HOUSE DOCKET, NO. 2982 FILED ON: 1/18/2013

HOUSE . . . . . No. 1041

The Commonwealth of Massachusetts

PRESENTED BY:

Aaron Michlewitz

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:

An Act to promote affordable health care.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
Aaron Michlewitz	*3rd Suffolk*

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HOUSE . . . . . No. 1041

By Mr. Michlewitz of Boston, a petition (accompanied by bill, House, No. 1041) of Aaron Michlewitz relative to payments to out-of-network health care providers for services rendered to persons covered under contracts with risk-bearing provider organizations. Health Care Financing.

The Commonwealth of Massachusetts

An Act to promote affordable health care.

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

Chapter 176O of the General Laws is hereby amended by adding the following section:-

Section 23. "Statutory Reimbursement rate" means, with respect to payment to an out-of-network health care provider for services rendered to any person covered under a contract with a Risk-Bearing Provider Organization, the Medicare reimbursement rate for benefits normally reimbursable under Medicare. For services or supplies not reimbursed by Medicare, the reimbursement shall be one hundred percent of the amount which would be payable under Medicare, if Medicare was responsible for benefit payments under the plans for the services and supplies, as determined by the Center for Health Information and Analysis and approved by the Commissioner of Insurance.

(b) Every health care provider licensed in the commonwealth which provides covered services as an out-of-network health care provider to any person covered under a contract with a Risk-Bearing Provider Organization must provide such service to any such person as a condition of their licensure, and must accept payment at the statutory reimbursement rate, and may not balance bill such person for any amount in excess of the amount paid by the carrier pursuant to this section, other than applicable co-payments, co-insurance and deductibles.

(c) Providers shall not attempt to recoup such excess amounts by increasing charges to other health benefit plans or other payers. The Center for Health Information and Analysis shall monitor provider charges to ensure compliance with this section and shall report any non-compliance to the attorney general. The Center for Health Information and Analysis shall promulgate regulations enforcing this subsection, which shall include penalties for noncompliance.