SB 204

Health care provider panels; vertically integrated Health care provider panels; vertically integrated carriers; reimbursements to providers. Requires any vertically integrated carrier, upon written request, to offer participation in each requested provider panel or network established for each of the vertically integrated carrier's policies, products, and plans, including all policies, products, and plans offered to individuals, employers, and enrollees in government benefit programs, to the requesting provider under the same terms and conditions that apply to providers under common control with the vertically integrated carrier. The measure requires that the offered participation (i) be without any adverse tiering or other financial incentives that may discourage enrollees from utilizing the services of the provider, (ii) include all sites and services offered by the provider, and (iii) take into account the different characteristics of different providers with regard to the range, nature, cost, and complexity of services offered. The measure prohibits an officer or director of a vertically integrated carrier from simultaneously serving as an officer or director of an entity that owns, operates, manages, or controls an acute care hospital located, in whole or in part, in the Commonwealth. The measure defines "vertically integrated carrier" as a health insurer or other carrier that owns an interest in, is owned by, or is under common ownership or control with an acute care hospital facility, excluding an entity that is under the ultimate control of or under common control with a public hospital. If a provider panel contract between a provider and a carrier, or other entity that provides hospital, physician or other health care services to a carrier, includes provisions that require a provider, as a condition of participating in one of the carrier's or other entity's provider panels, to participate in any other provider panel owned or operated by that carrier or

other entity, the contract shall contain a provision permitting the provider to refuse participation in one or more such other provider panels at the time the contract is executed.

HB 743

Certificate of public need; inpatient psychiatric services and facilities. Requires the Commissioner of Health (the Commissioner) to impose conditions related to the provision of care to individuals who are the subject of a temporary detention order on certificates of public need for projects involving inpatient psychiatric services and facilities and provides that when determining the public need for a proposed project involving an inpatient psychiatric service or facility, the Commissioner shall not take into consideration existing inpatient psychiatric services or facilities or the impact of approving the application and issuing the certificate of public need for the proposed project on an existing inpatient psychiatric service or facility if the existing inpatient psychiatric service or facility does not provide an adequate amount of service to individuals who are subject to a temporary detention order, as determined by the Commissioner in accordance with regulations of the Board of Health (the Board). The bill directs the Board to adopt regulations establishing a process by which the Commissioner shall annually establish the amount of services for individuals who are subject to a temporary detention order that an existing inpatient psychiatric service or facility must provide.

SB 293

Certificate of public need; inpatient psychiatric services and facilities. Requires the Commissioner of Health (the Commissioner) to impose conditions related to the provision of care to individuals who are the subject of a temporary detention order on certificates of public need for projects involving inpatient psychiatric services and facilities and provides that when determining the public need for a proposed project involving an inpatient psychiatric service or facility, the Commissioner shall not take into consideration existing inpatient psychiatric services or facilities or the impact of approving the application and issuing the certificate of public need for the proposed project on an existing inpatient psychiatric service or facility if the existing inpatient psychiatric service or facility does not provide an adequate amount of service to individuals who are subject to a temporary detention order, as determined by the Commissioner in accordance with regulations of the Board of Health (the Board). The bill directs the Board to adopt regulations establishing a process by which the Commissioner shall annually establish the amount of services for individuals who are subject to a temporary detention order that an existing inpatient psychiatric service or facility must provide.

SB 205

Certificate of public need; expedited review process. Requires the Department of Health to establish an expedited review

process for certain projects involving addition of imaging equipment, addition of a new ambulatory or outpatient surgery center, addition of operating rooms at an existing ambulatory or outpatient surgery center, and addition of psychiatric beds or conversion of existing beds at a medical care facility to psychiatric beds and requires the Board of Health to include in regulations governing the certificate of public need program a provision for the development of review criteria and standards for specific medical care facilities and health care services for each health planning region that take into account the unique needs and characteristics of such region. The bill also amends the definition of "charity care" and defines "health care service" and "indigent."

HB 580

Covenants not to compete; health care professionals; civil penalty. Adds health care professionals as a category of employee with whom no employer shall enter into, enforce, or threaten to enforce a covenant not to compete. The bill defines "health care professional" as any physician, nurse, nurse practitioner, physician's assistant, pharmacist, social worker, dietitian, physical and occupational therapist, and medical technologist authorized to provide health care services in the Commonwealth. The bill provides that any employer that violates the prohibition against covenants not to compete with an employee health care professional is subject to a civil penalty of $10,000 for each violation.

HB 878

Comprehensive health care coverage program. Directs the Department of Medical Assistance Services (the Department) to establish a program to provide state-funded comprehensive health care coverage for individuals in the Commonwealth who (i) are younger than 19 years of age, aged 65 years or older, or pregnant; (ii) are not covered under a group health plan or health insurance coverage; and (iii) but for their immigration status, would be eligible for medical assistance services through the Commonwealth's program of medical assistance services established pursuant to Title XIX and Title XXI of the federal Social Security Act. The bill also requires the Department to ensure that all program information is made available in a manner that is accessible to individuals with limited English proficiency through the provision of language access services, including oral interpretation and written translations, free of charge, and to ensure that information obtained by the program established by this section remains confidential and is not disclosed for any purpose not related to the administration of the program.

SB 170

Department of Health; Statewide Telehealth Plan; emergency services coordination. Directs the Department of Health to amend the Statewide Telehealth Plan to require health care providers providing telehealth services to directly contact and coordinate with emergency services in accordance with the standard of care that is appropriate to the patient's situation and to the services rendered during the telehealth visit.

HB 770

Freestanding emergency departments. Requires the Board of Health to promulgate regulations related to freestanding emergency departments, defined in the bill as facilities located in the Commonwealth that (i) provide emergency services, (ii) are owned and operated by a licensed hospital and operate under the hospital's license, and (iii) are located on separate premises from the primary campus of the hospital. The bill also requires freestanding emergency departments to make certain disclosures to patients, in advertisements, and on any online platforms associated with such emergency department.

SB 340

Freestanding emergency departments. Requires the Board of Health to promulgate regulations related to freestanding emergency departments, defined in the bill as facilities located in the Commonwealth that (i) provide emergency services, (ii) are owned and operated by a licensed hospital and operate under the hospital's license, and (iii) are located on separate premises from the primary campus of the hospital. The bill also requires freestanding emergency departments to make certain disclosures to patients, in advertisements, and on any online platforms associated with such emergency department.

HB 560

Health insurance; retail community pharmacies. Requires a carrier to administer its health benefit plans in a manner consistent with certain requirements and to include such requirements in its provider contracts addressing the provision of pharmacy benefits management. The bill provides that (i) a covered individual is permitted to fill any mail order-covered prescription, at the covered individual's option, at any mail order pharmacy or network participating retail community pharmacy under certain conditions; (ii) the carrier or pharmacy benefits manager is prohibited from imposing a differential copayment, additional fee, rebate, bonus, or other condition on any covered individual who elects to fill his prescription at an in-network retail community pharmacy that is not similarly imposed on covered individuals electing to fill a prescription from a mail order pharmacy; and (iii) the pharmacy benefits manager is required to expressly disclose to the carrier in the contract if the pharmacy benefits manager retains all or a greater portion of a drug manufacturer's rebate amount or any additional direct or indirect remuneration from any third party for drugs dispensed through the pharmacy benefits manager-owned mail order pharmacy than the pharmacy benefits manager does for drugs dispensed through a retail community pharmacy. The bill also removes the exemption for a self-insured or self-funded employee welfare benefit plan under provisions regulating pharmacy benefits managers.