

The Commonwealth of Massachusetts

PRESENTED BY:

Ruth B. Balser and Tricia Farley-Bouvier

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 the continuity of care of mental health treatment.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
Ruth B. Balser	12th Middlesex	1/14/2019
Tricia Farley-Bouvier	3rd Berkshire	1/15/2019
Joanne M. Comerford	Hampshire, Franklin and Worcester	1/29/2019
Louis L. Kafka	8th Norfolk	1/23/2019
Carlos González	10th Hampden	1/23/2019
David Paul Linsky	5th Middlesex	1/24/2019
Michael O. Moore	Second Worcester	1/24/2019
Christine P. Barber	34th Middlesex	1/25/2019
Sean Garballey	23rd Middlesex	1/28/2019
Michael S. Day	31st Middlesex	1/28/2019
Kevin G. Honan	17th Suffolk	1/29/2019
Angelo M. Scaccia	14th Suffolk	1/29/2019
Rebecca L. Rausch	Norfolk, Bristol and Middlesex	1/30/2019
Kay Khan	11th Middlesex	1/30/2019
Liz Miranda	5th Suffolk	1/30/2019
José F. Tosado	9th Hampden	1/31/2019
Mindy Domb	3rd Hampshire	1/31/2019
Elizabeth A. Malia	11th Suffolk	1/31/2019

Denise Provost	27th Middlesex	1/31/2019
James B. Eldridge	Middlesex and Worcester	1/31/2019
Natalie M. Blais	1st Franklin	2/1/2019
Tami L. Gouveia	14th Middlesex	2/1/2019
Lindsay N. Sabadosa	1st Hampshire	2/1/2019

HOUSE DOCKET, NO. 1036 FILED ON: 1/15/2019

By Representatives Balser of Newton and Farley-Bouvier of Pittsfield, a petition (accompanied by bill, House, No. 907) of Ruth B. Balser, Tricia Farley-Bouvier and others relative to the continuity of care for mental health treatment. Financial Services.

[SIMILAR MATTER FILED IN PREVIOUS SESSION SEE HOUSE, NO. 484 OF 2017-2018.]

The Commonwealth of Massachusetts

In the One Hundred and Ninety-First General Court (2019-2020)

An Act relative to the continuity of care of mental health 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. Section 1 of chapter 1760 of the General Laws, as appearing in the 2006

2 Official Edition, is hereby amended by inserting after the definition of "Concurrent review" the

- 3 following definition:-
- 4 "Continuing course of treatment", having at least one visit in the past four months for the

5 same or similar mental health diagnosis or set of symptoms.

- 6 SECTION 2. Section 15 of said chapter 176O, as so appearing, is hereby amended by
- 7 striking out the title "Continued treatment by involuntarily disenrolled physicians and providers;
- 8 specialty health care coverage" and inserting in place thereof the following title:-

9 Continued treatment by out-of-network physicians and providers; specialty health care
10 coverage.

SECTION 3. Section 15 of said chapter 176O, as so appearing, is hereby further
amended by inserting after subsection (k) the following subsection:(1) A carrier shall allow any insured who is engaged in a continuing course of treatment
with a licensed mental health provider eligible for coverage under the plan, and whose provider
in connection with said mental health treatment is involuntarily or voluntarily disenrolled, other

than for quality-related reasons or for fraud, or whose carrier has changed for any reason thereby
placing the provider out-of-network, to continue treatment with said provider through an out-ofnetwork option, pursuant to the following:

(1) The carrier shall reimburse the licensed mental health care professional the usual
network per-unit reimbursement rate for the relevant service and provider type as payment in
full. If more than one reimbursement rate exists, the carrier shall use the median reimbursement
rate.

(2) The non-network option may require that a covered person pay a higher co-payment
only if the higher co-payment results from increased costs caused by the use of a non-network
provider. The carrier shall provide an actuarial demonstration of the increased costs to the
division of health care finance and policy at the commissioner's request. If the increased costs
are not justified, the commissioner shall require the carrier to recalculate the appropriate costs
allowed and resubmit the appropriate co-payment to the division of health care finance and
policy.

2 of 3

30 (3) No additional charges, costs or deductibles may be levied due to the exercise of the
31 out-of-network option. The amount of any additional co-payment charged by the carrier for the
32 additional cost of the creation and maintenance of coverage described in subsection (1) of this
33 section shall be paid by the covered person unless it is paid by an employer or other person
34 through agreement with the carrier.

35 SECTION 4. Subsection (e) of section 15 of said chapter 176O, as so appearing, is 36 hereby amended by striking out, in lines 37-38, the words "that could have been imposed if the 37 provider had not been disenrolled;" and inserting the following words:- permitted under this 38 section;

39 SECTION 5. Subsection (e) of section 15 of said chapter 1760, as so appearing, is
40 hereby further amended by striking out, in line 45, the word "remained" and inserting the
41 following words:- had been