

**SENATE . . . . . No.**

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**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:

*John F. Keenan*

DISTRICT/ADDRESS:

*Norfolk and Plymouth*

SENATE . . . . . No.

[Pin Slip]

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:*

1 SECTION 1. Section 12 of chapter 118E of the General Laws, as appearing in the 2022  
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 on an annual basis from the date of the original submission to the division, the house  
25 and senate committees on ways and means, the committee on health care financing, and the  
26 committee on mental health, substance use and recovery no later than 90 days after the effective  
27 date of this act.