

**SENATE . . . . . No. 1295**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

***John F. Keenan***

*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 remove administrative barriers to behavioral health services.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>John F. Keenan</i>	<i>Norfolk and Plymouth</i>	
<i>Elizabeth A. Malia</i>	<i>11th Suffolk</i>	<i>2/24/2021</i>

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By Mr. Keenan, a petition (accompanied by bill, Senate, No. 1295) of John F. Keenan and Elizabeth A. Malia for legislation to remove administrative barriers to behavioral health services. Mental Health, Substance Use and Recovery.

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[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE SENATE, NO. 1153 OF 2019-2020.]

**The Commonwealth of Massachusetts**

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

An Act to remove administrative barriers to behavioral health services.

*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 19 of chapter 118E of the General Laws, as appearing in the 2018 Official  
2 Edition, is hereby amended by adding after the first paragraph, the following new paragraph:-

3           The division and its contracted health insurers, health plans, health maintenance  
4 organizations, behavioral health management firms and third party administrators under contract  
5 to a Medicaid managed care organization or primary care clinician plan shall not require  
6 preauthorization or prior authorization before obtaining medically necessary mental health  
7 services within an inpatient psychiatric facility, a community health center, a community mental  
8 health center, an outpatient substance use disorder provider, a hospital outpatient department, a  
9 community based acute treatment program, or an intensive community based acute treatment  
10 program; provided that the facility or provider shall provide the division or its contractors

11 notification of admission within 48 hours of admission; provided further, that utilization review  
12 procedures may be initiated after 48 hours of admission; and provided further, that Emergency  
13 Service Program teams, so-called, as contracted through MassHealth to conduct behavioral  
14 health screenings, shall not be considered a preauthorization or prior authorization requirement  
15 pursuant to any admission under this section. Medical necessity shall be determined by the  
16 treating healthcare provider and noted in the member's medical record.