

HOUSE No.

The Commonwealth of Massachusetts

PRESENTED BY:

Robert P. Spellane

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 affordable health insurance.

PETITION OF:

NAME:

Robert P. Spellane

DISTRICT/ADDRESS:

13th Worcester

The Commonwealth of Massachusetts

In the Year Two Thousand and Nine

AN ACT RELATIVE TO AFFORDABLE HEALTH INSURANCE.

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

1 Chapter 175 of the General Laws 175 is hereby amended by inserting after section 111H, the
2 following section:—

3 Section 111I. (a) Except as otherwise provided in this section, the commissioner shall not
4 disapprove a policy of accident and sickness insurance which provides hospital expense and
5 surgical expense insurance solely on the basis that it does not include coverage for at least 1
6 mandated benefit.

7

8 (b) The commissioner shall not approve a policy of accident and sickness insurance which
9 provides hospital expense and surgical expense insurance unless it provides, at a minimum,
10 coverage for:

11

12 (1) pregnant women, infants and children as set forth in section 47C;

13 (2) prenatal care, childbirth and postpartum care as set forth in section 47F;

14 (3) cytologic screening and mammographic examination as set forth in section 47G;

15 (3A) diabetes-related services, medications, and supplies as defined in section 47N;
16 (4) early intervention services as set forth in said section 47C; and
17 (5) mental health services as set forth in section 47B; provided however, that if the policy limits
18 coverage for outpatient physician office visits, the commissioner shall not disapprove the policy
19 on the basis that coverage for outpatient mental health services is not as extensive as required by
20 said section 47B, if the coverage is at least as extensive as coverage under the policy for
21 outpatient physician services.

22

23 (c) The commissioner shall not approve a policy of accident and sickness insurance which
24 provides hospital expense and surgical expense insurance that does not include coverage for at
25 least one mandated benefit unless the carrier continues to offer at least one policy that provides
26 coverage that includes all mandated benefits.

27

28 (d) For purposes of this section, “mandated benefit” shall mean a requirement in this chapter that
29 requires coverage for specific health services, specific diseases or certain providers of health
30 care.

31

32 (e) The commissioner may promulgate rules and regulations as are necessary to carry out this
33 section.

34

35 (f) Notwithstanding any special or general law to the contrary, no plan approved by the
36 commissioner under this section shall be available to an employer who has provided a policy of
37 accident and sickness insurance to any employee within 12 months.

38 Chapter 176A of the General Laws is hereby amended by inserting after section 1D the
39 following section:

40

41 Section 1E. (a) Except as otherwise provided in this section, the commissioner shall not
42 disapprove a contract between a subscriber and the corporation under an individual or group
43 hospital services plan solely on the basis that it does not include coverage for at least one
44 mandated benefit.

45

46 (b) The commissioner shall not approve a contract unless it provides, at a minimum, coverage
47 for:

48

49 (1) pregnant women, infants and children as set forth in section 8B;

50 (2) prenatal care, childbirth and postpartum care as set forth in section 8H;

51 (3) cytologic screening and mammographic examination as set forth in section 8J;

52 (3A) diabetes-related services, medications, and supplies as defined in section 8P;

53 (4) early intervention services as set forth in said section 8B; and

54 (5) mental health services as set forth in section 8A; provided however, that if the contract limits
55 coverage for outpatient physician office visits, the commissioner shall not disapprove the
56 contract on the basis that coverage for outpatient mental health services is not as extensive as
57 required by said section 8A, as long as such coverage is at least as extensive as coverage under
58 the contract for outpatient physician services.

59

60 (c) The commissioner shall not approve a contract that does not include coverage for at least one
61 mandated benefit unless the corporation continues to offer at least one contract that provides
62 coverage that includes all mandated benefits.

63

64 (d) For purposes of this section, “mandated benefit” shall mean a requirement in this chapter that
65 requires coverage for specific health services, specific diseases or certain providers of health
66 care.

67

68 (e) The commissioner may promulgate rules and regulations as are necessary to carry out this
69 section.

70

71 (f) Notwithstanding any special or general law to the contrary, no plan approved by the
72 commissioner under this section shall be available to an employer who has provided a hospital
73 services plan, to any employee within 12 months.

74

75 Chapter 176B of the General Laws is hereby further amended by inserting after section 6B, the
76 following section:—

77

78 Section 6C. (a) Except as otherwise provided in this section, the commissioner shall not
79 disapprove a subscription certificate solely on the basis that it does not include coverage for at
80 least one mandated benefit.

81

82 (b) The commissioner shall not approve a subscription certificate unless it provides, at a
83 minimum, coverage for:

84

85 (1) pregnant women, infants and children as set forth in section 4C;

86 (2) prenatal care, childbirth and postpartum care as set forth in section 4H;

87 (3) cytologic screening and mammographic examination;

88 (3A) diabetes-related services, medications and supplies as defined in section 4S;

89 (4) early intervention services as set forth in said section 4C; and

90 (5) mental health services as set forth in section 4A; provided however, that if the subscription

91 certificate limits coverage for outpatient physician office visits, the commissioner shall not

92 disapprove the subscription certificate on the basis that coverage for outpatient mental health

93 services is not as extensive as required by said section 4A, as long as such coverage is at least as

94 extensive as coverage under the subscription certificate for outpatient physician services.

95

96 (c) The commissioner shall not approve a subscription certificate that does not include coverage

97 for at least 1 mandated benefit unless the corporation continues to offer at least one subscription

98 certificate that provides coverage that includes all mandated benefits.

99

100 (d) For purposes of this section, “mandated benefit” shall mean a requirement in this chapter that

101 requires coverage for specific health services, specific diseases or certain providers of health

102 care.

103

104 (e) The commissioner may promulgate rules and regulations as are necessary to carry out this
105 section.

106

107 (f) Notwithstanding any special or general law to the contrary, no plan approved by the
108 commissioner under this section shall be available to an employer who has provided a
109 subscription certificate, to any employee within 12 months.

110

111 Chapter 176G of the General Laws is hereby amended by inserting after Section 16 the following
112 new section:

113

114 Section 16A. (a) Except as otherwise provided in this section, the commissioner shall not
115 disapprove a health maintenance contract solely on the basis that it does not include coverage for
116 at least 1 mandated benefit.

117

118 (b) The commissioner shall not approve a health maintenance contract unless it provides
119 coverage for:

120

121 (1) pregnant women, infants and children as set forth in section 4;

122 (2) prenatal care, childbirth and postpartum care as set forth in said section 4 and section 4I;

123 (3) cytologic screening and mammographic examination as set forth in said section 4;

124 (3A) diabetes-related services, medications and supplies as defined in section 4H;

125 (4) early intervention services as set forth in said section 4; and

126 (5) mental health services as set forth in section 4M; provided however, that if the health
127 maintenance contract limits coverage for outpatient physician office visits pursuant to section 16,
128 the commissioner shall not disapprove the health maintenance contract on the basis that coverage
129 for outpatient mental health services is not as extensive as required by said section 4M as long as
130 such coverage is at least as extensive as coverage under the health maintenance contract for
131 outpatient physician services.

132

133 (c) The commissioner shall not approve a health maintenance contract that does not include
134 coverage for at least one mandated benefit unless the health maintenance organization continues
135 to offer at least one health maintenance contract that provides coverage that includes all
136 mandated benefits.

137

138 (d) For purposes of this section, “mandated benefit” shall mean a requirement in this chapter that
139 requires coverage for specific health services, specific diseases or certain providers of health
140 care.

141

142 (e) The commissioner may promulgate rules and regulations as are necessary to carry out the
143 provisions of this section.

144

145 (f) Notwithstanding any special or general law to the contrary, no plan approved by the
146 commissioner under this section shall be available to an employer who has provided a health
147 maintenance contract, to any employee within 12 months.