

SENATE No. 2432

The Commonwealth of Massachusetts

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In the One Hundred and Eighty-Ninth General Court
(2015-2016)
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SENATE, Friday, July 15, 2016

The committee on Ways and Means, to whom was referred the Senate Bill providing access to full spectrum addiction treatment services (Senate, No. 1502, changed),-- reports, recommending that the same ought to pass with an amendment substituting a new draft with the same title (Senate, No. 2432).

For the committee,
Karen E. Spilka

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

An Act providing access to full spectrum addiction treatment services.

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. Section 17N of chapter 32A of the General Laws, as appearing in the 2014
2 Official Edition, is hereby amended by inserting after the definition of “Clinical stabilization
3 services” the following definition:-

4 “Transitional support services”, short-term, residential support services, as defined by the
5 department of public health, usually following clinical stabilization services, that provide a safe
6 and structured environment to support adults or adolescents through the addiction recovery
7 process and the transition to outpatient or other step-down addiction recovery care.

8 SECTION 2. Said section 17N of said chapter 32A, as so appearing, is hereby further
9 amended by striking out the second paragraph and inserting in place thereof the following
10 paragraph:-

11 The commission shall provide for medically necessary acute treatment services,
12 medically necessary clinical stabilization services and medically necessary transitional support
13 services to an active or retired employee of the commonwealth who is insured under the group
14 insurance commission coverage for up to 30 days and shall not require preauthorization prior to

15 obtaining such acute treatment services, clinical stabilization services or transitional support
16 services. The facility providing such services shall provide the carrier with notification of
17 admission and the initial treatment plan within 48 hours of admission and within a reasonable
18 time thereafter shall provide the carrier with a projected discharge plan for the member. The
19 carrier's utilization review procedures may be initiated on day 14; provided however that a
20 carrier shall not make any utilization review decisions that impose any restriction or deny any
21 future medically necessary acute treatment, clinical stabilization, or transitional support services
22 unless a patient has received at least 30 consecutive days of said services; and provided further,
23 that the commission shall provide to any active or retired employee of the commonwealth who is
24 insured under the group insurance commission coverage for, without preauthorization, substance
25 abuse evaluations ordered pursuant to section 51½ of chapter 111. Upon receipt of notification
26 by the admitting facility and receipt of the discharge plan, the carrier may provide outreach to the
27 treating clinician and member to offer care management and support services.

28 Medical necessity shall be determined by the treating clinician in consultation with the
29 patient and noted in the patient's medical record.

30 SECTION 3. Section 10H of chapter 118E of the General Laws, inserted by section 19 of
31 chapter 258 of the acts of 2014, is hereby repealed.

32 SECTION 4. Said chapter 118E is hereby further amended by inserting after section 10I
33 the following section:-

34 Section 10J. For the purposes of this section, the following words shall have the
35 following meanings unless the context clearly requires otherwise:

36 “Acute treatment services”, 24-hour medically supervised addiction treatment for adults
37 or adolescents provided in a medically managed or medically monitored inpatient facility, as
38 defined by the department of public health, that provides evaluation and withdrawal management
39 and which may include biopsychosocial assessment, individual and group counseling,
40 psychoeducational groups and discharge planning.

41 “Clinical stabilization services”, 24-hour clinically managed post detoxification treatment
42 for adults or adolescents, as defined by the department of public health, usually following acute
43 treatment services for substance abuse for individuals beginning to engage in recovery from
44 addiction, which may include intensive education and counseling regarding the nature of
45 addiction and its consequences, relapse prevention, outreach to families and significant others
46 and aftercare planning.

47 “Transitional support services”, short-term, residential support services, as defined by the
48 department of public health, usually following clinical stabilization services, that provide a safe
49 and structured environment to support adults or adolescents through the addiction recovery
50 process and the transition to outpatient or other step-down addiction recovery care.

51 The division and its contracted health insurers, health plans, health maintenance
52 organizations, behavioral health management firms and third-party administrators under contract
53 to a Medicaid managed care organization or primary care clinician plan shall cover the cost of
54 medically necessary acute treatment services and shall not require a preauthorization prior to
55 obtaining treatment.

56 The division and its contracted health insurers, health plans, health maintenance
57 organizations, behavioral health management firms and third-party administrators under contract
58 to a Medicaid managed care organization or primary care clinician plan shall cover the cost of

59 medically necessary clinical stabilization services and medically necessary transitional support
60 services for up to 30 days and shall not require preauthorization prior to obtaining clinical
61 stabilization services or transitional support services. The facility providing such services shall
62 provide the carrier notification of admission and the initial treatment plan within 48 hours of
63 admission and within a reasonable time thereafter shall provide the carrier with a projected
64 discharge plan for the member. The carrier's utilization review procedures may be initiated on
65 day 14; provided, however, that a carrier shall not make any utilization review decisions that
66 impose any restriction or deny any future medically necessary acute treatment, clinical
67 stabilization, or transitional support services unless a patient has received at least 30 consecutive
68 days of said services; and provided further, that the division and its contracted health insurers,
69 health plans, health maintenance organizations, behavioral health management firms and third
70 party administrators under contract to a Medicaid managed care organization or primary care
71 clinician plan shall cover, without preauthorization, substance abuse evaluations ordered
72 pursuant to section 51½ of chapter 111. Upon receipt of notification by the admitting facility and
73 receipt of the discharge plan, the carrier may provide outreach to the treating clinician and
74 member to offer care management and support services.

75 Medical necessity shall be determined by the treating clinician in consultation with the
76 patient and noted in the patient's medical record.

77 SECTION 5. Section 47GG of chapter 175 of the General Laws, as appearing in the 2014
78 Official Edition, is hereby amended by inserting after the definition of "Clinical stabilization
79 services" the following definition:-

80 "Transitional support services", short-term, residential support services, as defined by the
81 department of public health, usually following clinical stabilization services, that provide a safe

82 and structured environment to support adults or adolescents through the addiction recovery
83 process and the transition to outpatient or other step-down addiction recovery care.

84 SECTION 6. Said section 47GG of said chapter 175, as so appearing, is hereby further
85 amended by striking out the second paragraph and inserting in place thereof the following
86 paragraph:-

87 Any policy, contract, agreement, plan or certificate of insurance issued, delivered or
88 renewed within the commonwealth, which is considered creditable coverage under section 1 of
89 chapter 111M, shall provide coverage for medically necessary acute treatment services,
90 medically necessary clinical stabilization services and medically necessary transitional support
91 services for up to 30 days and shall not require preauthorization prior to obtaining acute
92 treatment services, clinical stabilization services or transitional support services. The facility
93 providing such services shall provide the carrier notification of admission and the initial
94 treatment plan within 48 hours of admission and within a reasonable time thereafter shall provide
95 the carrier with a projected discharge plan for the member. The carrier's utilization review
96 procedures may be initiated on day 14; provided however that a carrier shall not make any
97 utilization review decisions that impose any restriction or deny any future medically necessary
98 acute treatment, clinical stabilization, or transitional support services unless a patient has
99 received at least 30 consecutive days of said services; provided further, any policy, contract,
100 agreement, plan or certificate of insurance issued, delivered or renewed within the
101 commonwealth, which is considered creditable coverage pursuant to section 1 of chapter 111M,
102 shall cover, without preauthorization, a substance abuse evaluation ordered pursuant to section
103 51½ of chapter 111. Upon receipt of notification by the admitting facility and receipt of the

104 discharge plan, the carrier may provide outreach to the treating clinician and member to offer
105 care management and support services.

106 Medical necessity shall be determined by the treating clinician in consultation with the
107 patient and noted in the patient's medical record.

108 SECTION 7. Section 8II of chapter 176A of the General Laws, as so appearing, is hereby
109 amended by inserting after the definition of "Clinical stabilization services" the following
110 definition:-

111 "Transitional support services", short-term, residential support services, as defined by the
112 department of public health, usually following clinical stabilization services, that provide a safe
113 and structured environment to support adults or adolescents through the addiction recovery
114 process and the transition to outpatient or other step-down addiction recovery care.

115 SECTION 8. Said section 8II of said chapter 176A, as so appearing, is hereby further
116 amended by striking out the second paragraph and inserting in place thereof the following
117 paragraph:-

118 Any contract between a subscriber and the corporation under an individual or group
119 hospital service plan which is delivered, issued or renewed within the commonwealth shall
120 provide coverage for medically necessary acute treatment services, medically necessary clinical
121 stabilization services and medically necessary transitional support services for up to 30 days and
122 shall not require preauthorization prior to obtaining acute treatment services, clinical stabilization
123 services or transitional support services. The facility providing such services shall provide the
124 carrier notification of admission and the initial treatment plan within 48 hours of admission and
125 within a reasonable time thereafter shall provide the carrier with a projected discharge plan for
126 the member. The carrier's utilization review procedures may be initiated on day 14; provided

127 however that a carrier shall not make any utilization review decisions that impose any restriction
128 or deny any future medically necessary acute treatment, clinical stabilization, or transitional
129 support services unless a patient has received at least 30 consecutive days of said services;
130 provided further, any contract between a subscriber and the corporation under an individual or
131 group hospital service plan which is delivered, issued or renewed within the commonwealth,
132 shall cover, without preauthorization, a substance abuse evaluation ordered pursuant to section
133 51½ of chapter 111. Upon receipt of notification by the admitting facility and receipt of the
134 discharge plan, the carrier may provide outreach to the treating clinician and member to offer
135 care management and support services.

136 Medical necessity shall be determined by the treating clinician in consultation with the
137 patient and noted in the patient's medical record.

138 SECTION 9. Section 4II of chapter 176B of the General Laws, as so appearing, is hereby
139 amended by inserting after the definition of "Clinical stabilization services" the following
140 definition:-

141 "Transitional support services", short-term, residential support services, as defined by the
142 department of public health, usually following clinical stabilization services, that provide a safe
143 and structured environment to support adults or adolescents through the addiction recovery
144 process and the transition to outpatient or other step-down addiction recovery care.

145 SECTION 10. Said section 4II of said chapter 176B, as so appearing, is hereby further
146 amended by striking out the second paragraph and inserting in place thereof the following
147 paragraph:-

148 Any subscription certificate under an individual or group medical service agreement
149 delivered, issued or renewed within the commonwealth shall provide coverage for medically

150 necessary acute treatment services, medically necessary clinical stabilization services and
151 medically necessary transitional support services for up to 30 days and shall not require
152 preauthorization prior to obtaining acute treatment services, clinical stabilization services or
153 transitional support services. The facility providing such services shall provide the carrier
154 notification of admission and the initial treatment plan within 48 hours of admission and within a
155 reasonable time thereafter shall provide the carrier with a projected discharge plan for the
156 member. The carrier's utilization review procedures may be initiated on day 14; provided
157 however that a carrier shall not make any utilization review decisions that impose any restriction
158 or deny any future medically necessary acute treatment, clinical stabilization, or transitional
159 support services unless a patient has received at least 30 consecutive days of said services;
160 provided further, any subscription certificate under an individual or group medical service
161 agreement delivered, issued or renewed within the commonwealth shall provide coverage for,
162 without preauthorization, a substance abuse evaluation ordered pursuant to section 51½ of
163 chapter 111. Upon receipt of notification by the admitting facility and receipt of the discharge
164 plan, the carrier may provide outreach to the treating clinician and member to offer care
165 management and support services.

166 Medical necessity shall be determined by the treating clinician in consultation with the
167 patient and noted in the patient's medical record.

168 SECTION 11. Section 4AA of chapter 176G of the General Laws, as so appearing, is
169 hereby amended by inserting after the definition of "Clinical stabilization services" the following
170 definition:-

171 "Transitional support services", short-term, residential support services, as defined by the
172 department of public health, usually following clinical stabilization services, that provide a safe

173 and structured environment to support adults or adolescents through the addiction recovery
174 process and the transition to outpatient or other step-down addiction recovery care.

175 SECTION 12. Said section 4AA of said chapter 176G, as so appearing, is hereby further
176 amended by striking out the second paragraph and inserting in place thereof the following
177 paragraph:-

178 An individual or group health maintenance contract that is issued or renewed shall
179 provide coverage for medically necessary acute treatment services, medically necessary clinical
180 stabilization services and medically necessary transitional support services for up to 30 days and
181 shall not require preauthorization prior to obtaining acute treatment services, clinical stabilization
182 services or transitional support services. The facility providing such services shall provide the
183 carrier notification of admission and the initial treatment plan within 48 hours of admission and
184 within a reasonable time thereafter shall provide the carrier with a projected discharge plan for
185 the member. The carrier's utilization review procedures may be initiated on day 14; provided
186 however that a carrier shall not make any utilization review decisions that impose any restriction
187 or deny any future medically necessary acute treatment, clinical stabilization, or transitional
188 support services unless a patient has received at least 30 consecutive days of said services;
189 provided further, an individual or group health maintenance contract that is issued or renewed
190 shall provide coverage for, without preauthorization, a substance abuse evaluation ordered
191 pursuant to section 51½ of chapter 111. Upon receipt of notification by the admitting facility and
192 receipt of the discharge plan, the carrier may provide outreach to the treating clinician and
193 member to offer care management and support services.

194 Medical necessity shall be determined by the treating clinician in consultation with the
195 patient and noted in the patient's medical record.

196 SECTION 13. The center for health information and analysis, in consultation with the
197 division of insurance, the department of public health, the office of Medicaid and the health
198 policy commission, shall conduct reviews on the 14 day mandated coverage of acute treatment
199 services, clinical stabilization services and the long-term effects of the increase in covered days
200 from 14 days to 30 days related to the mandated benefits for acute treatment services, clinical
201 stabilization services and transitional support services on the following areas: (i) the continuum
202 of care for substance use disorder treatment; (ii) access to the continuum of care for patients
203 eligible for MassHealth and department of public health programs; (iii) access to the continuum
204 of care for commercially insured patients; and (iv) any changes in costs to MassHealth, the
205 department of public health and health insurance carriers. The center shall provide an initial
206 report not later than October 1, 2017 on the effects of the 14 day mandated coverage of acute
207 treatment services and clinical stabilization services to the areas listed above and a final report
208 not later than October 1, 2019 on the effects of the 30 day mandated coverage of acute treatment
209 services, clinical stabilization services and transitional support services to the areas listed above.

210 The initial report and final report shall be posted on the center's website and shall be filed
211 with the clerks of the house of representatives and senate, the house and senate chairs of the
212 committee on financial services, the house and senate chairs of the committee on health care
213 financing, the house and senate chairs of the committee on public health, and the house and
214 senate committees on ways and means not later than October 1, 2017 and October 1, 2019,
215 respectively.

216 SECTION 14. Sections 1 through 12, inclusive, shall take effect October 1, 2017.