Massachusetts

Massachusetts - HB 1282

Sponsor: Representative Bradley Jones (R)

Actions:
11/15/2021 Passed committee; Substituted for HB 4248
06/29/2021 Hearing held
03/29/2021 Introduced; Converted from HD 2801; Referred to Joint Health Care Financing Committee
02/18/2021 Docket filed

Summary: Summary for 2/18/2021 Version

This bill creates a commission to study certificate of need laws.

This bill creates a 13 member commission to study certificate of need laws in Massachusetts. The commission will examine certificate of need criteria, including hospital beds per capita, quality and cost of healthcare services, and more. The commission will report its findings to the general court within 12 months of passage. Its members are appointed by various members of the House, Senate, and executive. It is effective on passage.

Bill Links 2/18/2021 Version

Massachusetts - HB 1311

Sponsor: Representative Jeffrey Roy (D)

Actions:
11/15/2021 Hearing held; passed committee; carried SB 756; referred to House Ways and Means Committee
07/13/2021 Hearing held
04/13/2021 Referred to Joint Health Care Financing Committee
03/29/2021 Introduced
02/10/2021 Filed

Summary: Summary for 2/10/2021 Version

This measure creates Massachusetts code to regulate the use of step therapy protocols and outlines blanket-exceptions to step therapy protocols.

This measure applies to MassHealth, managed care organizations, utilization review organizations, or other entities contracted with MassHealth.

This measure stipulates that a request for exception from step therapy for a prescription drug will be promptly granted if:

(1) The required prescription drug is contraindicated or will likely cause an adverse reaction by or physical or mental harm to the enrollee;

(2) The required prescription drug is expected to be ineffective based on the known clinical characteristics of the enrollee and the known characteristics of the prescription drug regimen;

(3) The enrollee has tried the required prescription drug while covered under MassHealth, a managed care organization or utilization review organization contracted with MassHealth or a previous health insurance or health benefit plan, or another prescription drug in the same pharmacologic class or with the same mechanism of action and such prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event;

(4) The required prescription drug is not in the best interest of the enrollee, based on medical necessity; or

(5) The enrollee is stable on a prescription drug selected by their health care provider for the medical condition under consideration while covered under MassHealth, a managed care organization or utilization review organization contracted with MassHealth or previous health insurance or health benefit plan.

Upon the granting of a step therapy exception, MassHealth or a managed care organization or utilization review organization contracted with MassHealth will authorize coverage for the prescription drug prescribed by the enrollee's treating health care provider.

This measure stipulates that this measure will not prevent : (i) a pharmacist from effecting substitutions of prescription drugs or (ii) a health care provider from prescribing a prescription drug that is determined to be medically appropriate.

This measure requires that clinical review criteria used to establish a step therapy protocol will not require an insured to utilize a medication that is not likely to be clinically effective for the prescribed purpose, based on peer-reviewed clinical evidence, in order to obtain coverage for a prescribed medication. Any requirement to utilize a medication other than that prescribed will be subject to outlined processes to ensure an insured's access to a prescription drug that is likely to be clinically effective for that insured's individual clinical circumstances.

When establishing a step therapy protocol, a carrier or a utilization review organization will also take into account the needs of atypical patient populations and diagnoses when establishing clinical review criteria.

This measure requires a carrier or a utilization review organization to grant or deny a step therapy exception request or an appeal within 72 hours following the receipt of all necessary information to establish the medical necessity of the prescribed treatment. If additional delay would result in significant risk to the insured's health or well-being, a carrier or a utilization review organization will respond within 24 hours of receipt of all necessary information to establish the medical necessity of the required treatment. Should a response by a carrier or a utilization review organization not be received within the time allotted, the exception or appeal will be deemed granted. This measure stipulates that a denial of step therapy exception must be eligible for appeal by the insured.

This measure requires a carrier or utilization review organization to annually submit a report to the division. The report must include (i) the number of step therapy exception requests received by exceptions; (ii) the type of health care providers or the medical specialties of the health care providers submitting step therapy exception requests; (iii) the number of step therapy exception requests by exception that were denied and the reasons for the denials; (iv) the number of step therapy exception requests by exception that were approved; (v) the medical conditions for which patients are granted exceptions due to the likelihood that switching from the prescription drug will likely cause an adverse reaction by or physical or mental harm to the insured; (vi) the number of step therapy exception requests by exception that were initially denied and then appealed; and (vii)

the number of step therapy exception requests by exception that were initially denied and then subsequently reversed by internal appeals or external reviews.

This measure authorizes the divisions to adopt rules and regulations necessary to implement this measure.

This measure also establishes a commission on step therapy protocols within the Division of Medical Assistance. The commission will study and assess the implementation of these step therapy reforms. This measure requires the commission to convene within 90 days of the effective date and to provide its first report by October 1, 2022.

Unless otherwise indicated, this measure will take effect upon January 1, 2022.

Bill Links 3/29/2021 Version
2/10/2021 Version

Massachusetts - HB 3880

Sponsor: Representative William Driscoll (D)

Actions: 12/09/2021 Hearing held
06/15/2021 Introduced; converted from HD 3572; referred to the Joint Committee on Financial Services

Summary: Summary for 6/15/2021 Version

This measure directs Medicaid managed care organizations, the third party administrators, behavioral health management firms, and third party administrators who are under contract to Medicaid managed care organization to cover medically necessary expenses of diagnosis and treatment of infertility.

This measure defines "infertility" as the condition of an individual who is unable to conceive or produce conception during a period of one year if the female is 35 years old or younger or during a period of six months if the female is 35 years old or older.

This measure will take effect 90 days after enactment.

Bill Links 6/15/2021 Version

Massachusetts - HB 4248

Sponsor: Joint Committee on Health Care Financing Joint Committee on Health Care Financing

Actions: 11/15/2021 Hearing held; substituted for SB778, SB812, HB1247, HB1253, HB1259, HB1260, HB1262, HB1275, HB1282, HB1285 and HB1294; passed committee; referred to the House

Committee on Ways and Means; hearing held; passed committee; referred to the House Committee on Steering, Policy, and Scheduling; hearing held; passed committee; substituted by HB 4253.

Summary: Summary for 11/15/2021 Version

This measure establishes several commissions to study health care needs and sets additional reporting requirements for the State Health Policy Commission regarding healthcare affordability.

This measure creates a new obligation for the State Health Policy Commission to publish a yearly consumer cost growth benchmark for average aggregate growth of out-of-pocket health care cost growth and premium cost growth. Subsequently in Section 10, this consumer cost growth benchmark is added to the existing healthcare cost growth benchmark as a factor used by the Commission to evaluate healthcare providers. If providers fail to meet the benchmark, a performance improvement plan is required. Additionally, this measure directs the commissioner to publish guidelines for the submission of rate change plans, and shall post plans and summaries for a 30 day public comment period. Within 30 days after the public comment period, the commissioner shall issue their finding of the plan, approving or disapproving it, with reasoning.

This measure establishes a health planning council that must consist of the director of or a representative from the Department of Health and Human Services, the commissioner of Public Health, or a representative from the Department, the director of the Office of Medicaid, or a representative from the Department, the commissioner of mental health, or a representative of the Department, the Commissioner of Insurance, or a representative from the Department, the secretary of elder affairs, or a representative from the Department, and the executive director of the center for health information and analysis or a representative from the Department. Additionally, the governor must appoint a health economist, an individual with experience in health policy and planning, and an individual with experience in health care. The council will develop a plan to identify the anticipated needs of the commonwealth for health care services, providers, programs, and facilities, the existing health care resources available to meet the current and anticipated demand, and the priorities for addressing these needs.

Additionally, this measure creates a 13 member commission to study certificate of need laws in Massachusetts. The commission will examine the certificate of need criteria, including hospital beds per capita, quality and cost of healthcare services, and more. The commission will report its findings to the general court within 12 months of passage. Its members are appointed by various members of the House, Senate, and executive. It is effective on passage.

Bill Links 11/15/2021 Version

Massachusetts - HB 4465

Sponsor: Joint Committee on Public Health

Actions: 02/16/2022 Introduced; Referred to Joint Committee on Health Care Financing

Summary: Summary for 2/16/2022 Version

This measure establishes an evidence-based outreach and education program to support the therapeutic and cost-effective utilization of prescription drugs for health care practitioners authorized

to prescribe and dispense prescription drugs including, but not limited to, physicians, podiatrists, and pharmacists.

This measure relates to healthcare professions.

The measure requires the commission within the state to develop and implement an evidence-based outreach and education program to support the therapeutic and cost-effective utilization of prescription drugs for health care practitioners authorized to prescribe and dispense prescription drugs including, but not limited to, physicians, podiatrists, and pharmacists.

The program must provide outreach to health care practitioners who participate in MassHealth and the subsidized catastrophic prescription drug insurance program, academic health centers, and other health care practitioners authorized to prescribe and dispense prescription drugs.

The commission must report the program's results and operation no later than April 1 every year the program is active and develop a public education campaign to inform the public of the program's goals and benefits. The commission can establish and collect fees for subscriptions and contracts with private health care payers related to this section.

This measure does not contain an effective date.

Bill Links 2/16/2022 Version

Massachusetts - SB 756

Sponsor: Senator Julian Cyr (D)

Actions:
11/15/2021 Substituted by HB 1311
07/13/2021 Hearing held
03/29/2021 Introduced; Referred to Joint Health Care Financing Committee
02/14/2021 Docket filed

Summary: Summary for 2/14/2021 Version

This measure creates Massachusetts code to regulate the use of step therapy protocols and outlines blanket-exceptions to step therapy protocols.

This measure applies to MassHealth, managed care organizations, utilization review organizations, or other entities contracted with MassHealth.

This measure stipulates that a request for exception from step therapy for a prescription drug will be promptly granted if:

(1) The required prescription drug is contraindicated or will likely cause an adverse reaction by or physical or mental harm to the enrollee;

(2) The required prescription drug is expected to be ineffective based on the known clinical characteristics of the enrollee and the known characteristics of the prescription drug regimen;

(3) The enrollee has tried the required prescription drug while covered under MassHealth, a managed care organization or utilization review organization contracted with MassHealth or a previous health insurance or health benefit plan, or another prescription drug in the same pharmacologic class or with the same mechanism of action and such prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event;

(4) The required prescription drug is not in the best interest of the enrollee, based on medical necessity; or

(5) The enrollee is stable on a prescription drug selected by their health care provider for the medical condition under consideration while covered under MassHealth, a managed care organization or utilization review organization contracted with MassHealth or previous health insurance or health benefit plan.

Upon the granting of a step therapy exception, MassHealth or a managed care organization or utilization review organization contracted with MassHealth will authorize coverage for the prescription drug prescribed by the enrollee's treating health care provider.

This measure stipulates that this measure will not prevent : (i) a pharmacist from effecting substitutions of prescription drugs or (ii) a health care provider from prescribing a prescription drug that is determined to be medically appropriate.

This measure requires that clinical review criteria used to establish a step therapy protocol will not require an insured to utilize a medication that is not likely to be clinically effective for the prescribed purpose, based on peer-reviewed clinical evidence, in order to obtain coverage for a prescribed medication. Any requirement to utilize a medication other than that prescribed will be subject to outlined processes to ensure an insured's access to a prescription drug that is likely to be clinically effective for that insured's individual clinical circumstances.

When establishing a step therapy protocol, a carrier or a utilization review organization will also take into account the needs of atypical patient populations and diagnoses when establishing clinical review criteria.

This measure requires a carrier or a utilization review organization to grant or deny a step therapy exception request or an appeal within 72 hours following the receipt of all necessary information to establish the medical necessity of the prescribed treatment. If additional delay would result in significant risk to the insured's health or well-being, a carrier or a utilization review organization will respond within 24 hours of receipt of all necessary information to establish the medical necessity of the required treatment. Should a response by a carrier or a utilization review organization not be received within the time allotted, the exception or appeal will be deemed granted. This measure stipulates that a denial of step therapy exception must be eligible for appeal by the insured.

This measure requires a carrier or utilization review organization to annually submit a report to the division. The report must include (i) the number of step therapy exception requests received by exceptions; (ii) the type of health care providers or the medical specialties of the health care providers submitting step therapy exception requests; (iii) the number of step therapy exception requests by exception that were denied and the reasons for the denials; (iv) the number of step therapy exception requests by exception that were approved; (v) the medical conditions for which patients are granted exceptions due to the likelihood that switching from the prescription drug will likely cause an adverse reaction by or physical or mental harm to the insured; (vi) the number of step therapy exception requests by exception that were initially denied and then appealed; and (vii) the number of step therapy exception requests by exception that were initially denied and then subsequently reversed by internal appeals or external reviews.

This measure authorizes the divisions to adopt rules and regulations necessary to implement this measure.

This measure also establishes a commission on step therapy protocols within the Division of Medical Assistance. The commission will study and assess the implementation of these step therapy reforms. This measure requires the commission to convene within 90 days of the effective date and to provide its first report by October 1, 2022.

Unless otherwise indicated, this measure will take effect upon January 1, 2022.

Bill Links 3/29/2021 Version
2/14/2021 Version