

SENATE No. 759

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 requiring equitable access to behavioral health services for MassHealth consumers.

PETITION OF:

NAME:

John F. Keenan

DISTRICT/ADDRESS:

Norfolk and Plymouth

SENATE No. 759

By Mr. Keenan, a petition (accompanied by bill, Senate, No. 759) of John F. Keenan for legislation to provide equitable access to behavioral health for MassHealth consumers. Health Care Financing.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE SENATE, NO. 776 OF 2021-2022.]

The Commonwealth of Massachusetts

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

An Act requiring 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 2020
2 Official Edition, is hereby amended by inserting after the ninth paragraph the following
3 paragraphs:-

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

9 The division shall obtain the approval of the secretary of the executive office of health
10 and human services for all behavioral health services, benefits, and medications, including, but
11 not limited to, policies, protocols, standards, contract specifications, utilization review and
12 utilization management criteria and outcome measurements, used by all contracted accountable
13 care organizations, contracted insurers, health plans, health maintenance organizations,
14 behavioral health management firms and third party administrators under contract to a Medicaid
15 managed care organization or primary care clinician plan.

16 Notwithstanding the provision of any general or special law to the contrary, all contracted
17 accountable care organizations, contracted health insurers, health plans, health maintenance
18 organizations and behavioral health management firms and third-party administrators under
19 contract to a Medicaid managed care clinician plan shall submit its method of determining
20 reimbursement levels to all network inpatient mental health and substance use providers and how
21 such methodology is sufficient to meet the costs of providing inpatient care. Such method shall
22 include, but not be limited to, the range of payment amounts including the median payment
23 levels and how such payments are regularly updated. A report including this information shall be
24 submitted to the division and the house and senate committees on ways and means; the
25 committee on health care financing, and the committee on mental health, substance use and
26 recovery no later than 90 days after the effective date of this act.