

HOUSE No. 1151

The Commonwealth of Massachusetts

PRESENTED BY:

Kimberly N. Ferguson

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 relative to cognitive rehabilitation for individuals with an acquired brain injury.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Kimberly N. Ferguson</i>	<i>1st Worcester</i>	<i>1/13/2025</i>
<i>James C. Arena-DeRosa</i>	<i>8th Middlesex</i>	<i>2/12/2025</i>
<i>Michael D. Brady</i>	<i>Second Plymouth and Norfolk</i>	<i>2/27/2025</i>
<i>David F. DeCoste</i>	<i>5th Plymouth</i>	<i>1/22/2025</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>	<i>1/27/2025</i>
<i>Rodney M. Elliott</i>	<i>16th Middlesex</i>	<i>1/31/2025</i>
<i>Ryan C. Fattman</i>	<i>Worcester and Hampden</i>	<i>4/30/2025</i>
<i>Paul K. Frost</i>	<i>7th Worcester</i>	<i>2/3/2025</i>
<i>Sean Garballey</i>	<i>23rd Middlesex</i>	<i>2/4/2025</i>
<i>Colleen M. Garry</i>	<i>36th Middlesex</i>	<i>1/25/2025</i>
<i>Carmine Lawrence Gentile</i>	<i>13th Middlesex</i>	<i>1/21/2025</i>
<i>Natalie M. Higgins</i>	<i>4th Worcester</i>	<i>1/24/2025</i>
<i>Vanna Howard</i>	<i>17th Middlesex</i>	<i>2/14/2025</i>
<i>Steven S. Howitt</i>	<i>4th Bristol</i>	<i>2/10/2025</i>
<i>Hannah Kane</i>	<i>11th Worcester</i>	<i>1/16/2025</i>
<i>Sally P. Kerans</i>	<i>13th Essex</i>	<i>2/4/2025</i>
<i>David Paul Linsky</i>	<i>5th Middlesex</i>	<i>1/22/2025</i>
<i>Joseph D. McKenna</i>	<i>18th Worcester</i>	<i>1/31/2025</i>

<i>Paul McMurtry</i>	<i>11th Norfolk</i>	<i>2/18/2025</i>
<i>Jacob R. Oliveira</i>	<i>Hampden, Hampshire and Worcester</i>	<i>2/7/2025</i>
<i>Steven Owens</i>	<i>29th Middlesex</i>	<i>1/30/2025</i>
<i>Lindsay N. Sabadosa</i>	<i>1st Hampshire</i>	<i>3/13/2025</i>
<i>Priscila S. Sousa</i>	<i>6th Middlesex</i>	<i>3/19/2025</i>
<i>Thomas M. Stanley</i>	<i>9th Middlesex</i>	<i>4/1/2025</i>
<i>Steven Ultrino</i>	<i>33rd Middlesex</i>	<i>3/5/2025</i>
<i>Marcus S. Vaughn</i>	<i>9th Norfolk</i>	<i>1/31/2025</i>
<i>David T. Vieira</i>	<i>3rd Barnstable</i>	<i>2/5/2025</i>
<i>Richard G. Wells, Jr.</i>	<i>7th Norfolk</i>	<i>5/29/2025</i>
<i>Susannah M. Whipps</i>	<i>2nd Franklin</i>	<i>1/31/2025</i>
<i>Jonathan D. Zlotnik</i>	<i>2nd Worcester</i>	<i>3/14/2025</i>

HOUSE No. 1151

By Representative Ferguson of Holden, a petition (accompanied by bill, House, No. 1151) of Kimberly N. Ferguson and others relative to healthcare insurance coverage for cognitive rehabilitation for individuals with an acquired brain injury. Financial Services.

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-Fourth General Court
(2025-2026)**

An Act relative to cognitive rehabilitation for individuals with an acquired brain injury.

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. Chapter 32A of the General Laws, as appearing in the 2020 Official
2 Edition, is hereby amended by inserting after section 17R the following section:-

3 Section 17S. (a) For purposes of this section, the following terms shall have the following
4 meanings:-

5 “Acquired brain injury (ABI)” is any injury to the brain which occurs after birth and can
6 be caused by infectious diseases, metabolic disorders, endocrine disorders or diminished oxygen,
7 brain tumors, toxins, disease that affects the blood supply to the brain, stroke or a traumatic brain
8 injury.

9 “Cognitive communication therapy” treats problems with communication which have an
10 underlying cause in a cognitive deficit rather than a primary language or speech deficit.

11 “Cognitive rehabilitation therapy (CRT)” is a process of re-learning cognitive skills
12 essential for daily living through the coordinated specialized, integrated therapeutic treatments
13 which are provided in dynamic settings designed for efficient and effective re-learning following
14 damage to brain cells or brain chemistry due to brain injury.

15 “Community reintegration services” provide incremental guided real-world therapeutic
16 training to develop skills essential for an individual to participate in life: to re-enter employment;
17 to go to school and engage in other productive activity; to safely live independently; and to
18 participate in their community while avoiding re-hospitalization and long-term support needs.

19 “Functional rehabilitation therapy and remediation” is a structured approach to
20 rehabilitation for brain disorders which emphasizes learning by doing, and focuses re-learning a
21 specific task in a prescribed format, with maximum opportunity for repeated correct practice.
22 Compensatory strategies are developed for those skills which are persistently impaired and
23 individuals are trained on daily implementation. To ensure acquisition and use, focus is set on re-
24 learning those skills essential for safe daily living in the environment in which they will be used:
25 home and community settings.

26 “Medical necessity” or “medically necessary,” health care services that are consistent
27 with generally accepted principles of professional medical practice.

28 “Neurobehavioral therapy” is a set of medical and therapeutic assessment and treatments
29 focused on behavioral impairments associated with brain disease or injury and the amelioration
30 of these impairments through the development of pro-social behavior.

31 “Neurocognitive therapy” is treatment of disorders in which the primary clinical deficit is
32 in cognitive function which has not been present since birth and is a decline from a previously
33 attained level of function.

34 “Neurofeedback therapy” is a direct training of brain function to enhance self-regulatory
35 capacity or an individual’s ability to exert control over behavior, thoughts and feelings. It is a
36 form of biofeedback whereby a patient can learn to control brain activity that is measured and
37 recorded by an electroencephalogram.

38 “Neuropsychological testing” is a set of medical and therapeutic assessment and
39 treatments focused on amelioration of cognitive, emotional, psychosocial and behavioral deficits
40 caused by brain injury.

41 “Psychophysiological testing and treatment” is a set of medical and therapeutic
42 assessment and treatments focused on psychophysiological disorders or physical disorders with
43 psychological overlay.

44 “Post-acute residential treatment” includes integrated medical and therapeutic services,
45 treatment, education, and skills training within a 24/7 real-world environment of care- a home
46 and community setting. Maximum opportunity to for correct practice of skill in the context of
47 use develops new neural pathways which ensure ongoing skill use and avoidance of re-
48 hospitalization and long-term care.

49 (b) Any coverage offered by the commission to an active or retired employee of the
50 commonwealth insured under the group insurance commission shall provide coverage for
51 medically necessary treatment related to or as a result of an acquired brain injury. Medically
52 necessary treatment shall include, but is not limited to, cognitive rehabilitation therapy; cognitive

53 communication therapy; neurocognitive therapy and rehabilitation; neurobehavioral,
54 neurophysiological, neuropsychological and psychophysiological testing and treatment;
55 neurofeedback therapy; functional rehabilitation therapy and remediation; community
56 reintegration services; post-acute residential treatment services; inpatient services; outpatient and
57 day treatment services; home and community based treatment. The benefits in this section shall
58 not include any lifetime limitation or unreasonable annual limitation of the number of days or
59 sessions of treatment services. A health benefit plan may not deny benefits for the coverage
60 required based solely on the fact that the treatment or services are provided at a facility other
61 than a hospital. Any limitations shall be separately stated by the commission. The benefits in this
62 section shall not be subject to any greater deductible, coinsurance, copayments, or out-of-pocket
63 limits than any other benefit provided by the commission.

64 (c) The commissioner of insurance shall require a health benefit plan issuer to provide
65 adequate training to personnel responsible for preauthorization of coverage or utilization review
66 for services under this section, in consultation with the Brain Injury Association of
67 Massachusetts.

68 (d) Individual practitioners and treatment facilities shall be qualified to provide acute care
69 and post-acute care rehabilitation services through possession of the appropriate licenses,
70 accreditation, training and experience deemed customary and routine in the trade practice,
71 including programs, regulated by the Executive Office of Health and Human Services, which
72 provide services for people with brain injury and accredited programs by the Commission on
73 Rehabilitation Facilities (CARF) Medical Rehabilitation with a Brain Injury Specialty Program.

74 SECTION 2. Chapter 175 of the General Laws, as appearing in the 2020 Official Edition,
75 is hereby amended by inserting after section 47QQ, the following section:-

76 Section 47RR. (a) For purposes of this section, the following terms shall have the
77 following meanings:-

78 “Acquired brain injury (ABI)” is any injury to the brain which occurs after birth and can
79 be caused by infectious diseases, metabolic disorders, endocrine disorders or diminished oxygen,
80 brain tumors, toxins, disease that affects the blood supply to the brain, stroke or a traumatic brain
81 injury.

82 “Cognitive communication therapy” treats problems with communication which have an
83 underlying cause in a cognitive deficit rather than a primary language or speech deficit.

84 “Cognitive rehabilitation therapy (CRT)” is a process of relearning cognitive skills
85 essential for daily living through the coordinated specialized, integrated therapeutic treatments
86 which are provided in dynamic settings designed for efficient and effective re-learning following
87 damage to brain cells or brain chemistry due to brain injury.

88 “Community reintegration services” provide incremental guided real-world therapeutic
89 training to develop skills essential for an individual to participate in life: to re-enter employment;
90 to go to school and engage in other productive activity; to safely live independently; and to
91 participate in their community while avoiding re-hospitalization and long-term support needs.

92 “Functional rehabilitation therapy and remediation” is a structured approach to
93 rehabilitation for brain disorders which emphasizes learning by doing, and focuses relearning a
94 specific task in a prescribed format, with maximum opportunity for repeated correct practice.

95 Compensatory strategies are developed for those skills which are persistently impaired and
96 individuals are trained on daily implementation. To ensure acquisition and use, focus is set on re-
97 learning those skills essential for safe daily living in the environment in which they will be used:
98 home and community settings.

99 “Medical necessity” or “medically necessary,” health care services that are consistent
100 with generally accepted principles of professional medical practice.

101 “Neurobehavioral therapy” is a set of medical and therapeutic assessment and treatments
102 focused on behavioral impairments associated with brain disease or injury and the amelioration
103 of these impairments through the development of pro-social behavior.

104 “Neurocognitive therapy” is treatment of disorders in which the primary clinical deficit is
105 in cognitive function which has not been present since birth and is a decline from a previously
106 attained level of function.

107 “Neurofeedback therapy” is a direct training of brain function to enhance self-regulatory
108 capacity or an individual’s ability to exert control over behavior, thoughts and feelings. It is a
109 form of biofeedback whereby a patient can learn to control brain activity that is measured and
110 recorded by an electroencephalogram.

111 “Neuropsychological testing” is a set of medical and therapeutic assessment and
112 treatments focused on amelioration of cognitive, emotional, psychosocial and behavioral deficits
113 caused by brain injury.

114 “Psychophysiological testing and treatment” is a set of medical and therapeutic
115 assessment and treatments focused on psychophysiological disorders or physical disorders with
116 psychological overlay.

117 “Post-acute residential treatment” includes integrated medical and therapeutic services,
118 treatment, education, and skills training within a 24/7 real-world environment of care - a home
119 and community setting. Maximum opportunity for correct practice of skill in the context of use
120 develops new neural pathways which ensure ongoing skill use and avoidance of re-
121 hospitalization and long-term care.

122 (b) The following shall provide coverage for medically necessary treatment related to or
123 as a result of an acquired brain injury: (i) any policy of accident and sickness insurance, as
124 described in section 108, which provides hospital expense and surgical expense insurance and
125 which is delivered, issued or subsequently renewed by agreement between the insurer and
126 policyholder in the commonwealth; (ii) any blanket or general policy of insurance described in
127 subdivision (A), (C) or (D) of section 110 which provides hospital expense and surgical expense
128 insurance and which is delivered, issued or subsequently renewed by agreement between the
129 insurer and the policyholder in or outside of the commonwealth; or (iii) any employees’ health
130 and welfare fund which provides hospital expense and surgical expense benefits and which is
131 delivered, issued or renewed to any person or group of persons in the commonwealth. Medically
132 necessary treatment shall include, but is not limited to, cognitive rehabilitation therapy; cognitive
133 communication therapy; neurocognitive therapy and rehabilitation; neurobehavioral,
134 neurophysiological, neuropsychological and psychophysiological testing and treatment;
135 neurofeedback therapy; functional rehabilitation therapy and remediation; community
136 reintegration services; post-acute residential treatment services; inpatient services; outpatient and

137 day treatment services; home and community based treatment. The benefits in this section shall
138 not include any lifetime limitation or unreasonable annual limitation of the number of days or
139 sessions of treatment services. A health benefit plan may not deny benefits for the coverage
140 required based solely on the fact that the treatment or services are provided at a facility other
141 than a hospital. Any limitations shall be separately stated by the insurer. The benefits in this
142 section shall not be subject to any greater deductible, coinsurance, copayments, or out-of-pocket
143 limits than any other benefit provided by the insurer.

144 (c) The commissioner of insurance shall require a health benefit plan issuer to provide
145 adequate training to personnel responsible for preauthorization of coverage or utilization review
146 for services under this section, in consultation with the Brain Injury Association of
147 Massachusetts.

148 (d) Individual practitioners and treatment facilities shall be qualified to provide acute care
149 and post-acute care rehabilitation services through possession of the appropriate licenses,
150 accreditation, training and experience deemed customary and routine in the trade practice,
151 including programs, regulated by the Executive Office of Health and Human Services, which
152 provide services for people with brain injury and accredited programs by the Commission on
153 Rehabilitation Facilities (CARF) Medical Rehabilitation with a Brain Injury Specialty Program.

154 SECTION 3. Chapter 176A of the General Law, as appearing in the 2020 Official
155 Edition, is hereby amended by inserting after section 8QQ the following section:-

156 Section 8RR. (a) For purposes of this section, the following terms shall have the
157 following meanings:-

158 “Acquired brain injury (ABI)” is any injury to the brain which occurs after birth and can
159 be caused by infectious diseases, metabolic disorders, endocrine disorders or diminished oxygen,
160 brain tumors, toxins, disease that affects the blood supply to the brain, stroke or a traumatic brain
161 injury.

162 “Cognitive communication therapy” treats problems with communication which have an
163 underlying cause in a cognitive deficit rather than a primary language or speech deficit.

164 “Cognitive rehabilitation therapy (CRT)” is a process of re-learning cognitive skills
165 essential for daily living through the coordinated specialized, integrated therapeutic treatments
166 which are provided in dynamic settings designed for efficient and effective re-learning following
167 damage to brain cells or brain chemistry due to brain injury.

168 “Community reintegration services” provide incremental guided real-world therapeutic
169 training to develop skills essential for an individual to participate in life: to re-enter employment;
170 to go to school and engage in other productive activity; to safely live independently; and to
171 participate in their community while avoiding re-hospitalization and long-term support needs.

172 “Functional rehabilitation therapy and remediation” is a structured approach to
173 rehabilitation for brain disorders which emphasizes learning by doing, and focuses re-learning a
174 specific task in a prescribed format with maximum opportunity for repeated correct practice.
175 Compensatory strategies are developed for those skills which are persistently impaired and
176 individuals are trained on daily implementation. To ensure acquisition and use, focus is set on re-
177 learning those skills essential for safe daily living in the environment in which they will be used:
178 home and community settings.

179 “Medical necessity” or “medically necessary,” health care services that are consistent
180 with generally accepted principles of professional medical practice.

181 “Neurobehavioral therapy” is a set of medical and therapeutic assessment and treatments
182 focused on behavioral impairments associated with brain disease or injury and the amelioration
183 of these impairments through the development of pro-social behavior.

184 “Neurocognitive therapy” is treatment of disorders in which the primary clinical deficit is
185 in cognitive function which has not been present since birth and is a decline from a previously
186 attained level of function.

187 “Neurofeedback therapy” is a direct training of brain function to enhance self-regulatory
188 capacity or an individual’s ability to exert control over behavior, thoughts and feelings. It is a
189 form of biofeedback whereby a patient can learn to control brain activity that is measured and
190 recorded by an electroencephalogram.

191 “Neuropsychological testing” is a set of medical and therapeutic assessment and
192 treatments focused on amelioration of cognitive, emotional, psychosocial and behavioral deficits
193 caused by brain injury.

194 “Psychophysiological testing and treatment” is a set of medical and therapeutic
195 assessment and treatments focused on psychophysiological disorders or physical disorders with
196 psychological overlay.

197 “Post-acute residential treatment” includes integrated medical and therapeutic services,
198 treatment, education, and skills training within a 24/7 real-world environment of care- a home
199 and community setting. Maximum opportunity for correct practice of skill in the context of use

200 develops new neural pathways which ensure ongoing skill use and avoidance of re-
201 hospitalization and long-term care.

202 (b) Any contract between a subscriber and the corporation under an individual or group
203 hospital service plan which is delivered, issued or renewed within the commonwealth shall
204 provide coverage for medically necessary treatment related to or as a result of an acquired brain
205 injury. Medically necessary treatment shall include, but is not limited to, cognitive rehabilitation
206 therapy; cognitive communication therapy; neurocognitive therapy and rehabilitation;
207 neurobehavioral, neurophysiological, neuropsychological and psychophysiological testing and
208 treatment; neurofeedback therapy; functional rehabilitation therapy and remediation; community
209 reintegration services; post-acute residential treatment services; inpatient services; outpatient and
210 day treatment services; home and community based treatment. The benefits in this section shall
211 not include any lifetime limitation or unreasonable annual limitation of the number of days or
212 sessions of treatment services. A health benefit plan may not deny benefits for the coverage
213 required based solely on the fact that the treatment or services are provided at a facility other
214 than a hospital. Any limitations shall be separately stated by the insurer. The benefits in this
215 section shall not be subject to any greater deductible, coinsurance, copayments, or out-of-pocket
216 limits than any other benefit provided by the insurer.

217 (c) The commissioner of insurance shall require a health benefit plan issuer to provide
218 adequate training to personnel responsible for preauthorization of coverage or utilization review
219 for services under this section, in consultation with the Brain Injury Association of
220 Massachusetts.

221 (d) Individual practitioners and treatment facilities shall be qualified to provide acute care
222 and post-acute care rehabilitation services through possession of the appropriate licenses,
223 accreditation, training and experience deemed customary and routine in the trade practice,
224 including programs, regulated by the Executive Office of Health and Human Services, which
225 provide services for people with brain injury and accredited programs by the Commission on
226 Rehabilitation Facilities (CARF) Medical Rehabilitation with a Brain Injury Specialty Program.

227 SECTION 4. Chapter 176B of the General Laws, as appearing in the 2020 Official
228 Edition, is hereby amended by inserting after section 4QQ the following section:-

229 Section 4RR. (a) For purposes of this section, the following terms shall have the
230 following meanings:-

231 “Acquired brain injury (ABI)” is any injury to the brain which occurs after birth and can
232 be caused by infectious diseases, metabolic disorders, endocrine disorders or diminished oxygen,
233 brain tumors, toxins, disease that affects the blood supply to the brain, stroke or a traumatic brain
234 injury.

235 “Cognitive communication therapy” treats problems with communication which have an
236 underlying cause in a cognitive deficit rather than a primary language or speech deficit.

237 “Cognitive rehabilitation therapy (CRT)” is a process of relearning cognitive skills
238 essential for daily living through the coordinated specialized, integrated therapeutic treatments
239 which are provided in dynamic settings designed for efficient and effective re-learning following
240 damage to brain cells or brain chemistry due to brain injury.

241 “Community reintegration services” provide incremental guided real-world therapeutic
242 training to develop skills essential for an individual to participate in life: to re-enter employment;
243 to go to school and engage in other productive activity; to safely live independently; and to
244 participate in their community while avoiding re-hospitalization and long-term support needs.

245 “Functional rehabilitation therapy and remediation” is a structured approach to
246 rehabilitation for brain disorders which emphasizes learning by doing, and focuses re-learning a
247 specific task in a prescribed format, with maximum opportunity for repeated correct practice.
248 Compensatory strategies are developed for those skills which are persistently impaired and
249 individuals are trained on daily implementation. To ensure acquisition and use, focus is set on re-
250 learning those skills essential for safe on daily living in the environment in which they will be
251 used: home and community settings.

252 “Medical necessity” or “medically necessary,” health care services that are consistent
253 with generally accepted principles of professional medical practice.

254 “Neurobehavioral therapy” is a set of medical and therapeutic assessment and treatments
255 focused on behavioral impairments associated with brain disease or injury and the amelioration
256 of these impairments through the development of pro-social behavior.

257 “Neurocognitive therapy” is treatment of disorders in which the primary clinical deficit is
258 in cognitive function which has not been present since birth and is a decline from a previously
259 attained level of function.

260 “Neurofeedback therapy” is a direct training of brain function to enhance self-regulatory
261 capacity or an individual’s ability to exert control over behavior, thoughts and feelings. It is a

262 form of biofeedback whereby a patient can learn to control brain activity that is measured and
263 recorded by an electroencephalogram.

264 “Neuropsychological testing” is a set of medical and therapeutic assessment and
265 treatments focused on amelioration of cognitive, emotional, psychosocial and behavioral deficits
266 caused by brain injury;

267 “Psychophysiological testing and treatment” is a set of medical and therapeutic
268 assessment and treatments focused on psychophysiological disorders or physical disorders with
269 psychological overlay.

270 “Post-acute residential treatment” includes integrated medical and therapeutic services,
271 treatment, education, and skills training within a 24/7 real-world environment of care, – a home
272 and community setting. Maximum opportunity for correct practice of skill in the context of use
273 develops new neural pathways which ensure ongoing skill use and avoidance of re-
274 hospitalization and long-term care.

275 (b) Any subscription certificate under an individual or group medical service agreement
276 delivered, issued or renewed within the commonwealth shall provide coverage for medically
277 necessary treatment related to or as a result of an acquired brain injury. Medically necessary
278 treatment shall include, but is not limited to, cognitive rehabilitation therapy; cognitive
279 communication therapy; neurocognitive therapy and rehabilitation; neurobehavioral,
280 neurophysiological, neuropsychological and psychophysiological testing and treatment;
281 neurofeedback therapy; functional rehabilitation therapy and remediation; community
282 reintegration services; post-acute residential treatment services; inpatient services; outpatient and
283 day treatment services; home and community based treatment. The benefits in this section shall

284 not include any lifetime limitation or unreasonable annual limitation of the number of days or
285 sessions of treatment services. A health benefit plan may not deny benefits for the coverage
286 required based solely on the fact that the treatment or services are provided at a facility other
287 than a hospital. Any limitations shall be separately stated by the insurer. The benefits in this
288 section shall not be subject to any greater deductible, coinsurance, copayments, or out-of-pocket
289 limits than any other benefit provided by the insurer.

290 (c) The commissioner of insurance shall require a health benefit plan issuer to provide
291 adequate training to personnel responsible for preauthorization of coverage or utilization review
292 for services under this section, in consultation with the Brain Injury Association of
293 Massachusetts.

294 (d) Individual practitioners and treatment facilities shall be qualified to provide acute care
295 and post-acute care rehabilitation services through possession of the appropriate licenses,
296 accreditation, training and experience deemed customary and routine in the trade practice,
297 including programs, regulated by the Executive Office of Health and Human Services, which
298 provide services for people with brain injury and accredited programs by the Commission on
299 Rehabilitation Facilities (CARF) Medical Rehabilitation with a Brain Injury Specialty Program.

300 SECTION 5. Chapter 176G of the General Laws, as appearing in the 2020 Official
301 Edition, is hereby amended by inserting after section 4GG the following section:-

302 Section 4II. (a) For purposes of this section, the following terms shall have the following
303 meanings:-

304 “Acquired brain injury (ABI)” is any injury to the brain which occurs after birth and can
305 be caused by infectious diseases, metabolic disorders, endocrine disorders or diminished oxygen,

306 brain tumors, toxins, disease that affects the blood supply to the brain, stroke or a traumatic brain
307 injury.

308 “Cognitive communication therapy” treats problems with communication which have an
309 underlying cause in a cognitive deficit rather than a primary language or speech deficit.

310 “Cognitive rehabilitation therapy (CRT)” is a process of relearning cognitive skills
311 essential for daily living through the coordinated specialized, integrated therapeutic treatments
312 which are provided in dynamic settings designed for efficient and effective re-learning following
313 damage to brain cells or brain chemistry due to brain injury.

314 “Community reintegration services” provide incremental guided real-world therapeutic
315 training to develop skills essential for an individual to participate in life: to re-enter employment;
316 to go to school or engage in other productive activity; to safely live independently; and to
317 participate in their community while avoiding re-hospitalization and long-term support needs.

318 “Functional rehabilitation therapy and remediation” is a structured approach to
319 rehabilitation for brain disorders which emphasizes learning by doing, and focuses re-learning a
320 specific task in a prescribed format, with maximum opportunity for repeated correct practice.
321 Compensatory strategies are developed for those skills which are persistently impaired and
322 individuals are trained on daily implementation. To ensure acquisition and use, focus is set on re-
323 learning those skills essential for safe daily living in the environment in which they will be used:
324 home and community settings.

325 “Medical necessity” or “medically necessary,” health care services that are consistent
326 with generally accepted principles of professional medical practice.

327 “Neurobehavioral therapy” is a set of medical and therapeutic assessment and treatments
328 focused on behavioral impairments associated with brain disease or injury and the amelioration
329 of these impairments through the development of pro-social behavior.

330 “Neurocognitive therapy” is treatment of disorders in which the primary clinical deficit is
331 in cognitive function which has not been present since birth and is a decline from a previously
332 attained level of function.

333 “Neurofeedback therapy” is a direct training of brain function to enhance self-regulatory
334 capacity or an individual’s ability to exert control over behavior, thoughts and feelings. It is a
335 form of biofeedback whereby a patient can learn to control brain activity that is measured and
336 recorded by an electroencephalogram.

337 “Neuropsychological testing” is a set of medical and therapeutic assessment and
338 treatments focused on amelioration of cognitive, emotional, psychosocial and behavioral deficits
339 caused by brain injury.

340 “Psychophysiological testing and treatment” is a set of medical and therapeutic
341 assessment and treatments focused on psychophysiological disorders or physical disorders with
342 psychological overlay.

343 “Post-acute residential treatment” includes integrated medical and therapeutic services,
344 treatment, education, and skills training within a 24/7 real-world environment of care– a home
345 and community setting. Maximum opportunity for correct practice of skill in the context of use
346 develops new neural pathways which ensure ongoing skill use and avoidance of re-
347 hospitalization and long-term care.

348 (b) Any individual or group health maintenance contract shall provide coverage for
349 medically necessary treatment related to or as a result of an acquired brain injury. Medically
350 necessary treatment shall include, but is not limited to, cognitive rehabilitation therapy; cognitive
351 communication therapy; neurocognitive therapy and rehabilitation; neurobehavioral,
352 neurophysiological, neuropsychological and psychophysiological testing and treatment;
353 neurofeedback therapy; functional rehabilitation therapy and remediation; community
354 reintegration services; post-acute residential treatment services; inpatient services; outpatient and
355 day treatment services; home and community based treatment. The benefits in this section shall
356 not include any lifetime limitation or unreasonable annual limitation of the number of days or
357 sessions of treatment services. A health benefit plan may not deny benefits for the coverage
358 required based solely on the fact that the treatment or services are provided at a facility other
359 than a hospital. Any limitations shall be separately stated by the insurer. The benefits in this
360 section shall not be subject to any greater deductible, coinsurance, copayments, or out-of-pocket
361 limits than any other benefit provided by the insurer.

362 (c) The commissioner of insurance shall require a health benefit plan issuer to provide
363 adequate training to personnel responsible for preauthorization of coverage or utilization review
364 for services under this section, in consultation with the Brain Injury Association of
365 Massachusetts.

366 (d) Individual practitioners and treatment facilities shall be qualified to provide acute care
367 and post-acute care rehabilitation services through possession of the appropriate licenses,
368 accreditation, training and experience deemed customary and routine in the trade practice,
369 including programs, regulated by the Executive Office of Health and Human Services, which

- 370 provide services for people with brain injury and accredited programs by the Commission on
- 371 Rehabilitation Facilities (CARF) Medical Rehabilitation with a Brain Injury Specialty Program.