HOUSE DOCKET, NO. FILED ON: 1/13/2009

**HOUSE . . . . . . . . . . . . . . No.**

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The Commonwealth of Massachusetts

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PRESENTED BY:

**Stephen Kulik**

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*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 regarding municipal health insurance plans.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

PETITION OF:

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| --- | --- |
| Name: | District/Address: |
| Stephen Kulik | 1st Franklin |

The Commonwealth of Massachusetts

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**In the Year Two Thousand and Nine**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

An Act regarding municipal health insurance plans.

*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. Chapter 32B of the general laws is hereby amended by adding the following new section:

Section 20. Effective July 1, 2009, a governmental unit is authorized to include, as part of the health plans (HMOs, PPOs, indemnity plans) that it offers to its employees and retirees, co-payments, deductibles and tiered provider network co-payments (or other plan design features) that are no greater in dollar amount than the highest co-payments, deductibles and tiered provider network co-payments (or other plan design features) provided in any of the same class (HMOs, PPOs, indemnity plans) of health plans offered by the Group Insurance Commission pursuant to G.L. c. 32A. For purposes of this section, a “Point of Service” plan offered by a governmental unit shall be considered to fall within the PPO class.

The above authorized dollar amounts for co-payments, deductibles and tiered provider network co-payments (or other plan design features) shall be increased whenever the Group Insurance Commission increases the dollar amount of co-payments and/or deductibles and/or tiered provider network co-payments (or other plan design features) on the health plans that it offers.

A governmental unit may include in its health plans co-payments, deductibles and tiered provider network co-payments (or other plan design features) up to the above-referenced amounts without bargaining pursuant to either Chapter 150E or Section 19 of Chapter 32B concerning the decision to do so or the impact of the decision.

Nothing herein shall prohibit a governmental unit from including in its health plans higher co-payments, deductibles or tiered provider network co-payments (or other plan design features) than those authorized by the preceding paragraphs of this section; but such higher co-payments, deductibles or tiered provider network co-payments (or other plan design features) may be included only after the governmental unit has satisfied any bargaining obligations pursuant to either Chapter 150E or Section 19 of Chapter 32B.