

**HOUSE . . . . . No. 1291**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

*Elizabeth A. Malia*

*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 equitable access to behavioral health services for MassHealth consumers.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Elizabeth A. Malia</i>	<i>11th Suffolk</i>	<i>2/19/2021</i>

**HOUSE . . . . . No. 1291**

By Ms. Malia of Boston, a petition (accompanied by bill, House, No. 1291) of Elizabeth A. Malia relative to access to behavioral health services for MassHealth consumers. Health Care Financing.

**The Commonwealth of Massachusetts**

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

An Act providing equitable access to behavioral health services for MassHealth consumers.

*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 12 of chapter 118E of the General Laws, as appearing in the 2018  
2 Official Edition, is hereby amended by inserting at the end of the ninth paragraph the following:-

3 The Division shall certify and ensure that all contracted accountable care organizations,  
4 contracted health insurers, health plans, health maintenance organizations, and behavioral health  
5 management firms and third-party administrators under contract to a Medicaid managed care  
6 organization or primary care clinician plan provide equal access to behavioral health services,  
7 benefits, and medications of comparable quality in providing medical assistance to recipients.

8 The Division shall obtain the approval of the Secretary of the Executive Office of Health  
9 and Human Services for all behavioral health services, benefits, and medications, including but  
10 not limited to policies, protocols, standards, contract specifications, utilization review and  
11 utilization management criteria and outcome measurements, used by all contracted accountable  
12 care organizations, contracted insurers, health plans, health maintenance organizations,

13 behavioral health management firms and third party administrators under contract to a Medicaid  
14 managed care organization or primary care clinician plan.

15 Notwithstanding the foregoing, all contracted accountable care organizations, contracted  
16 health insurers, health plans, health maintenance organizations and behavioral health  
17 management firms and third-party administrators under contract to a Medicaid managed care  
18 clinician plan shall submit its method of determining reimbursement levels to all network  
19 inpatient mental health and substance use providers and how such methodology is sufficient to  
20 meet the costs of providing inpatient care. Such method shall include but not be limited to the  
21 range of payment amounts; including the median payment levels and how such payments are  
22 regularly updated. Such method shall be submitted to the Division and the House and Senate  
23 Committees of Ways and Means; the Committee on Health Care Financing, and the Committee  
24 on Mental Health, Substance Use and Recovery no later than 90 days after the effective date of  
25 this act.