019</i>
<i>Viriato M. deMacedo</i>	<i>Plymouth and Barnstable</i>	<i>1/28/2019</i>
<i>Hannah Kane</i>	<i>11th Worcester</i>	<i>1/28/2019</i>
<i>Mary S. Keefe</i>	<i>15th Worcester</i>	<i>1/28/2019</i>
<i>Mathew J. Muratore</i>	<i>1st Plymouth</i>	<i>1/29/2019</i>
<i>Patrick M. O'Connor</i>	<i>Plymouth and Norfolk</i>	<i>1/30/2019</i>
<i>David Paul Linsky</i>	<i>5th Middlesex</i>	<i>1/30/2019</i>
<i>Bruce E. Tarr</i>	<i>First Essex and Middlesex</i>	<i>1/30/2019</i>
<i>Angelo L. D'Emilia</i>	<i>8th Plymouth</i>	<i>1/30/2019</i>
<i>Jennifer E. Benson</i>	<i>37th Middlesex</i>	<i>1/31/2019</i>
<i>James M. Murphy</i>	<i>4th Norfolk</i>	<i>1/31/2019</i>

<i>Julian Cyr</i>	<i>Cape and Islands</i>	<i>2/1/2019</i>
<i>Susannah M. Whipps</i>	<i>2nd Franklin</i>	<i>2/1/2019</i>
<i>Walter F. Timilty</i>	<i>Norfolk, Bristol and Plymouth</i>	<i>2/1/2019</i>
<i>Joan B. Lovely</i>	<i>Second Essex</i>	<i>2/15/2019</i>
<i>Brendan P. Crighton</i>	<i>Third Essex</i>	<i>2/25/2019</i>

SENATE No. 606

By Mr. Keenan, a 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. Financial Services.

The Commonwealth of Massachusetts

**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, as appearing in the 2016 Official
2 Edition, is hereby amended by adding the following new section:-

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

8 SECTION 2. Chapter 175 of the General Laws, as appearing in the 2016 Official
9 Edition, is hereby amended by inserting after Section 47II the following new section:-

10 Section 47JJ. Any policy of accident and sickness insurance as described in section 108
11 that provides hospital expense and surgical expense insurance and that is delivered, issued or
12 subsequently renewed by agreement between the insurer and policyholder in the commonwealth;

13 any blanket or general policy of insurance described in subdivision (A), (C) or (D) of section 110
14 that provides hospital expense and surgical expense insurance and that is delivered, issued or
15 subsequently renewed by agreement between the insurer and the policyholder, within or without
16 the commonwealth ; or any employees' health and welfare fund that provides hospital expense
17 and surgical expense benefits and that is delivered, issued or renewed to any person or group of
18 persons in the commonwealth, shall provide to a commonwealth resident covered by the policy,
19 coverage for a disease-modifying prescription drug to treat multiple sclerosis that the individual
20 has already been prescribed and has already been taking, upon receipt of documentation by the
21 prescribing provider that 1) the member has been diagnosed with a form of multiple sclerosis,
22 and 2) the member has been stabilized or has achieved a positive clinical response as evidenced
23 by low disease activity or improvement in symptoms on the drug.

24 The benefits in this section shall not be subject to any greater deductible, coinsurance,
25 copayments or out-of-pocket limits than the maximum deductible, coinsurance, copayments or
26 out-of-pocket limits for other disease-modifying prescription drugs for multiple sclerosis covered
27 by the policy. This section shall also require coverage for such an ongoing disease-modifying
28 prescription drug treatment for multiple sclerosis under any non-group policy.

29 SECTION 3. Chapter 176A of the General Laws, as appearing in the 2016 Official
30 Edition, is hereby amended by inserting after Section 8KK the following new section:-

31 Section 8LL. Any contract between a subscriber and the corporation under an individual
32 or group hospital service plan that is delivered, issued or renewed in the commonwealth shall
33 provide as benefits to any individual subscribers or members within the commonwealth a
34 disease-modifying prescription drug to treat multiple sclerosis that the individual has already

35 been prescribed and has already been taking, upon receipt of documentation by the prescribing
36 provider that 1) the member has been diagnosed with a form of multiple sclerosis, and 2) the
37 member has been stabilized or has achieved a positive clinical response as evidenced by low
38 disease activity or improvement in symptoms on the drug.

39 The benefits in this section shall not be subject to greater deductible, coinsurance,
40 copayments or out-of-pocket limits than the maximum deductible, coinsurance, copayments or
41 out-of-pocket limits for other disease-modifying prescription drugs for multiple sclerosis covered
42 by the policy. This section shall also require coverage for such an ongoing disease-modifying
43 prescription drug treatment for multiple sclerosis under any non-group policy.

44 SECTION 4. Chapter 176B of the General Laws, as appearing in the 2016 Official
45 Edition, is hereby amended by inserting after Section 4KK the following new section:-

46 Section 4LL. Any subscription certificate under an individual or group medical service
47 agreement that shall be delivered, issued or renewed within the commonwealth shall provide as
48 benefits to any individual subscriber or member within the commonwealth coverage for a
49 disease-modifying prescription drug to treat multiple sclerosis that the individual has already
50 been prescribed and has already been taking, upon receipt of documentation by the prescribing
51 provider that 1) the member has been diagnosed with a form of multiple sclerosis, and 2) the
52 member has been stabilized or has achieved a positive clinical response as evidenced by low
53 disease activity or improvement in symptoms on the drug.

54 The benefits in this section shall not be subject to any greater deductible, coinsurance,
55 copayments or out-of-pocket limits than the maximum deductible, coinsurance, copayments or
56 out-of-pocket limits for other disease-modifying prescription drugs for multiple sclerosis covered

57 by the policy. This section shall also require coverage for such an ongoing disease-modifying
58 prescription drug treatment for multiple sclerosis under any non-group policy.

59 SECTION 5. Chapter 176G of the General Laws, as appearing in the 2016 Official
60 Edition, is hereby amended by inserting after Section 4CC the following new section:-

61 Section 4DD. An individual or group health maintenance contract shall provide coverage
62 and benefits to any individual within the commonwealth for a disease-modifying prescription
63 drug for treatment of multiple sclerosis that the individual has already been prescribed and has
64 already been taking, upon receipt of documentation by the prescribing provider that 1) the
65 member has been diagnosed with a form of multiple sclerosis, and 2) the member has been
66 stabilized or has achieved a positive clinical response as evidenced by low disease activity or
67 improvement in symptoms on the drug.

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