

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:	DATE ADDED:
<i>Carl Tripp</i>	<i>14R Friend Street Hingham, MA 02043</i>	<i>1/9/2015</i>
<i>Jason M. Lewis</i>	<i>Fifth Middlesex</i>	<i>10/8/2019</i>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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