

HOUSE No. 936**The Commonwealth of Massachusetts**

PRESENTED BY:

Ruth B. Balser and Tricia Farley-Bouvier*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:	DATE ADDED:
<i>Ruth B. Balser</i>	<i>12th Middlesex</i>	<i>1/18/2023</i>
<i>Tricia Farley-Bouvier</i>	<i>2nd Berkshire</i>	<i>1/18/2023</i>
<i>John F. Keenan</i>	<i>Norfolk and Plymouth</i>	<i>1/18/2023</i>
<i>James C. Arena-DeRosa</i>	<i>8th Middlesex</i>	<i>1/25/2023</i>
<i>Lindsay N. Sabadosa</i>	<i>1st Hampshire</i>	<i>1/25/2023</i>
<i>Tram T. Nguyen</i>	<i>18th Essex</i>	<i>1/25/2023</i>
<i>Rodney M. Elliott</i>	<i>16th Middlesex</i>	<i>1/25/2023</i>
<i>Vanna Howard</i>	<i>17th Middlesex</i>	<i>2/2/2023</i>
<i>Mary S. Keefe</i>	<i>15th Worcester</i>	<i>2/7/2023</i>
<i>Carlos González</i>	<i>10th Hampden</i>	<i>3/29/2023</i>
<i>Christopher Richard Flanagan</i>	<i>1st Barnstable</i>	<i>6/28/2023</i>
<i>Rebecca L. Rausch</i>	<i>Norfolk, Worcester and Middlesex</i>	<i>7/11/2023</i>
<i>Ryan M. Hamilton</i>	<i>15th Essex</i>	<i>12/3/2023</i>

HOUSE No. 936

By Representatives Balser of Newton and Farley-Bouvier of Pittsfield, a petition (accompanied by bill, House, No. 936) of Ruth B. Balser, Tricia Farley-Bouvier and others relative to providing continuity of care for mental health treatment insurance coverage. Financial Services.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE HOUSE, NO. 1039 OF 2021-2022.]

The Commonwealth of Massachusetts

In the One Hundred and Ninety-Third General Court
(2023-2024)

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;.

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

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

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

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

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