

**SENATE . . . . . No. 636**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

*Joanne M. Comerford*

*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 continuity of care for mental health treatment.

PETITION OF:

| NAME:                      | DISTRICT/ADDRESS:                        |                  |
|----------------------------|--|------------------|
| <i>Joanne M. Comerford</i> | <i>Hampshire, Franklin and Worcester</i> |                  |
| <i>Ruth B. Balsler</i>     | <i>12th Middlesex</i>                    | <i>2/3/2021</i>  |
| <i>Michael O. Moore</i>    | <i>Second Worcester</i>                  | <i>3/2/2021</i>  |
| <i>Thomas M. Stanley</i>   | <i>9th Middlesex</i>                     | <i>3/4/2021</i>  |
| <i>Elizabeth A. Malia</i>  | <i>11th Suffolk</i>                      | <i>3/16/2021</i> |
| <i>John J. Cronin</i>      | <i>Worcester and Middlesex</i>           | <i>3/31/2021</i> |

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By Ms. Comerford, a petition (accompanied by bill, Senate, No. 636) of Joanne M. Comerford, Ruth B. Balsler, Michael O. Moore, Thomas M. Stanley and other members of the General Court for legislation relative to the continuity of care for mental health treatment. Financial Services.

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[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE SENATE, NO. 555 OF 2019-2020.]

**The Commonwealth of Massachusetts**

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

An Act providing continuity of care for 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 176O of the General Laws is hereby amended by  
2 inserting after the definition of “Concurrent review” the following definition:-

3 “Continuing course of treatment”, having at least 1 visit in the past 4 months for the same  
4 or similar mental health diagnosis or set of symptoms.

5 SECTION 2. Subsection (e) of section 15 of said chapter 176O is hereby amended by  
6 striking out the words “that could have been imposed if the provider had not been disenrolled;”  
7 and inserting in place thereof the following words:- permitted under this section;.

8 SECTION 3. The second sentence of said subsection (e) of said section 15 of said chapter  
9 176O is hereby further amended by striking out the word “remained” and inserting in place  
10 thereof the following words:- had been.

11 SECTION 4. Section 15 of said chapter 176O is hereby further amended by adding after  
12 subsection (k) the following subsection:-

13 (l) A carrier shall allow any insured who is engaged in a continuing course of treatment  
14 with a licensed mental health provider eligible for coverage under the plan, and whose provider  
15 in connection with the mental health treatment is involuntarily or voluntarily disenrolled, other  
16 than for quality-related reasons or for fraud, or whose carrier has changed for any reason thereby  
17 placing the provider out-of-network, to continue treatment with the provider through an out-of-  
18 network option, pursuant to the following:

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

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

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) shall be  
33 paid by the covered person unless it is paid by an employer or other person through agreement  
34 with the carrier.