

HOUSE No.

The Commonwealth of Massachusetts

PRESENTED BY:

John W. Scibak

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 relative to health care affordability.

PETITION OF:

NAME: _____ | DISTRICT/ADDRESS: _____

The Commonwealth of Massachusetts

In the Year Two Thousand and Nine

AN ACT RELATIVE TO HEALTH CARE AFFORDABILITY.

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. The third sentence of the first paragraph of subsection (d) of section 38C of
2 chapter 3 of the General Laws is hereby amended by striking out the words “the division of insurance”
3 and inserting in place thereof the following words:– the division of health insurance.

4

5 SECTION 2. The second paragraph of section 16 of chapter 6A of the General Laws is hereby
6 amended by striking out the words “and (7) the health facilities appeals board” and inserting in place
7 thereof the following words:– (7) the health facilities appeals board; and (8) the division of health
8 insurance under the direction of the commissioner of health insurance.

9

10 SECTION 3. The second sentence of subsection (a) of section 16D of chapter 6A of the General
11 Laws is hereby amended by striking out the words “the commissioner of insurance” and inserting in
12 place thereof the following words:– the commissioner of health insurance.

13

14 SECTION 4. The first sentence of subsection (b) of section 16K of chapter 6A of the General Laws
15 is hereby amended by striking out the words “the commissioner of insurance” and inserting in place
16 thereof the following words:– the commissioner of health insurance.

17

18 SECTION 5. Sections 7A and 7B of chapter 26 of the General Laws are hereby repealed.

19

20 SECTION 6. The first paragraph of section 8H of chapter 26 of the General Laws is hereby
21 amended by adding the following sentence:– Assessments received under this paragraph from domestic
22 health insurance companies, including nonprofit hospital, medical and dental service corporations as
23 defined in section 1 of chapter 176A, section 1 of chapter 176B, and section 1 of chapter 176E shall be
24 paid to the division of health insurance.

25

26 SECTION 7. Section 8H of chapter 26 of the General Laws is hereby amended by striking out the
27 third and forth paragraphs.

28

29 SECTION 8. The first sentence of section 3 of chapter 32A of the of the General Laws is hereby
30 amended by striking out the words “the commissioner of insurance” and inserting in place thereof the
31 following words:– the commissioner of health insurance.

32

33 SECTION 9. Subsection (a) of section 2 of chapter 111M of the General Laws is hereby
34 amended by inserting after the words “established by chapter 176Q” the following:- by
35 regulation, in accordance with the requirements of subsection (d).

36

37 SECTION 10. The first sentence of subsection (b) of said section 2 of said chapter 111M
38 of the General Laws is hereby amended by striking out clauses (ii) and (iii) and inserting in place
39 thereof the following clauses:- (ii) claims an exemption under section 3, (iii) had a certificate
40 issued under section 3 of chapter 176Q, or (iv) had adjusted gross income as shown on the
41 individual’s state tax return such that the amount required to purchase the lowest cost insurance
42 on the market for which an individual would be eligible for creditable coverage, taking into
43 consideration the out of pocket costs, as shown in the schedule created pursuant to subsection (p)
44 of section 3 of chapter 176Q, exceeds the amount which an individual could be expected to
45 contribute towards the purchase of insurance in the report published pursuant to subsection (q) of
46 section 3 of chapter 176Q.

47

48 SECTION 11. Said section 2 of chapter 111M of the General Laws, as so appearing, is
49 hereby further amended by inserting after subsection (c) the following subsections:-

50 (d) The affordability schedule set by the board of the connector pursuant to subsection
51 (a) shall be subject to the following requirements:

52 (1) in determining whether creditable coverage is affordable, the board of the connector
53 shall consider expected enrollee expenditures as the 90th percentile of out of pocket costs plus
54 premiums for those enrolled in creditable coverage;

55 (2) For the purposes of this section, “out-of-pocket costs” shall mean the amount paid by
56 an enrollee to satisfy the applicable annual deductible, co–payments and co-insurance, not
57 including monthly premiums.

58

59 SECTION 12. The General Laws are hereby amended by inserting after chapter 111M the
60 following chapter:–

61

62 Chapter 111N.

63 Division of Health Insurance.

64

65 Section 1. There is hereby established a division of health insurance under the supervision and
66 control of the commissioner of health insurance. The secretary of health and human services shall
67 appoint the commissioner, with the approval of the governor, who shall serve at the pleasure of the
68 secretary and may be removed by the secretary at any time, subject to the approval of the governor.
69 The commissioner shall have such educational qualifications and administrative and other experience as
70 the secretary of health and human services determines to be necessary for the performance of the
71 duties of commissioner. The position of commissioner shall be classified in accordance with section 45
72 of chapter 30 and the salary shall be determined in accordance with section 46C of said chapter 30.

73

74 The commissioner shall appoint and may remove such agents and subordinate officers as the
75 commissioner may deem necessary and may establish bureaus and subdivisions within the division. The
76 division shall adopt and amend rules and regulations, in accordance with chapter 30A, for the
77 administration of its duties and powers and to effectuate the provisions and purposes of this chapter
78 and other duties of the division.

79

80 Section 2. There shall be in the division a health care access bureau overseen by a deputy
81 commissioner for health care access, whose duties shall include, subject to the direction of the
82 commissioner of health insurance, administration of the division's statutory and regulatory
83 authority for oversight of the small group and individual health insurance market, oversight of
84 affordable health plans, including coverage for young adults, as well as the dissemination of
85 appropriate information to consumers about health insurance coverage and access to affordable
86 products. The commissioner shall appoint at least the following employees of the health care
87 access bureau: a deputy commissioner for health access, a health care finance expert, an actuary,
88 and a research analyst. They shall devote their full time to the duties of their office, shall be
89 exempt from chapters 30 and 31, and shall serve at the pleasure of the commissioner. The
90 commissioner may appoint such other employees as the bureau may require.

91

92 The commissioner may make and collect an assessment against the carriers licensed
93 under chapters 175, 176A, 176B and 176G to pay for the expenses of the bureau. The assessment
94 shall be at a rate sufficient to produce \$600,000 annually. In addition to that amount, the
95 assessment shall include an amount to be credited to the General Fund which shall be equal to

96 the total amount of funds estimated by the secretary for administration and finance to be
97 expended from the General Fund for indirect and fringe benefit costs attributable to the personnel
98 costs of the bureau. If the commissioner fails to expend for the costs and expenses of the bureau
99 in a fiscal year the total amount of \$600,000 for the purposes set forth in this section, any amount
100 unexpended in that fiscal year shall be credited against the assessment to be made in the
101 following fiscal year, and the assessment in the following fiscal year shall be reduced by that
102 unexpended amount. The assessment shall be allocated on a fair and reasonable basis among all
103 carriers licensed under said chapters 175, 176A, 176B and 176G. The funds produced by the
104 assessments shall be expended by the division, in addition to any other funds which may be
105 appropriated, to assist in defraying the general operating expenses of the bureau, and may be
106 used to compensate consultants retained by the bureau. A carrier licensed under said chapters
107 175, 176A, 176B and 176G shall pay the amount assessed against it within 30 days after the date
108 of the notice of assessment from the commissioner.
109

110 Section 3. (a) For the purposes of implementing chapter 111M and section 8B of chapter
111 62C, the commissioner may consult with the department of revenue and may enter into an
112 interdepartmental service agreement with the department that may include the transfer of
113 information from statements and reports provided under said section 8B.

114 (b) Upon request, carriers licensed under chapters 175, 176A, 176B and 176G and the
115 office of Medicaid shall make information available to the bureau for the purposes of chapter
116 111M. Such information shall be limited to the minimum amount of personal information
117 necessary, shall not include information about diagnoses or treatments and, except for the office
118 of Medicaid, shall not include social security numbers. The information acquired under this
119 section shall be confidential and shall not constitute a public record.

120 (c) The division may consider violations of this section and said section 8B when
121 licensing or authorizing entities to provide health coverage.
122

123 Section 4. The division, in consultation with the commonwealth health insurance
124 connector established by chapter 176Q, shall establish and publish minimum standards and
125 guidelines at least annually for each type of health benefit plans, except qualified student health
126 insurance plans as set forth in section 18 of chapter 15A, provided by insurers and health
127 maintenance organizations doing business in the commonwealth.
128

129 Section 5. The division shall require all health insurers and health maintenance
130 organizations doing business in the commonwealth to identify persons who are recipients of
131 medical assistance under chapter one hundred and eighteen E or recipients of health care
132 services, including hospital and other services funded through the uncompensated care pool
133 under section 18 of chapter 118G, or who are responsible for supporting such recipients, and
134 who are also beneficiaries under any policy for health insurance or parties to any health
135 maintenance contract in force and effect in the commonwealth. The department of public welfare
136 and the division of health care finance and policy shall provide information to the extent
137 sufficient to allow all insurers to identify such persons. Such information shall be made available
138 by such insurers and health maintenance organizations and by the department and the division of
139 health care finance and policy only for the purposes of and to the extent necessary for identifying
140 such persons. No health insurer or health maintenance organization which complies with this
141 section shall be liable in any civil or criminal action or proceedings brought by such beneficiaries

142 or members on account of such compliance. The division of health insurance shall further direct
143 all health insurers and health maintenance organizations doing business in the commonwealth to
144 participate with the department and the division of health care finance and policy in any
145 procedures, including but not limited to automated file matches, conducted under the direction of
146 the department and the division of health care finance and policy for the purpose of identifying
147 those persons who are recipients of medical assistance under chapter 118E or recipients of health
148 care services, including hospital and other services funded through the uncompensated care pool,
149 under section 18 of chapter 118G, or who are responsible for supporting such recipients, and
150 who are also beneficiaries under any policy for health insurance or parties to any health
151 maintenance contract in force in the commonwealth. Participation in such a procedure by a
152 health insurer or health maintenance organization doing business in the commonwealth shall
153 include but not be limited to reasonable financial participation in the cost of any such procedure.
154 The commissioner of health insurance is authorized to promulgate regulations necessary to
155 ensure the effectiveness of this section

156
157 Section 6. (a) As used in this section the following words shall have the following
158 meanings, unless the context clearly requires otherwise:-

159 "Adjusted weighted average market premium price", the arithmetic mean of all premium
160 rates for a given prototype plan sold to eligible insureds with similar rate basis type by all
161 carriers selling prototype plans or alternative prototype plans in the commonwealth, weighted
162 pursuant to regulations promulgated by the commissioner.

163 "Alternative prototype plan", a health plan which meets the criteria established by the
164 commissioner and which is intended for sale under section 4 of chapter 176Q, to eligible
165 individuals and to eligible small groups, as defined in section 1 of chapter 176Q.

166 "Carrier", an insurer licensed or otherwise authorized to transact accident and health
167 insurance under chapter 175; a nonprofit hospital service corporation organized under chapter
168 176A; a non-profit medical service corporation organized under chapter 176B; or a health
169 maintenance organization organized under chapter 176G.

170 "Health plan", any individual, general, blanket or group policy of health, accident or
171 sickness insurance issued by an insurer licensed under chapter 175 or the laws of any other
172 jurisdiction; a hospital service plan issued by a nonprofit hospital service corporation under
173 chapter 176A or the laws of any other jurisdiction; a medical service plan issued by a nonprofit
174 hospital service corporation under chapter 176B or the laws of any other jurisdiction; a health
175 maintenance contract issued by a health maintenance organization under chapter 176G or the
176 laws of any other jurisdiction; and an insured health benefit plan that includes a preferred
177 provider arrangement issued under chapter 176I or the laws of any other jurisdiction. "Health
178 plan" shall not include accident only, credit-only, limited scope dental or vision benefits if
179 offered separately, hospital indemnity insurance policies if offered as independent,
180 noncoordinated benefits which for the purposes of this chapter shall mean policies issued
181 pursuant to chapter 175 which provide a benefit not to exceed \$500 per day, as adjusted on an
182 annual basis by the amount of increase in the average weekly wages in the commonwealth as
183 defined in section 1 of chapter 152, to be paid to an insured or a dependent, including the spouse
184 of an insured, on the basis of a hospitalization of the insured or a dependent, disability income
185 insurance, coverage issued as a supplement to liability insurance, specified disease insurance that
186 is purchased as a supplement and not as a substitute for a health plan and meets any requirements
187 the commissioner by regulation may set, insurance arising out of a workers' compensation law or

188 similar law, automobile medical payment insurance, insurance under which benefits are payable
189 with or without regard to fault and which is statutorily required to be contained in a liability
190 insurance policy or equivalent self insurance, long-term care if offered separately, coverage
191 supplemental to the coverage provided under 10 U.S.C. chapter 55 if offered as a separate
192 insurance policy, or any policy subject to the provisions of chapter 176K. The commissioner
193 may by regulation define other health coverage as a health plan for the purposes of this chapter.

194 "Prototype plan", a health plan which meets the criteria established by the commissioner.

195 "Rate basis type", each category of individual or family composition for which separate
196 rates are charged for a health benefit plan as determined by the carrier subject to restrictions set
197 forth in regulations promulgated by the commissioner.

198 (b) After a date established annually by the commissioner pursuant to regulation, every
199 carrier desiring to increase or decrease premiums for any health insurance policy or desiring to
200 set the initial premium for a new health insurance policy under any health plan shall file its rates
201 with the commissioner at least 90 days before the proposed effective date of such new health
202 insurance rates.

203 (c) Any increase in premium rates shall continue in effect for not less than 12 months,
204 except that an increase in benefits or decrease in rates may be permitted at any time.

205 (d) A carrier shall annually report to the commissioner and to the health care quality and
206 cost council, established under section 16K of chapter 6A, no later than May 1, the actual loss
207 ratio calculated for each health plan for the previous calendar year.

208 (e) If a carrier files for an increase in premium of 7 per cent or more than the premium
209 previously charged for any rate classification or coverage, or if a carrier files an initial premium
210 request that is 7 per cent or more than the adjusted weighted average market premium price, or if
211 the attorney general files with the commissioner, within 30 days of the carrier's filing, a
212 preliminary determination that the benefits provided in any health insurance policy are
213 unreasonable in relation to the premium charged, the commissioner shall initiate a hearing
214 conducted pursuant to chapter 30A on any such filing prior to its effective date on at least 10
215 days notice. The commissioner may consolidate hearings for more than 1 carrier, and may
216 consolidate hearings for multiple health plans filed by one carrier. The carrier shall provide
217 information on the reasons for the proposed premium increase, and members of the public may
218 testify. All testimony and evidence received shall be public records. The commissioner may
219 promulgate guidelines to safeguard the confidentiality of contracts that establish rates between
220 insurers and institutional providers licensed under section 51 of chapter 111 which shall apply
221 when the commissioner obtains such contracts under his authority in section 8A of chapter 175
222 for purposes of a hearing under this section.

223 The attorney general shall have the authority to intervene in any hearing called for under
224 this section.

225 Such requested premium increase or initial premium request shall be filed at least 90 days
226 before the proposed effective date of such increase, and shall be communicated to the insureds at
227 least 90 days before the proposed effective date of such increase, in the manner directed by the
228 commissioner.

229 The rate filer shall advertise any public hearing conducted under this section in
230 newspapers in Boston, Brockton, Fall River, Pittsfield, Springfield, Worcester, New Bedford and
231 Lowell.

232 Within 30 days of the conclusion of any hearing initiated under this section, the
233 commissioner shall issue a report containing findings of fact from the evidence presented in the
234 carrier's filing and in the hearing. The findings of fact shall include, but shall not be limited to:

- 235 1. the carrier's administrative expenses, including but not limited to the carrier's salary structure,
236 advertising and other marketing expenses, and commissions, brokerage fees and other
237 distribution expenses, as compared to other carriers within and without the commonwealth;
- 238 2. the carrier's expenses related to health care contract, including but not limited to the costs of
239 services rendered by health care providers, the rates at which it pays for such services and the
240 volume of services provided;
- 241 3. the carrier's loss experience under the health plan, including evaluations of the carrier's loss
242 ratio and of utilization by the carrier's insureds, and of identifiable cost drivers for that health
243 plan, as compared to other carriers within and without the commonwealth;
- 244 4. cost-sharing assumptions made in the health plan, including, but not limited to, the use of
245 deductibles, co-payments and coinsurance;
- 246 5. the carrier's provisions in the rates for reserves and surplus; and
- 247 6. the carrier's programs of cost containment, as compared to other carriers within and without
248 the commonwealth.

249 Nothing in this paragraph shall be construed to prohibit the attorney general from publishing any
250 report concerning a hearing under this section.

251 This section is not intended to alter any procedures for the approval or disapproval of
252 health plan rates provided elsewhere in the General Laws, except as specifically provided herein.

253 The commissioner shall promulgate regulations to specify the conduct and scheduling of
254 the hearings required pursuant to this section, provided that any such regulation shall facilitate
255 adequate discovery of information related to the filed rates.

256 (f) The supreme judicial court shall have jurisdiction in equity upon the petition of the
257 attorney general, on behalf of the commissioner and upon a summary hearing, to enforce all
258 lawful orders of the commissioner.

259 Any person aggrieved by any final action, order, finding or decision of the commissioner
260 under this section may, within 20 days from the filing of such final action, order, finding or
261 decision in his office, file a petition in the supreme judicial court for the county of Suffolk for a
262 review of such action, order, finding or decision. The final action, order, finding, or decision of
263 the commissioner shall remain in full force and effect, pending the final decision of the court,
264 unless the court or a justice thereof after notice to the commissioner shall by a special order
265 otherwise direct. Review by the court on the merits shall be limited to the record of proceedings
266 before the commissioner. The court shall have jurisdiction to modify, amend, annul, reverse or
267 affirm such action, order, finding or decision and shall uphold the commissioner's action, order,
268 finding, or decision if it is consistent with the standards set forth in paragraph 7 of section 14 of
269 chapter 30A. The court may make any appropriate order or decree and may make such order as
270 to costs as it deems equitable. The court may make such rules or orders as it deems proper
271 governing proceedings under this section to secure prompt and speedy hearings and to expedite
272 final decisions thereon.

273 (g) The commissioner may promulgate regulations to facilitate the administration and
274 enforcement of this section and to govern hearings and investigations thereunder, and may issue
275 such orders as he finds proper, expedient or necessary to enforce and administer this chapter and
276 to secure compliance with any rules and regulations made thereunder.

277

278 SECTION 13. Clause (ii) of the second paragraph of subsection (d) of section 2 of chapter 118G
279 of the General Laws is hereby amended by striking out the words “the division of insurance” and
280 inserting in place thereof the following words:– the division of health insurance.

281

282 SECTION 14. Clause (i) of the second sentence of the third paragraph of section 6 of chapter
283 118G of the General Laws is hereby amended by striking out the words “the division of insurance under
284 section 8H of chapter 26” and inserting in place thereof the following words:– the division of health
285 insurance.

286

287 SECTION 15. The second sentence of subsection (b) of section 6½ of chapter 118G of the
288 General Laws is hereby amended by striking out the words “the division of insurance” and inserting in
289 place thereof the following words:– the division of health insurance.

290

291 SECTION 16. Section 1 of chapter 175 of the General Laws is hereby amended by striking out
292 the definition of “Commissioner” and inserting in place thereof the following definition:–

293 “Commissioner”, the commissioner of insurance; provided, that the term “Commissioner” shall
294 mean the commissioner of health insurance established by chapter 111N with respect to all health
295 insurance, including accident and sickness insurance under sections 108 and 110 and any other
296 insurance that provides medical, surgical, dental, or hospital expense benefits.

297

298 SECTION 17. Section 2 of chapter 175I of the General Laws is hereby amended by striking out
299 the definition of “Commissioner” and inserting in place thereof the following definition:–

300 “Commissioner”, the commissioner of insurance or his designee; provided, that the term
301 “Commissioner” shall mean the commissioner of health insurance established by chapter 111N with
302 respect to all health insurance.

303

304 SECTION 18. Section 1 of chapter 176A of the General Laws is hereby amended by inserting
305 before the first paragraph the following paragraph:–

306 Notwithstanding any general or special law to the contrary, the words “commissioner”
307 and “commissioner of insurance” as used in this chapter shall mean the commissioner of health
308 insurance.

309

310 SECTION 19. Section 1 of chapter 176B of the General Laws is hereby amended by striking out
311 the definition of "Commissioner" and inserting in place thereof the following definition:—

312 "Commissioner", the commissioner of health insurance.

313

314 SECTION 20. Section 1 of chapter 176D of the General Laws is hereby amended by striking out
315 the definition of "Commissioner" and inserting in place thereof the following definition:—

316 "Commissioner", the commissioner of insurance; provided, that the terms "Commissioner" and
317 "commissioner of the division of insurance" shall mean the commissioner of health insurance
318 established by chapter 111N with respect to all health insurance, including accident and sickness
319 insurance under sections 108 and 110 and any other insurance that provides medical, surgical, dental, or
320 hospital expense benefits.

321

322 SECTION 21. Section 1 of chapter 176E of the General Laws is hereby amended by striking out
323 the definition of "Commissioner" and inserting in place thereof the following definition:—

324 "Commissioner", the commissioner of health insurance.

325

326 SECTION 22. Section 1 of chapter 176G of the General Laws is hereby amended by striking out
327 the definition of "Commissioner" and inserting in place thereof the following definition:—

328 "Commissioner", the commissioner of health insurance.

329

330 SECTION 23. Section 1 of chapter 176I of the General Laws is hereby amended by striking out
331 the definition of "Commissioner" and inserting in place thereof the following definition:—

332 "Commissioner", the commissioner of health insurance.

333

334 SECTION 24. Section 1 of chapter 176J of the General Laws is hereby amended by striking out
335 the definition of "Commissioner" and inserting in place thereof the following definition:—

336 "Commissioner", the commissioner of health insurance.

337

338 SECTION 25. Section 1 of chapter 176K of the General Laws is hereby amended by striking out
339 the definition of "Commissioner" and inserting in place thereof the following definition:—

340 "Commissioner", the commissioner of health insurance.

341

342 SECTION 26. Section 1 of chapter 176M of the General Laws is hereby amended by striking out
343 the definition of "Commissioner" and inserting in place thereof the following definition:—

344

345 "Commissioner", the commissioner of health insurance.

346

347 SECTION 27. Section 1 of chapter 176N of the General Laws is hereby amended by striking out
348 the definition of "Commissioner" and inserting in place thereof the following definition:—

349 "Commissioner", the commissioner of health insurance.

350

351 SECTION 28. Section 1 of chapter 176O of the General Laws is hereby amended by striking out
352 the definition of "Commissioner" and inserting in place thereof the following definition:—

353 "Commissioner", the commissioner of health insurance.

354

355 SECTION 29. Section 1 of chapter 176O of the General Laws is hereby amended by striking out
356 the definition of "Commissioner" and inserting in place thereof the following definition:—

357 "Commissioner", the commissioner of health insurance.

358

359 SECTION 30. Said section 1 of said chapter 176O of the General Laws is hereby amended by
360 striking out the definition of "Division" and inserting in place thereof the following definition:—

361 "Division", the division of health insurance.

362

363 SECTION 31. Section 1 of chapter 176Q of the General Laws is hereby amended by striking out
364 the definition of "Commissioner" and inserting in place thereof the following definition:—

365 "Commissioner", the commissioner of health insurance.

366

367 SECTION 32. The second sentence of subsection (b) of section 2 of chapter 176Q of the General
368 Laws is hereby amended by striking out the words “the commissioner of insurance” and inserting in
369 place thereof the following words:– the commissioner of health insurance.

370

371 SECTION 33. Subsection (m) of section 3 of chapter 176Q of the General Laws is hereby
372 amended by striking out the words “the division of insurance” and inserting in place thereof the
373 following words:– the division of health insurance.

374

375 SECTION 34. Section 1 of chapter 176R of the General Laws is hereby amended by striking out
376 the definition of “Commissioner” and inserting in place thereof the following definition:–

377 “Commissioner”, the commissioner of health insurance.

378

379 SECTION 35. (a) Notwithstanding any general or special law to the contrary, this section shall
380 facilitate the orderly transfer of the employees, proceedings, rules and regulations, property and legal
381 obligations and functions of state government from the division of insurance, solely to the extent that
382 they relate to health insurance, as transferor agency, to the division of health insurance, as transferee
383 agency.

384

385 (b) Subject to appropriation, the employees of the transferor agency, including those who
386 immediately before the effective date of this act held permanent appointment in positions classified
387 under chapter 31 of the General Laws or have tenure in their positions as provided by section 9A of
388 chapter 30 of the General Laws or did not hold such tenure, or held confidential positions, are hereby
389 transferred to the transferee agency, without interruption of service within the meaning of section 9A of
390 chapter 30, without impairment of seniority, retirement or other rights of the employee, and without
391 reduction in compensation or salary grade, notwithstanding any change in title or duties resulting from
392 such reorganization, and without loss of accrued rights to holidays, sick leave, vacation and benefits, and
393 without change in union representation or certified collective bargaining unit as certified by the state
394 labor relations commission or in local union representation or affiliation. Any collective bargaining
395 agreement in effect immediately before the transfer date shall continue in effect and the terms and
396 conditions of employment therein shall continue as if the employees had not been so transferred. The
397 reorganization shall not impair the civil service status of any such reassigned employee who immediately
398 before the effective date of this act either held a permanent appointment in a position classified under
399 chapter 31 of the General Laws or had tenure in a position by reason of section 9A of chapter 30 of the
400 General Laws.

401

402 (c) Notwithstanding any general or special law to the contrary, all such employees shall
403 continue to retain their right to bargain collectively pursuant to chapter 150E of the General Laws and
404 shall be considered employees for the purposes of chapter 150E.

405

406 Nothing in this section shall confer upon any employee any right not held immediately before
407 the date of the transfer, or to prohibit any reduction of salary grade, transfer, reassignment, suspension,
408 discharge or layoff not prohibited before such date; nor shall anything in this section prohibit the
409 abolition of any management position within the divisions of telecommunications or community
410 antenna television after transfer to the department.

411

412 (d) All petitions, requests, investigations, filings and other proceedings appropriately and duly
413 brought before the transferor agency, or pending before it before the effective date of this act, shall
414 continue unabated and remain in force, but shall be assumed and completed by the transferee agency.

415

416 (e) All orders, advisories, findings, rules and regulations duly made and all approvals duly
417 granted by the transferor agency, which are in force immediately before the effective date of this act,
418 shall continue in force and shall thereafter be enforced, until superseded, revised, rescinded or
419 canceled, in accordance with law, by the transferee agency.

420

421 (f) All books, papers, records, documents, equipment, buildings, facilities, cash and other
422 property, both personal and real, including all such property held in trust, which immediately before the
423 effective date of this act are in the custody of the transferor agency, shall be transferred to the
424 transferee agency.

425

426 (g) All duly existing contracts, leases and obligations of the transferor agency, shall continue in
427 effect but shall be assumed by the transferee agency. No such existing right or remedy of any character
428 shall be lost, impaired or affected by this act.

429

430 (h) Whenever the term "division of insurance" appears in any statute, regulation, contract or
431 other document, it shall be taken to mean the division of health insurance to the extent that it relates to
432 health insurance. Otherwise, it shall be continue to be taken to mean the division of insurance.