

**SENATE . . . . . No. 625**

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**The Commonwealth of Massachusetts**

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PRESENTED BY:

***Sal N. DiDomenico***

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*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 adoption of the accompanying bill:

An Act relative to out-of-pocket expenses for covid-19 therapeutics.

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PETITION OF:

NAME:

*Sal N. DiDomenico*

DISTRICT/ADDRESS:

*Middlesex and Suffolk*

**SENATE . . . . . No. 625**

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By Mr. DiDomenico, a petition (accompanied by bill, Senate, No. 625) of Sal N. DiDomenico for legislation relative to out-of-pocket expenses for covid-19 therapeutics. Financial Services.

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**The Commonwealth of Massachusetts**

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**In the One Hundred and Ninety-Third General Court  
(2023-2024)**  
\_\_\_\_\_

An Act relative to out-of-pocket expenses for covid-19 therapeutics.

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

1           SECTION 1. Notwithstanding any other law, Sections 1-8 shall refer to a health care  
2 service plan contract issued, amended, or renewed on or after the operative date of this  
3 subdivision that covers medical, surgical, and hospital benefits, excluding a specialized health  
4 care service plan contract, with respect to therapeutics for COVID-19 covered under the contract,  
5 which shall include therapeutics approved or granted emergency use authorization by the federal  
6 Food and Drug Administration for treatment of COVID-19 when prescribed or furnished by a  
7 licensed health care provider acting within their scope of practice and the standard of care.

8           (a) A health care service plan contract that covers medical, surgical, and hospital  
9 benefits, excluding a specialized health care service plan contract, shall cover, without cost  
10 sharing and without prior authorization or other utilization management, the costs of therapeutics  
11 for COVID-19 covered under the contract, which shall include therapeutics approved or granted  
12 emergency use authorization by the federal Food and Drug Administration for treatment of

13 COVID-19 when prescribed or furnished by a licensed health care provider acting within their  
14 scope of practice and the standard of care.

15 SECTION 2. A health care service plan shall reimburse a provider for the therapeutics  
16 described in paragraph (1) at the specifically negotiated rate for those therapeutics, if the plan  
17 and provider have negotiated a rate. If the plan does not have a negotiated rate with a provider,  
18 the plan may negotiate a rate with the provider.

19 SECTION 3. For an out-of-network provider with whom a health care service plan does  
20 not have a negotiated rate for the therapeutics described in paragraph (1), a health care service  
21 plan shall reimburse the provider for the therapeutics in an amount that is reasonable, as  
22 determined in comparison to prevailing market rates for the therapeutics in the geographic region  
23 in which the therapeutic was delivered. An out-of-network provider shall accept this payment as  
24 payment in full, shall not seek additional remuneration from an enrollee, and shall not report  
25 adverse information to a consumer credit reporting agency or commence civil action against the  
26 enrollee for therapeutics described in this subdivision.

27 SECTION 4. A health care service plan shall cover COVID-19 therapeutics without cost  
28 sharing, regardless of whether the therapeutics are provided by an in-network or out-of-network  
29 provider, and without utilization management. If a provider would have been entitled to receive  
30 cost sharing but for this section, the health care service plan shall reimburse the provider for the  
31 lost cost sharing. A provider shall accept this payment as payment in full, shall not seek  
32 additional remuneration from an enrollee, and shall not report adverse information to a consumer  
33 credit reporting agency or commence civil action against the enrollee for therapeutics pursuant to  
34 this subdivision.

35 SECTION 5. Beginning six months after the federal public health emergency expires, a  
36 health care service plan shall no longer be required to cover the cost sharing for COVID-19  
37 therapeutics delivered by an out-of-network provider, unless otherwise required by law.

38 SECTION 6. For purposes of this section, “health care service plan” includes a health  
39 plan service plan offered on the Massachusetts Health Connector that provides coverage for  
40 hospital, medical, surgical, or prescription drug benefits, excluding a specialized health insurance  
41 policy that provides coverage only for dental or vision benefits.

42 SECTION 7. For purposes of this section, “health care service plan” includes a  
43 MassHealth managed care plan that contracts with Massachusetts Department of Health and  
44 Human Services. MassHealth shall seek any federal approvals it deems necessary to implement  
45 this section. This section applies to a MassHealth managed care plan contract only to the extent  
46 that MassHealth obtains any necessary federal approvals, and federal financial participation  
47 under the Medicaid program is available and not otherwise jeopardized.

48 SECTION 8. This section applies to a disability insurance policy that provides coverage  
49 for hospital, medical, surgical, or prescription drug benefits, excluding a specialized health  
50 insurance policy that provides coverage only for dental or vision benefits.

51 (a) A disability insurance policy shall cover, without cost sharing and without prior  
52 authorization or other utilization management requirements, the costs of COVID-19 therapeutics  
53 approved or granted emergency use authorization by the federal Food and Drug Administration.