SENATE DOCKET, NO. 1467 FILED ON: 1/16/2025

SENATE . . . . . No. 1390

The Commonwealth of Massachusetts

PRESENTED BY:

Julian Cyr

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 access to psychiatric collaborative care.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
Julian Cyr	*Cape and Islands*

SENATE DOCKET, NO. 1467 FILED ON: 1/16/2025

SENATE . . . . . No. 1390

By Mr. Cyr, a petition (accompanied by bill, Senate, No. 1390) of Julian Cyr for legislation relative to access to psychiatric collaborative care. Mental Health, Substance Use and Recovery.

The Commonwealth of Massachusetts

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

An Act relative to access to psychiatric collaborative care.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Chapter 177 of the acts of 2022 is hereby amended by striking out Section 84 and inserting in place thereof the following section:-

Section 84. For the purposes of section 22A of chapter 32A of the General Laws, section 10P of chapter 118E of the General Laws, section 47QQ of chapter 175 of the General Laws, section 8RR of chapter 176A of the General Laws, section 4RR of chapter 176B of the General Laws and section 4JJ of chapter 176G of the General Laws, reimbursement for the psychiatric collaborative care model shall include, but not be limited to, the following current procedural terminology billing codes: (i) 99492; (ii) 99493; (iii) 99494; and (iv) G2214.

SECTION 2. Chapter 118E of the General Laws is hereby amended by inserting after section 13L the following section:-

Section 13M. (a) For the purposes of this section, “psychiatric collaborative care model” shall mean the evidence-based, integrated behavioral health service delivery method in which a

primary care team consisting of a primary care provider and a care manager provides structured care management to a patient, and that works in collaboration with a psychiatric consultant that provides regular consultations to the primary care team to review the clinical status and care of patients and to make recommendations.

"Managed care entity", all contracted health insurers, health plans, health maintenance organizations, behavioral health management firms and third party administrators under contract to a Medicaid managed care organization or primary care clinician plan, and accountable care organizations.

"Minimum payment rates", rates of payment for services below which managed care entities may not enter into provider agreements.

(b) The division shall increase minimum payment rates for psychiatric collaborative care model billing codes such that they are equal to or greater than the current Medicare Resource-Based Relative Value Scale physician fee schedule for such codes and adjusted annually.

(c) Notwithstanding applicable state and federal laws, the division shall direct its managed care entities to increase minimum payment rates for psychiatric collaborative care model billing codes such that they are equal to or greater than the current Medicare Resource-Based Relative Value Scale physician fee schedule for such codes and adjusted annually.

(d) Pursuant to sections 13C and 13D, and notwithstanding applicable state and federal laws, the division shall ensure that psychiatric collaborative care model billing codes are removed from the defined set of billing codes included in the division's accountable care organization primary care sub-capitation per-member per-month rate and that said codes shall be paid on a fee-for-service basis.

SECTION 3. Section 22A of Chapter 32A of the General Laws, as appearing in the 2022 Official Edition, is hereby amended by inserting after the second paragraph the following paragraphs:-

(c) The commission shall increase minimum payment rates for psychiatric collaborative care model billing codes such that they are equal to or greater than the current Medicare Resource-Based Relative Value Scale physician fee schedule for such codes and adjusted annually.

SECTION 4. Section 47QQ of Chapter 175 of the General Laws, as so appearing, is hereby amended by inserting after the second paragraph the following paragraph:-

(c) An individual policy of accident and sickness insurance issued pursuant to section 108 that provides hospital expense and surgical expense insurance or a group blanket or general policy of accident and sickness insurance issued pursuant to section 110 that provides hospital expense and surgical expense insurance that is issued or renewed within or without the commonwealth shall increase minimum payment rates for psychiatric collaborative care model billing codes such that they are equal to or greater than the current Medicare Resource-Based Relative Value Scale physician fee schedule for such codes and adjusted annually.

SECTION 5. Section 8RR of Chapter 176A of the General Laws, as so appearing, is hereby amended by inserting after the second paragraph the following paragraph:-

(c) A contract between a subscriber and the corporation under an individual or group hospital service plan which is delivered, issued or renewed within the commonwealth shall increase minimum payment rates for psychiatric collaborative care model billing codes such that

they are equal to or greater than the current Medicare Resource-Based Relative Value Scale physician fee schedule for such codes and adjusted annually.

SECTION 6. Section 4RR of Chapter 176B of the General Laws, as so appearing, is hereby amended by inserting after the second paragraph the following paragraph:-

(c) A subscription certificate under an individual or group medical service agreement that is issued or renewed within the commonwealth shall increase minimum payment rates for psychiatric collaborative care model billing codes such that they are equal to or greater than the current Medicare Resource-Based Relative Value Scale physician fee schedule for such codes and adjusted annually.

SECTION 7. Section 4JJ of Chapter 176G of the General Laws, as so appearing, is hereby amended by inserting after the second paragraph the following paragraph:-

(c) Any individual or group health maintenance contract that is issued or renewed within the commonwealth shall increase minimum payment rates for psychiatric collaborative care model billing codes such that they are equal to or greater than the current Medicare Resource-Based Relative Value Scale physician fee schedule for such codes and adjusted annually.