HOUSE DOCKET, NO. 1512 FILED ON: 2/9/2021

HOUSE . . . . . No. 2078

The Commonwealth of Massachusetts

PRESENTED BY:

Michael S. Day

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 to promote high value and evidence-based behavioral health care.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
Michael S. Day	*31st Middlesex*	*2/9/2021*

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HOUSE . . . . . No. 2078

By Mr. Day of Stoneham, a petition (accompanied by bill, House, No. 2078) of Michael S. Day for legislation to promote high value and evidence-based behavioral health care. Mental Health, Substance Use and Recovery.

The Commonwealth of Massachusetts

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

An Act to promote high value and evidence-based behavioral health care.

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 6D of the General Laws is hereby amended by inserting after Section 19 the following new section:-

Section 20. Study on Evidence-Based Practice.

The commission, in consultation with the center for health information and analysis, the department of public health, and the department of mental health, shall conduct a study on the variation of the practice of behavioral health providers in the commonwealth, across the full continuum of care, and shall issue a report, not later than December 31, 2022. The review shall be posted on the commission's website and shall be filed with the clerks of the house of representatives and the senate, and the joint committee on mental health and substance abuse.

In measuring adherence to evidence-based standards, the analysis shall include, but not be limited to: (i) adherence to evidence-based standards of care, as appropriate for each level of care, (ii) performance on quality and outcome measures, and (iii) patient access to appropriate

discharge planning and transitions throughout the full continuum of care. The report shall include an examination of any gaps in the availability of data, quality metrics, or other means of measuring provider performance related to outcomes and quality. The report shall make recommendations for improving the availability of data collection and the measurement of behavioral health quality and outcomes, and recommendations related to improving quality and outcomes for patients.

SECTION 2. Section 15 of Chapter 6D of the General Laws is hereby amended by striking paragraph (b) in its entirety and replace it with the following new language:-

(b) The commission shall establish minimum standards for certified ACOs. A certified ACO shall: (i) be organized or registered as a separate legal entity from its ACO participants; (ii) have a governance structure that includes an administrative officer, a medical officer, and patient or consumer representation; (iii) receive reimbursements or compensation from alternative payment methodologies; (iv) have functional capabilities to coordinate financial payments amongst its providers; (v) have significant implementation of interoperable health information technology, as determined by the commission, for the purposes of care delivery coordination and population management; (vi) develop and file an internal appeals plan as required for risk-bearing provider organizations under section 24 of chapter 176O; provided, that said plan shall be approved by the office of patient protection; provided further, that the plan shall be a part of a membership packet for newly enrolled individuals; (vii) provide medically necessary services across the care continuum including behavioral and physical health services, as determined by the commission through regulations, internally or through contractual agreements; provided, that any medically necessary service that is not internally available shall be provided to a patient through services outside the ACO; (viii) develop guidelines for the delivery of evidence-based

delivery of behavioral health services, including but not limited to, 24/7 access to treatment and services, 24/7 admissions and discharges, treatment and discharge planning, adherence to evidence-based standards of care, compliance with quality and outcome measures, and communication and coordination with all treating providers and payers; (ix) implement systems that allow ACO participants to report the pricing of services, as defined by the commission through regulations; further provided that ACO participants shall have the ability to provide patients with relevant price information when contemplating their care and potential referrals; (x) submit a report to the commission detailing the percentage of total health care expenditures that are paid to behavioral health providers; (xi) obtain a risk certificate from the division of insurance under chapter 176U; and (xii) shall engage patients in shared decision-making, including, but not limited to, shared-decision making on palliative care and long-term care services and supports.