HCF REDRAFT

Joint Committee on Health Care Financing
2023-2024 Bill Summary

Bill Number: **NEW DRAFT** House, No. 1219

Title: An Act enhancing the market review process

Sponsor: Representative John J. Lawn, Jr.

Hearing Date: June 20, 2023

Similar Matters: None

Summary: **SUMMARY TABLE ATTACHED**

Summary Prepared By: (HCF Staff)

Bill Section	MGL Chp	MGL Sec	Agency & Function	Description of §
1	6A	16	EOHHS - Agencies within EOHHS	• Tech amendment related to the 2012 transfer of the Betsy Lehman Center from EOHHS to CHIA
2 **3**	6A	16D	EOHHS - Managed care oversight board	• Tech amendment related to establishment of new Division of Health Insurance • Tech amendment related to the 2012 transfer of the Office of Patient Protection from EOHHS to CHIA
4	6A	16G	EOHHS - Agencies within EOHED	• Tech amendment related to establishment of new Division of Health Insurance •
5	6A	16N	EOHHS - Special Commission on Uncompensated Care Pool	• Repeals outdated special commission.
6	6A	16Q	EOHHS - Children's Behavioral Health Advisory Council	• Tech amendment related to establishment of new Division of Health Insurance
7	6A	16T	EOHHS - Health Planning Council / State Health Resource Plan	• Repeals current statute establishing the Health Planning Council as an entity within EOHHS [Council & duties re-established under HPC]
8	6A	16Z	EOHHS - Pulmonary Hypertension Task Force	• Tech amendment related to establishment of new Division of Health Insurance
9 **10** **11** **12** **13** **14** **15** **16** **17** **18** **19**	6D	1	HPC - Definitions	• Defines "Benchmark cycle" • Amends existing definition of "Health care cost growth benchmark" • Defines "Health care real estate investment trust" • Defines "Health care resource" • Defines "Health disparities" • Defines "Health equity" • Defines "Management services organization" • Amends existing definition of "Net cost of health insurance" • Amends existing definition of "Payer" • Defines "Priority patient population" • Defines "Private equity company" • Defines "Significant equity investor" • Defines "Technical advisory committee"
20	6D	2	HPC - Governing Board; Members	• Amends composition of the Health Policy Commission. Total seats reduced from 11 to 9, as follows: o Secretary of EOHHS; o Commissioner of Health Insurance; o 5 members appointed by the Governor ▪ A chairperson with expertise in health care administration, finance, and management at a senior level ▪ 1 member with expertise in health systems or ambulatory care settings ▪ 1 member with expertise in health plan administration or benefits management ▪ 1 member from a list of nominees submitted by the president of the senate, with expertise in representing the health care workforce as a leader in a labor organization ▪ 1 member from a list of nominees submitted by the speaker of the house of representatives, with expertise in health care innovation, including pharmaceuticals, biotechnology, or medical devices o 2 members appointed by the Attorney General ▪ 1 health economist ▪ 1 member with expertise in health care consumer advocacy or population health • Appointed members shall receive a stipend in an amount not greater than 10% of the salary of the secretary of A&F, except the chairperson shall receive a stipend in an amount not greater than 12% of the salary of the secretary
21	6D	4A	HPC - Technical Advisory Committee	• Establishes a Technical Advisory Committee within HPC, to be chaired by the Executive Director and comprised of MassHealth, the Connector, GIC, 7

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				members selected by the Executive Director from lists of nominees provided by the health care organizations listed in the section, and 5 members named by the Executive Director from applications submitted by candidates with demonstrated experience in health care delivery, health care economics, health care data analysis, clinical research and innovation in health care delivery, or health care benefits management. • Appointed members shall have demonstrated experience in a broad range of provider sectors and public and private health care payers Appoint ed members shall serve without compensation for a term of 3 years and for no more than 2 consecutive terms • The Technical Advisory Committee is charged with (i) establishing adjustment factors as part of the redesigned health care cost growth benchmark;(ii) provide technical advice to HPC upon request; (iii) provide HPC with operational, policy, regulatory or legislative recommendations; and (iv) produce an annual report and other reports as requested by HPC.
22	6D	5	HPC - Monitoring of Health Care Delivery and Payment System	• Adds "monitor the location and distribution of health care services and health care resources" to current subjects within the scope & purpose of HPC
23	6D	6	HPC – Operations Assessment	• Expands categories of entities subject to the HPC's operating assessment to "non-hospital provider organization", defined to include a clinical laboratory, imaging facility or affiliated network of urgent care centers required to register under section 11
24	6D	7	HPC - Healthcare Payment Reform Fund	• Adds "advance health equity by reducing disparities in health outcomes that adversely affect priority patient populations " to list of approved uses of HPC grants provided from the Health Care Payment Reform Trust Fund
25 **26** **27** **28** **29** **30**	6D	8	HPC - Cost Trends Hearings	• Tech amendment related to the redesigned health care cost growth benchmark • Adds the following to the list of stakeholders required to testify at the HPC's annual cost trends hearing: o significant equity investors, health care real estate investment trusts, or management services organizations; o a representative from the division of health insurance; o the executive director of the commonwealth health insurance connector authority o the assistant secretary for MassHealth • Tech amendment related to the expanded the list of stakeholders required to testify at the HPC's annual cost trends hearing • Outlines scope of testimony required from MassHealth. • Tech amendment related to the redesigned health care cost growth benchmark
31	6D	9, 9A, 10	HPC - Health Care Cost Growth Benchmark; Modification HPC – Rate Equity Target HPC - Entities Exceeding Health Care Cost Growth Benchmark;	• The amended Section 9 changes the state's health care cost growth benchmark from a single-year benchmark to a multi-year benchmark. • The redesigned health care cost growth benchmark shall measure the average annual growth in total health care expenditures in the commonwealth during a period of 3 consecutive calendar years. • The benchmark for each 3 year benchmark cycle shall be set at PGSP plus the adjustment factor approved by HPC upon the recommendation of the technical advisory committee, which shall be limited to a range of 1% above to 1 % below PGSP, and shall be based on on economic and market factors specific to the health care industry including, but not limited to, the following factors: (i) medical inflation as measured by the medical care index within the consumer price index calculated by the United States Bureau of Labor Statistics; (ii) labor and workforce development costs; (iii) the introduction of new pharmaceuticals, medical devices and other health technologies; and (iv) any other factors as determined by the Technical Advisory Committee. Any recommended adjustment shall be approved by a 2/3rds vote of the Technical Advisory Committee, followed by a majority vote of the HPC. • The HPC shall hold a public hearing prior to accepting or rejecting an adjustment recommendation of the Technical Advisory Committee. • The new section 9A directs the HPC to establish a rate equity target for the equitable reimbursement by payers of providers serving priority patient populations as follows:

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			Performance Improvement Plan	(1) For the benchmark cycle of calendar years 2026 through 2029, a payer shall not pay any in-network provider a payment rate that is greater than 15 per cent below the average relative price of all providers in the payer's network. (2) For the benchmark cycle of calendar years 2029 through 2032, a payer shall not pay any in-network provider a payment rate that is greater than 10 per cent below the average relative price of all providers in the payer's network. (3) For the benchmark cycle of calendar years 2032 through 2035, a payer shall not pay any in-network provider a payment rate that is greater than 5 per cent below the average relative price of all providers in the payer's network. (4) Beginning in the benchmark cycle of calendar years 2035 through 2038, all payers shall pay all in-network providers an equal rate for the provision of health care services. • The amended section clarifies that payers may be subject to a Performance Improvement Plan (PIP). o Payers may be PIPed if they both exceed the cost growth benchmark and fail to meet the rate equity target established in section 9A, which is a target that seeks to address provider price variation. • In keeping with the 3-year benchmark, the PIP period is extended from the current 18 months to 3 years. • The names of providers or payers under a PIP will remain public even after the completion of the PIP. • Adds additional options for HPC to respond to an unsuccessful PIP, including requiring the entity to include specific action steps in an updated plan or conducting a CMIR of the entity. • Increases penalties for failure to cooperate with HPC during the PIP process, including escalating civil penalties starting at $500,000 and ending at $1,000,000 for a third or subsequent violation, as well as barring the entity from seeking a DoN.
32 **33**	6D	11	HPC - Registered Provider Organizations; Division of Insurance Risk Certificate	• Tech amendment related to establishment of new Division of Health Insurance • Expands scope of ownership, governance and organizational information HPC collects from Registered Provider Organization to include " significant equity investors, health care real estate investment trusts, management services organizations"
34	6D	12	HPC - Registered Provider Organizations Reporting Exemption Threshold	• Expands the Registered Provider Organization reporting threshold to include revenue generated from all payers, not just commercial payer revenue.
35	6D	13	HPC - Notice of Material Changes; Cost and Market Impact Review	• Adds the following transactions to the HPC's material change notice process: significant expansions in a provider or provider organization's capacity; mergers or acquisitions of a carrier by another carrier; transactions between a significant equity investor and a provider, provider organization or a carrier, • "Significant equity investor" is defined in chapter 6D as (i) any private equity company with a financial interest in a provider or provider organization, or (ii) an investor, group of investors or other entity with a direct or indirect possession of equity in the capital, stock or profits totaling more than 10 per cent of a provider or provider organization. • Significant transfers of assets including, but not limited to, real estate sale lease-back arrangements, conversion of a provider, provider organization or payer from a non-profit entity to a for-profit entity • Includes payers as an entity required to file material change notices. • If the HPC elects to conduct a full cost and market impact review (CMIR), the HPC shall identify in its report whether the entity has, or will have as a result of the transaction, a dominant market share, materially higher than the median prices charged by others, and a health status adjusted total medical expense of the that is materially higher than the median total medical expense for all other entities. If so, the HPC must refer the transaction to the Attorney General, and the findings of the report establish a presumption that the entity has engaged in an unfair method of competition or unfair and deceptive trade practice.

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				• A CMIR report must be referred to DPH for consideration during any pending determinations of need or other departmental action.
36 **37** **38**	6D	15	HPC - Accountable Care Organization Certification	• Tech amendment related to establishment of new Division of Health Insurance • Adds to the list of standards an ACO must meet in order to be certified by HPC to include " (16) to ensure ACOs demonstrate, in care delivered in-person and via telehealth, compliance with standards that meet or exceed the standards to attain the certification of the National Committee for Quality Assurance for the distinction in multicultural health care"
39 **40**	6D	16	HPC - Office of Patient Protection	• Tech amendment related to establishment of new Division of Health Insurance
41	6D	22	HPC - Health Planning Council / State Health Resource Plan	• Transfers responsibility for the Health Planning Council from EOHHS to HPC; Health Planning Council charged with developing a State Health Plan include: anticipated need for health care services, providers, programs and facilities; resources available to meet those needs and priorities for addressing those needs
42 **43** **44** **45**	12	5A	AGO - False Claims; Definitions	• Extends liability for False Claim Act (FCA) violations to anyone with (i) an "ownership or investment interest" in a person who violates the FCA, (ii) knows of the FCA violation, and (iii) fails to report the violation within 60 days of identifying the FCA violation. • "Ownership or investment interest" defined any: (1) direct or indirect possession of equity in the capital, stock, or profits totaling more than 10 per cent of an entity; (2) interest held by an investor or group of investors who engages in the raising or returning of capital and who invests, develops, or disposes of specified assets; or (3) interest held by a pool of funds by investors, including a pool of funds managed or controlled by private limited partnerships, if those investors or the management of that pool or private limited partnership employ investment strategies of any kind to earn a return on that pool of funds.
46	12	11F	AGO - Insurance Companies; Intervention in Legal Proceedings on Behalf of Consumers	• Tech amendment related to establishment of new Division of Health Insurance
47 **48**	12	11N	AGO - Monitoring Health Care Market Trends; Investigation of Unfair Methods of Competition or Anti-Competitive Behavior	• Expands the AGO's civil investigative demand authority for health care transactions to include significant equity investors, health care real estate investment trusts and management services organizations. • Clarifies that the AGO may seek injunctive relief for a material change notice/CMIR that was referred to the AGO by the HPC.
49 **50** **51** **52** **53** **54** **55** **56**	12C	1	CHIA - Definitions	• Defines "Benchmark cycle" • Amends existing definition of "Health care cost growth benchmark" • Defines "Health care real estate investment trust" • Defines "Health disparities" • Defines "Health equity" • Defines "Management services organization" • Amends existing definition of "Net cost of health insurance" • Amends existing definition of "Payer" • Defines "Priority patient population" • Defines "Private equity company" • Defines "Significant equity investor"
57	12C	2A	CHIA - Oversight Council; Members	• Tech amendment related to establishment of new Division of Health Insurance
58	12C	3	CHIA - Powers and Duties	• Tech amendment related to establishment of new Division of Health Insurance
59	12C	7	CHIA – Operations Assessment	• Expands categories of entities subject to the CHIA's operating assessment to "non-hospital provider organization", defined to include a clinical laboratory, imaging facility or affiliated network of urgent care centers required to register under section 11 of chapter 6D
60 **61** **62**	12C	8	CHIA - Reporting Requirements for Institutional Providers and Their Parent Organization and Other Affiliates	• Enhances hospital reporting by requiring disclosure of the audited financial statements of the out-of-state operations of a hospital's parent organization and of significant equity investors, health care real estate investment trusts and management services organizations.

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				• Also requires hospitals to report their margins by payer type, investments, and information on affiliated significant equity investors, health care real estate investment trusts and management services organizations.
63 **64** **65**	12C	9	CHIA - Reporting Requirements for Registered Provider Organizations	• Enhances provider organization reporting by requiring disclosure of the audited financial statements of the out-of-state operations of a provider organization's parent organization and of significant equity investors, health care real estate investment trusts and management services organizations. • Includes catchall language to allow CHIA to collect any other data regarding a provider organizations assets and liabilities that may affect its financial condition. • Tech amendment related to establishment of new Division of Health Insurance
66 **67**	12C	10	CHIA - Reporting Requirements for Private and Public Health Care Payers and Third-Party Administrators	• Tech amendment related to establishment of new Division of Health Insurance
68 **69** **70**	12C	11	CHIA - Timely Reporting of Information Required Under Secs. 8, 9 and 10	• Increases penalties for failure to timely report required data from $1,000 to $25,000 per violation, strikes the cap on financial penalties and requires CHIA to notify HPC and DPH of failure to report to be considered during a CMIR, determination of need or licensure suitability. •
71	12C	14	CHIA - Standard Quality Measure Set	• Updates the Standard Quality Measure Set; CHIA, consultation with statewide advisory committee, shall by March 1 in even-numbered years, shall establish the Standard Quality Measure Set for use in the following: (i) public and private contracts between payers & providers, provider organizations and ACOs which incorporate quality measures into payment terms, including the designation of a set of core measures & a set of non-core measures; (ii) provider tiering assignments in any health plan design; (iii) consumer transparency websites & other methods of providing consumer information; (iv) monitoring system-wide performance; Mandates the use of the Standard Quality Measure Set of required "core measures" and optional "non-core measures" for use in contracts that incorporate quality measures into payment terms; applies to contracts entered into by the GIC, MassHealth, and commercial health plans, Blue Cross / Blue Shield plans, HMO plans, PPO plans; & for use in the assignment of provider tiering in tiered network plans offered in the merged market under MGL c176J § 11 • Tech amendment related to establishment of new Division of Health Insurance
72 **73** **74** **75**	12C	15	Betsy Lehman Center for Patient Safety and Medical Error Reduction	• Amends the enabling statute of the Betsy Lehman Center to clarify the authority of other state agencies to share relevant patient safety data with the Center on request to the extent consistent with federal law and, in doing so, establish a basis for the disclosure of personal data under the Fair Information Practices Act • Authorizes the Betsy Lehman Center to promulgate regulations
76	12C	16	CHIA - Annual report based on the information submitted under Secs. 8, 9 and 10; hearing	• Tech amendment related to the redesigned health care cost growth benchmark
77	12C	17	CHIA - Attorney General Review and Analysis of Information Submitted Under Secs. 8, 9 and 10 and Under SEC. 8 of Chapter 6D	• Expands the AGO's civil investigative demand authority for data reported to CHIA to include significant equity investors, health care real estate investment trusts and management services organizations
78	12C	18	CHIA - Analysis of Data Received Under Secs. 6, 9 and 10 to Identify Excessive Increases in Health Status Adjusted Total Medical Expense	• Defines "health care entity" to include a clinic, hospital, ambulatory surgical center, physician organization, accountable care organization or payer • Expands scope of CHIA's referral to HPC excessive cost growth to f identify any health care entity that meets either of the following 2 criteria: (1) Contribution to health care spending growth, including but not limited to spending levels and growth as measured by health status adjusted total medical expense, is considered excessive and who threaten the ability of the state to meet the redesigned health care cost growth benchmark; Directs CHIA to established differential standards for excessive growth rates, based on a health care entity's baseline spending,

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				pricing levels and payer mix; OR (2) Data is not submitted to the center in a proper, timely, or complete manner. •
79	13	10	Board of Registration in Medicine - Membership; Officers	• Grants the Commissioner of DPH approval authority over BORM regulatory actions, appointment of executive director and legal counsel.
80	13	10A	Board of Registration in Medicine - Review and Approval of Rules and Regulations	• BORM regulatory actions deemed disapproved if Commissioner of DPH does not approve within 30 days
81	24A	1	Office of Consumer Affairs and Business Regulation – Establishing Division of Health Insurance	• Tech amendment related to establishment of new Division of Health Insurance
82	26	1	Department of Banking and Insurance - Establishing Division of Health Insurance; Authority	• Established a new Division of Health Insurance and the position of Commissioner of Health Insurance to oversee the health insurance and regulate insurance companies operating pursuant to chapters 175; 176A; 176B; 176C; 176E; 176F 176G; 176I; 176J; 176K; 176M; 176T; 176U; and 176X
83	26	7A	Division of Health Insurance ; Commissioner; Duties; Affordability Rate Review; Ongoing Analysis; Employees; Assessment Against Carriers	• Defines "Rate review", as any examination performed by the commissioner of health insurance of the rates of payment proposed in contracts submitted for review pursuant to sections 5, 6 and 10 of chapter 176A; section 4 of chapter 176B; section 4 of chapter 176E; section 6 of chapter 176F; section 16 of chapter 176G; section 6 of chapter 176J; section 2 of chapter 176K; and section 2 of chapter 176X. • Establishes the following responsibilities of the Commissioner of Health Insurance: (i) protect the interests of consumers of health insurance; (ii) encourage fair treatment of health care providers by health insurers; (iii) enhance equity, access, quality and affordability in the health care system; (iv) guard the solvency of health insurers; (v) work cooperatively with the health policy commission and the center for health information and analysis to monitor health care spending; and (v) prioritize affordability of health insurance products during rate review. • Directs the Commissioner of Health Insurance to develop affordability standards applicable to the rate review proces. Such standards shall consider the following: (i) affordability for consumers, including the totality of costs paid by consumers of health insurance for covered benefits including, but not limited to, the enrollee's share of premium, out-of-pocket maximum amounts, deductibles, copays, coinsurance, and other forms of cost sharing for health insurance coverage; (ii) affordability for purchasers, including the totality of costs paid by purchasers of health insurance, including, but not limited to, premium costs, actuarial value of coverage for covered benefits and the value delivered on health care spending in terms of improved quality and cost efficiency; (iii) the impact of the proposed rates on the commonwealth's performance against the redesigned health care cost growth benchmark; and (iv) whether the proposed rates exhibit excessive variation in any rate of payment to any provider or class of providers in excess of the rate equity target established in section 9A of chapter 6D. • Requires the Commissioner of Health Insurance to perform an ongoing analysis of data and documents submitted to the division including but not limited to, any materials submitted as part of rate reviews, to examine the causes of rate increases and provider price variation, including, but not limited to, the role of provider rate increases. • Establishes the following positions within the Division of Health Insurance:: a first deputy, a general counsel, a chief health economist, a chief actuary, a chief research analyst, and a chief examiner. Authorizes the Commissioner of Health Insurance to employee additional staff. • Establishes an assessment against the carriers licensed under chapters 175, 176A, 176B, 176E, 176F and 176G to pay for the expenses of the division. The assessment shall be at a rate sufficient to produce $2,000,000 annually.
84	26	7B	<NEW> Division of Health Insurance Interdepartmental	• Tech amendment related to establishment of new Division of Health Insurance

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			Service Agreement with Department of Revenue	
85	26	7B	<NEW> Division of Health Insurance - Interdepartmental Service Agreement with Department of Revenue	• Tech amendment related to establishment of new Division of Health Insurance
86	26	8H	<NEW> Division of Health Insurance - Identification of Medical Assistance Recipients	• Tech amendment related to establishment of new Division of Health Insurance
87	26	8H	<NEW> Division of Health Insurance - Identification of Medical Assistance Recipients	• Tech amendment related to establishment of new Division of Health Insurance
88	26	8H	Division of Health Insurance - Identification of Medical Assistance Recipients	• Tech amendment related to establishment of new Division of Health Insurance
89	26	8K	Division of Health Insurance - Implementation and Enforcement of Federal Paul Wellstone and Pete Domenici Mental Health Parity	• Tech amendment related to establishment of new Division of Health Insurance
90	26	8K	Division of Health Insurance - Mental Health Parity Implementation & Enforcement	• Tech amendment related to establishment of new Division of Health Insurance
91	26	8M	Division of Health Insurance - Annual Reporting by Carriers Providing Mental Health or Substance Use Disorder Benefits	• Tech amendment related to establishment of new Division of Health Insurance
92	26	8M	Division of Health Insurance - Annual Reporting by Carriers Providing Mental Health or Substance Use Disorder Benefits	• Tech amendment related to establishment of new Division of Health Insurance
93	29	7H ½	Administration & Finance - Growth Rate of Potential Gross State Product; Actual Economic Growth Benchmark; Report	• Tech amendment related to the redesigned health care cost growth benchmark
94	32A	3	GIC – Membership	• Tech amendment related to establishment of new Division of Health Insurance
95	32A	17Q	GIC - Pain Management Access Plan	• Tech amendment related to establishment of new Division of Health Insurance
96	32A	22B	GIC - Mental Health Parity Implementation & Enforcement	• Tech amendment related to establishment of new Division of Health Insurance
97	32A	25	GIC - Coverage for Diagnosis and Treatment of Autism Spectrum Disorder	• Tech amendment related to establishment of new Division of Health Insurance
98	62C	8B	State Taxation - Employment-Sponsored Health Plans; Annual Statements	• Tech amendment related to establishment of new Division of Health Insurance

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99	62C	8B	State Taxation - Employment-Sponsored Health Plans; Annual Statements	• Tech amendment related to establishment of new Division of Health Insurance
100	62C	21	State Taxation - Disclosure of Tax Information	• Tech amendment related to establishment of new Division of Health Insurance
101	62E	12	Wage Reporting System - Release of Reporting System Information to Federal and In-and-Out-of-State Agencies	• Tech amendment related to establishment of new Division of Health Insurance
102	63	26	Taxation of Corporations - Examination of Records	• Tech amendment related to establishment of new Division of Health Insurance
103	106	9-609	Uniform Commercial Code - Secured Party's Right to Take Possession After Default	• Requires secured creditors to notify DPH 60 days prior to repossession medical devices from debtor hospitals
104	110C	11	Regulation of Take–over Bids in the Acquisition of Corporations - Insurance Companies; Duties of Commissioner of Insurance	• Tech amendment related to establishment of new Division of Health Insurance
105	111	24N	DPH - Childhood Vaccine Program	• Tech amendment related to establishment of new Division of Health Insurance
106 **107** **108**	111	25A	DPH - Inventory of Health Care Resources and Inventory of Health Care Resources and Related Information Related Information	• Places the DPH inventory of all health care resources and all other reasonably pertinent information concerning such resources under the direction of the Health Planning Council within the HPC. •
109 **110** **111** **112**	111	25C	DPH - Determination of Need for Construction of Health Care Facility or Change in Service of Facility	• Requires all acquisitions of existing health care facilities to go through the determination of need (DoN) process. • Requires DPH to consider the 5-year state health plan produced by the Health Resource Planning Council (established in this bill), the impact of the project on the state's cost containment goals, impacts on patients, workforce and surrounding communities, and feedback from other state agencies, including HPC and CHIA. • Makes the required independent cost analyses (ICAs) more "independent" by allowing DPH to choose the entity conducting the ICA from a list of 3 entities submitted by the applicant. • An approved DoN cannot go into effect until 30 days after a completed CMIR. • Requires applicants that are undergoing a performance improvement plan (PIP) to be cleared by HPC as being in compliance with the PIP before any DoN can be approved by DPH. •
113	111	25C ¼	DPH – Determination of Need for Projects Impacting Independent Community Hospitals	• Protects independent community hospitals by requiring that a proposed freestanding ambulatory surgery center whose primary service area overlaps with the independent community hospital to secure the support of the independent community hospital before a DoN may be approved. • Ensures procedural safeguards for impacted independent community hospitals during the consideration of such projects.
114	111	25F	DPH - Determination of Need;	• Technical amendment
115	111	25G	DPH - Determination of Need; Enforcement	• Expands the jurisdiction of the superior and supreme judicial courts, upon the request of an independent community hospital whose primary service area overlaps with the primary service area of a proposed project under section 25C¼

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116	111	51G	DPH - Acute-Care Hospitals; Original Licensure Process; Determination of Suitability and Responsibility; Factors	• Requires hospitals to provide concurrent 90 day advance notice to DPH and the HPC before closing or discontinuing an essential health service. • Authorizes the HPC to conduct an essential service closure impact assessment to analyze the impact of the proposed essential service closure on health care access, cost, quality or market function. • The HPC may require the hospital to submit information concerning the essential service closure, including, but not limited to, the organizational structure, input costs, pricing, utilization, and revenue. • The service closure impact assessment shall evaluate factors that impact the hospital's ability to maintain the essential health service and shall include, but shall not be limited to, an analysis of the following: (i) the hospital's overall financial position and the financial position of the service line, including quality of earnings assessment; (ii) significant factors influencing the hospital's financial position, including those within and outside of the hospital's control; (iii) other operating conditions, including but not limited to staffing, supplies and patient demand; and (iv) the impact of the service closure on the functioning of the health care system, particularly on vulnerable populations and on the state health plan developed by the Health Planning Council. • The essential service closure impact assessment may include recommendations on an appropriate hospital plan for ensuring access following the essential service closure or recommendations to the department concerning strategies to address challenges in maintaining such services.
117	111	51G	DPH - Acute-Care Hospitals; Original Licensure Process; Determination of Suitability and Responsibility; Factors	• Requires hospitals have ownership of the land on which their facility is located as a condition of licensure. Hospitals licensed on or before April 1, 2024, for the purposes of a transfer of ownership, are exempt from this provision.
118 **119** **120**	111	51H	DPH - Reporting About Healthcare-Associated Infections and Serious Reportable Events, and Serious Adverse Drug Events; Charges or Reimbursement for Resulting Services Prohibited	• Requires hospitals to notify DPH within 1 calendar day of receiving notice from a lessor of medical or surgical equipment of financial delinquency that threatens the continued use of the leased equipment. • Bans contract terms between vendors and hospitals that allow for repossession of medical or surgical equipment without 60-day prior notice to DPH and makes such terms void as against public policy of the commonwealth.
121	111	51M 51N	DPH - License Office-Based Surgical Centers DPH – License Urgent Care Centers	• Directs DPH to establish regulations & practice standards for licensing office-based surgical centers and may, at its discretion, determine which regulations applicable to an ambulatory surgical center shall apply; 2 year renewal cycle; license to list the specific locations on the premises where surgical services are provided; 1-time provisional licensed for accredited applicants; No limitation on DPH authority to require a fee, impose a fine, conduct surveys & investigations or to suspend, revoke or refuse to renew • Directs DPH to establish regulations & practice standards for licensing urgent care centers and may, at its discretion, determine which regulations applicable to an ambulatory surgical center shall apply; 2 year renewal cycle; 1-time provisional licensed for accredited applicants; No limitation on DPH authority to require a fee, impose a fine, conduct surveys & investigations or to suspend, revoke or refuse to renew
122	111	52	DPH - Definitions – Hospitals and Clinics	• Amends the definition of "Clinic" to eliminate the so-called "physician office exemption", expanding the scope DPH's licensing authority.
123	111	53I	DPH – Notice Requirements for the Sale,	• Requires licensed clinics to notify DPH not less than 180 days prior to any sale, relocation, or closure. • Authorizes DPH to conduct a public hearing on the proposed clinic sale, relocation, or closure to consider the potential impacts of the proposed transaction, including, but not limited to: (i) the potential loss or change in access to services for the population served by the clinic in the 24 months immediately preceding the notice to sell, relocate or close; (ii) alternative providers and locations where the population served by the clinic will be able to obtain the

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				health services that were provided by the clinic during the 24 months following the sale, relocation, or closure; (iii) options available to the department to mitigate the impact of the sale, relocation, or closure on priority patient populations, as defined in section 1 of chapter 6D. • Requires licensed clinics that intends to sell, relocate or close to notify their patients in writing not less than 90 days prior to the date of such sale, relocation or closure.
124	111	206A	Seal of Approval for Wellness Programs	• Tech amendment related to establishment of new Division of Health Insurance
125	111	218	DPH - Guidelines for Human Leukocyte or Histocompatibility Locus Antigen Testing	• Tech amendment related to establishment of new Division of Health Insurance
126	111	218	DPH - Guidelines for Human Leukocyte or Histocompatibility Locus Antigen Testing	• Tech amendment to update a reference to Massachusetts Association of Health Plans
127	111K	2	Catastrophic Illness in Children Relief Fund Commission - Members	• Tech amendment related to establishment of new Division of Health Insurance
128	111M	1	Individual Health Coverage - Creditable Coverage and Resident Defined	• Tech amendment related to establishment of new Division of Health Insurance
129	112	5P	<NEW> DPH - Registration of Physicians	• Requires licensed physicians to provide 180 days advance notice to their patients when they intend to terminate the physician-patient relationship or otherwise intend to sell, relocate or or close a medical practice.
130	118E	9C	Division of Medical Assistance / MassHealth - Medical Insurance Reimbursement Programs; Definitions; Eligibility; Expenditures; Submission of Plans	• Tech amendment related to establishment of new Division of Health Insurance
131	118E	9C	Division of Medical Assistance / MassHealth - Reimbursement Programs	• Tech amendment related to establishment of new Division of Health Insurance
132	118E	9D	Division of Medical Assistance / MassHealth - Senior Care Options	• Tech amendment related to establishment of new Division of Health Insurance
133	118E	13D	Division of Medical Assistance / MassHealth - Duties of Ratemaking Authority; Criteria for Establishing Rates	• Tech amendment related to establishment of new Division of Health Insurance
134	118E	69	Division of Medical Assistance / MassHealth - Reimbursements to Hospitals and Community Health Centers for Uninsured and Underinsured Individuals	• Tech amendment related to establishment of new Division of Health Insurance
135	149	189	DUA - Employer Medical Assistance Contribution	• Tech amendment related to establishment of new Division of Health Insurance
136	175	1	Insurance - Definitions	• Tech amendment related to establishment of new Division of Health Insurance
137	175	1	Insurance - Definitions	• Tech amendment related to establishment of new Division of Health Insurance

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138	175	4	Insurance - Examination of Companies	• Tech amendment related to establishment of new Division of Health Insurance
139	175	24D	Insurance - Exchange of Claimant Information Between IV–D Agency and Insurance Companies	• Tech amendment related to establishment of new Division of Health Insurance
140	175	24E	Insurance - Duty to Assist Recovery of Public Benefits	• Tech amendment related to establishment of new Division of Health Insurance
141	175	24E	Insurance - Duty to Assist Recovery of Public Benefits	• Tech amendment related to establishment of new Division of Health Insurance
142	175	24F	Insurance - Duty to Exchange Information with Department of Revenue	• Tech amendment related to establishment of new Division of Health Insurance
143	175	24F	Insurance - Duty to Exchange Information with Department of Revenue	• Tech amendment related to establishment of new Division of Health Insurance
144	175	47B	Insurance - Mental Health Benefits	• Tech amendment related to establishment of new Division of Health Insurance
145	175	47J	Insurance - Standardized Claim Form	• Tech amendment related to establishment of new Division of Health Insurance
146	175	47W	Insurance - Outpatient Services; Hormone Replacement Therapy for Peri & Post Menopausal Women; Contraceptive Services, Drugs or Devises	• Tech amendment related to establishment of new Division of Health Insurance
147	175	47AA	Insurance - Coverage for Diagnosis and Treatment of Autism Spectrum Disorder	• Tech amendment related to establishment of new Division of Health Insurance
148	175	47KK	Insurance - Pain Management Access Plans	• Tech amendment related to establishment of new Division of Health Insurance
149	175	47TT	Insurance - Coverage for Annual Mental Health Wellness Examination	• Tech amendment related to establishment of new Division of Health Insurance
150	175	108	Insurance - Accident and Health Insurance Policies; Commissioner's Approval; Contents	• Tech amendment related to establishment of new Division of Health Insurance
151	175	108I	Insurance - Disability or Long Term Care Insurance Policies	• Tech amendment related to establishment of new Division of Health Insurance
152	175	108M	Insurance - Disclosure of Patient-Level Data and Contracted Prices of Individual Health Care Services by Carriers to Providers	• Tech amendment related to establishment of new Division of Health Insurance
153	175	110I	Insurance - Divorced or Separated Spouses; Continuation of Eligibility	• Tech amendment related to establishment of new Division of Health Insurance
154	175	110J	Insurance - Group Policies Issued to Trustees of Fund Appointed by Council on Aging	• Tech amendment related to establishment of new Division of Health Insurance
155	175	206	Insurance - Definitions Applicable to Secs. 206 to 206D	• Tech amendment related to establishment of new Division of Health Insurance

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156	175	206	Insurance - Definitions Applicable to Secs. 206 to 206D	• Tech amendment related to establishment of new Division of Health Insurance
157	175	206C	Insurance - Registration Statements; Transactions Requiring Commissioner's Approval; Determination of Reasonable Surplus	• Tech amendment related to establishment of new Division of Health Insurance
158	175B	1A	<NEW> Unauthorized Insurer's Process Act -	• Tech amendment related to establishment of new Division of Health Insurance
159	175B	2	Unauthorized Insurer's Process Act - Commissioner as Agent for Service of Process	• Tech amendment related to establishment of new Division of Health Insurance
160	175B	3A	Unauthorized Insurer's Process Act - Unauthorized Companies	• Tech amendment related to establishment of new Division of Health Insurance
161	175D	1	Massachusetts Insurers Insolvency Fund - Definitions	• Tech amendment related to establishment of new Division of Health Insurance
162	175I	2	Insurance Information and Privacy Protection - Definitions	• Tech amendment related to establishment of new Division of Health Insurance
163	175I	9	Insurance Information and Privacy Protection - Correction, Amendment or Deletion of Personal Information	• Tech amendment related to establishment of new Division of Health Insurance
164	176A	2	Non–Profit Hospital Service Corporations - Certificate of Organization; Commissioner's Examination Report	• Tech amendment related to establishment of new Division of Health Insurance
165	176A	3	Non–Profit Hospital Service Corporations - Certificate of Compliance; Examination by Commissioner	• Tech amendment related to establishment of new Division of Health Insurance
166	176A	5	Non–Profit Hospital Service Corporations - Joint Administration with Certain Corporations	• Tech amendment related to establishment of new Division of Health Insurance
167	176A	5	Non–Profit Hospital Service Corporations - Joint Administration with Certain Corporations	• Tech amendment related to establishment of new Division of Health Insurance
168	176A	6	Non–Profit Hospital Service Corporations - Approval of Nongroup Contracts	• Requires the Division of Health Insurance to consider affordability to consumers and affordability to purchasers of health insurance products when reviewing rates submitted for approval under this section.
169	176A	7	Non–Profit Hospital Service Corporations - Information Gathering Authority of Commissioner	• Tech amendment related to establishment of new Division of Health Insurance
170	176A	8	Non–Profit Hospital Service Corporations - Conditions to Issuance or Delivery of Contract	• Tech amendment related to establishment of new Division of Health Insurance

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171	176A	8A	Non–Profit Hospital Service Corporations - Mental Health Benefits	• Tech amendment related to establishment of new Division of Health Insurance
172	176A	8F	Non–Profit Hospital Service Corporations - Divorced or Separated Spouses; Continuation of Eligibility	• Tech amendment related to establishment of new Division of Health Insurance
173	176A	8M	Non–Profit Hospital Service Corporations - Standardized Claim Form	• Tech amendment related to establishment of new Division of Health Insurance
174	176A	8W	Non–Profit Hospital Service Corporations - Outpatient Services; Hormone Replacement Therapy for Peri & Post Menopausal Women; Contraceptive Services, Drugs or Devises	• Tech amendment related to establishment of new Division of Health Insurance
175	176A	8DD	Non–Profit Hospital Service Corporations - Coverage for Diagnosis and Treatment of Autism Spectrum Disorder	• Tech amendment related to establishment of new Division of Health Insurance
176	176A	8MM	Non–Profit Hospital Service Corporations - Pain Management Access Plans	• Tech amendment related to establishment of new Division of Health Insurance
177	176A	8UU	Non–Profit Hospital Service Corporations - Coverage for Annual Mental Health Wellness Examination	• Tech amendment related to establishment of new Division of Health Insurance
178	176A	10	Non–Profit Hospital Service Corporations - Group Hospital Service Plan; Approval or Disapproval of Contracts and Rates	• Tech amendment related to establishment of new Division of Health Insurance
179	176A	10	Non–Profit Hospital Service Corporations - Group Hospital Service Plan; Approval or Disapproval of Contracts and Rates	• Requires the Division of Health Insurance to consider affordability to consumers and affordability to purchasers of health insurance products when reviewing rates submitted for approval under this section.
180	176A	11	Non–Profit Hospital Service Corporations - Officers; Duties	• Tech amendment related to establishment of new Division of Health Insurance
181	176A	15	Non–Profit Hospital Service Corporations - Costs of Solicitation of Subscribers and Administration	• Tech amendment related to establishment of new Division of Health Insurance
182	176A	16	Non–Profit Hospital Service Corporations - Acquisition of Real Estate; Leases; Tax Exemption; Limit; Approval of Investments, Sales, Loans and Places of Deposit	• Tech amendment related to establishment of new Division of Health Insurance
183	176A	17	Non–Profit Hospital Service Corporations - Submission of	• Tech amendment related to establishment of new Division of Health Insurance

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			Disputes and Controversies	
184	176A	18	Non–Profit Hospital Service Corporations - Annual Statement of Condition; Verification, Filing, Form, Violations	• Tech amendment related to establishment of new Division of Health Insurance
185	176A	20	Non–Profit Hospital Service Corporations - Filing of Amendment of By-Laws	• Tech amendment related to establishment of new Division of Health Insurance
186	176A	21	Non–Profit Hospital Service Corporations - Submission of Advertising Matter to Commissioner	• Tech amendment related to establishment of new Division of Health Insurance
187	176A	22	Non–Profit Hospital Service Corporations - Filing of Riders, Endorsements and Applications with Commissioner	• Tech amendment related to establishment of new Division of Health Insurance
188	176A	23	Non–Profit Hospital Service Corporations - Grounds for Enjoining Transaction of Business; Rehabilitation Proceedings; Duties of Receiver; Distribution of Assets	• Tech amendment related to establishment of new Division of Health Insurance
189	176A	24	Non–Profit Hospital Service Corporations - Special Contingent Reserve Fund	• Tech amendment related to establishment of new Division of Health Insurance
190	176A	31	Non–Profit Hospital Service Corporations - Contracts for Administrative or Other Services; Loans and Investments	• Tech amendment related to establishment of new Division of Health Insurance
191	176A	37	Non–Profit Hospital Service Corporations - Disclosure of Patient-Level Data and Contracted Prices of Individual Health Care Services by Carriers to Providers	• Tech amendment related to establishment of new Division of Health Insurance
192	176B	1	Medical Service Corporations - Definitions	• Tech amendment related to establishment of new Division of Health Insurance
193	176B	1	Medical Service Corporations - Definitions	• Tech amendment related to establishment of new Division of Health Insurance
194	176B	4	Medical Service Corporations - Contracts for Medical, Chiropractic, Visual, Surgical, and Other Health Services; Approval, Subscription Certificates; Classification of Risks	• Requires the Division of Health Insurance to consider affordability to consumers and affordability to purchasers of health insurance products when reviewing rates submitted for approval under this section.
195	176B	4	Medical Service Corporations - Contracts for Medical, Chiropractic, Visual, Surgical, and Other Health Services;	• Tech amendment related to establishment of new Division of Health Insurance

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			Approval, Subscription Certificates; Classification of Risks	
196	176B	4A	Medical Service Corporations -Mental Health Benefits	• Tech amendment related to establishment of new Division of Health Insurance
197	176B	4M	Medical Service Corporations - Standardized Claim Form	• Tech amendment related to establishment of new Division of Health Insurance
198	176B	4DD	Medical Service Corporations - Coverage for Diagnosis and Treatment of Autism Spectrum Disorder	• Tech amendment related to establishment of new Division of Health Insurance
199	176B	4MM	Medical Service Corporations -Pain Management Access Plans	• Tech amendment related to establishment of new Division of Health Insurance
200	176B	4UU	Medical Service Corporations - Coverage for Annual Mental Health Wellness Examination	• Tech amendment related to establishment of new Division of Health Insurance
201	176B	6	Medical Service Corporations - Subscription Certificate; Issuance; Content	• Tech amendment related to establishment of new Division of Health Insurance
202	176B	6B	Medical Service Corporations - Divorced or Separated Spouses; Continuation of Eligibility	• Tech amendment related to establishment of new Division of Health Insurance
203	176B	10	Medical Service Corporations - Investments, Sales, Loans and Places of Deposit; Approval; Acquisition of Real Estate; Leases; Tax Exemption; Limit; Special Contingent Surplus	• Tech amendment related to establishment of new Division of Health Insurance
204	176B	12	Medical Service Corporations - Submission of Disputes or Controversies to Board; Privacy of Patient Information	• Tech amendment related to establishment of new Division of Health Insurance
205	176B	24	Medical Service Corporations - Disclosure of Patient-Level Data and Contracted Prices of Individual Health Care Services by Carriers to Providers	• Tech amendment related to establishment of new Division of Health Insurance
206	176C	9	Non–Profit Medical Service Plans -Annual Statement; Verification; Contents	• Tech amendment related to establishment of new Division of Health Insurance
207	176C	10	Non–Profit Medical Service Plans - Inspection and Examination of Corporate Affairs; Access to Information	• Tech amendment related to establishment of new Division of Health Insurance

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208	176C	17	Non–Profit Medical Service Plans - Right of Organization to Provide Medical Services	• Tech amendment related to establishment of new Division of Health Insurance
209	176D	1	Unfair Competition and Deceptive Acts in Insurance - Definitions	• Tech amendment related to establishment of new Division of Health Insurance
210	176D	3B	Unfair Competition and Deceptive Acts in Insurance - Requirements for Carriers Offering Pharmacy Networks	• Tech amendment related to establishment of new Division of Health Insurance
211	176E	1	Dental Service Corporations - Definitions	• Tech amendment related to establishment of new Division of Health Insurance
212	176E	4	Dental Service Corporations - Contracts for Dental and Surgical Services; Disapproval	• Requires the Division of Health Insurance to consider affordability to consumers and affordability to purchasers of health insurance products when reviewing rates submitted for approval under this section.
213	176E	6	Dental Service Corporations - Subscription Certificate; Issuance; Contents	• Tech amendment related to establishment of new Division of Health Insurance
214	176E	12	Dental Service Corporations - Disputes or Controversies; Submission to Board; Review	• Tech amendment related to establishment of new Division of Health Insurance
215	176F	1	Optometric Service Corporations - Definitions	• Tech amendment related to establishment of new Division of Health Insurance
216	176F	6	Optometric Service Corporations - Subscription Certificate; Issuance; Contents	• Requires the Division of Health Insurance to consider affordability to consumers and affordability to purchasers of health insurance products when reviewing rates submitted for approval under this section.
217	176F	12	Optometric Service Corporations - Disputes or Controversies; Submission to Board; Review of Board's Decision	• Tech amendment related to establishment of new Division of Health Insurance
218	176G	1	Health Maintenance Organizations - Definitions	• Tech amendment related to establishment of new Division of Health Insurance
219	176G	4M	Health Maintenance Organizations - Mental Health Benefits	• Tech amendment related to establishment of new Division of Health Insurance
220	176G	4V	Health Maintenance Organizations - Coverage for Diagnosis and Treatment of Autism Spectrum Disorder	• Tech amendment related to establishment of new Division of Health Insurance
221	176G	4EE	Health Maintenance Organizations - Pain Management Access Plans	• Tech amendment related to establishment of new Division of Health Insurance
222	176G	4MM	Health Maintenance Organizations - Coverage for Annual Mental Health Wellness Examination	• Tech amendment related to establishment of new Division of Health Insurance

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223	176G	5A	Health Maintenance Organizations - Divorced or Separated Spouses; Continuation of Eligibility	• Tech amendment related to establishment of new Division of Health Insurance
224	176G	8	Health Maintenance Organizations - Public Dissemination of Deceptive or Misleading Materials	• Tech amendment related to establishment of new Division of Health Insurance
225	176G	16	Health Maintenance Organizations - Contracts, Rates, Evidence of Coverage; Disapproval of Commissioner	• Requires the Division of Health Insurance to consider affordability to consumers and affordability to purchasers of health insurance products when reviewing rates submitted for approval under this section.
226	176G	17	Health Maintenance Organizations - Standardized Claim Form	• Tech amendment related to establishment of new Division of Health Insurance
227	176G	32	Health Maintenance Organizations - Disclosure of Patient-Level Data and Contracted Prices of Individual Health Care Services by Carriers to Providers	• Tech amendment related to establishment of new Division of Health Insurance
228	176I	1	Preferred Provider Arrangements - Definitions	• Tech amendment related to establishment of new Division of Health Insurance
229	176I	8	Preferred Provider Arrangements - Powers of Commissioner; Standardized Claim Form	• Tech amendment related to establishment of new Division of Health Insurance
230	176J	1	Small Group Health Insurance - Definitions	• Tech amendment related to establishment of new Division of Health Insurance
231	176J	4	Small Group Health Insurance - Carriers to Make Health Benefit Plans Available; Renewal of Plans	• Tech amendment related to establishment of new Division of Health Insurance
232	176J	6	Small Group Health Insurance - Approval of Health Insurance Policies; Eligibility Criteria; Submission of Information; Approval of Changes to Small Group Product Base Rates or Rating Factors	• Requires the Division of Health Insurance to consider affordability to consumers and affordability to purchasers of health insurance products when reviewing rates submitted for approval under this section.
233	176J	6	Small Group Health Insurance - Approval of Health Insurance Policies; Eligibility Criteria; Submission of Information; Approval of Changes to Small Group Product Base Rates or Rating Factors	• Tech amendment related to establishment of new Division of Health Insurance
234	176J	10	Small Group Health Insurance - Young Adult Health Benefit Plans	• Tech amendment related to establishment of new Division of Health Insurance
235	176J	11	Small Group Health Insurance -Reduced or Selective Network Plans; Tiered Network	• Tech amendment related to establishment of new Division of Health Insurance

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			Plans; Smart Tiering Plans	
236	176J	11	Small Group Health Insurance -Reduced or Selective Network Plans; Tiered Network Plans; Smart Tiering Plans	• Tech amendment related to establishment of new Division of Health Insurance
237	176J	11A	Small Group Health Insurance - Continuing Coverage for Active Course of Treatment for Serious Disease Begun Prior to Enrollment	• Tech amendment related to establishment of new Division of Health Insurance
238	176J	17	Small Group Health Insurance - Disclosure of Patient-Level Data and Contracted Prices of Individual Health Care Services by Carriers to Providers	• Tech amendment related to establishment of new Division of Health Insurance
239	176K	1	Medicare Supplement Insurance Plans - Definitions	• Tech amendment related to establishment of new Division of Health Insurance
240	176K	2	Medicare Supplement Insurance Plans - Compliance; Withdrawal from Market	• Requires the Division of Health Insurance to consider affordability to consumers and affordability to purchasers of health insurance products when reviewing rates submitted for approval under this section.
241	176M	1	Nongroup Health Insurance - Definitions	• Tech amendment related to establishment of new Division of Health Insurance
242	176M	1	Nongroup Health Insurance - Definitions	• Tech amendment related to establishment of new Division of Health Insurance
243	176M	2	Nongroup Health Insurance - Participation in Nongroup Health Insurance Market; Requirements; Recommendations by Contractors and Board; Standard Health Plans and Alternative Health Plans	• Tech amendment related to establishment of new Division of Health Insurance
244	176M	3	Nongroup Health Insurance - Exclusion from Coverage; Open Enrollment Period	• Tech amendment related to establishment of new Division of Health Insurance
245	176N	1	Portability of Health Insurance - Definitions	• Tech amendment related to establishment of new Division of Health Insurance
246	176O	1	Health Insurance Consumer Protections - Definitions	• Tech amendment related to establishment of new Division of Health Insurance
247	176O	1	Health Insurance Consumer Protections - Definitions	• Tech amendment related to establishment of new Division of Health Insurance
248	176O	2	Health Insurance Consumer Protections - Bureau of Managed Care	• Tech amendment related to establishment of new Division of Health Insurance
249	176O	5B	Health Insurance Consumer Protections - Policies and Procedures to Enforce SEC. 5A	• Tech amendment related to establishment of new Division of Health Insurance
250	176O	12B	Health Insurance Consumer Protections	• Tech amendment related to establishment of new Division of Health Insurance

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			- Commission on Step Therapy Protocol; Responsibilities	
251	176O	14	Health Insurance Consumer Protections Review Panel; Patient Protection Office	• Tech amendment related to establishment of new Division of Health Insurance
252	176O	14	Health Insurance Consumer Protections - Review Panel; Patient Protection Office	• Tech amendment related to establishment of new Division of Health Insurance
253	176Q	1	Commonwealth Health Insurance Connector - Definitions	• Tech amendment related to establishment of new Division of Health Insurance
254	176Q	2	Commonwealth Health Insurance - Connector Authority; Board	• Tech amendment related to establishment of new Division of Health Insurance
255	176Q	3	Commonwealth Health Insurance Connector - Powers and Duties of Board	• Tech amendment related to establishment of new Division of Health Insurance
256	176R	1	Consumer Choice of Nurse Practitioner Services - Definitions	• Tech amendment related to establishment of new Division of Health Insurance
257	176S	1	Consumer Choice of Physician Assistant Services - Definitions	• Tech amendment related to establishment of new Division of Health Insurance
258	176T	1	Risk–Bearing Provider Organizations - Definitions	• Tech amendment related to establishment of new Division of Health Insurance
259	176U	1	Long–Term Care Insurance -Definitions	• Tech amendment related to establishment of new Division of Health Insurance
260	176U	6	Long–Term Care Insurance -Producer Training Requirements	• Tech amendment related to establishment of new Division of Health Insurance
261	176U	7	Long–Term Care Insurance - Promulgation of Rules and Regulations; Notice and Hearing on Rate Increases	• Tech amendment related to establishment of new Division of Health Insurance
262	176V	1	Own Risk and Solvency Assessment - Definitions	• Tech amendment related to establishment of new Division of Health Insurance
263	176W	1	Corporate Governance Annual Disclosure - Definitions	• Tech amendment related to establishment of new Division of Health Insurance
264	176W	1	Corporate Governance Annual Disclosure - Definitions	• Tech amendment related to establishment of new Division of Health Insurance
265	176X	1	Dental Benefit Plans - Definitions	• Tech amendment related to establishment of new Division of Health Insurance
266	176X	2	Dental Benefit Plans - Approval of Dental Benefit Policies; Disapproval of Proposed Rate Change	• Tech amendment related to establishment of new Division of Health Insurance
267	176X	2	Dental Benefit Plans - Approval of Dental Benefit Policies; Disapproval of Proposed Rate Change	• Requires the Division of Health Insurance to consider affordability to consumers and affordability to purchasers of health insurance products when reviewing rates submitted for approval under this section.
268	Notwithstanding		Health Resource Plan – Initial Report	• Directs the health planning council to submit a state health plan to the governor and the general court on or before January 1, 2026.

Summary Prepared By: (HCF Staff)