
By Mr. Fitzpatrick, a petition (accompanied by bill, Senate, No. 575) of John H. Fitzpatrick and Daniel J. Foley for legislation to regulate contracts for home health care services. Insurance.

The Commonwealth of Massachusetts

In the Year One Thousand Nine Hundred and Seventy-Six.

AN ACT REGULATING CONTRACTS FOR HOME HEALTH CARE SERVICES.

1 *Whereas*, The deferred operation of this act would tend to
2 defeat its purpose, which is to regulate contracts for home
3 health care services as of July first nineteen hundred and
4 seventy-six, therefore it is hereby declared to be an emergency
5 law, necessary for the immediate preservation of the public
6 convenience.

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 175 of the General Laws is hereby
2 amended by inserting after section 110F, added by section 2
3 of chapter 470 of the acts of 1974, the following section: —

4 *Section 110G.* Except as provided in chapter 32B, every in-
5 dividual or group hospital or medical service plan contract
6 delivered, issued or renewed in this state on or after January
7 first nineteen hundred and seventy-six shall provide coverage
8 providing reimbursement for home health care to residents
9 in this state.

10 For the purpose of this section, “home health care” means
11 the care and treatment of a covered person who is under the
12 care of a physician but only if hospitalization or confinement
13 in a skilled nursing facility as defined in title XVIII of the
14 federal social security act would otherwise have been required
15 if home care was not provided and if the plan covering the
16 home health service is established and approved in writing by
17 such physician.

18 Home health care shall be provided by a home health agency.
19 For the purposes of this section, “home health agency” means

20 an agency or organization which either meets the following
21 requirements:

22 (a) is certified as a home health agency under title XVIII
23 of the federal social security act (medicare) or

24 (b) is established and operated in accordance with the ap-
25 plicable laws of the state in which it is located provided licen-
26 sing or certification is required in such state and such agency
27 or organization has been duly licensed or certified or

28 (c) is an agency which holds itself forth to the public as
29 having the primary purpose of providing a home health care
30 delivery system bringing supportive services to the home, has
31 a full time administrator, maintains written records of serv-
32 ices provided to the patient, and has a staff which includes at
33 least one registered nurse or has available to it nursing care
34 by a registered nurse.

35 Home health care shall consist of, but shall not be limited to,
36 the following:

37 (a) part-time or intermittent nursing care by a registered
38 nurse or by a licensed practical nurse under the supervision of
39 a registered nurse if the services of a registered nurse are not
40 available

41 (b) part-time or intermittent home health aid services, con-
42 sisting primarily of patient care of a medical or therapeutic
43 nature by other than a registered or licensed practical nurse

44 (c) physical, occupational or speech therapy

45 (d) medical supplies, drugs and medicines prescribed by a
46 physician and laboratory services to the extent such charges
47 would have been covered under the policy or contract if the
48 covered person had remained in the hospital

49 The policy or contract may contain a limitation on the num-
50 ber of home health care visits for which benefits are payable,
51 but the number of such visits shall not be less than one hun-
52 dred in any calendar year or in any continuous period of
53 twelve months for each person covered under a policy or con-
54 tract. Each visit by a representative of a home health agency
55 shall be considered as one hone home health care visit; four
56 hours of home health aide service shall be considered as one
57 home health care visit.

58 Home health care benefits may be subject to an annual de-

59 ductible of not more than fifty dollars for each person covered
60 under a policy or contract and may be subject to a co-insurance
61 provision which provides for coverage of not less than seventy-
62 five per cent of the reasonable charges for such services. Such
63 policy or contract may also contain reasonable limitations and
64 exclusions applicable to home health care coverage.

65 No policy or contract shall be required to provide home
66 health care coverage to persons eligible for Medicare.

67 No insurer or hospital service plan contract shall be obli-
68 gated to provide benefits beyond the maximum amount limits
69 contained in its policy or contract.

70 If a person is eligible for home health care coverage under
71 more than one policy or contract, the home health care bene-
72 fits shall only be provided by that policy or contract which
73 would have provided the greatest benefits for hospitalization if
74 the person had remained hospitalized.

75 The provisions of this section shall not apply to a policy
76 which covers persons employed in more than one state or the
77 benefit structure of which was the subject of collective bar-
78 gaining affecting persons who are employed in more than one
79 state.

80 Notwithstanding the provisions of this section, no insurer
81 or issuer of any service plan contract for hospital or medical
82 expense delivered, issued for delivery or renewed in this state
83 shall be prohibited from providing, at its own discretion, cov-
84 erage for home health care to persons employing a recognized
85 non-medical system of health care and treatment.

1 SECTION 2. The provisions of section one hundred and ten G
2 of chapter one hundred seventy-five of the General Laws, in-
3 sserted by section one of this act, shall take effect on July first,
4 nineteen hundred and seventy-six.

