

HOUSE No. 1416

The Commonwealth of Massachusetts

PRESENTED BY:

Ruth B. Balsler

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 regarding proportional payments of the Massachusetts Child Psychiatry Access Project.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Ruth B. Balsler</i>	<i>12th Middlesex</i>	<i>1/20/2011</i>
<i>Frank I. Smizik</i>	<i>15th Norfolk</i>	<i>2/4/2011</i>
<i>Thomas A. Golden, Jr.</i>	<i>16th Middlesex</i>	<i>2/4/2011</i>
<i>Denise Provost</i>	<i>27th Middlesex</i>	<i>2/4/2011</i>
<i>Tom Sannicandro</i>	<i>7th Middlesex</i>	<i>2/4/2011</i>
<i>Ellen Story</i>	<i>3rd Hampshire</i>	<i>2/4/2011</i>
<i>Anne M. Gobi</i>	<i>5th Worcester</i>	<i>2/1/2011</i>
<i>Jason M. Lewis</i>	<i>31st Middlesex</i>	<i>2/2/2011</i>
<i>Jennifer L. Flanagan</i>		<i>2/3/2011</i>
<i>Christine E. Canavan</i>	<i>10th Plymouth</i>	<i>2/3/2011</i>
<i>Elizabeth A. Malia</i>	<i>11th Suffolk</i>	<i>2/3/2011</i>
<i>Walter F. Timilty</i>	<i>7th Norfolk</i>	<i>2/3/2011</i>

HOUSE No. 1416

By Ms. Balsler of Newton, a petition (accompanied by bill, House, No. 1416) of Ruth B. Balsler and others for legislation to establish a child psychiatry access project within the Department of Mental Health. Mental Health and Substance Abuse.

The Commonwealth of Massachusetts

In the Year Two Thousand Eleven

An Act regarding proportional payments of the Massachusetts Child Psychiatry Access Project.

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 General Laws as appearing in the 2008 Official Edition are hereby
2 amended by adding after section 16 of chapter 19 the following new section:-

3 Section 16A. Massachusetts Child Psychiatry Access Project

4 (a) The department shall develop or utilize a statewide program to provide mental health
5 consultations by telephone to pediatricians, family physicians, nurse practitioners and youth
6 serving primary care practices for persons under the age of 19 who exhibit a possible mental
7 health or substance use disorder.

8 (b) The program shall incorporate, but is not limited to, the following guidelines:

9 (1) responding to all consultation requests within 30 minutes from primary care
10 settings for quality access;

11 (2) hiring multiple person teams consisting of professionals who meet the educational
12 requirements from the fields of child psychiatry, nursing, and social work;

13 (3) continued training for the team members;

14 (4) pro-active engagement, mentoring, and education to pediatricians, family
15 physicians, nurse practitioners and youth serving primary care providers;

16 (5) ability to provide face to face consultations when telephonic consultation is not
17 sufficient;

18 (6) care coordination and referral services for youth requiring behavioral health
19 treatment regardless of type of insurance coverage;

20 (7) ability to serve children with transitional care concerns, while waiting for
21 behavioral health treatment;

22 (8) outreach ability to the community and ability to use program to identify child
23 mental health system issues;

24 (9) ability to internally track which insurance the child has in order to properly
25 compile percentage billing rates, however, no child shall be turned away from a consultation
26 based on health insurance; and

27 (10) ability to provide appropriate administrative support.

28 (c) The commissioner of the department shall seek and obtain payment as a condition of
29 licensure from insurance companies doing business in Massachusetts for the use of the
30 Massachusetts Child Psychiatry Access Project. Said billing shall be on a regular annual basis

31 and shall be calculated based on the percentage of that insurers members using the program in
32 the previous year. The commissioner shall publish an annualized report that indicates but is not
33 limited to: the cost of the program, the amount requested of each payor, the number and
34 percentage of the payor's members utilizing the program, relevant data on services rendered and
35 outcomes achieved of the population served by this program in order to calculate the percentage
36 charged to each insurance company licensed in Massachusetts.

37 (d) All retained revenue generated shall be allocated to a flexible spending account which
38 shall be used to expand the program into educational settings.

39 SECTION 2. Subsection (c) of this act shall take effect on January 1, 2012.