

H.4310 / Senate Amendments - Section Summary (S2426)

Hs #	MGL	H4310	Sen #	Senate Amendment	House Position	Compromise / Final Language
1	6A:16O	<p>Technical corrections to Health Disparities Council.</p> <p>1) Clarifies appointing authority and terms</p> <p>2) Reorders list of members by category; replaces Harvard Disparities program with two slots for academic programs/institutions.</p>	1	<p>1) Adds Mass Hospital Association, Blue Cross Blue Shield, AG to the council.</p> <p>2) Reinserts Harvard Disparities program.</p> <p>3) Removes some of the language specifying appointing authority and terms.</p>	To keep the lanuage as is in H4310	<p>1) Keeps appointing authority and terms</p> <p>2) Adds Mass Hospital Association, Blue Cross Blue Shield, AG to the council.</p> <p>3) Reinserts Harvard Disparities program.</p>
2	26:7B	Allow use of SS number in information provided by Medicaid to DOI.	2	No change.	Not in conference.	
3	29:2PPP	Correct reference to HSN office section in Essential Community Provider Trust Fund statute.	3	No change.	Not in conference.	Not in conference.
3A	32A:2	Clarify term "dependent" (in provision re: extension of insurance coverage past loss of dependant status for GIC) by linking to IRS code.	3A	Replaces phrase "would fail to qualify" with "last qualified" to further clarify reference to federal law.	Technical-adopt Senate	Adopt Senate Language
3B	62:2	Adds Section 3B to provide an exclusion from Massachusetts gross income for any imputed income resulting from coverage required by the state.	3B	No change.	Not in conference.	Not in conference.
4	62C:8B	Allow use of SS number in cases where MassHealth is provider in insurance coverage statements provided to covered individuals and DOR.	4	No change.	Not in conference.	Not in conference.

H.4310 / Senate Amendments - Section Summary (S2426)

	62C:21	No House language.	4A	Allow disclosure of tax info for health care reform from DOR to: a) EOHHS to verify MassHealth coverage, b) DHCFP to determine if a taxpayer who claimed a religious exemption used the HSNTF, and c) with the Connector to process appeals and to conduct outreach to uninsured taxpayers.	Compromise removes reference to the Connector, makes technical language changes.	Compromise removes reference to the Connector, makes technical language changes. Allows the Division of Health Care Finance and Policy (DHCFP) and the Executive Office of Health and Human Services (EOHHS) to receive tax information for health care reform from the Department of Revenue. DOR needs to share information from the tax returns with EOHHS to verify MassHealth coverage, and DHCFP to determine if a taxpayer who claimed a religious exemption used the Health Safety Net Trust Fund.
5	62D:1	Correct reference to Health Safety Net statute.	5	No change.	Not in conference.	Not in conference.
6	62D:13	Correct reference to Health Safety Net statute.	6	No change.	Not in conference.	Not in conference.
	62E:12	No House language.	6A	Allow the Connector, DHCFP, and EOHHS to receive wage and tax info for health care reform from DOR. Shared with EOHHS to verify MassHealth coverage, DHCFP to determine if a taxpayer who claimed a religious exemption used the HSNTF, and with the Connector to process appeals and to conduct outreach to uninsured taxpayers.	Uncertain	Strike section. After further review the House and Senate recognized the language as unnecessary.
7	62E:12	Correct reference to Health Safety Net statute.	7	No change.	Not in conference.	Not in conference.

H.4310 / Senate Amendments - Section Summary (S2426)

8	111M:1	Clarify that coverage under the SCHIP program meets the definition of Minimum Creditable Coverage for the purpose of complying the Individual Mandate.	8	No change.	Not in conference.	Not in conference.
9	111M:2	Clarify first-year penalty for violations of Individual Mandate.	9	No change.	Not in conference.	Not in conference.
10	111M:2	Clarify that Individual Mandate applies to anyone required to file a tax form.	10	No change.	Not in conference.	Not in conference.
11	111M:2	Technical correction to penalty reference	11	No change.	Not in conference.	Not in conference.
12	111M:3	Technical correction to penalty reference	12	No change.	Not in conference.	Not in conference.
13	118E:9C	Clarify that Insurance Partnership eligibility cap for self-employed individual is 300% FPL.	13	No change.	Not in conference.	Not in conference.
14	118E:9C	Clarify that Insurance Partnership eligibility cap for self-employed couples is 300% FPL.	14	No change.	Not in conference.	Not in conference.
15	118E:23	Correct reference to Health Safety Net statute.	15	No change.	Not in conference.	Not in conference.
	118E:23	No House language.	15A	Authorizes EOHHS to release information received concerning holders of health insurance to the DOR for purposes of enforcing the individual mandate (the most challenging issue for DOR is how to confirm that the health insurance information reported by the taxpayer on a 1099-HC is accurate).	Agree with Senate language	Senate language

H.4310 / Senate Amendments - Section Summary (S2426)

16	118:54	Amend wellness program language to allow other incentives besides premium reductions.	16	No change.	Not in conference.	Not in conference.
17	118G:5	Correct reference to Health Safety Net statute.	17	No change.	Not in conference.	Not in conference.
18	118G:6C	Clarify that Free Rider provisions apply to employers with 11 or more FTE employees.	18	No change.	Not in conference.	Not in conference.
19	118G:6C	Clarify that Free Rider provisions apply to employers with 11 or more FTE employees.	19	No change.	Not in conference.	Not in conference.
20	118G:18B	Extend time frame for DHCFP to inform employer of Free Rider liability from 90 to 180 days.	20	No change.	Not in conference.	Not in conference.
21	118G:18B	Correct reference to Health Safety Net statute.	21	No change.	Not in conference.	Not in conference.
22	118G:35	Add oversight language to ensure adequate management of Health Safety Net Office (similar language was included in outside section of the FY08 budget).	22	No change.	Not in conference.	Not in conference.
23	149:188	Clarify employer definition for purpose of Fair Share requirement	23	No change.	Not in conference.	Not in conference.
24	149:188	Clarify ability of the Division of Unemployment Assistance to promulgate regulations in order to implement Fair Share collections.	24	No change.	Not in conference.	Not in conference.
25	151F:1	Make reference to nonprofits consistent with section 501 of the Internal Revenue Service Code.	25	No change.	Not in conference.	Not in conference.

H.4310 / Senate Amendments - Section Summary (S2426)

26	151F:2	Eliminate requirement to file 125 plan with Connector (except on request) and clarify that employers with 11 or more FTE employees are required to offer a 125 plan.	26	No change.	Not in conference.	Not in conference.
26A	175:108	Clarify term “dependent” (in provision re: extension of insurance coverage past loss of dependant status) by linking to IRS code	26A	Replaces phrase "would fail to qualify' with "last qualified" to further clarify reference to federal law.	Technical-adopt Senate	Senate language
26B	175:110	Clarify term “dependent” (by linking to IRS code	26B	Replaces phrase "would fail to qualify' with "last qualified" to further clarify reference to federal law.	Technical-adopt Senate	Senate language
26C	176A:8Z	Clarify term “dependent” by linking to IRS code	26C	Strikes section 8Z of Chapter 176A because of duplicative section numbers	Technical-adopt Senate	Senate language
			26D	Restores above section under new section number (176A:8BB) and replaces "would fail to qualify' with "last qualified" to further clarify reference to federal law.	Technical-adopt Senate	Senate language
26D	176B:4Z	Clarify term “dependent” by linking to IRS code	26E	Strikes section 4Z of Chapter 176B because of duplicative section numbers	Technical-adopt Senate	Senate language
			26F	Restores above section under new section number (176B:4AA) and replaced "would fail to qualify' with "last qualified" to further clarify reference to federal law.	Technical-adopt Senate	Senate language

H.4310 / Senate Amendments - Section Summary (S2426)

26E	176G:4R	Clarify term "dependent" by linking to IRS code	26G	Strikes section 4R of Chapter 176G because of duplicative section numbers	Technical-adopt Senate	Senate language
			26H	Restores above section under correct section number (176G:4T) and replaced "would fail to qualify" with "last qualified" in order to prevent giving dependents an extra, unintended year of insurance coverage as dependents.	Technical-adopt Senate	Senate language
27	176J:1	Clarify same rules that apply to group health plans maintained by partnerships also apply to limited liability companies.		No change.	Not in conference.	Not in conference.
28	176J:10	Expand age range of Young Adult plans from 19-26 to 18-26 years of age.		No change.	Not in conference.	Not in conference.
28A		Prohibits the Connector from actively soliciting enrollment in health benefit plans offered through the Connector to eligible groups that have been insured under an employer group health plan during the previous six months.		Strikes Section	Amenable to compromise language.	Compromise language creates legislative commission to investigate and study role of the Connector in providing access to health insurance products. Also adds separate section 31A with due date of Oct 1, 2008 for first report by commission.

H.4310 / Senate Amendments - Section Summary (S2426)

29		<p>Extends date by which the Health Care Quality and Cost Council must post information on a website; eliminates requirement that data be aggregated and prohibits the HCQCC from "publicly releasing the payment rates of any individual insurer which shall not be deemed public record. "</p>		<p>Extends date and replaces last sentence regarding public release of payment rates to "Payment data as collected from the individual insurers shall not be deemed public record except as displayed on the website and/or as otherwise dictated by regulations duly promulgated by the Council."</p>	<p>Approved on language voted on and approved by HCQCC, as did the Senate.</p>	<p>Compromise language (note a portion of the language has been placed in a separate section that amends Council statute. New language requires council's regulations to (1) achieve the goals identified by the council, (2) protect patient privacy, (3) prevent collusion or anti-competitive conduct, and (4) prevent the release of data that could reasonably be expected to increase the cost of health care. The regulations may limit access to data based on the proposed use of the data, the credentials of the requesting party, the type of data requested, or other criteria required to make a determination regarding the appropriate release of the data. The regulations shall also provide for limitations on the requesting party's use and release of any data to which that party has been given access by the council.</p>
30		<p>Directs the Connector to report to the legislature concerning its progress in implementing subsection (b) of section 3 of Chapter 118H, which people who would otherwise be ineligible to participate in Commonwealth Care to enroll in the program under certa</p>		<p>No change.</p>	<p>Not in conference.</p>	<p>Not in conference.</p>

H.4310 / Senate Amendments - Section Summary (S2426)

31		Requires first HSN oversight report be submitted by April 30, 2008.		No change.	Not in conference.	Not in conference.
32		Effective date of Jan 1, 2008 for 3A, 26A, 26B, 26C, 26D, 26E .		No change.	Not in conference.	Not in conference.
33		Effective dates of Jan 1, 2007 for 3B.		No change.	Not in conference.	Not in conference.