

The Commonwealth of Massachusetts

PRESENTED BY:

Elizabeth A. Malia

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 behavioral health access.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
Elizabeth A. Malia	11th Suffolk	1/15/2015
Angelo J. Puppolo, Jr.	12th Hampden	10/1/2019
Marjorie C. Decker	25th Middlesex	10/1/2019
Ruth B. Balser	12th Middlesex	10/1/2019
Kay Khan	11th Middlesex	10/1/2019
Michael O. Moore	Second Worcester	10/1/2019
Barbara A. L'Italien	Second Essex and Middlesex	10/1/2019
Tom Sannicandro	7th Middlesex	10/1/2019
Brian A. Joyce	Norfolk, Bristol and Plymouth	10/1/2019
Carmine L. Gentile	13th Middlesex	10/1/2019
Joan B. Lovely	Second Essex	10/1/2019
James J. O'Day	14th Worcester	10/1/2019
Jennifer L. Flanagan	Worcester and Middlesex	10/1/2019
Sal N. DiDomenico	Middlesex and Suffolk	10/1/2019
Paul R. Heroux	2nd Bristol	10/1/2019
Thomas A. Golden, Jr.	16th Middlesex	10/1/2019

By Ms. Malia of Boston, a petition (accompanied by bill, House, No. 1808) of Elizabeth A. Malia and others relative to access to behavioral health services for persons enrolled in MassHealth public health insurance programs. Mental Health and Substance Abuse.

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In the One Hundred and Eighty-Ninth General Court (2015-2016)

An Act relative to behavioral health access.

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. The secretary of the executive office of health and human services shall		
2	monitor access to behavioral health services for MassHealth members for a period of two years		
3	and shall report semiannually to the Attorney General, The Joint Committee on Mental Health		
4	and Substance Abuse and the House and Senate Committees on Ways and Means. The report		
5	shall include an analysis of benchmarks developed in consultation with the center for health		
6	information and analysis, provider associations, consumers and health plans and a comparison of		
7	benchmarked data covering Fiscal Years 2013 and 2014. Said benchmarks shall include but not		
8	be limited to the number and types of behavioral health providers who participate in public		
9	health insurance programs, the number of administrative steps necessary to get access to care,		
10	readmissions to inpatient levels of care, utilization and prior authorization requirements,		
11	complaints and grievances.		