

SENATE No. 699

The Commonwealth of Massachusetts

PRESENTED BY:

Jacob R. Oliveira

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 relative to fair and equitable compensation for medical services.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>Jacob R. Oliveira</i>	<i>Hampden, Hampshire and Worcester</i>	
<i>Brian W. Murray</i>	<i>10th Worcester</i>	<i>2/6/2023</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>	<i>2/16/2023</i>

SENATE No. 699

By Mr. Oliveira, a petition (accompanied by bill, Senate, No. 699) of Jacob R. Oliveira, Brian W. Murray and James B. Eldridge for legislation relative to fair and equitable compensation for medical services. Financial Services.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE HOUSE, NO. 4268 OF 2021-2022.]

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-Third General Court
(2023-2024)**

An Act relative to fair and equitable compensation for medical services.

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 16 of chapter 176O of the General Laws is hereby amended by striking out
2 subsection (c) and inserting in place thereof the following subsections:

3 (c) Carriers are prohibited from reducing the payment of a negotiated rate for evaluation
4 and management or procedural services under a participating provider agreement that are
5 furnished by a participating provider and that are otherwise covered services solely because the
6 provider also billed other health care services, including but not limited to minor surgery, on the
7 same day as the evaluation and management or procedural services. Any provision of a provider
8 agreement that allows for a reduction in reimbursement as prohibited by this subsection shall be
9 void.

10 (d) With respect to an insured enrolled in a health benefit plan under which the carrier or
11 utilization review organization only provides administrative services, the obligations of a carrier
12 or utilization review organization created by this section and related to payment shall be limited
13 to recommending to the third party payor that coverage should be authorized.