HOUSE DOCKET, NO. 1322 FILED ON: 2/5/2021

HOUSE . . . . . No. 1083

The Commonwealth of Massachusetts

PRESENTED BY:

Michael J. Finn

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 insurance coverage of mobile integrated health.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
Michael J. Finn	*6th Hampden*	*2/5/2021*
Brian W. Murray	*10th Worcester*	*2/26/2021*

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HOUSE . . . . . No. 1083

By Mr. Finn of West Springfield, a petition (accompanied by bill, House, No. 1083) of Michael J. Finn and Brian W. Murray relative to insurance coverage of mobile integrated health. Financial Services.

The Commonwealth of Massachusetts

In the One Hundred and Ninety-Second General Court
(2021-2022)

An Act relative to insurance coverage of mobile integrated health.

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, as appearing in the 2018 Official Edition, is hereby amended by inserting after section 17O the following new section:-

Section 17OO. The group insurance commission and any carrier as defined in section 1 of chapter 176O or other entity which contracts with the commission to provide health benefits to eligible employees and retirees and their eligible dependents shall not decline to provide coverage for medical, behavioral or health care services solely on the basis that those services were delivered by a health care provider, as defined in section 1 of chapter 111O, participating in a mobile integrated health care program approved by the department of public health pursuant to chapter 111O. Medical, behavioral or health care services delivered by way of an approved mobile integrated health care program shall be covered to the same extent as if they were provided in a health care facility, as defined in section 1 of chapter 111O, and the rates of payments for otherwise covered services shall not be reduced on the grounds that those services

were delivered by a health care provider participating in an approved mobile integrated health care program. A contract that provides coverage for care delivered may contain a provision for a deductible, copayment or coinsurance requirement for a service provided by a health care provider participating in an approved mobile integrated health care program as long as the deductible, copayment or coinsurance does not exceed the deductible, copayment or coinsurance applicable to delivery of the same services within a health care facility.

SECTION 2. Chapter 111C of the General Laws, as so appearing, is hereby amended by adding the following subsection:-

(c) MIH programs that are focused on behavioral health services shall not be subject to application and registration fees.

SECTION 3. Chapter 118E of the General Laws, as so appearing, is hereby amended by inserting after section 10K the following new section:-

Section 10KK. The division and its contracted health insurers, health plans, health maintenance organizations, behavioral health management firms and third party administrators under contract to a Medicaid managed care organization, the Medicaid primary care clinician plan, or an accountable care organization shall not decline to provide coverage for medical, behavioral or health care services solely on the basis that those services were delivered by a health care provider, as defined in section 1 of chapter 111O, participating in a mobile integrated health care program approved by the department of public health pursuant to chapter 111O. Medical, behavioral or health care services delivered by way of an approved mobile integrated health care program shall be covered to the same extent as if they were provided in a health care facility, as defined in section 1 of chapter 111O, and the rates of payments for otherwise covered

services shall not be reduced on the grounds that those services were delivered by a health care provider participating in an approved mobile integrated health care program. A contract that provides coverage for care delivered may contain a provision for a deductible, copayment or coinsurance requirement for a service provided by a health care provider participating in an approved mobile integrated health care program as long as the deductible, copayment or coinsurance does not exceed the deductible, copayment or coinsurance applicable to delivery of the same services within a health care facility.

SECTION 4. Chapter 175 of the General Laws, as so appearing, is hereby amended by inserting after section 47II the following new section:-

Section 47III. Any policy, contract, agreement, plan or certificate of insurance issued, delivered or renewed within the commonwealth, shall not decline to provide coverage for medical, behavioral or health care services solely on the basis that those services were delivered by a health care provider, as defined in section 1 of chapter 111O, participating in a mobile integrated health care program approved by the department of public health pursuant to chapter 111O. Medical, behavioral or health care services delivered by way of an approved mobile integrated health care program shall be covered to the same extent as if they were provided in a health care facility, as defined in section 1 of chapter 111O, and the rates of payments for otherwise covered services shall not be reduced on the grounds that those services were delivered by a health care provider participating in an approved mobile integrated health care program. A contract that provides coverage for care delivered may contain a provision for a deductible, copayment or coinsurance requirement for a service provided by a health care provider participating in an approved mobile integrated health care program as long as the deductible,

copayment or coinsurance does not exceed the deductible, copayment or coinsurance applicable to delivery of the same services within a health care facility.

SECTION 5. Chapter 176A of the General Laws, as so appearing, is hereby amended by inserting after section 8L the following new section:-

Section 8LL. 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 shall not decline to provide coverage for medical, behavioral or health care services delivered by a health care provider, as defined in section 1 of chapter 111O, participating in a mobile integrated health care program approved by the department of public health pursuant to chapter 111O. Medical, behavioral or health care services delivered by way of an approved mobile integrated health care program shall be covered to the same extent as if they were provided in a health care facility, as defined in section 1 of chapter 111O, and the rates of payments for otherwise covered services shall not be reduced on the grounds that those services were delivered by a health care provider participating in an approved mobile integrated health care program. A contract that provides coverage for care delivered may contain a provision for a deductible, copayment or coinsurance requirement for a service provided by a health care provider participating in an approved mobile integrated health care program as long as the deductible, copayment or coinsurance does not exceed the deductible, copayment or coinsurance applicable to delivery of the same services within a health care facility.

SECTION 6. Chapter 176B of the General Laws, as so appearing, is hereby amended by inserting after section 4L the following new section:-

Section 4LL. Any subscription certificate under an individual or group medical service agreement delivered, issued or renewed within the commonwealth shall not decline to provide coverage for medical, behavioral or health care services delivered by a health care provider, as defined in section 1 of chapter 111O, participating in a mobile integrated health care program approved by the department of public health pursuant to chapter 111O. Medical, behavioral or health care services delivered by way of an approved mobile integrated health care program shall be covered to the same extent as if they were provided in a health care facility, as defined in section 1 of chapter 111O, and the rates of payments for otherwise covered services shall not be reduced on the grounds that those services were delivered by a health care provider participating in an approved mobile integrated health care program. A contract that provides coverage for care delivered may contain a provision for a deductible, copayment or coinsurance requirement for a service provided by a health care provider participating in an approved mobile integrated health care program as long as the deductible, copayment or coinsurance does not exceed the deductible, copayment or coinsurance applicable to delivery of the same services within a health care facility.

SECTION 7. Chapter 176G of the General Laws, as so appearing, is hereby amended by inserting after section 4C the following new section:-

Section 4CC. Any individual or group health maintenance contract that is issued or renewed shall not decline to provide coverage for medical, behavioral or health care services delivered by a health care provider, as defined in section 1 of chapter 111O, participating in a mobile integrated health care program approved by the department of public health pursuant to chapter 111O. Medical, behavioral, or health care services delivered by way of an approved mobile integrated health care program shall be covered to the same extent as if they were

provided in a health care facility, as defined in section 1 of chapter 111O, and the rates of payments for otherwise covered services shall not be reduced on the grounds that those services were delivered by a health care provider participating in an approved mobile integrated health care program. A contract that provides coverage for care delivered may contain a provision for a deductible, copayment or coinsurance requirement for a service provided by a health care provider participating in an approved mobile integrated health care program as long as the deductible, copayment or coinsurance does not exceed the deductible, copayment or coinsurance applicable to delivery of the same services within a health care facility.

SECTION 8. Chapter 176I of the General Laws, as so appearing, is hereby amended by inserting after section 12 the following new section:-

Section 13. An organization entering into a preferred provider contract shall not decline to provide coverage for medical, behavioral or health care services delivered by a health care provider, as defined in section 1 of chapter 111O, participating in a mobile integrated health care program approved by the department of public health pursuant to chapter 111O. Medical, behavioral, or health care services delivered by way of an approved mobile integrated health care program shall be covered to the same extent as if they were provided in a health care facility, as defined in section 1 of chapter 111O, and the rates of payments for otherwise covered services shall not be reduced on the grounds that those services were delivered by a health care provider participating in an approved mobile integrated health care program. A contract that provides coverage for care delivered may contain a provision for a deductible, copayment or coinsurance requirement for a service provided by a health care provider participating in an approved mobile integrated health care program as long as the deductible, copayment or coinsurance does not

exceed the deductible, copayment or coinsurance applicable to delivery of the same services within a health care facility.