SENATE DOCKET, NO. 917 FILED ON: 1/15/2025

SENATE . . . . . No. 1404

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 ensuring equitable access and care quality for masshealth recipients.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
John F. Keenan	*Norfolk and Plymouth*	
Edward J. Kennedy	*First Middlesex*	*4/17/2025*

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SENATE . . . . . No. 1404

By Mr. Keenan, a petition (accompanied by bill, Senate, No. 1404) of John F. Keenan for legislation to ensure equitable behavioral health access and care for Masshealth recipients. Mental Health, Substance Use and Recovery.

The Commonwealth of Massachusetts

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

An Act ensuring equitable access and care quality for masshealth recipients.

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

Section 12 of chapter 118E of the General Laws, as appearing in the 2022 Official Edition, is hereby amended by inserting after the ninth paragraph the following paragraphs:-

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

The division shall obtain the approval of the secretary of the executive office of health and human services for all behavioral health services, benefits, and medications, including, but not limited to, policies, protocols, standards, contract specifications, utilization review and utilization management criteria and outcome measurements, used by all contracted accountable care organizations, contracted insurers, health plans, health maintenance organizations,

13 behavioral health management firms and third party administrators under contract to a Medicaid
14 managed care organization or primary care clinician plan.

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