

HOUSE No. 1892

The Commonwealth of Massachusetts

PRESENTED BY:

Garrett J. Bradley, (BY REQUEST)

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 naturopathic medicine coverage.

PETITION OF:

NAME:

DISTRICT/ADDRESS:

Carl Tripp

14R Friend Street Hingham, MA 02043

Jason M. Lewis

Fifth Middlesex

HOUSE No. 1892

By Mr. Bradley of Hingham (by request), a petition (accompanied by bill, House, No. 1892) of Carl Tripp and Jason M. Lewis relative to naturopathic medicine. Public Health.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE HOUSE, NO. 1898 OF 2013-2014.]

The Commonwealth of Massachusetts

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

An Act relative to naturopathic medicine coverage.

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 18 of the General Laws is hereby amended by inserting after
2 section 5I the following section:-

3 Section 5I½. (a) When a naturopathic or holistic patient meets the requirements of
4 insurance coverage provided under the general laws, they shall be granted benefits by the
5 insurance company or the department of transitional assistance or commonwealth care. A
6 naturopathic professional or holistic practitioner in conjunction with the insurer shall determine a
7 patient’s maximum amount of money on an electronic benefits transfer card from the department
8 of transitional assistance or debit card from an insurance company as needed for the treatment of
9 the patient’s illness or chronic disease each month and all purchases shall be recorded in a

10 written log and dated. A patient shall not receive more than one electronic benefit transfer card
11 or debit card a month.

12 (b) A naturopathic professional or holistic practitioner shall have electronic access to the
13 electronic benefit transfer system of the department of transitional assistance only if an office of
14 the department and the naturopathic professional or holistic practitioner office of business are
15 located in the same county. The electronic access between the department of transitional
16 assistance, an insurance company or commonwealth care and the naturopathic professional or
17 holistic practitioner office shall start on or before Jan. 16, 2015.

18 (c) No person shall knowingly misuse an electronic benefit transfer card or electronic
19 benefit transfer transaction for the purchase goods or services under this section. Any such
20 misuse shall be a violation of this section and shall be punished by a fine of not more than
21 \$5,000, a loss of an electronic benefit card, debit card and motor vehicle license.

22 SECTION 2. Chapter 32A of the General Laws is hereby amended by inserting after
23 section 17J the following section:—

24 Section 17K. (a) The commission shall provide coverage for naturopathic professionals
25 and holistic practitioner costs, natural supplements, fruits, vegetables, seeds, nuts and foods
26 prescribed by the professional, and tools needed for the prescribed diet plan including written
27 logs to any active or retired employee of the commonwealth who is insured under the group
28 insurance commission.

29 A naturopathic professional or holistic practitioner may order necessary lab work and
30 tests as needed during the coverage. The coverage shall continue according to the naturopathic

31 professional's or holistic practitioner's treatment plan until a patient has recovered from his or
32 her illness or chronic illness.

33 (b) A patient, who qualifies for the coverage with a naturopathic professional or holistic
34 practitioner, shall visit his or her treating professional's office not exceeding every 40 days for
35 the first year and every 6 months thereafter.

36 (c) If a naturopathic professional or holistic practitioner determines the patient has not
37 followed the treatment plan, the insured shall notify the commission to terminate coverage under
38 this section.

39 (d) A patient, who has terminated treatment for any reason shall be re-evaluated and
40 complete any application needed for reconsideration by the commission.

41 SECTION 3. Chapter 111 of the General Laws is hereby amended by inserting after
42 section 5S the following section:-

43 Section 5T. Any citizen of Massachusetts seeking care for an illness or chronic disease
44 who has a physician's referral or physician's written medical report, test, lab work, MRI, or
45 CAT-Scan can as their choice have a naturopathic professional or holistic practitioner treat his or
46 her illness. A citizen seeking services from a naturopathic professional or holistic practitioner as
47 treatment for an illness or chronic disease shall be provided with a written treatment plan
48 detailing the process. A treatment plan may include any or all of the following: natural
49 supplements, exercise, diet plan including organic produce, logs, and other tools.

50 SECTION 4. Chapter 118E of the General Laws is hereby amended by adding the
51 following section:-

52 Section 78. The office of Medicaid shall, pursuant to Title XIX, or if necessary seek any
53 waiver regarding the provisions of coverage under Title XIX, provide coverage for naturopathic
54 professionals and holistic practitioner costs, natural supplements, fruits, vegetables, seeds, nuts
55 and foods prescribed by the professional, and tools needed for the prescribed diet plan including
56 written logs.

57 A naturopathic professional or holistic practitioner may order necessary lab work and
58 tests as needed. The coverage shall continue according to the naturopathic professional's or
59 holistic practitioner's treatment plan until a patient has recovered from his or her illness or
60 chronic illness.

61 (b) A patient, who qualifies for the coverage with a naturopathic professional or holistic
62 practitioner, shall visit his or her treating professional's office not exceeding every 40 days for
63 the first year and every 6 months thereafter.

64 (c) If a naturopathic professional or holistic practitioner determines the patient has not
65 followed the treatment plan, the insured shall notify the office of Medicaid to terminate coverage
66 under this section.

67 (d) A patient, who has terminated treatment for any reason shall be re-evaluated and
68 complete any application needed for reconsideration by the office of Medicaid.

69 SECTION 5. Section 6 of chapter 118H of the General Laws is hereby amended by
70 striking out subsection (a) and inserting in place thereof the following subsection:-

71 (a) There shall be established a program for any resident with a household income that
72 does not exceed 100 per cent of the federal poverty level, in which the board of the connector

73 shall procure health insurance plans that include, but are not limited to: (1) inpatient services; (2)
74 outpatient services and preventative care by participating providers; (3) prescription drugs as
75 provided under the MassHealth formulary; (4) medically necessary inpatient and outpatient
76 mental health services and substance abuse services; (5) medically necessary dental services,
77 including preventative and restorative procedures; and (6) coverage for naturopathic
78 professionals and holistic practitioner costs, lab work, natural supplements, fruits, vegetables,
79 seeds, nuts and foods prescribed by the professional and tools needed for the prescribed diet plan
80 including written logs as provided for in section 6A.

81 SECTION 6. Said chapter 118H of the General Laws is hereby further amended by
82 inserting after section 6 the following section:-

83 Section 6A. (a) The coverage provided under clause (6) of subsection (a) of section 6
84 shall continue according to the naturopathic professional's or holistic practitioner's treatment
85 plan until a patient has recovered from his or her illness or chronic illness.

86 (b) A patient, who qualifies for the coverage with a naturopathic professional or holistic
87 practitioner, shall visit his or her treating professional's office not exceeding every 40 days for
88 the first year and every 6 months thereafter.

89 (c) If a naturopathic professional or holistic practitioner determines the patient has not
90 followed the treatment plan, the insured shall notify the insurer and the connector to terminate
91 coverage under this section.

92 (d) A patient, who has terminated treatment for any reason shall be re-evaluated and
93 complete any application needed for reconsideration by the connector.

94 SECTION 7. Chapter 175 of the General Laws is hereby amended by inserting after
95 section 47BB the following section:—

96 Section 47DD. (a) Any blanket or general policy of insurance, which is issued or
97 subsequently renewed by agreement between the insurer and the policy holder, within or without
98 the commonwealth, during the period this section is effective, or any policy of accident or
99 sickness insurance as described in section 108 which provides hospital expense and surgical
100 expense insurance, except a policy which provides supplemental coverage to Medicare or other
101 governmental programs, and which is delivered or issued for delivery or subsequently renewed
102 by agreement between the insurer and the policy holder in the commonwealth, during the period
103 that this section is effective, or any employees' health and welfare fund which provides hospital
104 expense and surgical expense benefits and which is promulgated or renewed to any person or
105 group of persons in the commonwealth, while this section is effective, shall provide coverage for
106 naturopathic professionals and holistic practitioner costs, natural supplements, fruits, vegetables,
107 seeds, nuts and foods prescribed by the professional, and tools needed for the prescribed diet
108 plan including written logs.

109 A naturopathic professional or holistic practitioner may order necessary lab work and
110 tests as needed during the coverage. The coverage shall continue according to the naturopathic
111 professional's or holistic practitioner's treatment plan until a patient has recovered from his or
112 her illness or chronic illness.

113 (b) A patient, who qualifies for the coverage with a naturopathic professional or holistic
114 practitioner, shall visit his or her treating professional's office not exceeding every 40 days for
115 the first year and every 6 months thereafter.

116 (c) If a naturopathic professional or holistic practitioner determines the patient has not
117 followed the treatment plan, the insured shall notify the insurer to terminate coverage under this
118 section.

119 (d) A patient, who has terminated treatment for any reason shall be re-evaluated and
120 complete any application needed for reconsideration by the insurer.

121 SECTION 8. Chapter 176A of the General Laws is hereby amended by inserting after
122 section 8EE the following section:—

123 Section 8FF. (a) A contract between a subscriber and the corporation under an individual
124 or group hospital service plan which provides hospital expense and surgical expense insurance,
125 except contracts providing supplemental coverage to Medicare or other governmental programs,
126 delivered, issued or renewed by agreement between the insurer and the policyholder, within or
127 without the commonwealth, shall provide benefits to all individual subscribers and members
128 within the commonwealth and to all group members having a principal place of employment
129 within the commonwealth for coverage for naturopathic professionals and holistic practitioner
130 costs, natural supplements, fruits, vegetables, seeds, nuts and foods prescribed by the
131 professional, and tools needed for the prescribed diet plan including written logs.

132 A naturopathic professional or holistic practitioner may order necessary lab work and
133 tests as needed during the coverage. The coverage shall continue according to the naturopathic
134 professional's or holistic practitioner's treatment plan until a patient has recovered from his or
135 her illness or chronic illness.

136 (b) A patient, who qualifies for the coverage with a naturopathic professional or holistic
137 practitioner, shall visit his or her treating professional's office not exceeding every 40 days for
138 the first year and every 6 months thereafter.

139 (c) If a naturopathic professional or holistic practitioner determines the patient has not
140 followed the treatment plan, the insured shall notify the corporation to terminate coverage under
141 this section.

142 (d) A patient, who has terminated treatment for any reason shall be re-evaluated and
143 complete any application needed for reconsideration by the corporation.

144 SECTION 9. Chapter 176B of the General Laws is hereby amended by inserting after
145 section 4EE the following section:—

146 Section 4GG. Any subscription certificate under an individual or group medical service
147 agreement, shall provide, as benefits to all individual subscribers or members within the
148 commonwealth and to all group members having a principal place of employment within the
149 commonwealth, coverage for naturopathic professionals and holistic practitioner costs, natural
150 supplements, fruits, vegetables, seeds, nuts and foods prescribed by the professional, and tools
151 needed for the prescribed diet plan including written logs.

152 A naturopathic professional or holistic practitioner may order necessary lab work and
153 tests as needed during the coverage. The coverage shall continue according to the naturopathic
154 professional's or holistic practitioner's treatment plan until a patient has recovered from his or
155 her illness or chronic illness.

156 (b) A patient, who qualifies for the coverage with a naturopathic professional or holistic
157 practitioner, shall visit his or her treating professional's office not exceeding every 40 days for
158 the first year and every 6 months thereafter.

159 (c) If a naturopathic professional or holistic practitioner determines the patient has not
160 followed the treatment plan, the insured shall notify the insurer to terminate coverage under this
161 section.

162 (d) A patient, who has terminated treatment for any reason shall be re-evaluated and
163 complete any application needed for reconsideration by the insurer.

164 SECTION 10. Chapter 176G of the General Laws is hereby amended by inserting after
165 section 4W the following section:—

166 Section 4X. (a) Individual and group health maintenance contracts shall provide coverage
167 for naturopathic professionals and holistic practitioner costs, natural supplements, fruits,
168 vegetables, seeds, nuts and foods prescribed by the professional, and tools needed for the
169 prescribed diet plan including written logs.

170 A naturopathic professional or holistic practitioner may order necessary lab work and
171 tests as needed during the coverage. The coverage shall continue according to the naturopathic
172 professional's or holistic practitioner's treatment plan until a patient has recovered from his or
173 her illness or chronic illness.

174 (b) A patient, who qualifies for the coverage with a naturopathic professional or holistic
175 practitioner, shall visit his or her treating professional's office not exceeding every 40 days for
176 the first year and every 6 months thereafter.

177 (c) If a naturopathic professional or holistic practitioner determines the patient has not
178 followed the treatment plan, the insured shall notify the insurer to terminate coverage under this
179 section.

180 (d) A patient, who has terminated treatment for any reason shall be re-evaluated and
181 complete any application needed for reconsideration by the insurer.

182 SECTION 11. Notwithstanding any general or special law to the contrary, a naturopathic
183 professional or holistic practitioner shall provide access to coverage for a patient through an
184 electronic access, to the insurance company, the department of transitional assistance office of
185 Medicaid, commonwealth care insurance companies and MassHealth. The coverage to a patient
186 shall be funded by the patient's insurance provider or the commonwealth of Massachusetts and
187 commonwealth care insurance companies or the department of transitional assistance.

188 SECTION 12. This act shall apply to all policies, contracts, agreements, plans or
189 certificates of insurance issued or delivered within the commonwealth on or after January 1,
190 2014, or upon renewal to all policies, contracts, agreements, plans or certificates of insurance in
191 effect before January 1, 2014.