HOUSE DOCKET, NO. 837 FILED ON: 1/17/2017

HOUSE . . . . . No. 1063

The Commonwealth of Massachusetts

PRESENTED BY:

Marjorie C. Decker

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 Providing for efficient access to mental health services.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
Marjorie C. Decker	*25th Middlesex*	*1/17/2017*
Mike Connolly	*26th Middlesex*	*1/31/2017*
Solomon Goldstein-Rose	*3rd Hampshire*	*2/1/2017*

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By Ms. Decker of Cambridge, a petition (accompanied by bill, House, No. 1063) of Marjorie C. Decker, Mike Connolly and Solomon Goldstein-Rose for legislation to increase access to treatment for behavioral health disorders. Mental Health, Substance Use and Recovery.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE HOUSE, NO. *3459* OF 2015-2016.]

The Commonwealth of Massachusetts

In the One Hundred and Ninetieth General Court
(2017-2018)

An Act Providing for efficient access to mental health services.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Chapter 32A of the General Laws is hereby amended by inserting after section 17K the following section:-

SECTION 17L. (a) For purposes of this section, "behavioral health treatment" shall mean counseling and treatment programs, including applied behavior analysis that are necessary to develop or restore, to the maximum extent practicable, the functioning of an individual.

(b) Any coverage offered by the commission for behavioral health treatment to an active or retired employee of the commonwealth insured under the group insurance commission shall continue to cover payment for an existing patient receiving such treatment until such treatment is no longer medically necessary, regardless of the non-renewal of any contract the commission has

with a provider of such treatment. Such continued coverage shall be consistent with terms of the coverage or contract in place at the time of non-renewal and the usual and customary utilization management processes.

(c) This section shall not prohibit a provider of behavioral health treatment from collecting any portion of a deductible for treatment rendered.

(d) The commission shall give no fewer than 180 days notice to providers of behavioral health treatment of any decision to not renew a contract with that provider.

(e) The commissioner shall show cause for not renewing a contract for the provision of behavioral health treatment and shall demonstrate that any lawful communication concerning regulations and statutes that impact service delivery is not a factor in said non-renewal.

SECTION 2. Chapter 175 of the General Laws is hereby amended by inserting after section 47DD the following section:-

Section 47EE. (a) For purposes of this section, “behavioral health treatment” shall mean counseling and treatment programs, including applied behavior analysis that are necessary to develop or restore, to the maximum extent practicable, the functioning of an individual.

(b) Any individual policy of accident and sickness insurance issued pursuant to section 108 and any group blanket policy of accident and sickness insurance issued pursuant to section 110 that is delivered, issued or renewed within or without the commonwealth that provides coverage for behavioral health treatment shall continue to cover payment for an existing patient receiving such treatment until such treatment is no longer medically necessary, regardless of the non-renewal of any contract with a provider of such treatment. Such continued coverage shall be

consistent with terms of the policy, contract, agreement, plan or certificate of insurance in place at the time of non-renewal and the usual and customary utilization management processes.

(c) This section shall not prohibit a provider of behavioral health treatment from collecting any portion of a deductible for treatment rendered.

(d) Any policy shall give no fewer than 180 days notice to providers of behavioral health treatment of any decision to not renew a contract with that provider.

(e) The policy shall show cause for not renewing a contract for the provision of behavioral health treatment and shall demonstrate that any lawful communication concerning regulations and statutes that impact service delivery is not a factor in said non-renewal.

SECTION 3. Chapter 176A of the General Laws is hereby amended by inserting after section 8FF the following section:-

Section 8GG. (a) For purposes of this section, “behavioral health treatment” shall mean counseling and treatment programs, including applied behavior analysis that are necessary to develop or restore, to the maximum extent practicable, the functioning of an individual.

(b) Any contract between a subscriber and the corporation under an individual or group hospital service plan which is delivered, issued or renewed within the commonwealth that provides coverage for behavioral health treatment shall continue to cover payment for an existing patient receiving such treatment until such treatment is no longer medically necessary, regardless of the non-renewal of any contract a corporation has with a provider of such treatment. Such continued coverage shall be consistent with terms of the contract in place at the time of non-renewal and the usual and customary utilization management processes.

(c) This section shall not prohibit a provider of behavioral health treatment from collecting any portion of a deductible for treatment rendered.

(d) The corporation shall give no fewer than 180 days notice to providers of behavioral health treatment of any decision to not renew a contract with that provider.

(e) The corporation shall show cause for not renewing a contract for the provision of behavioral health treatment and shall demonstrate that any lawful communication concerning regulations and statutes that impact service delivery is not a factor in said non-renewal.

SECTION 4. Chapter 176B of the General Laws is hereby amended by inserting after section 4FF the following section:-

Section 4GG. (a) For purposes of this section, “behavioral health treatment” shall mean counseling and treatment programs, including applied behavior analysis that are necessary to develop or restore, to the maximum extent practicable, the functioning of an individual.

(b) Any subscription certificate under an individual or group medical service agreement delivered, issued or renewed within the commonwealth that provides coverage for behavioral health treatment shall continue to cover payment for an existing patient receiving such treatment until such treatment is no longer medically necessary, regardless of the non-renewal of any contract a medical service corporation has with the provider of such treatment. Such continued coverage shall be consistent with terms of the certificate or agreement in place at the time of non-renewal and the usual and customary utilization management processes.

(c) This section shall not prohibit a provider of behavioral health treatment from collecting any portion of a deductible for treatment rendered.

(d) A medical service corporation shall give no fewer than 180 days notice to providers of behavioral health treatment of any decision to not renew a contract with that provider.

(e) A medical service corporation shall show cause for not renewing a contract for the provision of behavioral health treatment and shall demonstrate that any lawful communication concerning regulations and statutes that impact service delivery is not a factor in said non-renewal.

SECTION 5. Chapter 176G of the General Laws is hereby amended by inserting after section 4X the following section:-

Section 4Y. (a) For purposes of this section, “behavioral health treatment” shall mean counseling and treatment programs, including applied behavior analysis that are necessary to develop or restore, to the maximum extent practicable, the functioning of an individual.

(b) Any individual or group health maintenance contract that provides coverage for behavioral health treatment shall continue to cover payment for an existing patient receiving such treatment until such treatment is no longer medically necessary, regardless of the non-renewal of any contract a health maintenance organization has with a provider of such treatment. Such continued coverage shall be consistent with terms of the contract in place at the time of non-renewal and the usual and customary utilization management processes.

(c) This section shall not prohibit a provider of behavioral health treatment from collecting any portion of a deductible for treatment rendered.

(d) A health maintenance organization shall give no fewer than 180 days notice to providers of behavioral health treatment of any decision to not renew a contract with that provider.

(e) A health maintenance organization shall show cause for not renewing a contract for the provision of behavioral health treatment and shall demonstrate that any lawful communication concerning regulations and statutes that impact service delivery is not a factor in said non-renewal.

SECTION 6. Sections 1 to 5, inclusive, shall apply to all policies, contracts and certificates of health insurance subject to section 17L of chapter 32A, section 47EE of chapter 175, section 8GG of chapter 176A, section 4GG of chapter 176B and section 4Y of chapter 176G of the General Laws which are delivered, issued or renewed on or after the effective date of this act.