

**HOUSE . . . . . No. 2166**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

***Kimberly N. Ferguson***

*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 improving lives by ensuring access to brain injury treatment.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Kimberly N. Ferguson</i>	<i>1st Worcester</i>	<i>1/19/2017</i>
<i>Brian M. Ashe</i>	<i>2nd Hampden</i>	<i>2/2/2017</i>
<i>Bruce J. Ayers</i>	<i>1st Norfolk</i>	<i>2/2/2017</i>
<i>F. Jay Barrows</i>	<i>1st Bristol</i>	<i>1/27/2017</i>
<i>Jennifer E. Benson</i>	<i>37th Middlesex</i>	<i>2/2/2017</i>
<i>Thomas J. Calter</i>	<i>12th Plymouth</i>	<i>2/2/2017</i>
<i>Kate D. Campanale</i>	<i>17th Worcester</i>	<i>2/3/2017</i>
<i>James M. Cantwell</i>	<i>4th Plymouth</i>	<i>2/1/2017</i>
<i>Tackey Chan</i>	<i>2nd Norfolk</i>	<i>2/1/2017</i>
<i>Harriette L. Chandler</i>	<i>First Worcester</i>	<i>1/31/2017</i>
<i>Josh S. Cutler</i>	<i>6th Plymouth</i>	<i>2/1/2017</i>
<i>Marjorie C. Decker</i>	<i>25th Middlesex</i>	<i>2/2/2017</i>
<i>David F. DeCoste</i>	<i>5th Plymouth</i>	<i>2/2/2017</i>
<i>Angelo L. D'Emilia</i>	<i>8th Plymouth</i>	<i>2/1/2017</i>
<i>Sal N. DiDomenico</i>	<i>Middlesex and Suffolk</i>	<i>2/3/2017</i>
<i>William Driscoll</i>	<i>7th Norfolk</i>	<i>2/2/2017</i>
<i>Peter J. Durant</i>	<i>6th Worcester</i>	<i>2/2/2017</i>
<i>James J. Dwyer</i>	<i>30th Middlesex</i>	<i>1/26/2017</i>

<i>Carolyn C. Dykema</i>	<i>8th Middlesex</i>	<i>2/2/2017</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>	<i>2/2/2017</i>
<i>Carole A. Fiola</i>	<i>6th Bristol</i>	<i>2/2/2017</i>
<i>Paul K. Frost</i>	<i>7th Worcester</i>	<i>2/2/2017</i>
<i>Sean Garballey</i>	<i>23rd Middlesex</i>	<i>1/24/2017</i>
<i>Colleen M. Garry</i>	<i>36th Middlesex</i>	<i>2/2/2017</i>
<i>Carmine L. Gentile</i>	<i>13th Middlesex</i>	<i>1/30/2017</i>
<i>Susan Williams Gifford</i>	<i>2nd Plymouth</i>	<i>2/1/2017</i>
<i>Anne M. Gobi</i>	<i>Worcester, Hampden, Hampshire and Middlesex</i>	<i>2/3/2017</i>
<i>Solomon Goldstein-Rose</i>	<i>3rd Hampshire</i>	<i>2/1/2017</i>
<i>Patricia A. Haddad</i>	<i>5th Bristol</i>	<i>2/2/2017</i>
<i>Jonathan Hecht</i>	<i>29th Middlesex</i>	<i>2/3/2017</i>
<i>Natalie Higgins</i>	<i>4th Worcester</i>	<i>2/3/2017</i>
<i>Bradford R. Hill</i>	<i>4th Essex</i>	<i>2/1/2017</i>
<i>Steven S. Howitt</i>	<i>4th Bristol</i>	<i>2/1/2017</i>
<i>Daniel J. Hunt</i>	<i>13th Suffolk</i>	<i>2/2/2017</i>
<i>Louis L. Kafka</i>	<i>8th Norfolk</i>	<i>2/3/2017</i>
<i>Hannah Kane</i>	<i>11th Worcester</i>	<i>1/29/2017</i>
<i>Kay Khan</i>	<i>11th Middlesex</i>	<i>2/2/2017</i>
<i>Peter V. Kocot</i>	<i>1st Hampshire</i>	<i>2/3/2017</i>
<i>Jack Lewis</i>	<i>7th Middlesex</i>	<i>2/1/2017</i>
<i>Jason M. Lewis</i>	<i>Fifth Middlesex</i>	<i>2/1/2017</i>
<i>David Paul Linsky</i>	<i>5th Middlesex</i>	<i>2/2/2017</i>
<i>Marc T. Lombardo</i>	<i>22nd Middlesex</i>	<i>2/1/2017</i>
<i>Joan B. Lovely</i>	<i>Second Essex</i>	<i>2/1/2017</i>
<i>Paul McMurtry</i>	<i>11th Norfolk</i>	<i>2/3/2017</i>
<i>James R. Miceli</i>	<i>19th Middlesex</i>	<i>1/25/2017</i>
<i>Mathew Muratore</i>	<i>1st Plymouth</i>	<i>1/23/2017</i>
<i>James M. Murphy</i>	<i>4th Norfolk</i>	<i>2/2/2017</i>
<i>Brian Murray</i>	<i>10th Worcester</i>	<i>2/3/2017</i>
<i>Harold P. Naughton, Jr.</i>	<i>12th Worcester</i>	<i>2/3/2017</i>
<i>Shaunna L. O'Connell</i>	<i>3rd Bristol</i>	<i>2/3/2017</i>
<i>Kathleen O'Connor Ives</i>	<i>First Essex</i>	<i>2/3/2017</i>
<i>Patrick M. O'Connor</i>	<i>Plymouth and Norfolk</i>	<i>2/2/2017</i>
<i>James J. O'Day</i>	<i>14th Worcester</i>	<i>2/3/2017</i>
<i>Keiko M. Orrall</i>	<i>12th Bristol</i>	<i>2/3/2017</i>
<i>Sarah K. Peake</i>	<i>4th Barnstable</i>	<i>2/3/2017</i>
<i>Smitty Pignatelli</i>	<i>4th Berkshire</i>	<i>2/1/2017</i>

<i>Denise Provost</i>	<i>27th Middlesex</i>	<i>2/1/2017</i>
<i>David M. Rogers</i>	<i>24th Middlesex</i>	<i>2/1/2017</i>
<i>John H. Rogers</i>	<i>12th Norfolk</i>	<i>2/3/2017</i>
<i>Daniel J. Ryan</i>	<i>2nd Suffolk</i>	<i>2/2/2017</i>
<i>Paul A. Schmid, III</i>	<i>8th Bristol</i>	<i>2/1/2017</i>
<i>John W. Scibak</i>	<i>2nd Hampshire</i>	<i>2/1/2017</i>
<i>Todd M. Smola</i>	<i>1st Hampden</i>	<i>2/3/2017</i>
<i>Walter F. Timilty</i>	<i>Norfolk, Bristol and Plymouth</i>	<i>2/3/2017</i>
<i>Paul Tucker</i>	<i>7th Essex</i>	<i>2/3/2017</i>
<i>Aaron Vega</i>	<i>5th Hampden</i>	<i>1/26/2017</i>
<i>David T. Vieira</i>	<i>3rd Barnstable</i>	<i>2/3/2017</i>
<i>RoseLee Vincent</i>	<i>16th Suffolk</i>	<i>2/2/2017</i>
<i>Chris Walsh</i>	<i>6th Middlesex</i>	<i>2/2/2017</i>
<i>Bud Williams</i>	<i>11th Hampden</i>	<i>2/2/2017</i>
<i>Jonathan D. Zlotnik</i>	<i>2nd Worcester</i>	<i>2/2/2017</i>

**HOUSE . . . . . No. 2166**

By Mrs. Ferguson of Holden, a petition (accompanied by bill, House, No. 2166) of Kimberly N. Ferguson and others relative to health care insurance coverage for brain injury treatments. Financial Services.

**The Commonwealth of Massachusetts**

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

An Act relative to improving lives by ensuring access to brain injury treatment.

*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 32A of the General Laws, as appearing in the 2014 Official edition,  
2 is hereby amended by inserting after section 17O the following section:-

3 Section 17P. (a) For purposes of this section, the following terms shall have the following  
4 meanings:-

5 “Acquired brain injury (ABI)” is any injury to the brain which occurs after birth and can  
6 be caused by infectious diseases, metabolic disorders, endocrine disorders or diminished oxygen,  
7 brain tumors, toxins, disease that affects the blood supply to the brain, stroke or a traumatic brain  
8 injury.

9 “Cognitive communication therapy” treats problems with communication which have an  
10 underlying cause in a cognitive deficit rather than a primary language or speech deficit.

11           “Cognitive rehabilitation therapy (CRT)” is a process of re-learning cognitive skills  
12 essential for daily living through the coordinated specialized, integrated therapeutic treatments  
13 which are provided in dynamic settings designed for efficient and effective re-learning following  
14 damage to brain cells or brain chemistry due to brain injury.

15           “Community reintegration services” provide incremental guided real-world therapeutic  
16 training to develop skills essential for an individual to participate in life: to re-enter employment;  
17 to go to school and engage in other productive activity; to safely live independently; and to  
18 participate in their community while avoiding re-hospitalization and long-term support needs.

19           “Functional rehabilitation therapy and remediation” is a structured approach to  
20 rehabilitation for brain disorders which emphasizes learning by doing, and focuses re-learning a  
21 specific task in a prescribed format, with maximum opportunity for repeated correct practice.  
22 Compensatory strategies are developed for those skills which are persistently impaired and  
23 individuals are trained on daily implementation. To ensure acquisition and use, focus is set on re-  
24 learning those skills essential for safe daily living in the environment in which they will be used:  
25 home and community settings.

26           “Medical necessity” or “medically necessary,” health care services that are consistent  
27 with generally accepted principles of professional medical practice.

28           “Neurobehavioral therapy” is a set of medical and therapeutic assessment and treatments  
29 focused on behavioral impairments associated with brain disease or injury and the amelioration  
30 of these impairments through the development of pro-social behavior.

31           “Neurocognitive therapy” is treatment of disorders in which the primary clinical deficit is  
32 in cognitive function which has not been present since birth and is a decline from a previously  
33 attained level of function.

34           “Neurofeedback therapy” is a direct training of brain function to enhance self-regulatory  
35 capacity or an individual’s ability to exert control over behavior, thoughts and feelings. It is a  
36 form of biofeedback whereby a patient can learn to control brain activity that is measured and  
37 recorded by an electroencephalogram.

38           “Neuropsychological testing” is a set of medical and therapeutic assessment and  
39 treatments focused on amelioration of cognitive, emotional, psychosocial and behavioral deficits  
40 caused by brain injury.

41           “Psychophysiological testing and treatment” is a set of medical and therapeutic  
42 assessment and treatments focused on psychophysiological disorders or physical disorders with  
43 psychological overlay.

44           “Post-acute residential treatment” includes integrated medical and therapeutic services,  
45 treatment, education, and skills training within a 24/7 real-world environment of care- a home  
46 and community setting. Maximum opportunity to for correct practice of skill in the context of  
47 use develops new neural pathways which ensure ongoing skill use and avoidance of re-  
48 hospitalization and long term care.

49           (b) Any coverage offered by the commission to an active or retired employee of the  
50 commonwealth insured under the group insurance commission shall provide coverage for  
51 medically necessary treatment related to or as a result of an acquired brain injury. Medically  
52 necessary treatment shall include, but is not limited to, cognitive rehabilitation therapy; cognitive

53 communication therapy; neurocognitive therapy and rehabilitation; neurobehavioral,  
54 neurophysiological, neuropsychological and psychophysiological testing and treatment;  
55 neurofeedback therapy; functional rehabilitation therapy and remediation; community  
56 reintegration services; post-acute residential treatment services; inpatient services; outpatient and  
57 day treatment services; home and community based treatment. The benefits in this section shall  
58 not include any lifetime limitation or unreasonable annual limitation of the number of days or  
59 sessions of treatment services. Any limitations shall be separately stated by the commission. The  
60 benefits in this section shall not be subject to any greater deductible, coinsurance, copayments, or  
61 out-of-pocket limits than any other benefit provided by the commission.

62 (c) The commissioner of insurance shall require a health benefit plan issuer to provide  
63 adequate training to personnel responsible for preauthorization of coverage or utilization review  
64 for services under this section, in consultation with the Brain Injury Association of  
65 Massachusetts.

66 (d) Individual practitioners and treatment facilities shall be qualified to provide acute care  
67 and post-acute care rehabilitation services through possession of the appropriate licenses,  
68 accreditation, training and experience deemed customary and routine in the trade practice.

69 SECTION 2. Chapter 175 of the General Laws, as so appearing, is hereby amended by  
70 inserting after section 47II, the following section:-

71 Section 47JJ. (a) For purposes of this section, the following terms shall have the  
72 following meanings:-

73 “Acquired brain injury (ABI)” is any injury to the brain which occurs after birth and can  
74 be caused by infectious diseases, metabolic disorders, endocrine disorders or diminished oxygen,

75 brain tumors, toxins, disease that affects the blood supply to the brain, stroke or a traumatic brain  
76 injury.

77 “Cognitive communication therapy” treats problems with communication which have an  
78 underlying cause in a cognitive deficit rather than a primary language or speech deficit.

79 “Cognitive rehabilitation therapy (CRT)” is a process of relearning cognitive skills  
80 essential for daily living through the coordinated specialized, integrated therapeutic treatments  
81 which are provided in dynamic settings designed for efficient and effective re-learning following  
82 damage to brain cells or brain chemistry due to brain injury.

83 “Community reintegration services” provide incremental guided real-world therapeutic  
84 training to develop skills essential for an individual to participate in life: to re-enter employment;  
85 to go to school and engage in other productive activity; to safely live independently; and to  
86 participate in their community while avoiding re-hospitalization and long-term support needs.

87 “Functional rehabilitation therapy and remediation” is a structured approach to  
88 rehabilitation for brain disorders which emphasizes learning by doing, and focuses relearning a  
89 specific task in a prescribed format, with maximum opportunity for repeated correct practice.  
90 Compensatory strategies are developed for those skills which are persistently impaired and  
91 individuals are trained on daily implementation. To ensure acquisition and use, focus is set on re-  
92 learning those skills essential for safe daily living in the environment in which they will be used:  
93 home and community settings.

94 “Medical necessity” or “medically necessary,” health care services that are consistent  
95 with generally accepted principles of professional medical practice.

96           “Neurobehavioral therapy” is a set of medical and therapeutic assessment and treatments  
97 focused on behavioral impairments associated with brain disease or injury and the amelioration  
98 of these impairments through the development of pro-social behavior.

99           “Neurocognitive therapy” is treatment of disorders in which the primary clinical deficit is  
100 in cognitive function which has not been present since birth and is a decline from a previously  
101 attained level of function.

102           “Neurofeedback therapy” is a direct training of brain function to enhance self-regulatory  
103 capacity or an individual’s ability to exert control over behavior, thoughts and feelings. It is a  
104 form of biofeedback whereby a patient can learn to control brain activity that is measured and  
105 recorded by an electroencephalogram.

106           “Neuropsychological testing” is a set of medical and therapeutic assessment and  
107 treatments focused on amelioration of cognitive, emotional, psychosocial and behavioral deficits  
108 caused by brain injury.

109           “Psychophysiological testing and treatment” is a set of medical and therapeutic  
110 assessment and treatments focused on psychophysiological disorders or physical disorders with  
111 psychological overlay.

112           “Post-acute residential treatment” includes integrated medical and therapeutic services,  
113 treatment, education, and skills training within a 24/7 real-world environment of care - a home  
114 and community setting. Maximum opportunity for correct practice of skill in the context of use  
115 develops new neural pathways which ensure ongoing skill use and avoidance of re-  
116 hospitalization and long term care.

117 (b) The following shall provide coverage for medically necessary treatment related to or  
118 as a result of an acquired brain injury: (ii) any policy of accident and sickness insurance, as  
119 described in section 108, which provides hospital expense and surgical expense insurance and  
120 which is delivered, issued or subsequently renewed by agreement between the insurer and  
121 policyholder in the commonwealth; (ii) any blanket or general policy of insurance described in  
122 subdivision (A), (C) or (D) of section 110 which provides hospital expense and surgical expense  
123 insurance and which is delivered, issued or subsequently renewed by agreement between the  
124 insurer and the policyholder in or outside of the commonwealth; or (iii) any employees' health  
125 and welfare fund which provides hospital expense and surgical expense benefits and which is  
126 delivered, issued or renewed to any person or group of persons in the commonwealth. Medically  
127 necessary treatment shall include, but is not limited to, cognitive rehabilitation therapy; cognitive  
128 communication therapy; neurocognitive therapy and rehabilitation; neurobehavioral,  
129 neurophysiological, neuropsychological and psychophysiological testing and treatment;  
130 neurofeedback therapy; functional rehabilitation therapy and remediation; community  
131 reintegration services; post-acute residential treatment services; inpatient services; outpatient and  
132 day treatment services; home and community based treatment. The benefits in this section shall  
133 not include any lifetime limitation or unreasonable annual limitation of the number of days or  
134 sessions of treatment services. Any limitations shall be separately stated by the insurer. The  
135 benefits in this section shall not be subject to any greater deductible, coinsurance, copayments, or  
136 out-of-pocket limits than any other benefit provided by the insurer.

137 (c) The commissioner of insurance shall require a health benefit plan issuer to provide  
138 adequate training to personnel responsible for preauthorization of coverage or utilization review

139 for services under this section, in consultation with the Brain Injury Association of  
140 Massachusetts.

141 (d) Individual practitioners and treatment facilities shall be qualified to provide acute care  
142 and post-acute care rehabilitation services through possession of the appropriate licenses,  
143 accreditation, training and experience deemed customary and routine in the trade practice.

144 SECTION 3. Chapter 176A of the General Law, as so appearing, is hereby amended by  
145 inserting after section 8KK the following section:-

146 Section 8LL. (a) For purposes of this section, the following terms shall have the  
147 following meanings:-

148 “Acquired brain injury (ABI)” is any injury to the brain which occurs after birth and can  
149 be caused by infectious diseases, metabolic disorders, endocrine disorders or diminished oxygen,  
150 brain tumors, toxins, disease that affects the blood supply to the brain, stroke or a traumatic brain  
151 injury.

152 “Cognitive communication therapy” treats problems with communication which have an  
153 underlying cause in a cognitive deficit rather than a primary language or speech deficit.

154 “Cognitive rehabilitation therapy (CRT)” is a process of re-learning cognitive skills  
155 essential for daily living through the coordinated specialized, integrated therapeutic treatments  
156 which are provided in dynamic settings designed for efficient and effective re-learning following  
157 damage to brain cells or brain chemistry due to brain injury.

158 “Community reintegration services” provide incremental guided real-world therapeutic  
159 training to develop skills essential for an individual to participate in life: to re-enter employment;

160 to go to school and engage in other productive activity; to safely live independently; and to  
161 participate in their community while avoiding re-hospitalization and long term support needs.

162 “Functional rehabilitation therapy and remediation” is a structured approach to  
163 rehabilitation for brain disorders which emphasizes learning by doing, and focuses re-learning a  
164 specific task in a prescribed format with maximum opportunity for repeated correct practice.  
165 Compensatory strategies are developed for those skills which are persistently impaired and  
166 individuals are trained on daily implementation. To ensure acquisition and use, focus is set on re-  
167 learning those skills essential for safe daily living in the environment in which they will be used:  
168 home and community settings.

169 “Medical necessity” or “medically necessary,” health care services that are consistent  
170 with generally accepted principles of professional medical practice.

171 “Neurobehavioral therapy” is a set of medical and therapeutic assessment and treatments  
172 focused on behavioral impairments associated with brain disease or injury and the amelioration  
173 of these impairments through the development of pro-social behavior.

174 “Neurocognitive therapy” is treatment of disorders in which the primary clinical deficit is  
175 in cognitive function which has not been present since birth and is a decline from a previously  
176 attained level of function.

177 “Neurofeedback therapy” is a direct training of brain function to enhance self-regulatory  
178 capacity or an individual’s ability to exert control over behavior, thoughts and feelings. It is a  
179 form of biofeedback whereby a patient can learn to control brain activity that is measured and  
180 recorded by an electroencephalogram.

181 “Neuropsychological testing” is a set of medical and therapeutic assessment and  
182 treatments focused on amelioration of cognitive, emotional, psychosocial and behavioral deficits  
183 caused by brain injury.

184 “Psychophysiological testing and treatment” is a set of medical and therapeutic  
185 assessment and treatments focused on psychophysiological disorders or physical disorders with  
186 psychological overlay.

187 “Post-acute residential treatment” includes integrated medical and therapeutic services,  
188 treatment, education, and skills training within a 24/7 real-world environment of care- a home  
189 and community setting. Maximum opportunity for correct practice of skill in the context of use  
190 develops new neural pathways which ensure ongoing skill use and avoidance of re-  
191 hospitalization and long term care.

192 (b) Any contract between a subscriber and the corporation under an individual or group  
193 hospital service plan which is delivered, issued or renewed within the commonwealth shall  
194 provide coverage for medically necessary treatment related to or as a result of an acquired brain  
195 injury. Medically necessary treatment shall include, but is not limited to, cognitive rehabilitation  
196 therapy; cognitive communication therapy; neurocognitive therapy and rehabilitation;  
197 neurobehavioral, neurophysiological, neuropsychological and psychophysiological testing and  
198 treatment; neurofeedback therapy; functional rehabilitation therapy and remediation; community  
199 reintegration services; post-acute residential treatment services; inpatient services; outpatient and  
200 day treatment services; home and community based treatment. The benefits in this section shall  
201 not include any lifetime limitation or unreasonable annual limitation of the number of days or  
202 sessions of treatment services. Any limitations shall be separately stated by the insurer. The

203 benefits in this section shall not be subject to any greater deductible, coinsurance, copayments, or  
204 out-of-pocket limits than any other benefit provided by the insurer.

205 (c) The commissioner of insurance shall require a health benefit plan issuer to provide  
206 adequate training to personnel responsible for preauthorization of coverage or utilization review  
207 for services under this section, in consultation with the Brain Injury Association of  
208 Massachusetts.

209 (d) Individual practitioners and treatment facilities shall be qualified to provide acute care  
210 and post-acute care rehabilitation services through possession of the appropriate licenses,  
211 accreditation, training and experience deemed customary and routine in the trade practice.

212 SECTION 4. Chapter 176B of the General Laws, as so appearing, is hereby amended by  
213 inserting after section 4KK the following section:-

214 Section 4LL. (a) For purposes of this section, the following terms shall have the  
215 following meanings:-

216 “Acquired brain injury (ABI)” is any injury to the brain which occurs after birth and can  
217 be caused by infectious diseases, metabolic disorders, endocrine disorders or diminished oxygen,  
218 brain tumors, toxins, disease that affects the blood supply to the brain, stroke or a traumatic brain  
219 injury.

220 “Cognitive communication therapy” treats problems with communication which have an  
221 underlying cause in a cognitive deficit rather than a primary language or speech deficit.

222 “Cognitive rehabilitation therapy (CRT)” is a process of relearning cognitive skills  
223 essential for daily living through the coordinated specialized, integrated therapeutic treatments

224 which are provided in dynamic settings designed for efficient and effective re-learning following  
225 damage to brain cells or brain chemistry due to brain injury.

226 “Community reintegration services” provide incremental guided real-world therapeutic  
227 training to develop skills essential for an individual to participate in life: to re-enter employment;  
228 to go to school and engage in other productive activity; to safely live independently; and to  
229 participate in their community while avoiding re-hospitalization and long term support needs.

230 “Functional rehabilitation therapy and remediation” is a structured approach to  
231 rehabilitation for brain disorders which emphasizes learning by doing, and focuses re-learning a  
232 specific task in a prescribed format, with maximum opportunity for repeated correct practice.  
233 Compensatory strategies are developed for those skills which are persistently impaired and  
234 individuals are trained on daily implementation. To ensure acquisition and use, focus is set on re-  
235 learning those skills essential for safe on daily living in the environment in which they will be  
236 used: home and community settings.

237 “Medical necessity” or “medically necessary,” health care services that are consistent  
238 with generally accepted principles of professional medical practice.

239 “Neurobehavioral therapy” is a set of medical and therapeutic assessment and treatments  
240 focused on behavioral impairments associated with brain disease or injury and the amelioration  
241 of these impairments through the development of pro-social behavior.

242 “Neurocognitive therapy” is treatment of disorders in which the primary clinical deficit is  
243 in cognitive function which has not been present since birth and is a decline from a previously  
244 attained level of function.

245 “Neurofeedback therapy” is a direct training of brain function to enhance self-regulatory  
246 capacity or an individual’s ability to exert control over behavior, thoughts and feelings. It is a  
247 form of biofeedback whereby a patient can learn to control brain activity that is measured and  
248 recorded by an electroencephalogram.

249 “Neuropsychological testing” is a set of medical and therapeutic assessment and  
250 treatments focused on amelioration of cognitive, emotional, psychosocial and behavioral deficits  
251 caused by brain injury;

252 “Psychophysiological testing and treatment” is a set of medical and therapeutic  
253 assessment and treatments focused on psychophysiological disorders or physical disorders with  
254 psychological overlay.

255 “Post-acute residential treatment” includes integrated medical and therapeutic services,  
256 treatment, education, and skills training within a 24/7 real-world environment of care, – a home  
257 and community setting. Maximum opportunity for correct practice of skill in the context of use  
258 develops new neural pathways which ensure ongoing skill use and avoidance of re-  
259 hospitalization and long term care.

260 (b) Any subscription certificate under an individual or group medical service agreement  
261 delivered, issued or renewed within the commonwealth shall provide coverage for medically  
262 necessary treatment related to or as a result of an acquired brain injury. Medically necessary  
263 treatment shall include, but is not limited to, cognitive rehabilitation therapy; cognitive  
264 communication therapy; neurocognitive therapy and rehabilitation; neurobehavioral,  
265 neurophysiological, neuropsychological and psychophysiological testing and treatment;  
266 neurofeedback therapy; functional rehabilitation therapy and remediation; community

267 reintegration services; post-acute residential treatment services; inpatient services; outpatient and  
268 day treatment services; home and community based treatment. The benefits in this section shall  
269 not include any lifetime limitation or unreasonable annual limitation of the number of days or  
270 sessions of treatment services. Any limitations shall be separately stated by the insurer. The  
271 benefits in this section shall not be subject to any greater deductible, coinsurance, copayments, or  
272 out-of-pocket limits than any other benefit provided by the insurer.

273 (c) The commissioner of insurance shall require a health benefit plan issuer to provide  
274 adequate training to personnel responsible for preauthorization of coverage or utilization review  
275 for services under this section, in consultation with the Brain Injury Association of  
276 Massachusetts.

277 (d) Individual practitioners and treatment facilities shall be qualified to provide acute care  
278 and post-acute care rehabilitation services through possession of the appropriate licenses,  
279 accreditation, training and experience deemed customary and routine in the trade practice.

280 SECTION 5. Chapter 176G of the General Laws, as so appearing, is hereby amended by  
281 inserting after section 4CC the following section:-

282 Section 4DD. (a) For purposes of this section, the following terms shall have the  
283 following meanings:-

284 “Acquired brain injury (ABI)” is any injury to the brain which occurs after birth and can  
285 be caused by infectious diseases, metabolic disorders, endocrine disorders or diminished oxygen,  
286 brain tumors, toxins, disease that affects the blood supply to the brain, stroke or a traumatic brain  
287 injury.

288           “Cognitive communication therapy” treats problems with communication which have an  
289 underlying cause in a cognitive deficit rather than a primary language or speech deficit.

290           “Cognitive rehabilitation therapy (CRT)” is a process of relearning cognitive skills  
291 essential for daily living through the coordinated specialized, integrated therapeutic treatments  
292 which are provided in dynamic settings designed for efficient and effective re-learning following  
293 damage to brain cells or brain chemistry due to brain injury.

294           “Community reintegration services” provide incremental guided real-world therapeutic  
295 training to develop skills essential for an individual to participate in life: to re-enter employment;  
296 to go to school or engage in other productive activity; to safely live independently; and to  
297 participate in their community while avoiding re-hospitalization and long term support needs.

298           “Functional rehabilitation therapy and remediation” is a structured approach to  
299 rehabilitation for brain disorders which emphasizes learning by doing, and focuses re-learning a  
300 specific task in a prescribed format, with maximum opportunity for repeated correct practice.  
301 Compensatory strategies are developed for those skills which are persistently impaired and  
302 individuals are trained on daily implementation. To ensure acquisition and use, focus is set on re-  
303 learning those skills essential for safe daily living in the environment in which they will be used:  
304 home and community settings.

305           “Medical necessity” or “medically necessary,” health care services that are consistent  
306 with generally accepted principles of professional medical practice.

307           “Neurobehavioral therapy” is a set of medical and therapeutic assessment and treatments  
308 focused on behavioral impairments associated with brain disease or injury and the amelioration  
309 of these impairments through the development of pro-social behavior.

310 “Neurocognitive therapy” is treatment of disorders in which the primary clinical deficit is  
311 in cognitive function which has not been present since birth and is a decline from a previously  
312 attained level of function.

313 “Neurofeedback therapy” is a direct training of brain function to enhance self-regulatory  
314 capacity or an individual’s ability to exert control over behavior, thoughts and feelings. It is a  
315 form of biofeedback whereby a patient can learn to control brain activity that is measured and  
316 recorded by an electroencephalogram.

317 “Neuropsychological testing” is a set of medical and therapeutic assessment and  
318 treatments focused on amelioration of cognitive, emotional, psychosocial and behavioral deficits  
319 caused by brain injury.

320 “Psychophysiological testing and treatment” is a set of medical and therapeutic  
321 assessment and treatments focused on psychophysiological disorders or physical disorders with  
322 psychological overlay.

323 “Post-acute residential treatment” includes integrated medical and therapeutic services,  
324 treatment, education, and skills training within a 24/7 real-world environment of care– a home  
325 and community setting. Maximum opportunity for correct practice of skill in the context of use  
326 develops new neural pathways which ensure ongoing skill use and avoidance of re-  
327 hospitalization and long term care.

328 (b) Any individual or group health maintenance contract shall provide coverage for  
329 medically necessary treatment related to or as a result of an acquired brain injury. Medically  
330 necessary treatment shall include, but is not limited to, cognitive rehabilitation therapy; cognitive  
331 communication therapy; neurocognitive therapy and rehabilitation; neurobehavioral,

332 neurophysiological, neuropsychological and psychophysiological testing and treatment;  
333 neurofeedback therapy; functional rehabilitation therapy and remediation; community  
334 reintegration services; post-acute residential treatment services; inpatient services; outpatient and  
335 day treatment services; home and community based treatment. The benefits in this section shall  
336 not include any lifetime limitation or unreasonable annual limitation of the number of days or  
337 sessions of treatment services. Any limitations shall be separately stated by the insurer. The  
338 benefits in this section shall not be subject to any greater deductible, coinsurance, copayments, or  
339 out-of-pocket limits than any other benefit provided by the insurer.

340 (c) The commissioner of insurance shall require a health benefit plan issuer to provide  
341 adequate training to personnel responsible for preauthorization of coverage or utilization review  
342 for services under this section, in consultation with the Brain Injury Association of  
343 Massachusetts.

344 (d) Individual practitioners and treatment facilities shall be qualified to provide acute care  
345 and post-acute care rehabilitation services through possession of the appropriate licenses,  
346 accreditation, training and experience deemed customary and routine in the trade practice.