SENATE No. 666

The Commonwealth of Massachusetts

PRESENTED BY:

Paul R. Feeney

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 limiting out of pocket health expenses.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
Paul R. Feeney	Bristol and Norfolk	
Michael J. Barrett	Third Middlesex	2/26/2021
Maria Duaime Robinson	6th Middlesex	4/1/2021
Patrick M. O'Connor	Plymouth and Norfolk	4/7/2021

SENATE No. 666

By Mr. Feeney, a petition (accompanied by bill, Senate, No. 666) of Paul R. Feeney, Michael J. Barrett, Maria Duaime Robinson and Patrick M. O'Connor for legislation to limit out of pocket health expenses. Financial Services.

[SIMILAR MATTER FILED IN PREVIOUS SESSION SEE SENATE, NO. 584 OF 2019-2020.]

The Commonwealth of Massachusetts

In the One Hundred and Ninety-Second General Court (2021-2022)

An Act limiting out of pocket health expenses.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

- SECTION 1. Section 6 of chapter 32A of the General Laws is hereby amended by
- 2 inserting after the fourth sentence thereof the following new sentence: -
- For active and retired employees, their dependents and the survivors of deceased
- 4 employees, including municipal subscribers, the maximum amount of deductibles and
- 5 copayments for covered services during an enrollment year in a plan shall not exceed \$2,500 for
- 6 individual coverage and \$5,000 for family coverage.
- 7 SECTION 2. Subsection (b) Section 22 of Chapter 32B is hereby amended by striking the
- 8 first paragraph and inserting the following new paragraph:-

(b) An appropriate public authority may increase the dollar amounts for copayments,
deductibles, tiered provider network copayments and other cost-sharing plan design features;
provided that, for subscribers enrolled in a non-Medicare plan, such features do not exceed plan
design features offered by the commission pursuant to section 4 or 4A of chapter 32A in a non-
Medicare plan with the largest subscriber enrollment and, for subscribers enrolled in a Medicare
plan under section 18A, such features do not exceed plan design features offered by the
commission pursuant to section 4 or 4A of chapter 32A in a Medicare plan with the largest
subscriber enrollment; provided that for active and retired employees, their dependents and the
survivors of deceased employees the maximum amount of health insurance deductibles and
copayments for covered services during an enrollment year in a plan shall not exceed those
offered by the commission; provided, however, that the public authority need only satisfy the
requirements of subsection (a) of section 21 the first time changes are implemented pursuant to
this section; and provided, further that the public authority meet its obligations under subsections
(b) to (h), inclusive, of section 21 each time an increase to a plan design feature is proposed.

- SECTION 3. Section 9 of Chapter 32A is hereby amended in the first sentence by inserting after the word "credits," the following:-
- "or excess premium payments made by the Commonwealth and or employees,"
- Section 4. Section 9 of Chapter 32A is hereby amended by inserting the following new paragraph and the end thereof:-

Any and all excess premium payments made by the Commonwealth and or its employees, shall remain in the trust fund, to be utilized for the purposes of paying the out of pocket costs in excess of the limitations established in Section 6, or reducing the employees share of the annual

- 31 premium in the event of a deficiency. Premium payments pursuant to this section shall include
- 32 sums appropriated by the General Court or paid by the insured for self-insured products offered
- 33 by the group insurance commission.