

**SENATE . . . . . No. 682**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

***Diana DiZoglio***

*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 to increase access to urgent care centers.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>Diana DiZoglio</i>	<i>First Essex</i>	
<i>Patrick M. O'Connor</i>	<i>Plymouth and Norfolk</i>	<i>1/29/2019</i>
<i>Shaunna L. O'Connell</i>	<i>3rd Bristol</i>	<i>2/1/2019</i>

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By Ms. DiZoglio, a petition (accompanied by bill, Senate, No. 682) of Diana DiZoglio, Patrick M. O'Connor and Shaunna L. O'Connell for legislation to increase access to urgent care centers. Health Care Financing.

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**The Commonwealth of Massachusetts**

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**In the One Hundred and Ninety-First General Court  
(2019-2020)**  
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An Act to increase access to urgent care centers.

*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. Chapter 118E of the General Laws is hereby amended by inserting after  
2 section 17A the following new section:-

3           Section 17B. (a) As used in this section, the following words shall have the following  
4 meanings:

5           “Beneficiary”, a recipient of medical assistance or medical benefits pursuant to this  
6 chapter who is treated for urgent care services.

7           “Urgent Care”, medical services that are not primary care, and are needed to treat a  
8 medical condition that is not a life-threatening, emergency medical condition.

9           (b) Any program of medical assistance or medical benefits for which the division is the  
10 primary payor shall cover urgent care services provided to a beneficiary by a licensed urgent care  
11 facility for medical conditions that are not emergency medical conditions. Such urgent care

12 services may be provided without prior authorization from a beneficiary's primary care provider.  
13 The division or its designee may require a beneficiary to contact the division or its designee or  
14 the primary care provider of the beneficiary within 48 hours of receiving such urgent care  
15 services, but notification already given to said division, designee, or primary care provider by the  
16 attending physician shall satisfy the requirements of this subsection.

17 (c) Nothing in this section shall be construed to limit retrospective utilization review  
18 activities by the division or its designee with respect to services provided for the purposes of  
19 assessing quality, utilization patterns and coding and billing practices, but such activities shall  
20 not result in retroactive changes to treatment or reimbursement decisions previously made in  
21 accordance with this section. In conducting said utilization review activities, the division or its  
22 designee shall comply with section 12 of chapter 176O and all applicable state and federal  
23 confidentiality provisions. No beneficiary shall be denied coverage for medical expenses  
24 incurred as a result of using such urgent care service.